

**Minutes of the Trust Board of Directors' Meeting held in public
on Thursday 6 November 2025, 9:30 am – 1:30 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, Senior Independent Director and Deputy Chair
Mr Hussein Khatib	Non-Executive Director
Ms Karen Sinnott	Non-Executive Director
Ms Sarah Boulton	Non-Executive Director
Ms Karen Livingstone	Associate Non-Executive
Mr Nick Hulme	Chief Executive
Mr Adrian Marr	Director of Finance and Deputy Chief Executive
Mr George Chalkias	Director of Governance
Dr Angela Tillett	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:

Ms Karen Lough	Director of Operations - Elective Care
Mr Doug Ward	Interim Director of Estates and Facilities
Ms Ann Filby	Trust Secretary
Amanda Price Davey	Director of Midwifery – item 1.3
Jamie Hanson	Associate Professor/Consultant Midwife – item 1.3
Patience Gyamph	Consultant Midwife/Associate Midwifery Professor – item 1.3
Sally Barber	Associate Director, Health Inequalities & QI
Helen Green	Clinical Lead for Health Inequalities
Andy Higby	Strategy Programme Director – item 4.1

Apologies for absence:

Ms Alex Duffety	Associate Non-Executive Director
Mr Paul Little	Strategic Director for Service Development

There were no governors attended to observe the meeting.

Section 1 – Chair’s Business		Action
P130/25	1.1 Welcome and Apologies for Absence	
	The Chair welcomed members and attendees and apologies for absence were noted. Ms Sarah Boulton and Ms Karen Livingstone were welcomed to their first Board meetings and Dr Tillett was welcomed back into the role of Chief Medical Officer.	
P131/25	1.2 Declarations of Interest	
	The declarations of interest were noted . Mr Khatib reported on his appointment to Norfolk and Suffolk NHS Foundation Trust. He was congratulated on his appointment as a Registrant Council Member at the Nursing and Midwifery Council.	
P132/25	1.3 Patient Experience	
	<ul style="list-style-type: none"> • Key Issues Report – Maternity and Neonatal Improvement Board The Chief Nurse referred to the Key Issues Report and the attendance of the National Maternity improvement Adviser who reported on the progress made and the recommendation for the Trust to exit from the Maternity Safety Support Programme (MSSP), with confidence in the plans developed and that improvements had been embedded. Formal confirmation was received from the national team yesterday. The team	

