

**Minutes of the Trust Board of Directors' Meeting held in public
on Thursday 8 January 2026, 9:30 am – 1:00 pm,
Joshua & Genesis Room, Kingsland Church, 86 London Road, Lexden, Colchester, CO3 9DW**

Present:

Mr Mark Millar	Interim Chair
Mr David Eagles	Non-Executive Director
Dr Michael Gogarty	Non-Executive Director
Mr Hussein Khatib	Non-Executive Director
Ms Karen Sinnott	Non-Executive Director
Ms Sarah Boulton	Non-Executive Director
Ms Karen Livingstone	Associate Non-Executive
Dr Freda Bhatti	Non-Executive Director
Mr Adrian Marr	Interim Chief Executive
Mr James Rowe	Interim Chief Financial Officer
Mr Mike Meers	Managing Director
Ms Catherine Morgan	Chief Nurse and Interim Deputy Chief Executive
Ms Kate Read	Chief People Officer

In attendance:

Mr Doug Ward	Interim Director of Estates and Facilities
Mr Paul Little	Strategic Director for Service Development
Mr Anthony May	Associate Director of Risk, Governance and Compliance
Laura da Rita	Committee and Membership Secretary – Minutes
Amanda Price Davey	Director of Midwifery – item 3.1
Andy Higby	Strategy Programme Director – item 4.1

Apologies for absence:

Ms Alex Duffety	Associate Non-Executive Director
Mr John Humpston	Non-Executive Director, Senior Independent Director and Deputy Chair
Dr Angela Tillett	Chief Medical Officer
Ms Karen Lough	Director of Operations - Elective Care

Two Governors attended this meeting to observe.

Section 1 – Chair's Business		Action
P001/26	1.1 Welcome and Apologies for Absence	
	The Chair welcomed Board members to the meeting and apologies for absence were noted. Dr Bhatti was welcomed to her first meeting and Mr Adrian Marr, Ms Catherine Morgan and Mr James Rowe were congratulated on their new interim appointments.	
P002/26	1.2 Declarations of Interest	
	The declarations of interest were noted .	
P003/26	1.3 Patient Experience	
	The Chief Nurse referred to a presentation from November's Board meeting and advised work is ongoing within maternity teams. The focus is on improving specialist training and	

	knowledge within the team to reach all of ESNEFT communities including the local black African community. The Chief Nurse explained that today's presentation focuses on the learning from a patient and his family following a spinal injury. Natalie Wheely, Neuro Oncology and TYA Clinical Nurse Specialist, explained Mr Bateman was originally diagnosed in 2017 with an initial treatment plan of surgery followed by radiotherapy. In 2021 Mr Bateman needed further chemotherapy, which was delivered at Colchester and in London. In 2023 Mr Bateman was admitted with a blood clot and experienced sudden onset paralysis during admission. Tests showed vast progression in his disease. Support from several services was undertaken, but Mr Bateman felt he was merely existing. Following information from a TV programme about spinal injuries further referrals were made. Mr Bateman was then referred to Stoke Mandeville who in turn prompted Mr Bateman and his wife to contact the Spinal Research Association which is when he started to see improvement in his condition. Mr Bateman now has restored function thanks to the support of many system partners. Moven Hurding, Macmillan Lead Cancer Nurse, explained that key learning has been taken away from this experience including the need for teams to be equipped with the knowledge about referral options for specialist services. Mr Bateman has also provided some feedback regarding this care, particularly bladder and bowel care. Colchester Hospital are used to dealing with cancer patients with compression tumours; often with a poor prognosis, this patient's case is very different. Tammy Shephard, Head of Patient Experience, has been working to ensure staff are aware of policies and referral processes following this experience. There is a referral option at Ipswich, but it is linked to an algorithm in emergency care. Similar patients would normally be referred to a specialist centre. There is a Quality Improvement project being considered to look at putting more robust processes in place. The Chief Nurse explained there was a lot of different clinical input. The most impactful and challenging areas for Mr Bateman were around living and coping with the symptoms. One of the reflections is that the main focus is on clinical care, with multiple providers involved, there is a need to have a holistic overview. Mr Khatib asked if the Mr Bateman's outcomes could have been different if specialist care had been received sooner and suggested services should also have a directory of services and charities that can offer support. Ms Wheely responded to say that Stoke Mandeville didn't refer Mr Bateman to the Spinal Research Association for 6 months. Moven Hurding explained that keeping directories up to date can be very difficult. There is a collaborative piece of work with a cancer charity that hold a list of resources. MacMillan don't provide supportive literature for primary spinal tumours. Communications are underway to see if this is possible. Dr Gogarty asked if there is a forum for such rare cases. How can our learning be shared. Moven Hurding said there isn't something in place at the moment but research into this can be undertaken. It is clear that a number of services were working in silos. The Chair thanked both Natalie and Moven for their time and conveyed the Board's best wishes to Mr Bateman. It is a hugely complex case, highlighting that we only know what we know. Mr Bateman has clearly been under the care of many NHS and private providers. In these sort of cases there isn't a lead provider taking overall responsibility for the patient. Sharing of information is also key.	
P004/26	1.4 Minutes of the meeting held on 6 November 2025	
	RESOLVED: The minutes from the meeting held on 6 November 2025 were received and approved.	
P005/26	1.5 Matters Arising – Action Log	
	The action log was noted as complete.	

