East Suffolk and North Essex NHS Foundation Trust

Minutes of the Trust Board of Directors' Meeting in public held on Thursday 2 May 2024, 9.30am, Orwell Room, Kesgrave Community and Conference Centre, Twelve Acre Approach, Kesgrave, Suffolk, IP5 1JF

Present:

Ms Helen Taylor	Chair
Mr Mark Millar	Deputy Chair/Non-Executive Director
Mr Eddie Bloomfield	Non-Executive Director
Dr Michael Gogarty	Non-Executive Director
Mr Hussein Khatib	Non-Executive Director
Mr Richard Spencer	Non-Executive Director/Senior Independent Director
Ms Karen Sinnott	Non-Executive Director to 12:45pm
Dr 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
Dr Angela Tillett	Chief Medical Officer/Deputy Chief Executive
Ms Anne Rutland	Interim Chief Nurse

In attendance:

Mr George Chalkias	Director of Governance
Mr Nick Sammons	Director of Estates and Facilities
Ms Karen Lough	Director of Elective Care
Mr Martin Mansfield	Deputy Chief Medical Officer
Ms Alison Stace	Director of Operations
Ms Ann Filby	Trust Secretary
Ms Tammy Shepherd	Head of Patient Experience (item 1.3)
Mr Scott Stavri	General Manager (item 1.3)
Ms Tina Terry	Board and Committee Secretary (Minutes)
Dr Sam King	Consultant, Oncology & Hematology (Palliative Medicine) – item 3.1
Ms Amanda Pryce-Davey	Director of Midwifery - item 3.2
Mr Tom Fleetwood	Freedom to Speak up Guardian – item 6.1

Apologies: Mr John Humpston, Non-Executive Director

Four governors attended to observe the meeting.

SECTION 1 – Chair's Business		**Action**
P44/24	**1.1 Welcome and Apologies for Absence**	
	The Chair welcomed all attendees and members of the public to the meeting, particularly Anne Rutland as Interim Chief Nurse. Apologies for absence were noted.	
P45/24	**1.2 Declarations of Interest**	
	The report was taken as read. Mr Bloomfield advised of his new role as a NED at Essex Cares Limited with effect from 1 May 2024.	
P46/24	**1.3 Patient Experience**	
	Tammy Shepard, Head of Patient Experience, and Scott Stavri, General Manager, presented the experience on behalf of a mum and her eight-year-old daughter who were unable to attend. The eight-year-old had multiple visits to the GP surgery with a recurring ear infection, eventually being diagnosed after being referred to the emergency	

	department. Successful surgery has now taken place. The concern remains why the family was not listened to, and a complaint was raised in February this year culminating in an internal training package being created and shared cross-site, with monthly training sessions attended by consultant. **Questions and comments** • Mr Khatib highlighted that parents need to be listened to as they know their children better than staff. With shared decision making and Martha's rule this allows a patient to request a second opinion. • The Chief Medical Officer thanked the team for bringing the story and echoed Mr Khatib's points, highlighting the importance of a safety net if presenting to the emergency department more than once when this should trigger escalation. Martha's rule for inpatients is rolling out and it is about checking in with patients/ loved ones to check understanding and address concerns. She acknowledged that there was further Trust-wide work to be done. • Mr Spencer thanked the Chief Medical Officer for additional clarity on how Martha's rule would help. • The Director of Estates and Facilities reflected on the huge shift in the democratisation of health with many patients now experts within their own field and they will challenge clinicians. He questioned how we take clinicians on the journey to expect to be challenged. There may be training and cultural issues on as part of the EpicEPR (Electronic Patient Record) implementation. • The Director of Strategy, Research and Innovation was pleased to hear the training and education response within the department and questioned sharing with primary care. Does EpicEPR provide an opportunity for flagging when there are multiple presentations of the same issues, and would this trigger a referral? The Director of Digital, Logistics and Operations confirmed this would give a shared report at a more granular level and trigger more alerts of such cases. • Dr Gogarty highlighted the importance of listening to identify conditions, although he raised concern at how more general ear infections would be treated as referral to emergency care will impact on the specialists and a more balanced approach would be required. Mr Stavri confirmed that utilising advice and guidance would stop patients returning due to the easier transaction between GP and initial referral. The Chair asked the team to pass on the Board's thanks to the family and confirmed that this was a useful conversation to reflect on. **Resolved: That the Board received and noted the report.**	
P47/24	**1.4 Minutes of the meeting held on 7 March 2024**	
	The minutes were **approved**	
P48/24	**1.5 Matters Arising – Action Log**	
	The Trust Secretary advised that one action remained open, with a target date for completion being the next meeting on 4 July 2024.	
P49/24	**1.6 Report from the Trust Chair**	
	The Chair highlighted that this was the first Board held in public in the new financial year and the importance of looking back and recognising progress over the last year. A challenging year due to industrial action, whilst the patient care provided during an increase in demand demonstrated that many areas were performing as best both regionally and nationally including a significant shift in staff survey results. The Chair also highlighted: • Hugh Pym, BBC National Network News health editor, spent a day with us recently focussing on our innovative robotic surgery and our role as a centre of excellence in this field. • To support those with Parkinson's disease the launch of an app to help monitor and manage the condition. The Neu Health app has been developed for people with Parkinson's to log their symptoms, complete digital tests as well as access information tailored for them about their condition.	