	<p>was congratulated on the work undertaken to enable the Trust to exit the programme. A detailed paper on the future strategy for the Ipswich ODR would be considered at the Executive Management Committee prior to presentation to the Board. An update was also provided on CNST progress and a more consistent and sustained programme over the 12-month period.</p> <p>The Chief Executive congratulated the Director of Midwifery and her team and acknowledged that when improvement was required this was recognised, a plan was prepared, and the work was undertaken. The Director has had a pivotal role; the Chief Nurse was thanked for her leadership and Mr Khatib was thanked for his support as the maternity safety champion. Mr Khatib confirmed that this was achieved against a background of challenges including the lifts not working and moving from seven CNST standards to 10. The Maternity Voices Partnership had also supported effective oversight. The MSSP letter presented demonstrated the level of scrutiny experienced. The full report would be circulated.</p> <p>The Chief Nurse referred to the report updating a previous Board story. Today's film related to maternity care as the Board is required to understand what is happening within the service, with reference made to a letter received earlier this year from the NHS England Chief Executive regarding the Board's responsibilities. The Director of Midwifery advised it was difficult to confirm someone from our harder to reach services to attend the Board. Significant work had been undertaken on Its Ok to Ask, collaboration with the Local Maternity and Neonatal System (LMNS) and the context was described, including access to services and that people often engage much later in a pregnancy. The film highlighted the challenges faced by African women, described the cultural issues and the support they need. Additional information was given regarding personalised support plans, a document that women complete with their midwife, the universal offers and individualised work for communities, listening events, the Roma advocate and work with local voluntary groups.</p> <p>Patience Gyamleh, a Consultant Midwife in ESNEFT and a shared role with the University of Suffolk, talked about her research and the central strategies implemented. Women often feel they haven't been heard and listened to, and we are committed to continuing to improve their experience. Her work is looking at the continuity of care model, the care that builds trust between midwives and families, and exploring patient feedback using a validated tool. The findings may guide leadership and policy makers to identify where we are doing well and where improvement is required. Continuity, choice and control are the three concepts highlighted in multiple reports and if we get these right women will have safer, more equitable personalised care.</p> <p>Jamie Hanson, a midwife for 30 years, referred to the study involving African women and advised of the importance of acting on the barriers and enablers to them accessing services. He had located a black African community and had been working with them prior to starting data collection. The women are very shy but with the support of the Equality, Diversity and Inclusion strategic and operational groups, 24 women had been recruited with extensive data to analyse. There is stigma, they don't feel safe to talk about their mental health within their culture, and we may need to rethink some of the words we use as we consider how services can be improved.</p> <p>Mr Khatib questioned the work being done to support Asian women. It isn't the focus of research currently, although the service would be part of a Partner trial pilot.</p> <p>The Chief Medical Officer referred to obstetric care and asked whether there was any learning so far or if this was to be included in the next stage. Patience advised that the same questions were being used with obstetricians with the aim of understanding all views.</p> <p>The Chief Executive thanked Patience and Jamie for the work they were doing, he was supportive of continuity of care and questioned how we share this great work to support the wider care of the global majority, which the Board needs to consider.</p>	<p>AF</p>
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	The Chair reflected on the importance of partnerships, not being passive, and investing time and energy in furthering the debate to support better decisions about the care being provided.	
P133/25	1.4 Minutes of the meeting held on 4 September 2025	
	RESOLVED: That the minutes of the meeting held on 4 September 2025 were received and approved.	
P134/25	1.5 Matters Arising – Action Log	
	The action log was noted as complete.	
P135/25	1.6 Report from the Trust Chair	
	The Chair acknowledged the period of challenge since the previous Board meeting held in public. Epic had been implemented, and these issues would frame much of today's discussion. The Chief Executive had referred to 'bouncability'. The Trust was adept at assessing issues and agreeing a plan to resolve them, and the energy required to do so should not be under-estimated. The Chair advised that this will be the Chief Executive's last Board meeting in public following his announcement that he planned to retire, and the people of Ipswich, East Suffolk, Colchester and North East Essex owed him a great debt for what has been achieved over the last 13 years. He was thanked and wished well for the future. This was also the last Board meeting in public for the Trust Secretary and the Director of Governance. Their influence has been positive and their support to the Board and to the Chair was acknowledged.	
P136/25	1.7 Report from the Chief Executive <ul style="list-style-type: none"> • Integrated Care Board update 	
	The Chief Executive referred to other Trusts' experience of implementing an Electronic Patient Record, which is regarded as the most difficult to deliver in your career. This Trust's experience had been more positive, the system did not fail, we have not returned to paper, and we reported in the first week post go-live. The Chief Executive put on record his praise for each member of staff who had undertaken their training, the divisions' provision of ambassadors, to the Epic team, to the implementation team and its leaders, to the extraordinary work done by the training teams, and to the Director of Digital, Logistics and Operations for his vision and leadership. Epic will improve every patient and staff experience every day. The Board took a leap of faith in investing in this system and the courage of members, both past and present, was acknowledged. The Chief Executive expressed his immense pride in the transformation of care for the next generation. The Chair endorsed the comments made on behalf of the Board. The Board was invited to note the summary of key matters considered at the meetings of the Essex ICB held on 18 September and 16 October 2025.	
Section 2 – Integrated Performance Report		
P137/25	2.1 Key Issues Report: Quality and Patient Safety Committee <ul style="list-style-type: none"> • BAF4, Quality assurance mechanisms regarding the quality and safety of patient services 	
	Mr Khatib presented two reports from the meetings held on 25 September and 30 October 2025, with a focus on the most recent meeting, highlighting the following: <ul style="list-style-type: none"> • BAF4, and a recommendation to increase the risk rating to 12 – presented for approval • Ambulance offload delays/capacity from a quality and patient perspective and the assurance received that patients were not affected by the delays • A Fundamentals of Care Board Assurance Report, with this Board leading and monitoring the improvements • Assurance was received on the confidence in the Seasonal Variation Plan, whilst there will be challenges • The Infection Prevention and Control Annual Report was received. <p>The Chief Nurse referred to there being no incidents to date in relation to patients and the offload delays and provided more detail about the thematic review to provide that wider</p>	

