

**Minutes of the Trust Board of Directors' Meeting held in public
on Thursday 1 May 2025, 9:00 – 11:30 am,
Roman Lounge, Colchester Rugby Club, Raven Park, Cuckoo Farm Way Colchester, CO4 5YX**

Present:

Mr Mark Millar	Interim Chair
Mr David Eagles	Non-Executive Director
Dr Michael Gogarty	Non-Executive Director
Mr Hussein Khatib	Non-Executive Director
Mr John Humpston	Non-Executive Director
Mr Richard Spencer	Non-Executive Director/Senior Independent Director
Professor Deborah Sturdy	Non-Executive Director
Ms Alex Duffety	Associate Non-Executive Director
Mr Nick Hulme	Chief Executive
Dr Shane Gordon	Director of Strategy, Research and Innovation
Mr Adrian Marr	Director of Finance/Deputy Chief Executive
Ms Kate Read	Director of People and Organisational Development
Ms Catherine Morgan	Chief Nurse
Dr Tim Leary	Interim Chief Medical Officer
Mr Mike Meers	Director of Digital, Logistics and Operations

In attendance:

Mr George Chalkias	Director of Governance
Mr Richard Daniel	Interim Director of Estates and Facilities
Mr Paul Little	Strategic Director for Service Development
Ms Alison Stace	Director of Operations
Ms Ann Filby	Trust Secretary – minutes
Ms Tina Terry	Board and Committee Secretary
Mr Hywel Room	Consultant, General Surgery - item 3.1
Ms Sharmila Gupta	Consultant, General Surgery - item 3.1
Mr Tom Fleetwood	Freedom to Speak Up Guardian - item 6.2
Ms Rossa Baker	Deputy Freedom to Speak Up Guardian - item 6.2

Apologies:

Ms Karen Lough	Director of Operations - Elective Care
Ms Karen Sinnott	Non-Executive Director

Three governors attended to observe the meeting.

SECTION 1 – Chair’s Business		Action
P45/25	1.1 Welcome and Apologies for Absence	
	The Chair welcomed members and the public to the meeting. Apologies for absence were noted.	
P46/25	1.2 Declarations of Interest	
	Mr Spencer advised he had joined EPUT on Monday and he had made the required declaration. The Chair reiterated the importance of all members keeping their interests up to date.	
P47/25	1.4 Minutes of the meeting held on 6 March 2024	
	The Trust Secretary advised of an error at P30/25, page 5, referencing a capital overspend rather than an underspend. This had been amended and would be provided to the Chair. RESOLVED: That with this amendment, the minutes were approved.	AF

