

**Minutes of the Trust Board of Directors' Meeting held in public
on Thursday 3 July 2025, 9:30 – 13:00 pm,
Conference Centre, Kesgrave War Memorial, Twelve Acre Approach, Kesgrave, Ipswich IP5 1JF**

Present:

Mr Mark Millar	Interim Chair
Mr David Eagles	Non-Executive Director
Dr Michael Gogarty	Non-Executive Director
Mr John Humpston	Non-Executive Director
Mr Hussein Khatib	Non-Executive Director
Ms Karen Sinnott	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
Mr Adrian Marr	Director of Finance and Deputy Chief Executive
Mr George Chalkias	Director of Governance
Dr Tim Leary	Interim Chief Medical Officer
Mr Mike Meers	Director of Digital, Logistics and Operations - Ipswich
Ms Catherine Morgan	Chief Nurse
Ms Kate Read	Director of People and Organisational Development

In attendance:

Mr Richard Daniel	Interim Director of Estates and Facilities
Mr Paul Little	Strategic Director for Service Development
Ms Karen Lough	Director of Operations - Elective Care
Ms Alison Stace	Director of Operations - Colchester
Ms Ann Filby	Trust Secretary – minutes
Ms Tina Terry	Board and Committee Secretary
Sharon Hughes	Matron (item 1.3)
Dr Tania Gudu	Consultant Rheumatologist (item 3.1)
Sue Voules	Senior Physiotherapist & MSK team Lead (item 3.1)
Dr Eleana Ntatsaki	Consultant Lead (item 3.1)
Di Alderton	Operational Co-ordinator – MSK (item 3.1)

Two governors attended to observe the meeting.

SECTION 1 – Chair’s Business		Action
P68/25	1.1 Welcome and Apologies for Absence	
	The Chair welcomed members and attendees to the meeting. He reflected on the reports being presented and thanked staff and the Board’s assurance committees who have reviewed reports in detail, all of which focussed on the care provided to patients. There were no apologies for absence.	
P69/25	1.2 Declarations of Interest	
	The declarations of interest were noted .	
P70/25	1.3 Patient Experience	
	The Chief Nurse provided assurance regarding the experience received in March and the continuing drive to improve the support provided to young people with long term conditions and life limiting disease. Sharon Hughes, Matron, shared a patient’s experience considered through the complaints process and how the Trust can benefit from this learning. Sharon advised that the patient has a neurological and psychiatric disorder, a condition which is not well understood. The patient needed time and compassion when information was explained clearly so she could advocate for herself. Some of the	