	<p>assurance. The Chief Medical Officer referred to the enhanced data available through Epic and looking ahead to that next phase.</p> <p>The Chair asked how concerned the Board should be about being an outlier in relation to infection prevention and control. The Chief Nurse advised that on mandatory surveillance infections the Trust was above trajectory, and more detail on the benchmarking was provided. It is multi-factorial, with good plans in place. There is concern that overcrowding impacts on our ability to reduce transmission although there are good governance processes and improvement plans in place with multi professional input.</p> <p>RESOLVED: That the Board received and noted the two Key Issues Reports and approved the revised BAF4.</p>	
P138/25	<p>2.2 Key issues Report – Performance and Finance Committee</p>	
	<p>Mr Humpston reported on two meetings of the Committee held on 24 September and 29 October 2025. The latter was much more reassuring, setting out recovery plans across urgent and emergency care, cancer and elective care. The Committee took delegated authority from the Board to review and endorse the winter plans and was assured by the rigour, and the synergies between the Committee and the Quality and Patient Safety Committee (QPS) were demonstrated. The diligence and grip were clear, ensuring that the benefits of Epic are demonstrated in real time. There has been an increase in demand for community services, cost improvement (CIP) progress is disappointing whilst there are plans in place for this year and a continuing grip to incorporate learning into next year's requirements. A review of ESOEC is in train to ensure its productivity is as high as it can be. The ability of the Executive Directors to recover the position has been demonstrated.</p> <p>The Director of Finance and Deputy Chief Executive reported on an adverse variance of £4.2m, divisional financial recovery plans have been received with some good solutions and recurrent benefits. A series of additional controls have been implemented, authorisation limits have been raised as agreed at the previous meeting, and proactive rather than reactive bank and agency controls are in place. CIP is £6.1m behind plan, the cash position is relatively stable, capital is underspent by £13m but forecasting break even at year end. Business planning has begun. All aspects of performance were reviewed with regional NHS England on 31 October, discussing each of the quadrants and recovery plans. Assurance was sought on delivery on key metrics by year-end and quarterly meetings are likely. The Chief Executive provided his reflections, recognised the challenge for the second half of the year, and the appointment of one person responsible for flow will be positive. Financial support is being discussed with the ICB.</p> <p>The Director of Operations – Elective Care briefed the Board on management of elective pathways, the elective roadshows to support teams post Epic go live, and from next week daily tactical meetings will focus on elective and weekly meetings will ensure sufficient activity. The report to Committee outlined months 1-4 performance and the deterioration from month 5. The diagnostics recovery has begun, the new Endoscopy Unit opened on 2 October, and this will be a huge asset in terms of capacity and improving pathways, particularly for cancer patients. Four taskforces have been implemented including elective optimisation and improving cancer care, and we are starting to see the benefits. Whilst there is a clear deterioration from plan, confidence was expressed that the deliverables at the end of March 2026 would be achieved.</p> <p>The Chief Executive was clear that there is no difference between performance and quality, as such delays have a significant impact on patients and their quality of life.</p> <p>The Director of Digital, Logistics and Operations advised of the adjusted planning trajectories set at the beginning of the year for urgent and emergency care to reflect the Epic implementation. We will be above the 68% plan for October, and further improvement has been seen in November. Meetings have taken place with the East of England Ambulance Service with some positive feedback and confidence regarding the Ipswich site. His absolute focus is on long patient waits, with a taskforce set up on patient flow and TTOs (To Take Out medicines) which cause significant delays, evidenced by the data now available within Epic. The final taskforce led by clinicians is frailty, admission avoidance</p>	

