

Council of Governors

Date of meeting:	11 March 2026
Report Title:	Board Proceedings Report
Executive/NED Lead:	Anthony May, Associate Director of Governance
Report author(s):	Anthony May, Associate Director of Governance
Action required:	For discussion

Executive summary

To support the Council of Governors in discharging its responsibility to hold the Board to account, through the Non-Executive Directors, this report provides a summary of matters discussed at the Board meeting held in public on 8 January and 5 March 2026.

The Council is not authorised to alter or reinforce the Board's decisions, but can hold the Non-Executive Directors to account for them, by way of explanation and discussion.

Action requested of the Council

The Council is invited to note the proceedings and decisions of the Board.

Report of Board proceedings

This report is provided to support the Council of Governors in understanding the matters considered and key decisions taken at the Board meeting held in public; it is not intended to substitute the formal minutes of the proceedings.

Governors have access to the papers for the meetings of the Board held in public, which are published on the Trust website and a link is sent to the Council. The papers can be found here:

[January 2026 Board papers](#)

[March 2026 Board papers](#)

Governors can attend and observe meetings of the Board held in public and are encouraged to attend at least one meeting of the Board in each year, to support their understanding of how the Board works as part of the discharge of their responsibilities.

Issue	Summary	Actions agreed
5 March 2026		
Patient experience	<p>The Chief Nurse provided an update to a previous Board story:</p> <ul style="list-style-type: none"> • The Head of Patient Experience, SNEE representatives and Provide representatives visited Mr. and Mrs. Bateman at their home to discuss further work that has been undertaken with all stakeholders supporting his ongoing care needs. • Mr. Bateman was videoed talking through his experience, which will be shared within Provide and ESNEFT to support further training, and experience of patients, carers and loved ones. <p>The Head of Care from the Essex and Suffolk Elective Orthopaedic Centre (ESEOC), accompanied by patient Miriam Martin, shared an account of Miriam’s journey from waiting for a hip replacement through to surgery, post-operative physiotherapy, and involvement in the patient experience group. The overall experience was highly praised, with the patient comparing the standard of care to that of a private facility - if not better. The patient involvement group was highlighted as a particular strength, providing a valuable platform for open, two-way engagement between patients and clinicians. The 24/7 advice line for ESEOC patients was also commended.</p> <p>During the discussion, questions were raised about the waiting period for treatment, and it was acknowledged that regular, proactive communication is crucial. The Trust is exploring enhanced text-message functionality within Epic to support improved communication during this stage.</p>	The Board received the update.

Issue	Summary	Actions agreed
Chair's update	<p>The Chair, on behalf of the Board, expressed sincere thanks to Hussein Khatib as he approaches the end of his extended second term as a Non-Executive Director, leaving in early April. Hussein was recognised for his significant contribution over many years, particularly his exemplary leadership of the Quality and Patient Safety Committee, his regular visits to points of care, and his valued support to clinical colleagues. It was noted that he will be taking up a new NED role with Norfolk and Suffolk Foundation Trust, alongside his national position with the Nursing and Midwifery Council.</p> <p>The Chair also highlighted that the Trust has achieved a three-year Veteran Covenant Healthcare Alliance reaccreditation, reinforcing its commitment to supporting armed forces patients and staff. ESNEFT celebrated 170 apprentices at its annual awards, with many achieving distinctions. Major redevelopment continues at Clacton Hospital with a new Urgent Treatment Centre opening later this year. At Colchester Hospital, work has begun on a new Children's Sensory Garden funded through the £250k legacy of young artist Noah "Background Bob" Jones, supporting enhanced indoor and outdoor sensory spaces.</p>	The Board received the update.
Chief Executive's update	<p>The Chief Executive provided an optimistic update, reflecting that performance was improving; ESNEFT was 24th of 134 Acute providers, in terms of 4 hour ED performance last week. The Trust is confident it will meet the required 52 week wait position (for elective care) by the end of March, and 18 week wait performance is progressing. The enhanced ability to monitor performance, on a daily basis, provided by Epic was recognised. The national bone cement supply incident was referenced; this had been managed well locally through alternate supplies, and elective activity had returned to normal levels.</p> <p>Looking forward to 2026/27, major capital projects were due to be delivered, including the Clacton UTC and the central Ipswich Community Diagnostic Centre.</p> <p>The impact of ongoing changes on ICB system partners was also recognised.</p>	The Board received the update.

