East Suffolk and North Essex NHS Foundation Trust

Minutes of the Trust Board of Directors' Meeting held in public
on Thursday 5 March 2026, 9:30 am – 1:00 pm,
Conference Centre, Kesgrave War Memorial, Twelve Acre Approach, Kesgrave, Ipswich IP5 1JF

Present:

Mr Mark Millar	Interim Chair
Mr David Eagles	Non-Executive Director
Dr Michael Gogarty	Non-Executive Director
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 John Humpston	Non-Executive Director, Senior Independent Director and Deputy Chair
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
Ms Karen Lough	Chief Operating Officer and Director of Operations - Elective Care
Dr Angela Tillett	Chief Medical Officer
Ms Alex Duffety	Associate Non-Executive Director

In attendance:

Mr Paul Little	Strategic Director for Service Development
Mr Anthony May	Associate Director of Risk, Governance and Compliance
Lucy Bryanton	EA to Interim Chief Executive – Minutes
Andy Higby	Strategy Programme Director (Joined for Item 4.1)
Lindsey Girling,	Head of Care for EOCC (Patient's Story)
Kelly Ward,	Matron for Community Services (Joined FOR 3.1)

Apologies for absence:

Mr Hussein Khatib	Non-Executive Director

Public In Attendance:

Paul Gaffney	ESNEFT Governor
Trevor Shaw Arnold	Sieman Healthineers
Donna Webster	ESNEFT Governor
Louise Ashley	NHSE
Allison Weston	ESNEFT Governor
Inga Lockington	Suffolk County Council

Section 1 – Chair's Business		**Action**
P025/26	**1.1 Welcome and Apologies for Absence** The Interim Chair, opened the public meeting by welcoming all attendees, including visitors, and reminding everyone that this was a meeting held in public, with time set aside at the end for questions relating to items considered as part of the agenda. He extended a particular welcome to Ms Tracy Dowling, who will be joining the Trust as the incoming Chair. He explained that although the Director of Estates and Facilities was unwell, he intended to join the meeting later via Microsoft Teams to deliver his scheduled presentation. The Interim Chair also acknowledged that this meeting would have been the last for Mr Hussein Khatib had he been able to attend. He took the opportunity to thank Mr Khatib, who had reached the end of his second term as a Non Non-Executive Director, for his	

	commitment and exceptional contribution as a Non-Executive Director. Mr Khatib has been consistently active and visible in his role, serving as Chair of the Quality and Patient Safety Committee and dedicating additional time and focus to the clinical agenda. The Interim Chair expressed his gratitude on behalf of the Board and noted that there would be an opportunity to thank Mr Khatib formally at the upcoming Governors' meeting. He also informed the Board that Mr Khatib will be taking up a new position as a Non-Executive Director with Norfolk & Suffolk NHS Foundation Trust.	
P026/26	**1.2 Declarations of Interest** No declarations of interest were made.	
P027/26	**1.3 Patient Experience** The Chair introduced and welcomed Lindsey Girling before handing over to the Chief Nurse, to present this item. The Chief Nurse began by reminding the Board of the story shared at the previous meeting concerning Mr Bateman's difficulties accessing care outside the hospital. She explained that the team has since visited the family at home, and plans are in place to record and share their experience more widely through a video that can be used for learning and education. He also welcomed Ms Miriam Miller and Lindsey Girling, who were present to contribute to the session. The Chief Nurse outlined that the focus today would be on the Essex and Suffolk Elective Orthopaedic Centre (ESEOC) patient experience, including the care pathway before, during, and after surgery. She explained that Ms Girling leads the team responsible for gathering direct feedback from people using the service, helping the Trust ensure that systems and processes continually evolve and respond to patient needs. Ms Girling, Head of Care for ESEOC, addressed the Board and described how patient feedback helped shape the service even before go-live. For example, the introduction of a turning circle at the entrance was made in response to accessibility concerns expressed by patients. Ms Girling described how the team hosts discussion groups both in person and via Microsoft Teams, with QR codes used to encourage participation. So far, six groups have taken place, with patients permitted to attend up to six sessions in total. Themes emerging from discussions include signage improvements, the development of an information video, and issues relating to physiotherapy access and self-referral differences for Suffolk patients. Ms Girling reported that overall care experiences were strongly positive. Patients commented on the helpfulness of staff, the smooth running of services, and the welcoming environment — one patient remarked that the facility "felt like a private hospital". The My Chart App was widely recognised and used by patients, though some expressed concern about visibility of test results. Ms Girling also noted ongoing questions from patients about USB charging points, which she explained cannot be provided due to fire safety regulations. Ms Miller then shared her personal experience of undergoing hip replacement surgery under the care of Mr Pryke. She explained that she had delayed the operation for some time due to concerns and had waited nine weeks for an X-ray and six months for her surgery. From the moment she arrived on the day of surgery at 7am, she found the service to be excellent. Although the initial admission area consisted of several cubicles with limited privacy, this did not worry her. She described the staff as calm and efficient and said that the anaesthetist was particularly reassuring, especially after she expressed concerns about spinal anaesthesia. The operation proceeded smoothly, and when she later transferred to the ward, she felt safe and well supported. Ms Miller reflected that although she had initially been anxious about staying overnight, her experience was overwhelmingly positive. She also commented on the high cleanliness standards throughout the hospital. She noted, however, that she had not been offered physiotherapy following her surgery and felt this had been a gap in her care. Although she later received an appointment after six weeks, she explained that following	