	<p>and the ESNEFT-wide offer. Each taskforce has a small team supporting delivery. There remains work to do on length of stay work across both sites.</p> <p>The Chair confirmed that the information pack for the regional meeting had been shared with all Board members, which enabled calibration with our own performance reports.</p> <p>Ms Boulton referred to the grip and control issue and the scale of the pressures, the cancellation of accountability reviews due to such pressures, and whether this was unusual. It was confirmed that these meetings are only cancelled in exceptional circumstances and had been held this week.</p> <p>The Chief People Officer briefed the Board on the industrial planning meetings, the robust plans for cover that were being produced by divisions, the communication to be sent to staff, and the redoubling of efforts to ensure data collection was robust as it can be. During the previous action, the Trust was successful in maintaining a high proportion of activity and there was high confidence in the provision of emergency care and ensuring we treat urgent cases. The Trust had been notified there will be no picket line.</p> <p>RESOLVED: That the Board received and noted the reports.</p>	
P139/25	2.3 Key Issues Report – People and Organisational Development Committee	
	<p>Ms Sinnott reported on the meetings held on 11 and 15 September 2025. The agenda is full, reports were good, lessons learned played out into actions, the staff survey went live, the Workforce Race Equality and Workforce Disability Equality Scheme data and Freedom to Speak Up reports were also considered. The efforts to support leadership development enabled reflection in the Non-Executive focus group with the Care Quality Commission. Ms Sinnott referred to the ability for members to cover for one another in presenting reports, which was important when making change happen. The extraordinary meeting considered the people domain of the Provider Capability Assessment.</p> <p>The Chief People Officer confirmed the strong workforce pipeline and highlighted the work with education providers and recruitment as part of the academy, management of sickness, current statistics regarding the staff survey, and confirmed that the flu vaccination rate was currently ahead in comparison with the same time last year.</p> <p>RESOLVED: That the Board received and noted the reports.</p>	
P140/25	2.4 Integrated Performance Report	
	RESOLVED: That the Board received and noted the Integrated Performance Report.	
Section 3 – Quality and Patient Safety		
P141/25	3.1 Infection Prevention and Control Annual Report 2024/25	
	<p>The Chief Nurse and Director of Infection Prevention and Control (DIPC) described the strengthened governance arrangements, next steps for the improvement plan, the trajectories achieved in a number of areas and the breaches in other areas, and a changing picture towards the end of the year with several outbreaks including CPE. With robust management there had been a significant improvement this year in terms of the numbers of CPE cases and a strengthened screening programme, largely related to community prevalence with some transmission in hospital. National expertise and estates work led to a much better position following samples of aspergillus which were colonised in critical care. There had been no cases for some months, showing that surveillance is important in preventing such infections. The Group A Streptococcus outbreak in the community had been stood down.</p> <p>A range of improvements were described with further work to do to strengthen assurance around cleaning standards. Operational pressures will impact with point of care testing to be in place for early identification going into the winter. The Infection Prevention and Control Board Assurance Framework will be given better visibility at QPS and then to Board. We are starting to see higher cases of flu, earlier than last year, demonstrating the importance of the vaccine. Our preparedness is critical.</p>	