	• The new X-Ray machine at Aldeburgh Hospital made the front page of the East Anglian Daily Times and BBC On-Line coverage. Thanks to the generosity of the Aldeburgh Hospital League of Friends who funded the new £320,000 X-Ray machine, we can bring care closer to home for people living in the area, saving the need to travel to Ipswich. • We celebrated International Women's Day with a successful social media campaign about ESNEFT's first non-medical divisional clinical director Renee Ward of our North East Essex Community Services clinical division. Our Women's Staff Network launches on 10 May 2024. • Extended visiting hours across all our hospitals during Ramadan which was very well received by patients and their families. • NHS England has created a Sexual Safety in Healthcare Charter. As signatories to the charter, we are committed to tackling unwanted, inappropriate, and harmful sexual behaviour. • Our hospital hero hike takes place this Saturday, 4 May 2024, supporting our Staff Wellbeing Appeal. **Resolved: That the Board received and noted the report.**	
P50/24	**1.7 Report from the Chief Executive** • **Integrated Care Board/Integrated Care Partnership briefing**	
	The Chief Executive reinforced the thanks to Board members and teams for their work over the last year and provided an update from the Chief Executive's conference held the previous day. Despite the disruption that COVID-19 caused we are delivering a level of quality and safety that we can all be proud of, however, we are never complacent. The Chief Executive highlighted the national focus on productivity and the national narrative that there are more staff and funds than four years ago. He welcomed the work on productivity and a range of metrics to assess against national best practice, with the measures to be used as a tool to explain any variance in how resource is used. **Questions and comments** • Dr Gogarty congratulated ESNEFT on the last year's performance and thanked the Chair and Chief Executive for their leadership. **Resolved: That the Board received and noted the report.**	
SECTION 2 – Integrated Performance Report		
P51/24	**2.1 Key issues Report: Quality and Patient Safety Committee**	
	Received for assurance from the meeting held on 25 April 2024 presented by Mr Khatib, Committee Chair, who highlighted the alerts and escalations. • CNST good performance with the Trust achieving full compliance. A CNST sub-group is in place to start preparing for year 6 and the maternity neonatal team and Darren Darby, former Chief Nurse, were thanked. Maternity Every Birth Every Day and Maternity Neonatal meetings have not been held recently and are under review. • Health inequalities is progressing well, including Making Every Contact Count, smoking reduction and alcohol dependency. • Patient experience report from an equality, diversity and inclusion perspective with examples of good work. • Glaucoma - the first patient in the UK has undergone surgery with presentation to Board later in the year. • An alert regarding divisional attendance at the Medical Devices Management Group • Learning from deaths, still births and HSMR are improving and in line with national expectations. • Reports on clinical audit plans with good assurance being received. • Review of the Board Accountability framework (BAF) risk 8 and a fundamentals of care deep dive this month.	