P006/26	1.6 Report from the Trust Chair	
	The Chair explained that the NHS is in a difficult place as a whole which will inevitably have an effect on ESNEFT's performance. The metrics in some of the performance indicators, including patient safety, may not be concurrent with ESNEFT's aim and ambitions. The Chair advised that interviews for a substantive Chair are scheduled for next week, with recruitment process for a new Chief Executive starting shortly afterwards. The Director of Governance role has also been offered and will progress shortly. The Chair noted that although ESNEFT is in a period of transition, it is important that progress continues to be made, with NEDs and Executives supporting the Interim Chief Executive collectively as a Board.	
P007/26	1.7 Report from the Chief Executive Integrated Care Board update	
	The Interim Chief Executive highlighted the significant level of change currently underway at ESNEFT and reaffirmed the Board's commitment to maintaining stability until substantive appointments are made. Further Resident Doctor strikes occurred prior to Christmas; ESNEFT managed these effectively, and bed capacity remained positive during the holiday period. Activity levels increased during the initial days of January, with business continuity measures successfully implemented. Stabilisation has been achieved, and elective activity has remained unaffected. The EpicEPR system is functioning well overall; however, additional support is required to ensure optimal utilisation in some areas. Draft plans were submitted To NHS England (NHSE) following an additional private Board in December. A formal meeting with NHSE, in conjunction with the Integrated Care Board (ICB), is scheduled for next Friday to review the submission alongside other regional organisations. The next submission is due on 12 February, and preparatory work is ongoing within the Board sub-committees. Future strike action is anticipated, though not within the next six weeks. It is hoped that a resolution can be reached. The overarching objective remains to drive improvements in key areas, including enhancing the NHS National Oversight Framework (NOF) score. Ms Livingstone asked about stakeholder engagement during this transitional period. The Chair confirmed that a meeting with Jan Ingle, Head of Communications, is planned to discuss the Trust's communications strategy as a whole. The Interim Chief Executive noted that patients from mid-Essex hospitals joining ESNEFT's waiting lists could influence the NOF score, however the Chief People Officer referenced an upcoming paper, in collaboration with Essex ICB, to address this matter. The Chair acknowledged the complexity of operating across two ICBs. Dr Bhatti explained that communication between primary care and ICBs has been clear and precise; however, further communication from ESNEFT to primary care and pharmacy is required. Alliance Boards may be the most appropriate forum for this engagement. Ms Livingstone added that local government involvement is also essential.	
Section 2 – Integrated Performance Report		
P008/26	2.1 Key Issues Report: Performance and Finance Committee Mr Eagles presented the report and noted that the November meeting of the Performance and Finance Committee (PFC) considered the reduction in the risk rating of BAF7 following the introduction of the Estates Strategy, as discussed at the December Board meeting. The Committee also reviewed progress on reducing elective waiting lists, with some areas achieving an 85% reduction. Increased uptake of MyChart was reported, resulting in reduced printing and postage requirements, delivering key savings. The December meeting acknowledged improvements in emergency care waiting times and ambulance handovers, although pressures began to rise in mid-December due to increased flu cases. The metric for medically fit for discharge patients has not shown improvement for some time; the Committee suggested that an alternative measure may be beneficial going forward. Community services were also discussed, with a newly formatted report expected this month. Vacancy rates remain positive, although workforce challenges persist overall. The overall deficit was noted to have increased. Issues	