	<p>The Chief Executive referred to the number of variables and whether genotyping has advanced to enable our efforts to be focussed in the right areas. This has been used to provide some generic information regarding transmission. Universal precautions remain the tightest method of prevention, whilst acknowledging that our estate and the environment are critical factors. In response to a question regarding the flu variant and increased mortality the Seasonal Variation Plan will require review, particularly with a more acute strain.</p> <p>Mr Khatib acknowledged the contribution from pathology and estates in supporting the DIPC and highlighted the importance of hand washing.</p> <p>The Chair queried if the introduction of Sodexo had increased cleaning standards to contribute to infection prevention and control improvement. It was difficult to say due to the multi factorial nature. The DIPC referenced good working relationships with Sodexo, and the additional scrutiny of an external contractor was now identifying risks. Some challenges remain.</p> <p>RESOLVED: That the Board received and noted the Infection Prevention and Control Annual Report for 2024/25.</p>	
P142/25	<p>3.1 Clinical Presentation</p>	
	<p>The Chief Medical Officer set the context prior to a presentation focussed on addressing health inequalities and the importance of reaching out to those in our communities that are not so well served.</p> <p>Helen Green and Sally Barber talked through the current strategy and areas of work including reviewing whether there are any inequalities created by delivering healthcare. The CORE20Plus5 approach was described and the key clinical areas of health inequalities and impact on health outcomes. A summary of the achievements from 2024/25 covered tobacco treatment and the quit rate, Making Every Contact Count, community outreach, asthma outreach, and health inequalities awareness sessions to divisions. The presentation focused on three projects in particular:</p> <ul style="list-style-type: none"> • Children and young people asthma project in North East Essex. 118 patients were identified, and early data described an 87-88% reduction in inhaler or steroid use. • Tobacco treatment inpatient services have been established for two years, working closely with smoking cessation services in the community, with a smoking quit rate from 2022-25 of 54%. Since Epic implementation, data confirms that of 160 patients visited in hospital 50% want to give up smoking. Smoke free generation funding has been secured to support intervention in the UEC. • System wide health literacy, a new project and a large programme of work, with data provided on literacy in our communities which impacts in a number of ways. The aim is for consistency wherever patients are in the system, looking at standardised tools. In terms of quality improvement, we will be working with the podiatry team to talk to their patients to confirm what they need to enable access to the care they require. <p>Sally advised that this programme has been running since 2022, and the main risk is substantive funding to ensure benefits can be maximised. Concern was expressed about the changes to ICB boundaries and how this will impact commissioning. There is also more work to do with our vulnerable and inclusion groups and financial support for expansion of the programme will be needed. The 10-year NHS health plan was referenced, and the next steps were described.</p> <p>The Chair welcomed the positivity and enthusiasm demonstrated and the depth of work undertaken. There were several questions raised by members:</p> <ul style="list-style-type: none"> • Mr Khatib fully supported this work and reflected on the impact of tobacco treatment in reducing perinatal mortality. Health literacy will change people’s lives. • Ms Boulton questioned how success was demonstrated with partners. This work reports through a range of system-wide meetings and the strategy is aligned to system plans. 	

	<ul style="list-style-type: none"> • The Chief Nurse attended a regional presentation yesterday with some stark data on health post-retirement. Frailty cannot be cured but it can be delayed, and this work is pivotal. • Dr Gogarty advised that the quit rates were phenomenal. We must focus on those activities that will preserve wellbeing in older people. • The Director of Operations – Elective Care found the literacy project exciting and asked what success looks like and how impact would be tracked. The team would be talking to patients to see what good looks like for them. This may affect DNA and medication rates. • Mr Humpston questioned how patients who don't understand health systems were being supported. The work undertaken in Jaywick was described and the importance of increasing the opportunities to speak to our patients. • The Director of Finance and Deputy Chief Executive fully endorsed this work and questioned some of the ICB funding choices. The ICB changes will be a challenge, and he offered his support in navigating this and encouraging ICBs to make the right decisions for the best return for local people. <p>The Chief Medical Officer concluded that the Board had supported this programme, recognising that the Trust may not see the direct benefits. To stop this work now would be fundamentally wrong for patients and would negatively impact the connections made with our communities and our partners. Other measures we could take may need to be considered.</p> <p>The Freedom to Speak Up report and the Strategy update were taken at this point in the meeting.</p>	
P143/25	<p>3.3 Nursing and Midwifery Skill Mix Review: six-monthly update</p>	
	<p>The Chief Nurse referred to the comprehensive annual review and this report provides a progress update. It has been reviewed at the People and Organisational Development Committee (POD) and at QPS from a quality and patient safety perspective. Essentially, good progress is being made in delivering the recommendations whilst there have been challenges in consistently meeting fill rates. Roles have been offered to all newly qualified nurses and midwives, in effect over-establishing, and reducing impact on temporary spend. The Board was briefed on the changes being made for the next review, to be a joint report with the Director of Finance. The funding implications of the changes in older people's services have been met by divisions.</p> <p>Mr Khatib advised that QPS had supported the review, and the use of nursing associates and multi-professional working was highlighted. The Chief Nurse referred to the Epic benefits realisation and the use of a teamwork tool in Epic is being considered</p> <p>RESOLVED: That the Board approved the outcome of the six-monthly review and supported the recommended actions to optimise achievement of the right staff with the right skills in the right place.</p>	
P144/25	<p>3.4 Care Quality Commission</p>	
	<p>The Chief Nurse referred to previous discussions at the Board and the publication of the report following the inspection at Colchester Hospital in April, with the safe domain rated as inadequate. Work is ongoing to address the concerns raised by the CQC, tackling the root cause through five clinically led work streams reporting to the Fundamentals of Care Board, a holistic approach to quality improvement. A shorter inspection had now taken place at the Ipswich site, and the feedback letter outlined the positive elements from that visit and some concerns. A Trust-wide approach is being taken for this long-term improvement programme and a recent meeting with stakeholders enabled progress to be described. We are working closely with the CQC.</p> <p>The Chair thanked the Chief Nurse for her report to the Council of Governors last week, which governors found helpful. The CQC's view of progress was questioned. The CQC acknowledges the Trust's honesty regarding current progress, the risks and operational</p>	