	<p>conversations did not allow her the time and the space required and her last experience in hospital was not positive, leading the patient to seek to change her care to another hospital. The response to the patient's complaint and the specific learning was described, which included bite sized training to support the ward team, reflective practice, advanced communication support and regular matron walkabouts to ensure regular conversations were taking place with patients and their relatives. In terms of shared learning, complaints are discussed in wider forums. The positive outcome was described with the patient being reassured by the actions taken and subsequently emailing the complaints team to provide positive feedback, feeling that the Trust had listened and she no longer wished to transfer her care to another hospital.</p> <p>The Chair reflected on the importance of personalised care and the Chief Executive referred to the perception that making a complaint at the time can negatively impact subsequent care. He questioned how we can encourage patients to give feedback but not necessarily to their care givers. Sharon felt this option would be beneficial and suggested the use of QR codes, with communication required to patients. The Chief Nurse advised that some patients wish to reflect on their experience rather than raising any issues at the time. The language used in the complaints process can feel negative, and an alternative feedback mechanism would be positive.</p> <p>Mr Khatib thanked Sharon and the team for the positive management of this complaint and highlighted the importance of getting to know the patient. He also questioned links with the care provided in the community.</p> <p>The Chair was assured that the Trust responds appropriately to complaints whilst there was still work to do to provide additional feedback mechanisms. It is important that the Board receives experiences of this nature and Sharon was thanked for attending.</p>	
P71/25	1.4 Minutes of the meeting held on 1 May 2025	
	RESOLVED: That the minutes of the meeting held on 1 May 2025 were approved.	
P72/25	1.5 Matters Arising – Action Log	
	The Trust Secretary advised that the two actions from the previous meeting were marked for closure.	
P73/25	1.6 Report from the Trust Chair	
	<p>The Chair highlighted:</p> <ul style="list-style-type: none"> • Publication of the 10-year Health Plan for England • A surprise visit from the Princess of Wales to Colchester Hospital yesterday • It has been a month of celebration, recognising Pride, the Armed Forces, and volunteers. Two long service events had taken place, with 70 staff at the second one, three with 45 years' service and a nurse with 50 years' service. • The Council of Governors first health talk took place on Saturday and went well. • The Trust has now completed the final transfer of soft facilities management services to Sodexo, and all those involved were thanked for a smooth transfer • The importance of the work on health inequalities, with the annual report to be considered later on the agenda • Changes to parking and discounts with park and ride at Colchester Hospital, demonstrating that the Trust continues to seek ways to provide alternative parking. 	
P74/25	1.7 Report from the Chief Executive	
	The Chief Executive briefed the Board on the visit yesterday of the Princess of Wales, and he thanked the Director of People and Organisational Development and the communications team for their excellent support. This had resulted in national media coverage of the Princess talking about her own cancer journey. He apologised that this had not been shared at the Princess' request.	

	<p>The 10-year plan has now been published, and the Chief Executive highlighted that neighborhood teams would be available for 12 hours a day, six days a week, and there will be an accountable care organisation structure. The implications for our communities will be considered at the Board Awayday later this month. ESNEFT is well placed to build on the three requirements, from hospital to community, from analogue to digital and from sickness to prevention. We need to understand the impact of the changes to Healthwatch and the Councils of Governors and how we hear the voices of the public about the future and from patients about the care they have received. Organisations will be required to evidence receipt of that feedback, which he felt should be built into the regulatory system.</p> <p>The Chief Executive was genuinely optimistic about the potential changes which will require different conversations with staff and the public to ensure the care provided in homes or closer to home is as good or better than the care provided in a hospital setting. The proposal for Integrated Health Organisations for the whole or a specific part of our community cannot be considered in isolation of local government reorganisation and devolution.</p> <p>The Board has been advised that organisations and ICBs will be confirmed into segments later this month under the NHS Oversight Framework.</p> <p>Mr Spencer referred to the ICP meeting, and the concern expressed by social care providers about their sustainability, which feels like a critical enabler of the future plan. The Chief Executive advised that as unitary bodies become responsible for social care provision there is the opportunity for ESNEFT to consider this. We are not seeing an immediate impact of the challenges in this sector.</p> <p>Mr Humpston questioned what ESNEFT was doing well to share with others and where we can take the initiative. The Chief Executive responded that we have the infrastructure with the provision of community services and working with the ICB as the strategic commissioner they will agree what they want to commission in relation to this integrated model. He questioned if the opportunities of being integrated had been maximised and suggested that the Trust could be more creative. The messages from the national NHS team focus on earned autonomy, taking the initiative around new ways of working unless an organisation is rated as segment 3 or below. At the Awayday we should challenge ourselves to be ambitious and consider how we involve partners, patients and the public in that conversation. We have financial stability, a stable workforce, and we can use the 10-year plan as a catalyst for this work. There was a risk of silo working and it was currently unclear how best practice would be shared with the demise of NHS England.</p> <p>Mr Khatib referred to the media reporting on a range of organisations that may be dissolved, HSIB in particular, and requested further information. Organisations need to be held to account, and regulation was required, whilst the Chief Executive's view was of current duplication. Until the details were available it was difficult to make a judgement. The Chair added in terms of the national maternity review the level of duplication had been highlighted in a recent briefing.</p>	
	<p>SECTION 2 – Integrated Performance Report</p>	
<p>P75/25</p>	<p>2.1 Key issues Report: Quality and Patient Safety Committee</p>	
	<p>Members were reminded that the focus of reporting from Board Committees was to provide assurance to the Board on the scrutiny undertaken.</p> <p>Mr Khatib reported on the meeting held on 10 June to consider the Quality Account, which was recommended to the Board and was approved. The meeting held on 26 June covered discussion on:</p> <ul style="list-style-type: none"> • Improvements including reduction in falls and pressure ulcers and the care of patients with sepsis • QI and Clinical Outcome Reporting, increased training and number of projects • The Health Inequalities annual report and the qualitative and quantitative improvements • Infection prevention and cases of Cdiff and CPE, which are being managed 	