	Questions and comments • Mr Millar thanked Mr Khatib for the alert on medical devices and acknowledging a difficult area due to the numbers involved. He would be looking for further assurance at the Audit and Risk Committee. The lack of divisional attendance at both the March and April meetings and not meeting quorum was an ongoing issue despite repeated requests for representation. The Chief Medical Officer suggested that a different approach was taken in future, potentially as part of a quality improvement (QI) programme. The Deputy Chief Medical Officer advised of discussions to improve attendance and will provide a further update. • Mr Spencer referred to the staff concerns raised at the committee and sought assurance that information was being received on falls and pressure ulcers and whether the committee is looking at the issues. Mr Khatib provided further details regarding visits and a planned deep dive on maternity services later in the year. • The Chief Medical Officer highlighted the presentation on health inequalities and the good work with ICS partners. The Board was advised of national issues still being experienced across NHS Digital with many hospitals not able to upload their mortality data. Assurance was provided that all data is monitored, structured judgment and triangulation from other sources is in place. The five-year rolling average mortality trend data was highlighted, still births were reducing but were not where we want them to be. The areas where deaths may have related to care issues need to be transparent and learnt from. The medical examiner programme is in place and reviewing inpatient deaths and the community roll out is delayed from April to September 2024. We have a good relationship with GPs, need time to embed this and we are working closely with the coroners' service to ensure a consistent approach. The Interim Chief Nurse referred to the great work done on continence assessments and the actions put in place, with positive compliance. With fundamentals of care brainstorming will enable agreement of the top three issues to concentrate on initially. Maternity governance will be reconsidered once the new Interim Chief Nurse arrives next month. **Resolved: That the Board received and noted the report.**	**AT/MMa**
P52/24	**2.2 Key issues Report – Performance and Finance Committee** • **2023/24 Operational Performance**	
	Received for assurance, Mr Bloomfield, Committee Chair, referred to discussion at the previous month's meeting and the verbal update on performance, with the data now included within the report. • The Director of Operations referred to the focus on ED performance, reporting a position in March of 81.2%, best in region, and an increase of activity. Patient waits over 65 weeks have been virtually eliminated whilst nationally the requirement is to achieve by September. 411 patients are currently undated at the end of March with some further work to do prior to month end. In total, 40,640 patients were to be treated and 40,229 have been dated or treated, despite industrial action and building works, a huge achievement. Internally stretch standards of 82% have been set. It has been a good year, but we are not complacent, with more work to do. The Chief Executive welcomed the specific patient numbers highlighting the importance of making time matter to the people we serve, with a direct link between patients waiting more than five hours in ED and saving lives. There are challenges around capacity and culture, but these are being addressed. The Chief Executive thanked all teams for their continued focus on the patients and changing lives rather than just achieving a target. Mr Khatib remarked that the step change had been impressive. • The Director of Elective Care advised on the delivery of cancer standards, achieving the standard with 223 patients waiting beyond 62 days, which is still too many. There is confidence in achieving 28-day faster diagnostics and at just over 75%. For this year this is set nationally at 70% which has already been reached, with an internal stretch of 85% being better for patients. For electives the requirement was for no patients waiting over 78 weeks for capacity reasons,	