	<p>pressures, and are confident in the regular dialogue. The CQC will wish to re-visit and undertake a comprehensive assessment.</p> <p>As a new Board member Ms Livingstone was surprised at the end-of-life element which felt at odds with some of the pressures in the service. The Chief Medical Officer referred to use of the ReSPECT tool and understanding patients' wishes, a medical task. The cycle of audits was showing improvement, and we want to get this right for patients. A full briefing would be provided outside the meeting.</p> <p>The Director of Governance referred to the CQC Well-led inspection taking place from 25-27 November, a presentation led by the Chief Executive and a series of interviews reflecting the new format of inspections assessing the Trust across the eight quality statements. The CQC will be on site the day prior to the inspection for a document review and the inspection team has just been confirmed. External support is in place, a Board seminar is being held on 11 November, the documentation request has been complied with in full, and a smaller request has been received. 24 different staff focus groups have been requested ahead of the visit including Non-Executive Directors. Frequently Asked Questions have been published following a review of best practice. The CQC has advised of the list of meetings they wish to observe, and weekly Executive planning meetings are continuing.</p> <p>RESOLVED: That the Board reviewed the outcome of the inspections and noted the planning for the well-led inspection.</p>	
Section 4 – Strategy and Transformation		
P145/25	<p>4.1 Strategy update: NHS Medium Term Planning</p> <p>The Strategy Programme Director assured the Board that work is progressing to meet the national requirements. The Chief Medical Officer and Deputy Chief Medical Officer are overseeing revisions to the Clinical Strategy with clinicians. The planning instructions were recently published with some technical documents not yet available. The first submission for years 1-3 is due on 17 or 18 December and NHS England will review and provide their comments. The second submission is potentially required in the first week of February to include revised years 1-3 and years 4-5.</p> <p>The Director of Finance and Deputy Chief Executive advised of the work to confirm two Board Seminar dates for discussion with Non-Executive Directors. The timeframe for the first submission will be tight.</p> <p>The Chair recognised the challenges, and the Board would be as flexible as possible under the constraints within which we are operating.</p> <p>RESOLVED: That the Board endorsed the approach for the phase two work set out in the report.</p>	
P146/25	<p>4.2 ESNEFT as an Anchor Organisation</p> <p>The Director of Finance and Deputy Chief Executive provided an update on progress, highlighting that over 2,600 students had engaged in career events, over 700 students had completed work experience, three schools have launched new facilities in 2025/26, the second cohort of the medical doctor degree apprentices has started, all to support the future pipeline of staff. As purchasers, social value criteria were applied to 181 tender exercises with a contract value of £26m, progressing sustainable opportunities.</p> <p>The Chief People Officer confirmed the progress being made and that 87% of our staff live within five miles of our acute hospital sites, so our anchor responsibilities are important. Further detail was provided on the educational links, coaching for teachers and future workforce opportunities, with a range of programmes to support students from year 9 and above. There are 500 apprenticeships and £1.2m of levy transfers funding new employment opportunities for those outside the NHS, with people volunteering as part of their programme. The Interim Director of Estates and Facilities highlighted the work regarding solar panels and in providing business for micro/local firms within the very strict procurement rules.</p>	