	exercises from a sheet of paper left her unsure whether she was doing them correctly. Sarah Boulton observed that this experience matched her own, having had two hip replacements herself. Ms Girling acknowledged the variation and reiterated that national guidance states that routine physiotherapy is not required, though the Trust is currently researching this to ensure best practice. Further discussion followed regarding face-to-face feedback, with Mr Eagles , NED, asking whether the current online questionnaire allows patients to request an in-person conversation. Ms Girling confirmed that QR codes provide this option and that themes emerging from written and face-to-face feedback are broadly consistent. Dr Tillett, Chief Medical Officer, asked Ms Miller about communication during the waiting period before surgery. Ms Miller reported that although she often had to call in for updates herself, staff were always honest and helpful. Ms Girling added that a "waiting well" clinician leads workshops to support patients awaiting treatment and that the Trust is developing an Epic text message service to provide more proactive communication. The Interim Chief Executive asked whether the advice line had been useful, and Ms Miller confirmed that it had been extremely supportive. Ms Girling also highlighted challenges patients face in securing GP appointments for clip removal and wound care, explaining that she is working with primary care partners to address these issues. The Chair thanked both Ms Miller and Ms Girling for presenting to the Board.	
P028/26	**1.4 Minutes of the meeting held on 8th January 2026** The minutes of the previous meeting were approved.	
P029/26	**1.5 Matters Arising – Action Log** The Action Log was reviewed and approved.	
P030/26	**1.6 Report from the Trust Chair** The Interim Chair presented his Chair's report, highlighting a range of positive developments across the organisation. He began by congratulating the teams involved in securing veteran service accreditation and thanked those who had contributed to this achievement. He also noted that The Interim Chief Executive had attended the apprentice awards ceremony, at which 170 apprentices were recognised. Mark remarked on the continued progress of the building work at Clacton Hospital, developments within Urgent and Emergency Care, and the inspirational work connected to the legacy of Noah Jones, better known as "Background Bob". He also welcomed the Lunar New Year celebrations and thanked those who had supported these events.	
P031/26	**1.7 Report from the Chief Executive** The Interim Chief Executive then provided a broader organisational overview. Although the winter period had been and still was challenging, he explained that the Trust had begun to see consistent improvements across several key areas. ESNEFT ranked 24th out of 134 acute providers for A&E performance currently, offering grounds for optimism. The Trust's 18 week performance was recovering every week and had reached 60.1%. With Epic now fully implemented, live performance data is tracked more reliably, enabling more effective operational planning and oversight. Ambulance handover times at Ipswich continued to improve, and while Colchester still faced challenges, there were encouraging signs. Elective operations, which had been disrupted for seven days due to national supply issues with bone cement, had now fully resumed. Uptake of MyChart continued to grow strongly, with 105,000 registered users and around 2,000 new registrations each week.	