	which was achieved. The team expects no patients over 78 weeks by June which will be a challenge for corneas. We maintained our focus on patients waiting over 65 weeks. Out of 40,646, 40,378 of patients were dated, 262 remained, a very positive position. For diagnostics ESNEFT is in the top 10 nationally, but during March two scanners were unavailable leading to slightly more patients waiting than anticipated. We also have an ambition to meet 18 weeks for all our patients, with further pathway work to be undertaken. • Two big builds to complete this year within ESNEFT, The Dame Clare Marx Centre and new Green Surgical Hubs. **Questions and comments** • Mr Spencer raised concern at the significant increase in attendances at ED and should this continue, queried what good would look like regarding reducing ambulance call outs and virtual wards. The Director of Operations advised that both internally and system-wide the focus is on looking at where patients could be treated elsewhere which would be considered further in a deep dive. The Chief Executive reflected on national work on the operational framework and from the ICB perspective what should be measured. The number of bed days would support a review of how well we are working as a system but at what point should we consider measurement of what matters to patients – Making Time Matter, delivery of Epic Electronic Patient Record (EPR) and fundamentals of care, and whether this aligns with patients' needs to hold ourselves to account as a Board. The fundamentals of care will be considered by the Executive Team at the Leadership Awayday tomorrow. Mr Khatib agreed and highlighted that although good performance was demonstrated we need to look at patients waiting more than four hours and understand their experience. The Chief Medical Officer commented on the need to broaden the outlook to include clinical outcomes whilst keeping the focus on patients. • Mr Bloomfield referred to being proactive and putting the performance into the public domain but raised the question of a public statement to the people we serve regarding quicker access to healthcare within ESNEFT. The Chief Executive reflected on the balance between celebrating success and recognising the further work to do but felt any communication should also include our staff. • The Director of Finance provided a year end update for 2023/24, a £1,318m surplus was planned and £1,338m was achieved, £20k ahead of plan. Capital was £23k overspent and the year-end cash balance was strong at £78.3m. Draft accounts were submitted on 24 April. The Trust Chair recognised that ESNFT delivery has enabled the system position to be achieved. **Resolved: That the Board received and noted the report.**	
P53/24	**2.3 Key Issues Report – People and Organisational Development Committee**	
	Received for assurance, the Director of People and Organisational Development highlighted the workforce statistics review with an exceptional vacancy rate, recruitment had also improved, and the sickness rate had reduced to 4.2%. A deep dive into vacancies looked at specific areas such as scientists, some consultants and pharmacy. The changes to the appraisal process, the nursing acuity review, review of equality data, Freedom to Speak Up (FTSU) were highlighted and the next meeting would review the Faculty of Education. The staff survey and the areas of focus were also presented. **Questions and comments** • Mr Bloomfield emphasised the effectiveness of the workforce and quality contributions at the Performance and Finance Committee and the headline messages. • Mr Millar highlighted the operational performance which is underpinned by excellent performance on recruitment. There is no complacency, as to produce the step forward in performance against a backdrop of increasing demand, and with the focus on productivity, would require a reduction in average length of stay at an unprecedented level, utilising initiatives such as Home for Lunch. With more	

	demand on a stagnant bed base and population growth, input and strategic solutions would be required in community services to secure transformational change or increase the bed base in North East Essex. • The Chief Executive reflected on the Trust's financial management during the pandemic and, for workforce, the focus was on getting the basics right for our staff. There is a need for a system level step change, we are in a good position, but will need to be courageous. • Mr Khatib welcomed the transformation programme with a community paediatrics 15 steps visit at Colchester. • The Chair highlighted that transformation in primary care is key. **Resolved: That the Board received and noted the report.**	
P54/24	**2.4 Integrated Performance Report** • **Learning from Deaths**	
	Discussed under item 2.4.	
SECTION 3 – Quality and Patient Safety		
3.1	**Clinical Presentation End of Life**	
P55/24	Received for assurance, presented by Dr Samuel King, Consultant, Oncology and Haematology (Palliative Medicine). The key components of end-of-life care were described as being the last year of life: communication, empathy and compassion, time, education and attitude, practical support, and environment. The need for palliative care is expected to increase between 25 and 47% by 2040. This is due to the increasingly ageing population, increasing comorbidities and resulting complexity. These projections do not include the increases required to meet unmet palliative care need at current service provision levels. Challenges remain in providing education and training to the right people and the end-of-life element of communication skills. Sustainable funding of the butterfly volunteers is required, and the importance of the support that they provide to patients and their families was outlined, alongside the importance of the environment and implementation of Respect, replacing the Do Not Resuscitate process. **Questions and comments** • The Director of Digital, Logistics and Operations queried the ROSIE system and why My Care Choices was not being utilised across Suffolk. The consultant confirmed the team would happily embrace this and would welcome any support. • The Director of Strategy, Research and Innovation commented that this was a great example of the delivery of quality improvement and questioned this further. The consultant advised that end of life care crossed many specialities, and he would promote other teams to take ownership to ensure the right balance between specialist palliative care and general staff. He believed that having more data enables that improvement. • Mr Khatib challenged why patients' choices on place of death were not being met. The recognition of dying, symptom management and pain management are critical. • Mr Spencer questioned to what extent patents and their families were being involved in considering how health could be improved. The consultant advised that some symptoms cannot be managed at the dying stage. More resources and training are required in recognising death. Patients who are asked in advance usually chose their home, but attitudes change to hospital/hospice as symptoms deteriorate and this change is not always being captured. • Ms Sundaram commented that having seen this service at Ipswich first hand we are encapsulating the more holistic approach and allowing dignity in death. • Mr Millar questioned the data used and the impact of having a hospice within the area. Relatives often have a different view to patients and the hospice programme of action is to support care homes. • The Chief Executive thanked the consultant and the team for their focussed work. **Resolved: That the Board received and noted the report.**	