Issue	Summary	Actions agreed
Integrated Performance	<p>Performance and Finance Committee</p> <p>Continued improvements in urgent and emergency care, elective recovery, diagnostics and community performance, were discussed - while noting pressures such as the national bone cement shortage, PACS issues, corridor care risks and rising sickness absence. Updates to the Board Assurance Framework highlighted new assurance gaps in elective and cancer pathways linked to Epic processes and booking capacity, alongside an improved estates position supporting a reduced risk score. Financially, the Trust remains in deficit but the position has improved following ICB incentive support, with further work required to accelerate agency reduction and deliver CIP targets. The Committee also reviewed Epic benefits realisation, capital planning priorities, early impacts of Seasonal Variation Plan investment, and progress at ESEOC, where activity is increasing and an improvement plan is underway.</p> <p>BAF7, regarding estates, had been fully reviewed following completion of planned actions and associated improvements to controls. New actions had been articulated for 26/27. The committee supported a recommendation to reduce the risk from a score of 12 to 9, reflecting the improved position</p> <p>People and Organisational Development Committee</p> <p>The People and Organisational Development Committee reviewed workforce risks, noting strong overall performance with low vacancy and turnover rates, robust education and wellbeing activity, and ongoing EDI work including progress on cultural ambassadors and LGBTQI+ support. Updates were received on national workforce developments, upcoming pay reforms, and the local impact of Epic implementation on administrative roles, with tailored organisational change support in place. The Committee considered the Gender Pay Gap Report, which shows small year-on-year improvements but continuing disparities - particularly in senior medical roles - and recommended it for Board approval. Further updates were provided on EDI strategic work, including a new fairness framework and roadmap, and on the GMC national training survey, which showed Trust-wide improvement and strong specialty-level results.</p>	<p>The Board received and noted the Key Issues Reports and approved the revised BAF7</p> <p>The Board received and noted the reports presented for assurance.</p>
Integrated Performance Report	Presented for month 10 (January 2026).	The Board noted the Trust's performance.

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Quality and Patient Safety	<p>Infection prevention and control remained a major concern, though patient experience metrics and complaint handling showed improvement, and ACE accreditation progress continued despite variation between sites. Cancer harm review processes are improving with strengthened governance and better information provision, while end-of-life care work shows progress on RESPECT documentation and patient-experience initiatives. Additional alerts included safeguarding referrals, corridor-care impacts, and neonatal term-admissions challenges at Ipswich. Governance updates noted approval of the amended CQC Statement of Purpose, progress on the Clinical Strategy, and upcoming ICB structural changes affecting quality oversight.</p> <p>There has been a reduction in the number of end-of-life beds available at Colchester, previously provided by St Helena Hospice, due to a shortfall in funding. This has been escalated with both the SNEE ICB and the new Essex ICB to enable consideration at system level.</p> <p>Clinical presentation Team members from Ipswich and East Suffolk Community attended to present an overview of their services and the positive impact they have on reducing admissions. The presentation included details of quality improvement initiatives and the work of the REACT (Reactive Emergency Assessment Community) Team. The positive impact of social prescribers and the integrated multi-disciplinary team approach were highlighted. The team encourage further promotion of community services so that their full impact could be realised.</p> <p>Maternity – Homebirth Services The actions associated with the NHSE letter / prevention of future death report following a death in Manchester, were summarised. The letter recommended reviewing home birth services to provide assurance. It is recognised that an increasing number of women are choosing a homebirth ‘out of guidance’ which increases risk. It is recognised that there is no comprehensive national guidance.</p> <p>A gap analysis has been completed, reviewing incidents, workload and escalation. In ESNEFT homebirths are around 2% of births, which is relatively low, therefore there is an emphasis on maintaining skills. No immediate unmitigated patient safety risks were identified. There have been suspensions of the service where it was unable to be run within the required safety parameters. The Trust will review rotation of staff and have introduced increased senior support and included home birth data separately through Maternity and Neonatal Improvement Board reports.</p> <p>There is a need to balance supporting women’s choices with ensuring safety while and supporting the midwives to have informed and supportive conversations about appropriate birth settings.</p> <p>CQC – Ipswich Medical and UEC Inspection Report</p>	<p>The Board received and noted the reports presented for assurance.</p> <p>The Board noted the report and approved the action plan.</p>