	<ul style="list-style-type: none"> • The Organ Donation Annual Report and the important role of the specialist nurse. There had been 18 donors benefiting 44 people, which we should be proud of, with the report recommended to the Board • An update from the Patient Safety Partners • Detailed oversight of the Care Quality Commission (CQC) action plan • Medical devices management relating to equipment we cannot account for on the asset register • The safeguarding annual report – escalated to the Board for consideration • Complaints Annual Report, for review later on the agenda • A deep dive in mental health is being held later this month. <p>The Chief Nurse highlighted the complexities of the infection prevention and control issues currently being managed.</p>	
P76/25	<p>2.2 Key issues Report – Performance and Finance Committee</p>	
	<p>Mr Humpston updated on two meetings held on 29 May and 26 June. The Quality and Patient Safety Committee, Audit and Risk Committee and the People and Organisational Development Committee are represented, providing appropriate triangulation. The proposal to change the BAF3 risk rating was approved at the meeting held on 3 June. In terms of operational performance, the Trust is broadly progressing in the right direction in providing more expeditious care. There were a series of alerts:</p> <ul style="list-style-type: none"> • A green rating for the ESEOC gateway review, very good news • The CQC and corridor care at Colchester Hospital • The financial position two months into the financial year, the scale of the cost improvement (CIP) challenge is high, with contingency plans in place to meet targets • The performance assessment framework. It will be the first time the Trust has been allocated a segment in this way, with some healthy anxiety and a cautious approach to what that rating may be when confirmed. <p>The Director of Finance and Deputy Chief Executive re-confirmed the agreement of a break-even plan on a turnover of £1.2bn+ and in month 2 we are £241k away from plan which was an improvement on month 1. He described divisional discussions, and the improvements required to resolve CIP under-performance. Cash is stable, the pay awards will be allocated in the August payroll and reviewing whether there are any funding challenges in this regard. The new chair of the Investment Group is ensuring an ongoing review of the capital plan. It will be a difficult year.</p> <p>The Director of Operations, Colchester, reported on the priority to end corridor care and the use of temporary escalation spaces and a different approach to focussing clinical and operational teams. This builds on the transformation work already undertaken, reducing variation. Communications three weeks ago have already seen a reduction in boarding patients and corridor care in the Emergency Department (ED), bedding in other areas and 12-hour delays in ED. Mental health is our next focus and the number of patients waiting over 12 hours, working with the mental health trust and considering what constitutes an admission as an increase has been seen.</p> <p>Mr Spencer referred to the commitment required to confirm a metric relating to corridor care. The softer metrics are being tracked, and this will be shared at the next meeting.</p> <p>The Chair referred to the SNEE Sustainability review, with the first meeting of the Joint Productivity Board taking place on 14 July.</p>	
P77/25	<p>2.3 Key Issues Report – People and Organisational Development Committee</p>	
	<p>Ms Sinnott reported on the meeting held on 15 May, discussing changes to immigration and visas, financial reductions and the Mutually Agreed Resignation Scheme (MARS), tighter vacancy controls are in place, equality diversity and inclusion data demonstrated improved information and disability disclosures, and the importance of everyone at Board level creating the right environment for staff to make such disclosures. The Chief Medical Officer talked about aligning clinical activity with patient needs, workforce metrics and the ongoing engagement with trades unions were considered, turnover and sickness statistics, and the Trust was congratulated for fully utilising the apprenticeship levy.</p>	