P48/25	1.5 Matters Arising – Action Log	
	The Trust Secretary advised that all actions were marked for closure.	
P49/25	1.6 Report from the Trust Chair	
	The Chair reflected on his first month in the role and confirmed that his objectives had been agreed with the Senior Independent Director, prior to being presented to the Council of Governors. Today our new Visitors' Charter launches, extending visiting hours, and those who have enabled this change were thanked. The new maternity unit at Clacton is due to open, representing £1.4m investment, further evidence of the Trust's commitment to health inequalities and in building a resilient base for services in Clacton. Finally, the Chair wished to thank those taking part in the Trust Charity's extreme abseil this weekend.	
P50/25	1.7 Report from the Chief Executive	
	<p>The Chief Executive reported on a significant level of change. Reference was made to a national Chief Executives' meeting, the merger of NHS England and the Department of Health and Social Care, and a clearer provider and commissioner split. The provider sector will see much closer scrutiny on delivery across all areas of performance and quality. ESNEFT delivers relatively well and aspires to improve, there will be a new provider accountability framework, a higher degree of transparency, longer term planning on revenue and capital, and the 10-year plan is expected in July which will describe the long-term aspirations for reforming the NHS. An update was provided on the likely mergers of Integrated Care Boards, enabling a reduction in their running costs and the potential for changes in Essex was highlighted. Reference was also made to Board discussion later today on the SNEE Sustainability Review, to be considered by the ICB later this month. In summary, despite this significant level of change, we can't lose sight of the care provided to our patients.</p> <p>Mr Khatib questioned the potential of Trusts seeing a reduction in management costs should they be rated at segment 5. The Chief Executive referred to the expectation of providers to reduce corporate costs, and a potential risk raised that organisations could lose their association with local communities in the drive to group models. Resources are required in the areas of greatest need and a review of clinical synergies. The opportunities for delivery, with closer alignment of corporate and clinical services, and any potential changes of organisational form was a live issue.</p>	
SECTION 2 – Integrated Performance Report		
P51/25	2.1 Key issues Report: Quality and Patient Safety Committee	
	<ul style="list-style-type: none"> Care Quality Commission unannounced inspection, 9-10 April 2025 <p>Mr Khatib reported on two meetings of the Committee, a deep dive led by clinicians regarding cancer services, with positive comments about our services, whilst there remained challenges. There was one alert from the meeting held during April in relation to the Care Quality Commission (CQC) visit to Colchester Hospital. A summary was provided of the other issues discussed.</p> <p>The Chair referred to the letter received from the CQC, and the Trust's response remained work in progress. The Chief Nurse advised that this was high level feedback on the visit. For some of the areas highlighted improvement work was already underway, the themes have been fed back to staff, and where there are gaps, these are being progressed.</p> <p>The Chair concluded that the public can be assured on the energy and the focus being given to this.</p> <p>RESOLVED: That the Board received the report for assurance.</p>	
P52/25	2.2 Key issues Report – Performance and Finance Committee	
	Mr Spencer reported on the March meeting, discussed at the Board in April, with one escalation regarding the new Board Assurance Framework risk. Improved performance is demonstrated and a presentation on the benefits realisation of Epic was a useful discussion for further review later in the year. Mr Humpston, as the new Chair of the Committee, reported on the April meeting. The March figures generally brought performance in line with targets in 2024/25 and with what the Trust set out to achieve. Epic	

	<p>will be assimilated into everything we do, and he confirmed a desire to enhance capacity and to maximise the benefits and efficiencies of cross divisional working following the divisional changes. Higher targets are being set for this year and beyond.</p> <p>The Chair referenced the reduction in performance across the NHS whilst data shows that ESNEFT has recovered more than other organisations in the region.</p> <p>The Director of Digital, Logistics and Operations reported no capacity breaches in relation to referral to treatment standards last month nor any forecast for this month. There were 22 patients waiting over 65 weeks but not for capacity reasons and the focus is on clearing the 52-week backlog ahead of Epic implementation, with significant validation underway. The focus is on 52/18 weeks performance and improvements in ESEOC and elective care. Regarding urgent and emergency care in Ipswich improvements shown in March have continued into April, fluctuating above and below the national standard. The benefit of a combined community and medicine division was demonstrated with confidence expressed regarding the new operational leadership delivering sustained change.</p> <p>The Director of Operations, Colchester, referenced the Be the Change initiative that the clinical teams and divisions have taken forward to achieve sustainability, with some early improvement in reducing waits and the number of patients being cared for in corridors. The Strategic Director for Service Development confirmed that community service delivery was solid and urgent care in the community was consistently at the top end of national performance, giving a solid base from which to respond to future challenges.</p> <p>The Director of Finance/Deputy Chief Executive advised that ESNEFT was 15th in the country in terms of post covid productivity recovery with some way to go, but this was a positive position. For 2024/25 a surplus of £3.492m was confirmed, £22.7m of cost improvements were achieved, a cash balance of £62.2m, and capital was underspent by £3.1m. The draft accounts had been submitted, and good progress was being made with the external audit. The system achieved a balanced financial position. 2025/26 will be more of a stretch.</p> <p>Mr Spencer referred to one escalation relating to the NHS Performance Assessment Framework. This had been referenced earlier, a consultation is underway, and a self-assessment will be undertaken prior to ratings being confirmed.</p> <p>RESOLVED: That the Board received the report for assurance.</p>	
P53/25	<p>2.3 Key Issues Report – People and Organisational Development Committee</p>	
	<p>This was discussed after item 3.1.</p> <p>Mr Humpston reported on the meeting held in March. The grip that Executives have demonstrated in relation to people and performance data is substantial. Sickness, training, absence data, bank and agency costs are all ahead of other Trusts. This is supportive for staff and demonstrates a culture that invests heavily in leadership. The staff survey and Freedom to Speak Up will be considered later on the agenda. There was one escalation, to be discussed at item 7.2.</p> <p>The Director of People and Organisational Development thanked Mr Humpston for his chairmanship of the Committee and looked forward to working with Ms Sinnott.</p> <p>RESOLVED: That the Board received the report for assurance.</p>	
P54/25	<p>2.4 Integrated Performance Report</p> <ul style="list-style-type: none"> • Learning from deaths • 2024/25 performance 	
	<p>The Interim Chief Medical Officer referred to patient care and flow in Colchester Hospital and the number of patients receiving end of life care in the Emergency Department had reduced for the third month. The 2024/25 performance was considered under item 2.2.</p> <p>RESOLVED: That the Board noted the Trust’s performance.</p>	