	The Interim Chief Executive also spoke about the imminent opening of the Clacton UTC and the new ophthalmology suite, noting their importance within the wider NHS "left shift" and the NHS 10 year plan. He reflected on recent visits he had completed across the Trust — including pharmacy, ESEOC, the new endoscopy unit at Colchester Hospital, the green surgical hub, and Elmstead — which had provided valuable insight into frontline activity. Turning to the Integrated Care Board, he updated the Board about ongoing governance changes and the complexities of the system wide reorganisation. ESNEFT had been asked to retain its place on the Suffolk and Norfolk Board, reflecting the continued value placed on the organisation's contributions. Essex ICB arrangements were still being determined. Board members discussed the evolving statutory role of the ICB, the timeline for wider changes, and the implications for acute representation across the region. The Interim Chair emphasised the need for clarity and stability while acknowledging the significant organisational transitions underway, and the associated impact on staff.	
Section 2 – Integrated Performance Report		
P032/26	**2.1 Key Issues Report – Performance and Finance Committee – January/February** The Chair introduced the report by reminding the Board that the supporting performance statistics were presented for noting and explained how these feed into the broader assurance process. Mr John Humpston, NED and Chair of the Performance and Finance Committee, provided an overview of recent committee activity, emphasising the strong focus on integration and triangulation across the Performance and Finance Committee, the People and Organisational Committee, and the Quality and Patient Safety Committee. He explained that the committees work hard to identify and escalate emerging issues, and that this triangulated approach continues to provide valuable assurance across the Trust. Mr Humpston, informed the Board that the year had been challenging overall, but performance was stabilising, and the Trust was on track to finish the year close to its planned position. He stressed that the grip demonstrated by the Trust's divisional teams had made a significant difference and that maintaining this discipline was crucial for delivering the commitments made to patients. He also referenced the publication of the National Oversight Framework (NOF) league table, noting that while ESNEFT may see some short-term movement, he expected performance to return to mid-table once fluctuations settled. From a financial perspective, Mr Humpston reported that the Trust was likely to end the year with a small, planned deficit, which was a considerable improvement on forecasts presented at the previous Board meeting. He also summarised progress against the NHS constitutional standards, highlighting that the Trust was on target for three of the four standards, with recovery plans in place for the remaining one. However, he cautioned the Board to avoid becoming overly optimistic, as pressures remained in several key areas. He outlined three concerns relating to ESEOC and the significant 15-point improvement plan currently underway. A turnaround director had been appointed within the Surgery division, and the team was working closely with four other centres to maximise capacity and share learning. Mr Humpston also noted that the Cost Improvement Programme had not reached the expected level for the year and would need to be carried forward into the next financial cycle, although comparatively the Trust was performing better than many other organisations. Cancer performance was discussed, with Mr Humpston acknowledging that further improvement was needed. He highlighted the management of BAF Risk 7 and confirmed that this risk was now reducing, crediting Mr Ward for his strong leadership and contribution. He also mentioned the imminent opportunity for site acquisitions, which would help reduce ongoing revenue costs. The Board then received operational updates. Mr Mike Meers, Managing Director, explained that Urgent and Emergency Care performance had remained stable from December into January, with further improvements observed throughout February. Ipswich ambulance handovers were improving steadily, while Colchester continued to	

	require focused attention. He emphasised that week-on-week improvements were now being seen and that the actions within the improvement plan were translating into tangible progress for patients. Mrs Lough provided an update on the 18-week waiting list and cancer standards, reporting that both areas were showing strong improvement. Long waiting patients were being reducing, and recovery progress was evident across elective, cancer, and diagnostic pathways. She also advised that the national cancer plan was being reviewed and that the Trust was preparing for a shift towards supporting cancer as a long-term condition. Mrs Lough updated the Board on the seven-day pause in elective operations caused by a bone cement supply issue and confirmed that the team was now working confidently with the new product. She also noted the upcoming national optimisation week for surgical hubs, which ESNEFT would be joining. Mr James Rowe, the Interim chief Financial Officer, provided the financial update, reporting that the Trust was £13.6 million over plan but had received incentive monies. It remained £3.8 million behind plan overall. Cash was £13.4 million behind owing to a delayed drawdown, and the capital programme was significantly behind; the situation was being monitored weekly to support recovery. The Trust's business plan had been submitted centrally, and national categorisation into three tiers was expected shortly. Further updates would be made available at subsequent meetings. Following these updates, Mr Gogarty, queried the cancer performance figures, noting that the improvement was not immediately apparent within the published data. Mrs Lough clarified that revised figures were due and explained that previous recording issues had now been resolved. Internal targets had been higher than national standards, and the Trust was working hard to reach national compliance. She noted that deterioration in skin and breast performance had followed PACS challenges but that both pathways were now seeing improvements, with turnaround times reduced to 20 days. Dr Freda Bhatti, Non-Executive Director, asked whether collaborative working with neighbourhood teams—and the opening of additional centres—had contributed to improvements in the 18-week position. Mrs Lough, the Chief Operating Officer, confirmed that this had made a positive impact and advised that she would follow up with Dr Bhatti outside the meeting. She noted that the data is monitored and tracked, and the insights will be incorporated into upcoming planning sessions. The Board **received and noted** the two Key Issues Reports. The Board **approved** the reduction in rating for BAF7.	
P033/26	**2.2 Key issues Report – People and Organisational Development Committee** Ms Karen Sinnott, NED, presented the report, first recognising the significant contribution made by staff across the organisation and highlighting several areas where colleagues were making a positive difference. She noted that the Committee Key Issues were presented as read but wished to draw attention to key developments. Ms Sinnott reported that nursing turnover had continued to fall, reflecting improved retention efforts. She also celebrated the completion of 170 apprenticeship qualifications and supported the idea of issuing congratulatory letters to recognise their achievements. She updated the Board on the Trust's wellbeing offer, confirming that 115 staff had accessed wellbeing services, and explained that preparations for the forthcoming pay award were underway, as this remained a priority for staff across the organisation. The winter warmer voucher scheme had been extended, and communications were being developed for the staff survey results, embargoed until 12 March, which would be presented at the next Board meeting.	