	<p>The Director of People and Organisational Development advised of a number of new resident doctors starting in August and September and all vacancies are currently filled. There is a strong pipeline of healthcare support workers, and 140 student nurses have accepted roles, the highest number to date, with work continuing on the placements. Regarding MARS, the closing date is 31 July, and the applications are being considered. Work is also underway regarding the new profiles for nursing and midwifery bands 4-9. The Trust was ranked 43rd out of 600 employers in embracing apprenticeships and there will be a celebratory event at the House of Lords.</p> <p>The Chair welcomed this report and the strength of provision and support to staff.</p> <p>Mr Khatib questioned the Trust's reliance on international staff and any impact of the immigration changes. The Director advised of no impact to date in relation to existing staff, but this is likely to impact on Band 6 finance and technical and there is some work being done with other trusts in this regard. 100 international nurses are generally recruited and this year the focus is on those already working in the UK and recruiting c50.</p>	
P78/25	<p>2.4 Integrated Performance Report</p> <p>There was no further discussion in relation to the Trust's performance.</p> <p>RESOLVED: That the Board noted the Trust's performance.</p>	
SECTION 3 – Quality and Patient Safety		
P79/25	<p>3.1 Clinical Presentation – Developing the axSpA Service</p> <p>The Chair welcomed the rheumatology team who explained the condition - Axial Spondylarthritis - what it is and why it is important. Most haven't heard of this condition whilst its prevalence is twice as high as Multiple Sclerosis and Parkinson's combined, and it has a significant impact on individuals including the impact on their mental health. It takes 8.5 years to diagnose; it is part of a bigger spectrum of conditions affecting the spine and a 38-year-old patient's experience was described. In 2021 there was no service to support patients and its development was described, focussing on what could be changed to recognise the condition and ensure patients were seen quickly by physiotherapists once referred by GPs. This included education for GPs and creation of a patient pathway within GIRFT guidelines to see patients within eight weeks and ensure a standardised patient journey. The next area of focus was self-management which included an advice line and group BIOlogic approach regarding medication, receiving an excellent response and patient satisfaction. Future developments include virtual BIO clinics to ensure six monthly reviews of medication.</p> <p>The patient education pilot was described, with more work required to ensure this is sustainable. Two years later waiting times are at nine weeks from initial presentation in primary care to first rheumatology review, an improvement from 17 weeks. Other waiting times had also improved including a definite diagnosis in 21 weeks. A patient's journey illustrated how development of the service had supported patients. The team had received numerous awards including a Silver Change Maker award in the House of Commons. In conclusion, the importance of focussing on what can be changed, overcoming the challenges, and celebrating improvements was highlighted.</p> <p>Mr Khatib welcomed the presentation and questioned the audit results presented. Ideally, we want to raise the number, working closely with community and primary care to ensure appropriate referrals. The optimistic objective for the future is for patients to attend clinic for management of their condition.</p> <p>Mr Eagles queried the impact on quality of life and how the lessons learned had been shared. This is transformative, impacting on pain and disability, reducing the long-term cost of treatment and enabling patients to work and to get back to family life. The results have been presented within the department, at a Grand Round and at national events.</p> <p>The Director of Operations, Elective Care, followed up on the wider awareness across the organisation and offered the support of the transformation team, referenced reducing the</p>	

