

**Minutes of the Council of Governors' meeting
held at 14:00 on Wednesday 10 December 2025,**

**Daniel Room, Kingsland Church Community Centre, Colchester, 86 London Road, Colchester,
CO3 9DW**

Present:

Mark Millar	Interim Chair
David Guest	Public Governor, Rest of Suffolk – Interim Lead Governor
Eddie Bloomfield	Public Governor, Essex
Gemma Bourne	Staff Governor
Caroline Bowden	Public Governor, Essex
Tony Dutch	Public Governor, Essex
Isaac Ferneyhough	Staff Governor
Verity Jolly	Public Governor, Ipswich
Michael Lucking	Public Governor, Essex
Tim Newton	Public Governor, Suffolk
David Nicholls	Public Governor, Suffolk
Light Onyekachi	Staff Governor
Shazia Sharif	Staff Governor
Donna Webster	Public Governor, Essex
Allison Weston	Staff Governor

In attendance:

Nick Hulme	Chief Executive
Adrian Marr	Chief Finance Officer and Deputy Chief Executive
David Eagles	Non-Executive Director
John Humpston	Non-Executive Director
Andy Higby	Strategy Programme Director - Item 10
Laura da Rita	Committee and Membership Secretary – minutes

Apologies for absence:

Tony Wooderson	Public Governor, Suffolk
Farid Taherinia	Public Governor, Suffolk
Gillian Orves	Public Governor, Rest of Suffolk
Liz Gee	Public Governor, Essex
Max Hotopf	Public Governor, Suffolk
Paul Gaffney	Public Governor, Ipswich
Sara Naylor	Appointed Governor, Colchester City Council
Jane Simpson	Appointed Governor, Integrated Care System – Anglia Care Trust
Shazad Uddin	Public Governor, Essex
Sarah Boulton	Non-Executive Director
Karen Livingstone	Associate Non-Executive Director
Anthony May	Associate Director of Governance, Risk and Compliance

Para no		Action
Section 1 – Chair's Business		
40/25	1. Welcome and Apologies for Absence Mark Millar welcomed the Council and the apologies above were noted.	
41/25	2. Declarations of Interest No additional interests were declared. It was noted that a couple of declarations are still outstanding. Governors were prompted to return these as a matter of urgency.	

42/25	<p>3. Minutes of the meeting held on 25 September 2025 The minutes were approved as an accurate record.</p>	
43/25	<p>4. Matters Arising from the minutes and action log The action log was updated as appropriate.</p>	
44/25	<p>5. Report from the Trust Chair Mark Millar provided governors a brief update and thanked them for their ongoing support and contribution to the Trust. Anthony May, Associate Director of Governance, Risk and Compliance will be supporting governors on an interim basis following Ann Filby's retirement but is not in attendance due to sickness. George Chalkias, Director of Governance, has now left the Trust with interviews for his successor scheduled for 22 December 2025. Interim arrangements for the Trust Secretary role will remain in place until a new Director of Governance is recruited. Following the last public Council meeting the appointment of a new Chair has been postponed until early January. Dr Freda Bhati has been appointed, post interview, as a new Clinical NED.</p> <p>The Council noted the update.</p>	
Assurance and Accountability		
45/25	<p>6. Chief Executive's briefing on Trust activities Nick Hulme provided the governors a brief update of the current pressures.</p> <ul style="list-style-type: none"> • There is a flu surge that has affected hospitals nationwide. The seasonal variation plan has been activated, with instant responses being initiated to offload patients as quickly as possible. • Elective activity has remained unaffected, but this will be challenged going forward. • Ipswich Hospital and Suffolk Community have been hardest affected at this time. This is an unusual pattern with Colchester Hospital and the whole of Essex normally seeing infection surges first. • There is another period of industrial action by resident doctors from the 17 to 22 December. • 97% outpatient and 99% of inpatient activity remained during the last period of industrial action. • The staff flu vaccination scheme uptake is improved this year. • There was a 3-day CQC Well Led inspection at the end of November. No formal feedback has been received. Some feedback about the inspection has been provided by ESNEFT. There was an opportunity to focus on where ESNEFT performs well as well as where there are challenges. <p>Mark Millar added that there weren't any Non-Executive Directors amongst the group of CQC inspectors.</p>	
46/25	<p>7. Board Proceedings Report Mark Millar spoke to the report received and explained the Board spends their time focusing on strategy, current performance, regulatory and assurance functions and what changes need to be made. Epic has been a focus for the Board pre, and post go-live in October. The Boards reflections have been that the process went as well as anywhere else in the country. A big thank you to staff for working so hard to ensure everyone was in a good position to operate Epic post switch on. In terms of performance, both quality measures and the financial numbers are as challenging as they have ever been. 2026-27 is looking to be even more difficult.</p> <p>David Eagles noted the usefulness of dashboards within Epic, having been driven by ESNEFT, with the support of the Epic team. This work is being recognised nationwide.</p> <p>Eddie Bloomfield explained that local communities don't seem to be aware of</p>	