SECTION 3 – Quality and Patient Safety		
P55/25	3.1 Clinical Presentation – Weight Management Services	
	<p>Miss Sharmila Gupta advised of over 300,000 patients eligible for weight management intervention, with service provision challenging and not often local. This is the first new service of this type in 20 years and the process was described. The service was expanded to encompass all aspects, it was multi-disciplinary and, with the support of the ICB, patients are assessed to ensure they receive the right treatment. Significant appointments were described, and Executive and others' support to create this service was welcomed.</p> <p>Mr Hywel Room described the percentage of the population living with obesity disease and referrals outside of the area prior to the new complex obesity service being established. This disease requires the same approach as other issues, such as cancer, as treating the consequences was costly. Investment has enabled patients to be assessed with treatment starting in 2025. Endometrial cancer is the strongest obesity related cancer and individuals are 10 times more likely to be diagnosed when they have obesity disease. The benefits for patients were described and the recruitment of consultant surgeons enables the development of other services. The team plans to continue the complex obesity service, to develop the SNEE weight management and complex obesity service to triage patients, mobilise community outreach for Mounjaro delivery and to update the SNEE access policy, providing an integrated weight management and complex obesity service.</p> <p>The Chair welcomed this tremendous service development, and the energy and determination displayed.</p> <p>Mr Khatib was amazed at how far this service had progressed in three years. As safety champion for maternity, he questioned BMI and clinical outcomes, and reference was made to a study over a 10-year period.</p> <p>Professor Sturdy questioned how this is communicated to the public and to other colleagues. Miss Gupta advised that this will be communicated this week. The service contract was discussed, and reference was made to a regional ICB meeting and a national conference.</p> <p>Mr Spencer queried the relationship with primary care and education of GPs to ensure the right threshold. Mr Room referred to work with the Health Innovation NHS team.</p> <p>The Director of Strategy, Research and Innovation confirmed this is transformational and questioned capacity and demand from other areas. Miss Gupta responded that there is the potential to expand but the biggest constraint is the physical space for operations. There will be flexibility regarding medication.</p> <p>Dr Gogarty referred to the mismatch between need and capacity, and asked how patients are prioritised to ensure those who have most need can benefit. Mr Room referred to the data and clarity on patient requirements for the first time, using an algorithm to review various factors to select the patients with the highest clinical need.</p> <p>The Chair concluded that this is only the beginning and expressed the Board's thanks on behalf of patients.</p>	
P56/25	3.2 Maternity and Neonatal Improvement Board	
	<p>The Chief Nurse referred to the Trust moving to the sustainability phase of the Maternity Safety Support Programme, achievement of CNST year 6 and the work on year 7.</p> <p>Mr Khatib advised of the appointment of a Deputy Director of Midwifery. Professor Sturdy reported on visits to maternity services two weeks ago, which were impressive.</p>	
SECTION 4 – Strategy and Transformation		
P57/25	There were no items for consideration.	