	<p>variation, she spoke highly of the innovation and the approach to working with patients when it is convenient for them. She questioned where the service sits internationally in terms of this pathway. Data is being fed into relevant audits, and a paper was due shortly and would be shared with the Director.</p> <p>Professor Sturdy referred to neighbourhood health, how GPs had been influenced, and questioned the national opportunities as this approach was so innovative.</p> <p>The Chair echoed colleagues' comments and thanked the team for attending.</p>	
P80/25	<p>3.2 Care Quality Commission</p> <p>The Chief Nurse shared an update on the improvements being made following the inspection of the Colchester site and the feedback letter provided on the inspection of the Emergency Department. The pressures and capacity issues have been raised several times, as discussed earlier, in terms of caring for people outside of designated spaces and enabling ambulances to offload to support other calls in the community. The CQC proposed strengthening the risk assessment process and we acknowledge and had shared with them prior to the inspection the complexities and shared care arrangements for patients with mental health presentations. Staff found this difficult to articulate during the inspection and we are working with EPUT in this regard, including providing training to ensure our staff have the skills and confidence to support people in our care. One part of the corridor is now being used rather than two with senior oversight. We are working with our new cleaning provider in relation to the cleaning checklist and reference was made to the audits undertaken. The full reports from both visits are awaited.</p> <p>The improvement plan for medicine services is in place and progress has been shared with stakeholders at a rapid review meeting last week. Their support was welcomed. We recognise the challenges, and we need to do better in a more consistent way.</p> <p>The Chair confirmed that the Trust takes this matter very seriously and we must be held to account. The Chief Executive asked two questions of the CQC: were there any observations of unsafe care and how did patients feel about their care, with reassuring responses. It is entirely appropriate to have his conversation at today's meeting to receive confirmation that the actions being taken are proportionate. Professor Sturdy commended the rapid response and the detail provided.</p>	
P81/25	<p>3.3 Addressing Health Inequalities Strategy – Annual Report 2024/25</p> <p>The Chief Medical Officer presented the work led by the Deputy Chief Medical Officer, and described the four key objectives, ensuring that all our staff are involved, the approach is data driven to understand the causes of health inequalities, the effect on health and the barriers. The work with community and primary care colleagues was highlighted, and it was confirmed that 12.5% of our geographical area have patients in the highest 20% of the most deprived communities. Three successes were shared:</p> <ul style="list-style-type: none"> • Over 1800 people have been referred to the tobacco treatment service with a 52% quit rate • Over 50,000 offers of support via Making Every Contact Count (MECC) and over 7,500 onward referrals to other services • In Suffolk there has been a 30% increase in the over 75s and some pilot work with the Primary Care Network in Ranworth, Clacton, is reviewing the frailest patients, with significant reduction in primary care and ED attendances. <p>It is commendable that the work undertaken is building the sustained benefits demonstrated.</p> <p>Mr Spencer highlighted the funding issue. Much of this work is related to prevention and care closer to patients' homes with a longer-term return on investment, and future sustainability was questioned.</p> <p>Professor Sturdy asked how clinicians could use MECC to reduce inequalities to meet their professional duties. The Chief Medical Officer confirmed that MECC has been rolling out through our clinics and there is some concern from colleagues about issues being</p>	