P56/24	**3.2 Maternity Assurance Report**	
	Received for assurance, the Director of Maternity attended and confirmed compliance for CNST (Clinical Negligence Scheme for Trusts) year 5 with a good review of governance and divisional oversight. For year 6, the team was working through the documentation and significant changes and safety intelligence was highlighted, which includes the potential to delegate responsibility to a Board Committee. The acuity of women at the Colchester site, and admission to ITU, has been considered in more detail and it was confirmed that their care was delivered in the right place. An update was provided on a Never Event, and it was reported that the patient was well, but processes were being reviewed. The theme around complaints and actions was highlighted, there had been an increase in red flag reports in two areas with low vacancies. The 60 steps visits have seen a significant improvement and no immediate concerns have been identified. In relation to the PMRT (Post Mortality Review Tool) report, the reporting period for this (safety action 1) has gone backwards, and we have remained compliant. **Questions and comments** • Mr Khatib thanked the Director for her leadership and the work undertaken and questioned PMRT, the importance of smoking cessation and how much time the Board wanted to spend on this. The Chair was happy that a huge amount of work was happening at committee and further beneath that. • The Chief Medical Officer thanked the Director of Maternity for her transparency and questioned the format of the critical care review. The Director confirmed that the first one was a multi-disciplinary tabletop review, which worked well, and this will be repeated for all remaining cases. • Mr Spencer thanked the Director for the progress and questioned whether she felt we were safely staffed. The Director confirmed this and highlighted the robust escalation policy in place with specialist teams on call day and night. **Resolved: The Chair approved the report with future reporting to Board to be confirmed outside of this meeting.**	**HK/AR**
Section 4 – Strategy & Transformation		
P57/24	**4.1 ESNEFT as an Anchor Organisation**	
	Received for assurance, the Director of Finance presented the continued progress made. The ICB Anchor Steering Group met in April and agreed the dashboard, with focus on work experience/work placements opportunities and a college event to develop healthcare sciences. Apprenticeships have increased to include medical doctor and nursing associates, and currently setting up an academy with West Suffolk Hospital with long covid support services. In relation to the environment, we are expanding electric vehicle charging points. The Clacton STAR project was highlighted to help improve employment within the local community. **Questions and comments** • The Chief Executive highlighted that ESNEFT is the only Trust to start medical apprenticeships and we have agreed to run seminars to show how we got there. • Mr Spencer reinforced the apprenticeship value to ESNEFT and the community. • The Director of Strategy, Research and Innovation highlighted that the healthcare support worker apprenticeship is also unique, with the academy model for midwives and operating department practitioners launch in the coming year. The investment in time not related to training is only possible due to good financial stewardship. • Dr Sundaram highlighted the opportunity to build considerable social value principles with local suppliers, challenging sustainability targets, being the key driver for the organisation and regional ambitions thereby strengthening local opportunities. The Chief Executive had requested that social value be included in the scorecard at a meeting last week, adding that one in 20 trips in a car is to an NHS appointment, and reducing this by 10% would make a difference. This is currently being considered at ICB level. The Chair commented on how proud she was of this work with good leverage and	