SECTION 5 – Finance & Performance		
P58/25	5.1 Trust Plan 2025/26	
	<p>The Director of Finance/Deputy Chief Executive presented a summary of the approved plan to meet national requirements. The Trust objectives were described on the ‘plan on a page’ and progress is monitored by the Performance and Finance Committee quarterly.</p> <p>RESOLVED: That the Board noted the content of the report.</p>	
SECTION 6 - People and Organisational Development		
P59/25	6.1 National Staff Survey	
	<p>The Director of People and Organisational Development referred to previous Board discussions in private, with the detail now presented in public:</p> <ul style="list-style-type: none"> • An overall response rate of 48.1%, a small reduction on the 2023 survey • Key messages regarding sustaining improvements. It is right that we spend time to assess the results • The information compares the Trust’s results to peers and to previous years • The improvements and the work required were described with some changes in scores by a small margin, for example, 0.2% • Last year’s focus and measures, and the five key themes agreed in 2024 • Advocacy scores – there is more work to do regarding recommending ESNEFT as a place to be treated/a place to work • Inclusivity – there is good progress, better than comparators, whilst we need to do more, supported by the strength of the staff networks and the equality, diversity and inclusion strategic direction • For raising concerns there was a slight improvement with more work required linked to the feedback staff receive after raising a concern • Learning and development are positive, with efforts redoubled in relation to appraisals to seek to improve the quality of the conversation between staff and their manager • Working as a team will improve in 2025, mostly due to the work on Epic implementation. <p>In summary, the areas of focus for 2025 were staff engagement and the advocacy scores, raising concerns, appraisals, and preparing for the 2025 survey.</p> <p>The Chief Executive referred to staff feeling they deliver great care, but they wouldn’t recommend working at ESNEFT or as a place to be treated. Several conclusions could be drawn, and he questioned the link to freedom to speak up and the further work required. The Director of People and Organisational Development confirmed that this is the work we need to do, drilling down into the data and we need to improve the debrief and feedback is process.</p> <p>The Chair reflected that we always want the response rate and the results to be better and there is a danger of over-interpreting the outcome. He was conscious of the context when this survey was undertaken, and we need to do whatever we can to support staff. Concern was expressed about whether people feel able to raise concerns and it was confirmed this is about the care staff see every day and staff confidence in their managers resolving issues when raised.</p> <p>RESOLVED: That the Board confirmed the areas of focus for 2025.</p>	
P60/25	6.2 Freedom to Speak Up	
	<p>The Freedom to Speak Up Guardian and the Deputy Freedom to Speak Up Guardian joined the meeting and offered to visit any areas of the Trust. Three points were made:</p> <ul style="list-style-type: none"> • People do not come to the Guardians with good news • When concerns are raised, there are no instant fixes • The Board are the best advocates for raising concerns and speaking up, and the importance of this cannot be under-estimated. <p>The Chief Executive thanked Tom and Rossa for their work. He was struck by the</p>	