	<p>raised that they can't resolve, although often staff are able to provide guidance and signposting. MECC is part of induction for junior doctors and clinical staff to support them to meet their responsibilities.</p> <p>It was felt that the Trust's role in health inequalities is to support delivery of the 10-year plan and this required further discussion at the awayday. The Chief Executive referred to the changes in recent years to the location of public health and his view that we should be explicit about the extent of our responsibilities in the wider context of public health. The Chair confirmed this would be picked up at the awayday.</p> <p>RESOLVED: That the Board noted the content of the Health Inequalities Annual Report 2024/25 and also the funding risk associated with the longevity of the programme.</p>	
P82/25	<p>3.4 Complaints Annual Report 2024/25</p>	
	<p>The Chief Nurse advised that there remains further work to do regarding the complaints process. Improving the timeliness and quality of responses was a focus over the last year, and this can be demonstrated, contacting patients and providing a response in a timely manner. A reduction in complaints can be seen. It would be preferable for people to raise issues at the time whilst this process is in place for those who need it. The work undertaken by the Director of Governance on accessing services has been welcomed. We are responding to people's needs through bringing the PALS and complaints service together and supporting accessibility, with much more to do.</p> <p>The Chief Executive agreed the importance of an immediate feedback mechanism and questioned how this was shared to support transformation of the service. Every Bay Every Day is one of our interventions, with senior staff asking patients how their care has been and whether they have any questions. Themes are captured locally, and information is shared more widely through quality summits.</p> <p>Mr Spencer welcomed the report and suggested the addition of patient numbers in future.</p> <p>RESOLVED: That the Board noted the PALS and complaints annual report for period 01 April 2024 to 31 March 2025 and the service improvements made.</p>	
P83/25	<p>3.5 Maternity and Neonatal Improvement Board</p>	
	<p>The Chief Nurse presented a report from the 29 May meeting chaired by Mr Khatib. The service is in the sustainability phase of the Maternity Safety Support Programme and assurance was received regarding the plans to exit the programme. Transition care services have started on both sites, avoiding admissions to the neonatal unit. There are some environmental issues on the Colchester site which are being progressed, and our culture programme is well underway. Hearing the voices of women is a major issue in the national review.</p> <p>Mr Khatib referred to the safety walk rounds he undertakes with the Chief Nurse. One of the challenges is paediatric cover to neonatal units with insufficient paediatricians, whilst the Divisional Director has this in hand. It will be highlighted in CNST this year, with an action plan to secure compliance.</p> <p>The Chair thanked Mr Khatib for his support in this area.</p>	
P84/25	<p>3.6 Safeguarding Annual Report 2024/25</p>	
	<p>The Chief Nurse presented the report, describing the increasing support required from a small subject matter expertise service, and reiterated that safeguarding is everybody's business. Training requirements are being achieved, and this will not be standing down during Epic implementation. The way services are managed in Suffolk and Essex does result in different data sets, and a recent Board Seminar explained some of the detail. We have now fully recruited into the team, which has been a challenge.</p> <p>The Chief Executive welcomed supervision being addressed and questioned the risk around communication identification and whether this will reduce once Epic is</p>	

	<p>implemented. The Chief Nurse responded that having immediate access to patient history will support information sharing together with easy access to alerts. The Director of Digital, Logistics and Operations advised that Epic would mandate contemporaneous notes, another example of a safety and quality measure.</p> <p>Mr Eagles questioned if other Trusts in Essex were experiencing the same issues and whether there were opportunities to progress this. The Chief Nurse briefed on the different processes in each county and confirmed there was no opportunity to do so.</p> <p>RESOLVED: That the Board noted the content of the reports.</p>	
P85/25	3.7 Organ Donation and Human Tissue Act Annual Report 2024/25	
	<p>The Chief Medical Officer advised that over 500 people are waiting for a transplant, and we have not returned to pre-Covid activity. There were 113 opportunities identified, 112 referrals were made to the national donation team, 60 patients met the criteria, and the consent of families led to 18 donors and 44 patients receiving a solid organ. The Trust is well placed in comparison with others. NHS Blood and Transplant provides some financial resource and a specialist nurse, funding of consultant time to improve the experience associated with organ donation, all of which supports end-of-life care particularly within ED and critical care. There remains work to do.</p> <p>Mr Khatib referred to the uniqueness of the specialist nurse in increasing donations. The BME perspective was raised at Committee, and this is being reviewed including what we are doing to promote organ donation with our non-white community. The Chief Medical Officer referred to the importance of turning the tide in conversations with families, describing the opportunity for their loved one to achieve a legacy. The specialist nurse provides the time and the opportunity for families to sit, listen and to talk. There are issues with consent and nationally work is ongoing with different groups to understand those.</p> <p>Ms Sinnott questioned if Epic would make organ donation easier or harder, and how that correlates with the change from opt out to automatically assumed consent to donate, with reference to data available in the NHS App. The Director of Digital, Logistics and Operations advised that in February ESNEFT will be the first Trust to access the NHS App which will also enable access to MyChart. The Chief Executive reflected that despite the change in consent a significant increase in the number of donations has not been seen and suggested more could be done to support families who have the final decision.</p> <p>RESOLVED: That the Board noted the contents of the report.</p>	
SECTION 4 – Strategy and Transformation		
P86/25	4.1 Strategic Plan update	
	<p>The Chief Executive advised that further work was being done to consider how these reports are presented in future. The key date will be the Board Awayday on 22 July when consideration is given to how ESNEFT aligns to the national direction of travel. Reference was made to the Joint Productivity Board and a meeting to take forward the appointment of a Joint Chair.</p> <p>RESOLVED: That the Board noted the update.</p>	
P87/25	4.2 ESNEFT as an Anchor Organisation	
	<p>The Director of Finance and Deputy Chief Executive confirmed that the Trust continues with community outreach with local schools and colleges and over 2,500 students have engaged in this academic year; the next AHP programme is developing; on procurement 255 tenders at a value of £43m have had 10% social value applied. The case studies bring this work to life. A section was included on the work of Sodexo, sustainability and recycling, on the environment and the reductions in our carbon footprint by 1,243 tons annually on the 2019/20 performance. New cycle storage is taking shape which is a</p>	