	<p>Ms Livingstone felt health inequalities was missing from this report and it should be integrated.</p> <p>RESOLVED: That the Board received the presentation.</p>	
P147/25	<p>4.3 Property and Estate Strategy</p> <p>The Interim Director of Estates and Facilities set out the programme of work the Trust is seeking to achieve to develop a safe, functional, sustainable and value for money estate to benefit the patient environment, to be fit for the future and to comply with the law. The estate will be developed to enhance our built environment, to eradicate backlog maintenance by 2034 and to make best possible use of our estate. Buildings need to be modern and flexible to enable ease of change, to reduce energy and our carbon footprint, working with partners.</p> <p>Mr Khatib questioned how the clinical strategy review would impact. Should changes be required, the strategy would be modified and re-presented to the Board.</p> <p>The Chief Executive highlighted the importance of the Board continuing to lobby nationally regarding NHS ownership of property to support that flexibility, particularly regarding Clacton Hospital, the maternity block at Ipswich and additional beds at Colchester Hospital. The Director of Finance and Deputy Chief Executive welcomed the easy-to-read document and added to the point regarding NHS property ownership, with some major strategic decisions to be considered at Committees and Board. The Board was advised of the new national process, NESTA, which will be topical for ESNEFT. 22 Museum Street Ipswich is progressing positively, and a meeting of the Business Case Oversight and Scrutiny Group will be required shortly.</p> <p>Ms Sinnott highlighted that the success of property can make a difference to the patient environment, and it would be important to bring that out in the communications plan.</p> <p>RESOLVED: That the Board approved the Property and Estates Strategy 2025-30 with the caveat that this would be revised should it be required.</p>	
Section 5 – Finance & Performance		
P148/25	There were no items for consideration.	
Section 6 - People and Organisational Development		
P149/25	<p>6.1 Freedom to Speak Up: six-monthly update</p> <ul style="list-style-type: none"> • Annual review of Board self-reflection tool 	
	<p>The Freedom to Speak Up Guardian presented the quarter 2 figures and confirmed receipt of 61 cases, consisting of nine anonymised, 23 relating to patient safety and 31 to worker safety. This represented a significant increase from the previous quarter and already within quarter 3 there have been an increased number of concerns raised. It is positive that people are recognising and utilising the service, but it may indicate a significant number of concerns. Some of these are time-consuming and important to resolve, others are less serious. The Speak up wheel has been updated to include QR codes to ensure ease of access to the support that staff need. A raising concerns toolkit is being prepared to support managers to respond well and to answer concerns raised.</p> <p>The Chief People Officer supported the launch of the toolkit and the revised poster campaign. The analysis has been compared with the staff survey data and there are some notable differences, such as community staff flagging highly in the latter in terms of raising concerns, providing assurance that we are reviewing this. The Lead Guardian has done some exceptional training with our wellbeing ambassadors who are now signposting people. The training for our leaders to respond to a member of staff who has had the courage to raise a concern includes how to respond in the moment, within our civility and respect and just and learning culture. This was included in the self-assessment, and our bite sized training and the 1,000 fresh eyes conversations that retention partners have had feeds into our triangulation.</p>	