Issue	Summary	Actions agreed
	<p>The Chief Nurse provided a summary of the findings published by the CQC following their inspections of Medical Care and Urgent and Emergency Care at Ipswich Hospital during September 2025. A summary of the actions the Trust has taken was also provided. The report was published on the CQC website on 18 February. The overall rating was “requires improvement”. Improvement actions form part of workstreams monitored by the Fundamentals of Care Board and reported through the QPS committee.</p>	<p>The Board noted the report.</p>
<p>Strategy and Transformation</p>	<p>The full Clinical Strategy had been approved by the Board in February 2026 was presented. The Strategy Programme Director outlined that the Clinical Strategy and Medium Term Plan had been developed in parallel, noting that the Trust’s strategic goals have been updated to reflect the national 10 year health plan. Work is ongoing regarding developing communications to promote engagement in strategy delivery to take forward the revised priorities.</p>	<p>The Board noted the report</p>
<p>People</p>	<p>Gender Pay Gap Annual Report 2025 The POD Committee reviewed this report at its meeting held on 15 January 2026, and recommend to Board for approval. A full summary was presented to the Board.</p>	<p>The Board approved the report.</p>
<p>Governance</p>	<p>Audit and Risk Committee The Committee reviewed updates to the Board Assurance Framework, noting recent changes to risk ratings - including increases linked to CQC findings and reductions following estates improvements - and reinforced the need for clearer target dates and alignment with future planning. Internal audit activity showed reasonable assurance for nurse rostering but highlighted concern over overdue actions, with follow-up required for safeguarding-related items, while the draft Head of Internal Audit Opinion remains amber-green. External audit arrangements were confirmed for a two-year extension, and early audit work is underway. The Committee also received updates on clinical coding progress post-Epic, ongoing pharmacy feeder system alignment, cyber-security posture (including OS vulnerabilities and Windows 11 migration), and the annual reporting timetable, alongside reminders about upcoming declarations of interest renewal requirements.</p> <p>CQC Well-led – written summary of verbal feedback The written summary of the verbal feedback received in relation to the CQC Well-led inspection (November 2025) was presented. The full report is awaited. As previously reported, the letters highlighted improvement needs in QI capacity, Freedom to Speak Up, and governance supporting sustainable delivery.</p>	<p>The Board received and noted the reports presented for assurance.</p>

Issue	Summary	Actions agreed
Interim Chair	<p>The Board expressed its sincere appreciation to the Interim Chair, commending his visibility, availability and strong engagement across the organisation. Members highlighted his detailed understanding of key issues while maintaining a clear strategic perspective. His leadership supported the Board in deepening its insight into challenges and in shaping appropriate plans. The Board also praised his leadership style and constructive influence. In response, the Interim Chair stated that it had been an honour to serve in the role and acknowledged the shared commitment across the organisation to achieving the best outcomes for patients.</p>	