	<p>significant upgrade; a plastic free dry wipe supports sustainability and saves money, and the Cardiac and PCI development of local services brings care closer to home.</p> <p>The Director of People and Organisational Development confirmed that 80% of staff live within a five-mile radius, she reiterated the links to the Colchester Institute and Suffolk New College and the extensive work with schools in supporting young people living locally. We are proud of the development of the clinical school focussed on our clinical workforce, Next AHP and the Next Medic programmes. There are also 584 active volunteers supporting a range of roles, more recently 30 new volunteers in the ED at Colchester and recruitment had now completed at Ipswich. Ambitious targets are in place to support discharge and there was value in young people interested in work experience partnering with our volunteers.</p> <p>Professor Sturdy referred to the medical apprenticeship and awareness of this outside of the area, an extremely positive development.</p> <p>The Director of Finance and Deputy Chief Executive referred to a briefing on clinical coding at the Audit and Risk Committee and the staff with autism who were succeeding in this role and at life. He was concerned that the previous Trust Chair used to chair the ICB Anchors Committee, and it has not met since her departure. This energy needs to be rekindled. ESNEFT is fully committed to this programme and wider engagement is essential.</p> <p>The Chair reflected on his pride in this work and the enthusiasm demonstrated.</p> <p>Mr Humpston commended the growth of this programme over the last 3½ years and asked how this compares with other Trusts. It fits well with the equality agenda. The Board was advised that 2-3 years ago, many organisations were progressing this work but sadly that appears to be reducing due to other demands and pressures. A Trust presentation had been made to national HR Directors.</p> <p>RESOLVED: That the Board received the presentation.</p>	
P88/25	<p>4.3 Green Plan Strategy 2024-27</p>	
	<p>The Interim Director of Estates and Facilities advised of the refreshed priorities, smart actions and Key Performance Indicators in place, highlighting the following:</p> <ul style="list-style-type: none"> • An increase in the number of green spaces and the planting of 60 trees last year • A nature at work programme • Increasing our climate resilience with a fundamental impact on procurement and capital builds to ensure thermal loading isn't increasing • Enhancing our social value, ensuring ethical sourcing and minimising the risk of slavery in the supply chain • Significantly increased solar panels at Ipswich and Clacton Community Diagnostic Centres • Manifolds on site • Air pollution hubs will be fully installed by 31 July • An increase in the use of cycles • Lease cars will become hybrid • A full waste survey, work to reduce waste and to ensure appropriate segregation. <p>The Board was advised of new statutory requirements issued in February requiring publication of a revised plan by 31 July. ESNEFT is likely to be the only trust in the system to achieve this. Despite increasing the Trust's footprint, we hope to still make a meaningful difference. A new clinical transformation lead was now required.</p> <p>Mr Spencer welcomed the continuation of the previous report, and it was positive to see the responsibilities distributed across the organisation. In next year's report he suggested that the key deliverables were clearly set out to enable progress to be assessed.</p> <p>RESOLVED: That the Board approved the ESNEFT Green Plan 2024-27 (2025 revision).</p>	RD