	relating to pharmacy and Epic were raised and will be addressed further at the January Audit and Risk Committee. The Managing Director advised that January's report will reflect further improvements in performance against the four-hour and twelve-hour standards. Flu cases have been prevalent across both acute sites, though they have impacted Colchester and Ipswich at different times. Overall waiting times have decreased, returning to pre-Epic levels. Significant improvement in the NOF score is not anticipated until February onwards. All patients with waits exceeding 65 weeks have transferred from other Essex providers, specifically Mid and South Essex (MSE). The Chair queried whether NHSE is fully aware of the impact that supporting other organisations and individual patients may have on ESNEFT's performance, and whether assurance can be provided that this will not negatively affect ESNEFT's overall position. The Interim Chief Executive agreed and confirmed that conversations will take place with the region. The long waitlist is expected to be cleared by Q4 through weekend working. The Managing Director emphasised that ESNEFT is doing the right thing by supporting these long-wait patients. The Interim Chief Financial Officer provided an update since the last PFC meeting and stressed the importance of aligning business planning with the medium-term financial plan. The Strategic Director of Service Development offered additional context regarding the new Community Report, which will be presented to PFC from January. Dr Gogarty requested further information on cancer services. The Managing Director confirmed that improvements are being made, although cancer remains an area of concern. The implementation of Epic has impacted waiting times, but performance is gradually improving. Cancer services are under regional scrutiny, and the outcome of this will determine whether ESNEFT enters a tiering system for cancer performance. The Chair asked whether the impact of Epic implementation can be quantified. The Managing Director confirmed that the effect is understood for 18-week standards and elective activity, with some data available for urgent and emergency care. Predictions were accurate, with the Patient Treatment List (PTL) restored to pre-Epic levels two months post go-live. There is some variation in certain services; these areas will receive targeted support during the stabilisation period. Mr Eagles referred to recent media coverage regarding increased ambulance handover times. The Managing Director explained that November was challenging due to Epic training, but performance has since stabilised and is better than last year. RESOLVED: That the Board received and noted the two Key Issues Reports.	
P009/26	2.2 Key issues Report – People and Organisational Development Committee Ms Sinnott presented the report. The Committee received a presentation from the Communications Team and the Chair of the LGBTQ+ Network. Further discussion took place regarding Equality, Diversity and Inclusion (EDI), with Mr Khatib scheduled to attend January's People and Organisational Development Committee (POD) meeting to provide additional context. The Board Assurance Framework (BAF) was reviewed, including discussion on bank and agency targets. Sexual safety and reporting figures were also considered, with a paper on this topic to be presented later in the agenda. Concerns were raised regarding safe working hours for Resident Doctors in certain	