	influence with the ICB. Everyone is now stepping up. Thanks were passed to Paul Leppard for his work and continued support. **Resolved: That the Board received and noted the report.**	
SECTION 5 – Finance & Performance		
P58/24	There were no items for consideration.	
SECTION 6 - People and Organisational Development		
P59/24	**6.1 Freedom to Speak Up**	
	Received for assurance, the Freedom to Speak up Guardian confirmed the number of concerns raised has remained steady at 59. As in previous years there has been a reduction in the number of concerns raised throughout July and August with an increased number in December. The Guardian highlighted the following: • There is an increase in frustration amongst staff that behaviours are deteriorating, and that kindness and empathy are not much in evidence. Staffing levels on wards were often mentioned as a contributing factor. • The additional assistant Freedom to Speak up Guardians within the various staff networks increases reach into those areas of concern. • An increase in collective concerns raised, manifested by a spokesperson approaching a guardian requesting a group discussion. • Increasing numbers of individuals coming forward having been referred to the service by their line manager, when they would be best placed to resolve any concern. • The importance of supporting those that speak up, with further work to be done. **Questions and comments** • The Director of People and Organisational Development thanked Tom for his important work and the safety net of support he provides for staff and questioned whether there are seasonal effects and referring to the increase in data. The Guardian confirmed this is the first report in this detail/style with ongoing development of the service and reporting. He highlighted the theme of inclusivity and incivility. Some of the solutions are addressed through networking, and the more that we can encourage this through leadership development the better. • Mr Spencer reminded the Board of the steering group that meets to consider this prior to committee/Board and highlighted that Tom is rightly independent in his views, an important part of the process. There have been good discussions in the national guardian session with the Board and we are supportive of the culture of listening and leadership support for speaking up. • The Director of Strategy, Research and Innovation welcomed the new report and feedback and followed up on leadership development and training, asking whether for the cases coming line managers raising concerns have completed the leadership training themselves, and how the impact of that investment is measured. The Guardian advised that this information was not currently known. The Director of People and Organisational Development would take an action to review the data. • Mr Bloomfield thanked the Guardian for a clear report and highlighted that staffing levels on wards contributed, with lived experience of staff differing from the data. The Director of People and Organisational Development confirmed that staffing levels and sickness was a contributory factor. An excellent report had been developed and was being discussed on a weekly basis at staffing meetings, showing examples of good fill, with more work to be completed on best practice and rostering. We continue to evaluate this, and more understanding is required. The Guardian responded that the concern raised by the individual is reflected as they see it, which is how it is reported. • Dr Gogarty referred to the follow up survey results and whether there were more than 40% staff choosing not to come forward. The Guardian confirmed that he only picks up a proportionate level of concerns from those that raise them. • Mr Spencer questioned whether the Board was happy to implement the improvements contained within the report with a six-month review. The Director of People and Organisational Development confirmed the recommendations	**KR**

	relating to the staff survey have been reviewed and key concerns were being picked up through the People and Organisational Development Committee for further examination. • Dr Sundaram highlighted the most significant staff issues raised were around wellbeing and work safety and asked whether the risk can be mitigated. Mr Spencer questioned whether staff could distinguish between formal and an informal route. The Guardian confirmed this is not asked within the survey but could be included. • The Chair highlighted the importance of listening and speaking up. **Resolved: That the Board received and noted the report and the improvements to be made.**	
P60/24	**6.2 Workforce Race Equality Standard data**	
	Received for approval, the Director of People and Organisational Development highlighted the NHS England mandatory data collection and reporting window for the NHS Workforce Race Equality Standard (WRES) 2023/24 data and Disability Equality Standard (WDES) 2023/24 data is 1-30 May 2023. Thereafter a WRES/WDES Annual Report and action plan is required to be approved and published on the Trust's website by 31 October 2024. A snapshot of data on 31 March 2024 was provided, with the exception of recruitment: • There has been an increase in those from a BAME background due to the increase in international workforce. • The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff is 0.83 compared to 0.56 the previous year. • The relative likelihood of white staff being appointed from shortlisting compared to BAME staff reduced from 1.41 to 1.30. • An increase in the number of BAME representation in seven out of the eight bandings between Band 6-VSM, which is really encouraging. • The EDI Data Group has been meeting monthly to collate and create the EDI data dashboard. The group will continue to monitor data on all nine protected characteristics. • An increase in unconscious bias training, cultural ambassadors, invested heavily in Talk and Transform training, and reverse mentoring starts again this year. Two deep dives are needed regarding lack of proportionality in BAME and why 38% of those withdrew from interview although they had been shortlisted. The Director also acknowledged the work Mr Khatib had done in leading the EDI Strategy Group and the progress being made is significantly ahead of other organisations. An overview was also provided on the workforce disability data: • An increase in the disclosure rate. • Recruitment/selection and work on the reasonable adjustments passport. • Faculty of Education specialist with hidden disabilities. • The ratio appointed from shortlisting is very close to a 1:1. • The staff networks, with excellent chairs and support being provided. **Questions and comments** • Mr Khatib advised that the focus of the EDI strategy group is to look at a fairness framework and move to an aspirational plan, being clear what good looks like. Mr Spencer added that measures moving in the right direction was encouraging. • Dr Sundaram questioned disclosure requirements and when staff are required to do this within the recruitment/appraisal process. The Director of People and Organisational Development confirmed this is not a requirement nor is it mandatory, but it is helpful to know, and reasonable adjustments should be part of ongoing support from the line manager. She highlighted the importance of support from wellbeing and the occupational support team and staff confidence to have the conversations and that we will do something about it. **Resolved: The Board approved the submission of both sets of data.**	