SECTION 5 – Finance & Performance		
P98/25	There were no items for consideration.	
SECTION 6 - People and Organisational Development		
P99/25	There were no items for consideration.	
SECTION 7 – Governance		
P100/25	7.1 Key Issues report – Audit and Risk Committee	
	<p>Mr Eagles reported on the meeting held on 6 May. This included a presentation on contract management with the potential for savings to be made, a report on the procedural documents register which has now moved to exception reporting. For internal audit two partial assurance reports were received with actions progressing, giving a total of six partial assurance reports out of a total of 13. This demonstrates that the Trust focusses on areas of concern and doing the right thing for the right reason. The draft counter fraud annual report presented a positive position with one amber rating regarding declarations of interest with continuing oversight of the improving performance. The BAF was reviewed including the enhancements being made.</p> <p>The meetings held on 24 and 26 June discussed the new BAF risk being developed relating to fire and a report on clinical coding provided assurance on the level of compliance. Two further internal audit reports had been completed. A change to the audit plan would now include a review of the payroll service. On the annual audit no risks were identified nor any areas of weakness in the auditor’s annual report. It was noted that care must be taken in recording the level of impairments and the Trust met the control total position forecast. Mr Eagles recognised the significant work undertaken by Trust teams in producing the reports and the close working with the external auditors. The meeting on 26 June was able to recommend the Annual Report and Accounts 2024/25 to the Board for approval, and the submission deadline was met. The Committee’s Terms of Reference would be presented to the Board for approval.</p> <p>The Chair thanked all those involved in preparing the Annual Report and Accounts.</p>	
P101/25	7.2 Fit and Proper Person Test Framework	
	<p>The Chair thanked the Trust Secretary and the Board and Committee Secretary for their work in completing this review.</p> <p>The Trust Secretary advised of the completion of the annual fit and proper person checks for Board members and the Deputy Chief Medical Officers. The submission had been made to NHS England, and this has been signed off by the Regional Director. Individuals’ staff records were being updated currently.</p> <p>The Chair referred to the sign off process and reflected on the evidence he had reviewed to underpin compliance. The Senior Independent Director had confirmed compliance in relation to the Chair.</p> <p>RESOLVED: That the Board is asked to note the outcome of the review.</p>	
P102/25	7.3 Trust Seal	
	<p>The Trust Secretary advised that the Trust Seal had been used on 20 occasions since the previous report to the Board.</p> <p>RESOLVED: That the Board noted the report.</p>	
SECTION 8 – Questions from the public		
P103/25	8.1 Public Questions	
	There were no questions.	
SECTION 9 – Other Urgent Business		
P104/25	9.1 Any Other Urgent Business	
	The Chair congratulated the Chief Executive on becoming a Commander of the Order of the British Empire (CBE) in the King’s Birthday Honours list. This was a well-deserved	

	personal accolade in recognition of his public service in multiple roles in the NHS over many years, the last 10 at ESNEFT.	
P105/25	9.2 Date of next meeting	
	The next meeting would be held in public at 9.30am on Thursday 4 September 2025, Roman Lounge, Colchester Rugby Club, Raven Park, Cuckoo Farm Way Colchester, CO4 5YX.	

Approved: 4 September 2025 **TBC**

Chair: Mark Millar, Interim Trust Chair

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