	<p>Mr Khatib was interested in the themes relating to the line manager’s role, which has been raised previously, and questioned when changes in behaviours of line managers would be evident. The Chief People Officer advised that the broad data set tells us that staff feel confident to raise concerns. If concerns are raised with the Guardian, this is likely due to the response received not being sufficient. The Guardian referred to the case studies presented monthly, provided an example and referenced the additional support to managers who may not always know how to deal with a concern. We will continue to focus on improvement.</p> <p>Ms Sinnott proposed that POD reviews the data in six months and the impact of the training to see if managers feel more confident to deal with concerns.</p> <p>The Chief Medical Officer questioned the feedback loop and wider learning and if more work was required. The Guardian reflected on what can be difficult feedback to individuals if the outcome is not what they hoped for, and this can be even more difficult for issues raised by a group of staff. Mr Humpston, the Lead Non-Executive Director, referred to the importance of some humility when issues are raised, and how powerful it would be if we could celebrate a concern raised and the outcome with that manager. This is a difficult area which would be considered over the next six months.</p> <p>The Chair questioned if there was a perception of insufficient visible consequences and repeat offenders, recognising the complexity of issues and confidentiality. The Chief Executive reminded the Board that FTSU was originally about quality and safety, and the importance of getting the balance right and not overly focussing on staff. This was supported by the Guardian, although a patient safety concern is underpinned by other issues that could cause a safety issue, and concerns are not singular. The Guardian thanked the Board for the support offered to the role which makes a significant difference and is not replicated in all Trusts.</p> <p>RESOLVED: That the Board noted the report for information and approved the annual review of the FTSU reflection and planning tool.</p>	KR
P150/25	<p>6.2 Workforce Race Equality Standard (WRES) Annual Report</p>	
	<p>The Chief People Officer confirmed this had been considered in detail at Committee and highlighted the following:</p> <ul style="list-style-type: none"> • A focus on responding to concerns • Education, experience and reverse mentoring and appraisal training commitment, the Springboard programme, My Career Matters • A deep dive into recruitment and selection. <p>Mr Khatib confirmed that in terms of Board representation this would change when his term of office comes to an end. It was recognised that some trends are disappointing, with action being taken.</p> <p>RESOLVED: That the Board approved the WRES 2024/25 Annual Report for publication on the Trust’s website.</p>	
P151/25	<p>6.3 Workforce Disability Race Equality Standard (WDES) Annual Report</p>	
	<p>The Chief People Officer highlighted:</p> <ul style="list-style-type: none"> • The focus on what we are already doing in relation to employee relations cases • Our relationship with Essex Carers Limited and the Memorandum of Understanding in place to support the provision of meaningful and appropriate work for colleagues with learning disabilities and autism, work that has been recognised nationally • The reasonable adjustments passport is working well • A focus on inclusive recruitment. <p>RESOLVED: That the Board approved the WDES 2024/25 Annual Report for publication on the Trust’s website.</p>	

Section 7 – Governance	
P152/25	7.1 Key Issues Report – Audit and Risk Committee
	<p>Mr Eagles reported on the meeting held on 16 September 2025 and highlighted:</p> <ul style="list-style-type: none"> • Private meetings held with both internal and external audit with no issues of concern • Sufficient evidence was received to close the referral to QPS regarding quality improvement and clinical outcomes • A partial assurance internal audit report on safeguarding (16-17 year olds). Two further reports were received at the Committee held this week • The RSM contract was extended by one year • The EY final audit report • A cyber security controls update • Counter fraud and the new corporate offence of failing to prevent fraud, Section 199 of Economic Crime and Corporate Transparency Act 2023 from 1 September • A 10% increase in decision makers’ declarations since 31 March, with the local counter fraud service providing additional support. <p>RESOLVED: That the Board noted the report.</p>
P153/25	7.2 Provider Capability Assessment
	<p>The Director of Governance advised that this was approved in private in October and is presented in public.</p> <p>RESOLVED: That the Board noted the assessment process completed for each of the domains and the detailed evidence and approved the assessment.</p>
P154/25	7.3 Trust Seal
	<p>The Trust Secretary advised that the seal had been used on 16 occasions since the previous report to the Board in July.</p> <p>RESOLVED: That the Board noted the report.</p>
Section 8 – Questions from the public	
P155/25	8.1 Public Questions
	There were no questions.
Section 9 – Other Urgent Business	
P156/25	9.1 Any Other Urgent Business
	No further business was raised.
P157/25	9.2 Date of next meeting
	The next meeting in public would be held on Thursday 8 January 2026, 9.30 am, Kingsland Church, Colchester.

Approved: 8 January 2026 **TBC**

Chair: Mark Millar, Interim Trust Chair

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