	areas; anonymised reporting will commence in February, with the expectation that this will encourage colleagues to raise concerns. The Chief People Officer explained the current vacancy rate stands at 3%, with turnover at 5.4%. Sickness absence is currently 5.1%, having increased since the beginning of January, although many staff are now returning to work. Mr Khatib commented on recent consultant interviews, noting that successful candidates were predominantly 'home grown'. He queried whether succession planning is addressed at POD. The Chief People Officer confirmed that succession planning forms part of the overall workforce planning process, which will be discussed in April 2026. Improvements are being observed among medical colleagues and Allied Health Professionals (AHPs). RESOLVED: That the Board received and noted the report.	
P010/26	2.3 Key Issues Report – Quality and People Safety Committee	
	Mr Khatib presented the report and highlighted improvements in several areas, including falls and sepsis. Quality Improvement (QI) projects were also discussed. Detailed guidance on corridor care was reviewed, noting that the term “temporary escalation spaces” is no longer to be used. Resident Doctor industrial action was discussed, alongside infection prevention and control and CNST compliance. The Committee reflected on recent CQC visits, acknowledging the progress underway. The Learning from Deaths report prompted discussion on perinatal mortality and overall mortality rates, which remain lower than the national seasonal average. Patient Safety Partners presented an initial report, with further work to follow based on patient feedback. The Chief Nurse explained, although mortality rates are lower than average, there was an expected increase in late December and early January, correlating with rising flu cases. The Structured Judgement Review (SJR) process will provide more comprehensive feedback throughout the inquest process. Current flu numbers are stable, though the impact continues to be felt. Ipswich has experienced higher prevalence, with Suffolk identified as a national outlier for flu cases. Sustained improvements were noted in the management of C. difficile and E. coli infections. Mixed-sex accommodation breaches were previously a significant issue at Ipswich; a new pathway has reduced these incidences. PALS complaints have decreased following an initial increase post-Epic implementation, although response times remain slower than average. Venous Thromboembolism (VTE) risk assessment compliance is in the best position it has been for some time. RESOLVED: That the Board received and noted the report.	
P011/26	2.4 Integrated Performance Report	
	RESOLVED: That the Board received and noted the report.	
Section 3 – Quality and Patient Safety		
P012/26	3.1 Maternity Incentive Scheme (CNST) submission	
	The Chief Nurse provided context regarding the governance process for Clinical Negligence Scheme for Trusts (CNST). The Director of Midwifery explained that the Trust receives approximately £1.2M in funds if the ten safety actions are achieved. This is a self-assessment process, reviewed by the CNST Group, QPS, and an ICB sub-group. The ten safety actions include: 1. Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard. 2. Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard 3. Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme. 4. Can you demonstrate an effective system of clinical workforce planning to the required standard	

	5. Can you demonstrate an effective system of midwifery workforce planning to the required standard. 6. Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle 7. Listen to women, parents and families using maternity and neonatal services and coproduce services with users 8. Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training 9. Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues. 10. Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) (known as Maternity and Newborn Safety Investigations Special Health Authority (MNSI) from October 2023) and to NHS Resolution's Early Notification (EN) Scheme. Evidence has been submitted to support each self-assessment. The Board is asked to approve the self-assessment for signing ahead of submission to NHS Resolution, following ICB sign-off. Mr Khatib confirmed that a CNST Group was established to review each safety action in detail. This forum promotes transparency and encourages challenge from multiple areas. QPS has also reviewed the data to provide additional assurance. The Chair expressed thanks to the Director of Midwifery and Mr Khatib for their support in progressing this work over recent years. The Chief Nurse noted some concerns regarding time for training and data availability. The newly published maternity care bundle will need to be considered for 2026/27. The Director of Midwifery explained that manual data submission has been used to support the current process ahead of the next submission in July 2026. Local Maternity and Neonatal System (LMNS) will cease to exist going forward, and there is currently no clarity on how this will be incorporated into future safety actions. It is likely that the maternity care bundle will form part of the actions, but this was only published yesterday. ESNEFT has taken proactive steps to prepare for these changes, including recruiting internal medicine support. Mr Khatib provided an update on neonatal data and referenced collaborative work with partners to ensure mothers and babies remain together where intervention is required. Challenges persist regarding mandatory training for doctors, the neonatal rota, and paediatrician support. Improvements will require substantive investment. It is essential to understand current activity and the associated business plan. A shortfall in neonatal nursing at Ipswich was noted previously, but progress has been made, and both sites are now compliant. The Chair shared the recommendations with Board members. The Chief Executive will sign the submission once the appropriate level of assurance and approval has been received. RESOLVED: That the Board received and noted the reports and approved the signing and submission of the CNST self-assessment and associated evidence.	
P013/26	3.2 Key Issues report - Maternity and Neonatal Improvement Board	
	RESOLVED: That the Board received and noted the report.	
P014/26	3.3 Care Quality Commission	
	The Chief Nurse reported that high-level initial feedback has been received following the CQC Well-Led inspection conducted at the end of November. This feedback will be presented at the next public Board meeting. Key areas highlighted include Quality Improvement (QI) project capacity, Freedom to Speak Up processes, and governance arrangements linked to supporting the delivery of sustainable service – for example staffing levels and oversight of quality of care on some areas. . The full report is	