	<p>what MyChart is. Nick Hulme responded to say that a stabilisation period was planned before pushing MyChart through the media. 65,000 patients have already signed up to the platform; these are likely active patients that have been seen recently by an ESNEFT service. MyChart has so many advantages for patients and it frees up more time to care and improves quality and safety. It does need to be promoted more in the New Year. There have been some changes made to support patients with things such as test results in the app originally went live.</p> <p>Tony Dutch explained that MyChart is only forward looking, not backward looking. Nick Hulme responded to say it isn't possible to add past medical history to the platform. Mark Millar added that MyChart supports both patients and their families.</p> <p>Nick Hulme explained that the Trust is likely to remain at National Oversight Framework (NOF) 3. This isn't where the Trust has been historically. Mark Millar added that action is being taken and last week 4-hour A&E waits were at 23 out of 134 in the country.</p> <p>The Council noted the proceedings and decisions of the Board.</p>	
47/25	8. Verbal Reports from Board Committees	
	<p>a) Performance and Finance Committee – Caroline Bowden provided the Committee an overview of recent Performance and Finance meetings. The meeting is well Chaired with good support from other NED attendees.</p> <p>David Guest explained the agreed changes have been made to meeting reflections, allowing governors to speak to committee Chair's at length and in more detail.</p>	
	<p>b) Quality and Patient Safety Committee – Tim Newton explained the last meeting focused on a deep dive into the new Picture Archiving and Communication System (PACS). There have been some issues post implementation, which are being dealt with by Philipps, the systems provider alongside ESEFT staff. The meeting was well Chaired and attending NEDs, including newly appointed NEDs, questioned appropriately to ensure sufficient assurance was offered.</p>	
	<p>c) People and Organisational Development Committee – No feedback was available at this meeting.</p>	
	<p>d) Audit and Risk Committee - David Guest provided the Committee an overview of the recent Audit and Risk Committees. September's meeting offered great assurance that appropriate action was being taken where required.</p> <p>Donna Webster asked if there is a plan for audits undertaken. David Eagles, Chair of the Audit and Risk Committee, explained the process. A plan for the year is discussed and approved at the Audit and Risk Committee, with regular updates at each meeting. Mark Millar explained the audit plan is made up of 'must haves' and then any additional areas for focused. There is a stringent governance process.</p> <p>Donna Webster requested a copy of the audit plan. Mark Millar explained governors wouldn't receive a full copy, but some detail may be available.</p>	
	<p>e) Charitable Funds Committee – David Nicholls gave the Committee a brief overview of the last Charitable Funds Committee. The meeting was well Chaired with the correct check and challenge. Things will become more challenging as pressure on the Trust increases.</p> <p>John Humpston explained that each assurance committee focuses on each issue through their specific lens, with triangulation sought throughout the committees. It is</p>	

	important to recognise if the same discussion is being had a several forums. Governor support of this would be greatly appreciated. Mark Millar agreed.	
48/25	<p>9. Report from Lead Governor</p> <p>David Guest, interim Lead Governor, provided the Council with a brief update and highlighted some points from the report.</p> <ul style="list-style-type: none"> • Thank you to Helen Rose, the previous Lead Governor who reached the end of her term at the end of October. • Caroline Bowden has been appointed as interim Deputy Lead Governor. • A number of new governors joined the Council in November. • A new clinical NED has been appointed. • The Chair recruitment process has been paused. 	
49/25	<p>10. Medium Term Plan</p> <p>Andy Higby took the slides and accompanying papers were taken as read. The medium-term plan focuses on three key shifts: moving from analogue to digital, from treatment to prevention, and from hospital-based care to community-based care. The overall submission is divided into three parts, with the first due on 17 December. This work will form the basis of future business planning. A two-stage approach has been put in place: the initial submission in December, followed by a second submission in mid-February 2026. NHSE has set out a series of top-down requirements, which will be aligned with detailed bottom-up workstreams. The first priority is to understand the capital, revenue, and cost-improvement implications. It is also essential to determine where activity is concentrated, whether in hospitals or in the community. A third area will focus on patient safety and quality of care. James Archard is leading work across these themes. For ESNEFT, key priorities include further developing services in Clacton, one of the most deprived areas in the country, and optimising elective pathways to ensure patients are seen more quickly. Improving cancer services, strengthening maternity provision, and delivering the ten-point plan for resident doctors are also central focus areas. The Board must provide assurance statements alongside the submission. Several sessions have been held with Board members and NEDs to ensure robust review, challenge, and oversight. The Board will meet on Wednesday morning next week to approve the first submission ahead of its submission later that day. Additional work will continue between the December and February submissions. NHSE has committed to providing feedback by early January and aims to make relevant templates available, if possible, by 22 December.</p> <p>Andy Higby invited governors to propose key areas of focus for years 4 and 5.</p> <p>Mark Millar reiterated that the key priority is areas of deprivation and health inequalities. It is important to note that the financial income next year is likely to remain unchanged. Year 1 targets will require investment in some areas with savings and changes made in others.</p> <p>David Guest noted population growth has a huge impact on hospital services. Does this play a part in this plan. Andy Higby responded to say that demographics and local population is considered. Colchester is the largest growing local authority in the country. The area also attracts older people, who are living longer with a number of health issues. Healthy life expectancy is decreasing across Essex and Suffolk.</p> <p>David Guest also mentioned the investment made in new areas such as the Dame Clare Marx Building. Does the plan allow for continued growth. Andy Higby explained that the Trust will be working with flat cash, savings will need to be made to provide the best services to patients with what we have. Nick Hulme agreed and explained that developments aren't being chased at this time. The two biggest risks are beds at Colchester and Maternity Services being across two floors. These areas need to be supported alongside new developments being utilised as best as they can be.</p> <p>Donna Webster explained that transporting patients from Clacton wastes a lot of time and resources when there is a diagnostics centre locally. This can cause patient's</p>	AH