P61/24	**6.3 Workforce Disability Race Equality Standard data**	
	This was considered under item 6.2.	
P62/24	**6.4 Modern Slavery Statement**	
	Received for approval, the Director of Governance presented the revised statement highlighting the compliance with requirements and the work with the Director of People and Organisational Development to bring to Board prior to inclusion in the annual report. **Resolved: The Board approved the statement for inclusion in the annual report.**	
P63/24	**SECTION 7 – Governance**	
	7.1 The Board Assurance Framework Received for assurance, the Director of Governance advised that this is presented to the Board three times a year and the changes were detailed. The internal audit review confirmed reasonable assurance and two medium priority recommendations which had been completed. This related to the summary of changes made and the mechanism agreed to report from the Risk Oversight Committee to the Audit and Risk Committee and the Board from this month. A risk appetite proposal will be presented at the next Board meeting. An offer was also made to share the BAF at a system meeting. The Chair recognised that the BAF was actively used in agenda planning and committee work, confirmed by Mr Millar, Audit and Risk Committee Chair. **Resolved: That the Board received and noted the report.**	
P64/24	**7.2 Fit and Proper Person Requirement**	
	Received for assurance, the Trust Secretary presented the outcome of the review to meet the requirements of the new framework which took effect on 30 September 2023. In addition, for future years, the requirement to align with the annual appraisal process was included in the report following receipt of a letter from the NHS England Chair. Further checks would be undertaken. The Chair recognised the level of work required for this first year. **Resolved: That the Board noted the outcome of the review#.**	
P65/24	**7.3 Trust Seal**	
	Received for assurance**,** The Trust Secretary advised that sealings previously presented were also included within the report. There had therefore been only two documents sealed since the last report received in January 2024. **Resolved: That the Board received and noted the report.**	
SECTION 8 – Questions from the public		
P66/24	**8.1 Public Questions**	
	Richard Bourne, Unison representative, advised he had been reviewing and reporting on high-risk projects for 25 years and reflected on the Board reports on staff recruitment/ retention and risk and questioned the Board's decision on soft facilities management future provision and the risks, requesting access to the information for review. The Chief Executive confirmed that an email was already in draft in response. Sam Older, Unison representative, highlighted the anchor organisations report and questioned how the ESNEFT plan to outsource staff will affect that. The Chief Executive confirmed that no decision had yet been made and referred to the process for agreeing the specification for this service.	
SECTION 9 – Other Urgent Business		
P67/24	**9.1 Any Other Urgent Business**	
	There was no further business.	

P68/24	**9.2 Date of next meeting**	
	The next meeting to be held in public would be at 9.30am on Thursday 4 July 2024, Kingsland Church, 86 London Road, Lexden, CO3 9DW.	

Signed …….. Date ……

Helen Taylor
Chair

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