	expected in February or March. In early January, a report following the Ipswich CQC inspections was received. It is currently undergoing factual accuracy checks, with a 10-day window for submitting feedback to the CQC. A final report will follow. The Fundamentals of Care Board is taking a period of reflection to review the reports received and identify further high-impact actions – in addition to those already completed and fed back to the CQC. The Chairs Key Issues (CKIs) from this forum will be presented at QPS. RESOLVED: That the Board received and noted the update.	
Section 4 – Strategy and Transformation		
P015/26	4.1 ESNEFT Delivery Plan The Strategy Programme Director presented the report and explained that the delivery plan comprises a series of objectives underpinning the clinical strategy. The paper received covers the period up to the end of September and therefore does not reflect the impact of Epic implementation. It is important to recognise that ESNEFT is not yet where it needs to be, but there is now a clearer plan for achieving objectives. Elective performance, Patient-Initiated Follow-Up (PIFU) and Advice and Guidance (A&G) are performing well and above target. End-of-life discharge at Colchester remains a concern, with an average delay of over nine days before discharge. More detailed reporting will be provided at the next meeting. Activity on Bures Wards has increased significantly. The Time to Hire for month 6 is based on the new parameters of 48 day, ESNEFT remains, on average, 6 days below model hospital comparator Trusts. Dr Gogarty noted the absence of cancer standards in the report and requested information on tobacco treatment funding at Colchester. The Strategy Programme Director explained that cancer standards were excluded to avoid duplication but can be included in future reports. The Interim Chief Executive confirmed that progress has been made with public health regarding tobacco funding. A limited presentation will be made to the Charitable Funds Committee (CFC) for a residual amount, significantly less than previously anticipated. Mr Eagles requested that future reports include trajectory data throughout the year to ensure Board members are sighted on expected progress. He also queried the reference to “cap in ESEOC.” The Interim Chief Financial Officer explained that this relates to theatre utilisation, The Strategy Programme Director will provide a definition at a future meeting. Mr Khatib asked about the use of virtual wards. The Strategic Director for Service Development explained that dedicated respiratory staff manage demand but will support other respiratory patients when capacity allows. Activity is being combined under a hospital-at-home model to optimise care. Staff will be redeployed to support utilisation across the model. Length-of-stay targets also influence these changes. Respiratory patients are not waiting longer to be seen; the data reflects demand. Ms Boulton queried overall Trust performance, noting that internal reporting compares against historical data, whereas the NOF focuses on regional and national benchmarks. This creates a disconnect between internal and external reporting. The Interim Chief Executive acknowledged that the NOF is a relatively new measure and that NEDs receive varying levels of performance data, which can be difficult to interpret. For 2026–	AH