	<p>distress. Nick Hulme explained that not all services can be delivered locally but this should be the aim where possible. A significant number of patients don't need to be coming to acute hospitals.</p> <p>Tim Newton asked about the focus on prevention going forward. Andy Higby responded to say that the clinical strategy is being considered alongside the medium-term plan to support this. ESNEFT prioritises health inequalities which is unique. A number of services have programmes in place to support care close to home. The overall plan is to collocate services alongside support services such as debt support etc.</p> <p>Mark Millar reiterated the 'making every contact count' programme. There is a link with another programmes and discussions had at committees.</p> <p>Eddie Bloomfield asked if there is a plan for the bed deficit at Colchester Hospital. Andy Higby explained that this has been included in the bottom-up responses to the NHSE standards outlined. What is required has been articulated, this doesn't mean the associated monies will be made available. Nick Hulme explained that the outpatient footprint is huge and is only used 25% of the time. The focus needs to be on repurposing of areas. An admin area in the Gainsborough wing at Colchester Hospital is in the process of being redeveloped.</p> <p>Shazia Sharif explained she joined the Trust to support families and children from Clacton and the surrounding areas. There is a lot of work underway to support health inequalities. Children are often left out of these conversations. Today's children are presenting with symptoms, if these are not dealt this and treated correctly, these children will become adults and require ESNEFT services as diseases progress.</p> <p>Andy Higby to present at a future Council meeting to provide a Medium-Term Plan update.</p>	
Governance		
50/25	<p>11. Annual Members' Meeting minutes Mark Millar presented the minutes from the Annual Members' meeting held on Wednesday 12 November 2025.</p> <p>The Council approved the minutes from the Annual Members' meeting.</p>	
51/25	<p>12. Council Committee appointments Mark Millar spoke to the paper received and explained that a Chair for the Council's Membership and Engagement Group is required.</p>	
52/25	<p>13. External Audit update: Policy for engagement of external auditors to supply non-audit services David Eagles explained a policy for the engagement of external auditors to supply non-audit services sets out the principles and approval processes to ensure that any services provided by the external auditor, other than the statutory audit, do not compromise the auditor's independence, objectivity, or professional judgment. Ernst and Young will also have their own ethical policies to adhere to.</p> <p>The Council noted the update.</p>	
53/25	<p>14. Lead and Deputy Lead Governor elections Mark Millar spoke to the report received and provided a brief overview of the proposed election process.</p> <p>The Council approved the election process recognising a timetable will follow.</p>	AM
Appointments and Performance		
54/25	15. Chair and Non-Executive Director performance reviews 2025/26	

	<p>Mark Millar took the report as read and explained that John Humpston will report any outcomes to the Council as required as the Senior Independent Director (SID). Governor views, particularly those who observe assurance committees, will make up an important part of the review process.</p> <p>The Council approved the timetable for undertaking the Chair and Non-Executive Directors' performance reviews 2025/26.</p>	
Membership and engagement		
55/25	<p>16. Membership and Engagement Working Group Update The Council took the report as read, noting a new Chair and Deputy Chair is required before the next meeting scheduled for February 2026.</p>	
56/25	<p>17. Governor Activities Update No additional activities were discussed.</p>	
Briefing		
57/25	There were no items for consideration.	
Public Questions		
58/25	<p>18. Questions from members of the public present There were no questions from members of the public present at the meeting.</p>	
59/25	<p>19. Any Other Business Nick Hulme noted that this was his final meeting of the Council of Governors and expressed his gratitude for the Council's ongoing support. The NHS is currently facing its most challenging period in recent history, making it vital to focus on workforce, digital innovation, and expanding care outside hospital settings. Governors play an important role in representing the public, particularly at a time when communities are raising concerns about the NHS and waiting times. Governors also hold a significant responsibility in appointing the next Chair and Chief Executive, decisions that will shape the future of services for local communities.</p> <p>Mark Millar expressed his gratitude to Nick Hulme of his dedication and hard work and thanked him for his service on behalf of the governors and wider organisation.</p>	
60/25	<p>19. Date of next meeting Wednesday 11 March 2026, 2pm, Orwell Room, Kesgrave Community and Conference Centre</p>	

Approved: 11 March 2026 **TBC**

Chair Mark Millar

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