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8 January 2026 Board Meeting		
Patient Experience	The Board received a complex patient story involving cancer progression, spinal deterioration, and lengthy delays in specialist referral. The discussion highlighted system fragmentation, gaps in referral awareness, and inconsistencies in how rare cases are managed. Board members explored whether earlier access to specialist pathways could have changed outcomes and suggested the need for up-to-date resource directories and better cross-provider communication. The Board noted this as significant learning for improving patient pathways.	
Chair's update	Recruitment for a substantive Chair and new Chief Executive is underway, alongside progress on governance appointments. Given the organisational transition, the Chair emphasised collective leadership by Executives and NEDs to maintain momentum. No decisions were sought, but the Board acknowledged the strategic importance of stability.	The Board received the update.
Chief Executive's update	The Interim Chief Executive updated the Board on winter pressures, resident doctor industrial action, stabilisation of activity, and the Epic EPR system stabilisation phase. A review meeting with NHSE/ICB is imminent, with further Medium Term Plan submissions due in February. Discussion focused on system relationships, especially the effect of taking long-wait patients from other Essex Trusts on ESNEFT performance metrics. Members stressed the need for improved communication with primary care, pharmacy and local government stakeholders.	The Board received the update.
Integrated Performance	<p>Performance & Finance Committee – Key Issues The Committee reported substantial reductions in elective long waits, improved emergency care performance, and higher MyChart uptake. However, the long-standing issue of medically-fit-for-discharge delays persists. Cancer performance is under regional scrutiny and influenced by Epic stabilisation. Discussion included the impact of supporting other Trusts' long-wait patients and how this affects ESNEFT's overall performance.</p> <p>People and Organisational Development Committee – Key Issues Key areas discussed included Equality, Diversity & Inclusion, safe working hours for Resident Doctors, sexual safety reporting, and workforce trends (vacancies, turnover, sickness). Succession planning arose as an area requiring strengthening.</p> <p>Integrated Performance Report Presented for month 8 (November 2025)</p>	<p>The Board received and noted the Key Issues Reports</p> <p>The Board noted the Trust's performance.</p>

Issue	Summary	Actions agreed
Quality and patient safety	<p>The Committee reported improvements in falls, sepsis management, infection prevention, and mixed-sex breach reduction. Higher mortality associated with flu peaks was noted but remained within expected seasonal patterns. PALS complaints have stabilised after Epic implementation but response times remain slower.</p> <p>CNST Maternity Incentive Scheme (Submission) The Chief Nurse and Director of Midwifery outlined the evidence supporting compliance with all ten CNST safety actions, including maternity/neonatal workforce planning, perinatal mortality review standards, training requirements, and data submissions. Discussion highlighted ongoing challenges around training time, neonatal staffing, and the future maternity care bundle published the previous day. ESNEFT is taking proactive preparatory steps despite national uncertainty.</p> <p>Care Quality Commission Update The Chief Nurse shared early feedback from the Well-Led inspection (November 2025), suggesting improvement needs in QI capacity, Freedom to Speak Up, and governance supporting sustainable delivery. The full Ipswich CQC report is going through factual accuracy checking, with a formal report expected shortly. A structured review through the Fundamentals of Care Board is underway to identify further high-impact actions.</p>	<p>The Board received and noted the report.</p> <p>Decision: Board approved the CNST self-assessment for submission to NHS Resolution.</p> <p>The Board received and noted the report.</p>
People & OD	<p>Sexual Safety Charter Assurance Framework The Board discussed the Trust’s position against the 49 actions in the NHS Sexual Safety Charter. All actions except one (awaiting national guidance) are complete. Data suggests under-reporting compared to staff survey findings, prompting commitments to enhance training, awareness and allyship</p> <p>UNISON Anti-Racism Charter The Board discussed the Trust’s partnership with Trade Unions and the need for strong internal communication to staff following Board sign-off. Engagement plans include an all-staff webinar and internal communications campaign.</p>	<p>Both reports were noted; the Board had approved the Sexual Safety Charter Assurance Framework gap analysis and proposed actions to take forward – and confirmed sign up to the UNISON Anti-Racism Charter when it met in private during December 2025.</p>

Issue	Summary	Actions agreed
Governance	<p>Board Assurance Framework The Board reviewed updates to the BAF, notably the recommended reduction in risk score for BAF7 following integration of the Estates Strategy. Discussion covered alignment with the NHS Oversight Framework, the need for a refreshed risk appetite workshop, and ensuring the BAF remains dynamic.</p> <p>Audit & Risk Committee – Key Issues The Committee highlighted progress in contract management (including benefits of the Sodexo contract), internal audit activity, external audit updates, and strengthened declarations of interest processes.</p> <p>EPRR Annual Submission The Board reviewed the annual Emergency Preparedness, Resilience and Response submission, confirming continued substantial compliance.</p>	<p>The Board approved the reduction in risk rating for BAF7.</p> <p>The Board received and noted the report.</p> <p>The Board received and noted the report.</p>