	27, longer-term targets may provide greater clarity. Current reporting may need to be reviewed and streamlined. The Strategy Programme Director noted that delays in producing this report have not helped and confirmed that the report has historically provided an internal view, which will evolve going forward. Mr Eagles added that the national picture will support ongoing developments. The Chair agreed with previous comments, emphasising the importance of sharing data that reflects both achievements and challenges. PFC could focus on this issue, or a separate group could be formed. Previous discussions have included interactive data suites, utilising technology for improved access. The Interim Chief Executive added that identifying the most useful metrics is key, and referenced that the Accountability Framework was being amended to 2026/27 to include additional quality metrics and take advantage of the additional data available from Epic Ms Livingstone stressed the need to include community reporting within this review. The Chair noted that ESNEFT has moved marginally forward within Segment 3 of the NOF ranking table. RESOLVED: That the Board received the presentation.	
Section 5 – Finance & Performance		
P016/26	There were no items for consideration.	
Section 6 - People and Organisational Development		
P017/26	6.1 Sexual Safety Charter Assurance Framework	
	The Chief People Officer explained that the charter was established by NHSE in 2023 and has been signed by all NHS Trusts and ICBs. In August 2025, additional actions were introduced, requiring Trusts to review and complete a self-assessment. This assessment was presented to POD in November. The charter comprises 49 actions across 10 principles. There is one outstanding action, which is dependent on national guidance yet to be published. Additional data was presented to POD, comparing reports against staff survey results. The differences were significant, and further work is underway to support staff through additional training and allyship initiatives. The Executive Management Committee (EMC) has also reviewed the charter. RESOLVED: That the Board received and noted the Sexual Safety Charter Assurance Framework	
P018/26	6.2 UNISON Anti Racism Charter	
	The Chief People Officer noted that the Trust values its collaborative working relationships with Trade Unions. Several items are scheduled for review, providing an opportunity to monitor and report progress through POD. Mr Khatib asked how this has been communicated to staff. The Chief People Officer explained that both charters require extensive communication following the public Board meeting. This will include an all-staff webinar, updates via ESNEFT News, and other internal communication channels. RESOLVED: That the Board received and noted the UNISON Anti Racism Charter	
Section 7 – Governance		
P019/26	7.1 Board Assurance Framework	

	AM provided the Board with an overview of the Board Assurance Framework (BAF) and associated governance requirements. Each committee receives oversight of its specific risks on the BAF and corporate risk register, with overall monitoring of corporate risks undertaken by Risk Oversight Committee (ROC). Changes made to the BAF are detailed in the summary sheet. Key changes include BAF7 has been reviewed and updated, with the most significant change being the inclusion of the Estates Strategy. Completion of further actions has led to a recommendation to reduce the risk score to 12. BAF4 remains at 12, having increased in November 2025. Appendix 2 contains the full BAF, with additional definitions regarding the impact of actions on controls included to make the process less subjective than previously. Dr Bhatti queried how the BAF aligns with the NOF. The Interim Chief Executive explained that the Board undertakes an annual review of strategic risks and risk appetite. The NOF will be produced quarterly and will inform, alongside other indicators, how the BAF is managed. The Chair added that each BAF risk is owned by a sub-committee, and it is the role of the assurance committee to review risks and consider any threats or opportunities. The organisation is committed to ensuring the BAF remains dynamic. Mr Khatib noted that a risk appetite workshop has not been held for some time and suggested that, given the ongoing changes, it would be useful to organise one in the coming months. It was noted that the risk appetite was last confirmed in Summer 2025, following recommendation from the Audit and Risk Committee. Following submission of the Medium Term Plan and changes to the Clinical Strategy, the BAF and associated risk appetite will be further reviewed. RESOLVED: That the Board received the report and approved the recommend reduction in rating to BAF7.	AMa
P020/26	7.2 Key Issues Report – Audit and Risk Committee	
	Mr Eagles presented the report and referenced the paper on contract management, highlighting the benefits of the Sodexo contract. The Internal Audit Plan remains on track, with regular updates provided to the Committee. Several internal audit reports were presented for review. Planning for 2026/27 is underway, with a draft plan expected shortly. External Audit also provided an update, including a review of key risks. The Trust Charity Audit was presented for noting, and good progress was reported on Declarations of Interest. RESOLVED: That the Board received and noted the report.	
P021/26	7.3 Emergency Preparedness, Resilience and Response (EPRR) Framework Annual Submission	
	The Managing Director explained the submission was presented to the private Board in November. The ICB have undertaken a review and substantial compliance remains. RESOLVED: That the Board received and noted the report.	
Section 8 – Questions from the public		
P022/26	8.1 Public Questions	
	There were no public questions	
Section 9 – Other Urgent Business		
P023/26	9.1 Any Other Urgent Business	
	No further business was raised.	
P024/26	9.2 Date of next meeting	
	The next meeting in public would be held on Thursday 5 March 2026, Conference Centre, Kesgrave War Memorial, Twelve Acre Approach, Kesgrave, Ipswich IP5 1JF	

Approved: 5 March 2026 **TBC**

Chair: Mark Millar, Interim Trust Chair

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