	<p>significant rise in the number of cases in quarter 4 and asked if the Board should be alarmed or assured by this. The Guardian referred to an East of England meeting and some data shared. Workplace concerns have risen, industrial action played a part and there is disquiet or staff have reached a level of frustration and are talking to the Guardians. The Chief Executive referred to the change required, the financial challenge and the importance of improving productivity and this will drive the figures up. We need to listen, but we also need to take responsibility for improving the NHS. The Guardian reflected on the last staff briefing where he felt this had been clearly articulated.</p> <p>Mr Khatib referred to a consistent message in these reports about managers who need to listen and support their staff. Staff will only raise issues to people who look like them and he asked how we can provide the culture for staff to raise concerns with their managers. The Director of People and Organisational Development advised that we must give managers the confidence and competence to listen, to respond and to address staff concerns. The recent leadership awayday focussed on this and there are a series of TED talks to support them. Staff confidence is dependent on the way that the first person reacts. We are considering how mental health first aiders and wellbeing ambassadors can support this, and we are looking to move all speaking up elements together.</p> <p>Mr Humpston referred to the importance of managing change effectively and producing a leadership culture to deliver this. He asked whether we could work harder in relation to some of our Trust values. The Guardian responded that this service is a small part of the Trust. The basic management tool of being nice to staff, talking to them, looking after them and knowing something about them can be an issue, but this is in the minority. The Deputy Lead Guardian echoed these comments and if we don't display kindness, she questioned how that fits with the provision of patient care. This Trust is particularly good at delivering freedom to speak up and the support received at ESNEFT is not evident at other Trusts in the region.</p> <p>The Chair agreed with the comments made regarding kindness, which does not stop decisions being made. The Chief Executive referred to the human factor and his view that we want to actively encourage speaking up.</p> <p>Ms Duffety reflected on the discussion and that continuous improvement and significant developments cannot be achieved without our staff and thought was required as to how we celebrate people for speaking up.</p> <p>The Guardians were thanked for their attendance and for the valuable role they undertake.</p> <p>RESOLVED: That the Board noted the report.</p>	
P61/25	6.3 Modern Slavery statement	
	<p>The Director of Finance/Deputy Chief Executive presented the statement describing the steps taken to avoid slavery and human trafficking in the supply chains or in the Trust.</p> <p>RESOLVED: That the Board approved the revised statement.</p>	
SECTION 7 – Governance		
P62/25	7.1 Key Issues report – Audit and Risk Committee	
	The Chair had reported to the April meeting of the Board including the two areas for escalation from the March meeting.	
P63/25	7.2 Board Assurance Framework	
	<p>The Director of Governance provided the strategic risks, seeking approval to three key changes:</p> <ul style="list-style-type: none"> • New BAF risk 10, digital resilience, reviewed by the Audit and Risk Committee and the Performance and Finance Committee • BAF risk 1, owned by the Board, with a recommendation to increase the risk score from 8 to 12 • BAF risk 5, and a decrease in rating from 12 to 8 recommended following a deep dive at Committee. 	

	<p>The Non-Executive Directors were thanked for their support to the review of how the BAF is working, with proposals to be considered at Committee next week.</p> <p>RESOLVED: That the Board approved an increase in the rating of BAF1, Partnership working, from 8 to 12, a decrease in rating of BAF5, Workforce – recruitment and retention, from 12 to 8, the new digital resilience BAF entry (BAF10), and the current version of the Board Assurance Framework.</p>	
P64/25	7.3 Provider Licence Self Certification	
	<p>The Director of Governance advised of the value of undertaking this exercise, whilst it is no longer a requirement to submit the outcome to NHS England. Work had been undertaken with the Director of Finance and his team; this had been considered at the Audit and Risk Committee and the Quality and Patient Safety Committee and was recommended to the Board for approval. The CQC will undertake some sample audits and confirmation that this review has been undertaken may be required.</p> <p>Mr Spencer advised that this is a bit binary in assessing compliance with the licence and questioned what a rating would look like. The Director of Governance responded that there wasn't a huge amount of change from one year to another. If there were, then it would require a different approach.</p> <p>RESOLVED: That the Board confirmed the assessment undertaken and the outcome that: After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.</p>	
SECTION 8 – Questions from the public		
P65/25	8.1 Public Questions	
	<p>Sir Bob Russell referred to nurses being banned from using the kitchens in wards to make tea and coffee and invited the Board to issue an instruction in this regard. Reference was also made to the 40th anniversary of the opening of Colchester Hospital and plans to commemorate that, and to his personal experience of care. The Chief Executive advised that despite the questions not relating to items on the agenda he would respond. Further information was provided about the inappropriate use of food and facilities designated for patients. In relation to the experience of care, the Chief Executive made a commitment to respond to Sir Bob Russell outside of the meeting.</p>	NH
SECTION 9 – Other Urgent Business		
P66/25	9.1 Any Other Urgent Business	
	There was no further business.	
P67/25	9.2 Date of next meeting	
	The next meeting in public would be held at 9.30am on Thursday 3 July 2025, Conference Centre, Kesgrave War Memorial, Twelve Acre Approach, Kesgrave, Ipswich IP5 1JF.	

Approved: 3 July 2025 **TBC**

Chair: Mark Millar, Interim Trust Chair

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