	Chief People Office Read, Chief People Officer, provided an update on the vacancy rate, confirming that it was currently at 3.5%. She also updated the Board on the staff survey, explaining that 253 Clinical Delivery Group reports had been produced to support leaders in understanding their teams' results. These would be shared once the embargo lifted. Ms Sinnott also confirmed that a 3.3% pay rise would be applied to all Agenda for Change staff and those working through NHSP bank contracts, with medical and dental pay adjustments to follow. Work continued to address banding issues within nursing roles. She noted encouraging early activity from the new HR chatbot, which had already received 2,000 staff interactions. Initial analysis suggested that many staff accessed the system during out-of-hours periods, demonstrating the value of providing round-the-clock support. The Board **received and noted** the report.	
P034/26	**2.3 Key Issues Report – Quality and People Safety Committee** Mr Gogarty, NED, presented the update from QPSC, beginning with infection control, where he acknowledged ongoing challenges but assured the Board that clear improvement plans were in place. A senior nurse had been appointed to support cleaning standards within the Estates and Facilities team from April, which would strengthen oversight and consistency. He also confirmed that wards were progressing towards Bronze accreditation standards. Mr Gogarty, then provided an update on cancer performance, explaining that although delays had been identified, reviews had confirmed that no patient harm had occurred. Work continued to align with the new national cancer plan. End-of-life care was discussed, with particular reference to the use of ReSPECT documentation. Mr Gogarty explained that complaints had often centred around communication concerns, and that the reduction in hospice beds at St Helena could have implications for the Trust's End of Life capacity. He also reported that the Fundamentals of Care Board continued to progress well, with improvements being embedded across clinical teams. The medicines management update highlighted significant progress in timely TTAs, which had improved patient flow. The Chief Nurse, added detail on the infection prevention and control (IPC) workstreams, explaining that four key areas of focus had been established and that senior clinical leadership had been strengthened to support improvement. She also acknowledged the impact of care in corridors, noting that this was being closely monitored through the IPR and that detailed reporting was available. She emphasised the ambition to reset the organisation's performance trajectory and move into a stronger position over the coming months. Dr Tillett spoke about end-of-life care, highlighting the need for a multiprofessional approach and strengthening links with the ICB and hospice partners. She also updated the Board on mortality data, explaining that although external data was unavailable, internal monitoring remained robust and focused on learning and improvement. Dr Tillett took the opportunity to update the Board on a health inequalities project focused on asthma in central Ipswich and Tendring. Working closely with primary care and supported by specialist asthma nurses, the team was able to show a reduction in inhaler	

	use, with data due to be available shortly. She noted that work within communities was an essential part of the Trust's future direction. The Board **noted** the report and the updated IPR position. The Interim Chair expressed his gratitude to staff working under pressure, recognising the quality of care they continued to deliver.	
P035/26	**2.4 Integrated Performance Report** The year-end trajectories were received and noted.	
Section 3 – Quality and Patient Safety		
P036/26	**3.1 Clinical Presentation – Community Nursing** The Strategic Director for Service Development, introduced the community nursing team and thanked them for making the time to present to the Board. Kelly Ward, Senior Matron for Community Services covering Ipswich and East Suffolk, began by providing an overview of the service, outlining the significant growth in demand and the breadth of areas covered by community teams. She spoke about the variety and complexity of clinical work undertaken in people's homes, emphasising that staff frequently work alone in unpredictable environments. Challenges included managing risks associated with pets, substance misuse, and safeguarding concerns, all of which are becoming increasingly common. Kelly Ward, Matron for Community Services, presented several quality improvement initiatives and highlighted work underway to support patients in managing their own care more effectively. She described the development of a new app designed to guide patients through aspects of their care, encouraging Board members to review it. She also spoke about the pressures arising from the national "left shift", noting that community teams anticipate taking on increasing levels of responsibility as care moves closer to home. Rebecca Parles, Clinical Lead for REACT, provided a detailed overview of the REACT service and its role in supporting patients requiring urgent, hospital-level care within their own homes. She outlined the multidisciplinary nature of the service and described the turnaround times achieved for patients who would otherwise require acute admission. REACT supports a range of conditions — including end-of-life care and catheter blockages — prioritising urgent needs during out-of-hours periods. Rebecca explained how referrals were received through both "step up" and "step down" pathways, and presented data showing consistently strong response times. She also discussed the expansion of virtual ward capacity and the steady increase in the number of patients managed through this model, with teams now supporting approximately 15 patients each day. Dr Laura Coutts, Consultant Geriatrician, shared a vivid case example to illustrate the real-world impact of the service. She described visiting an 80-year-old woman living in unsafe and unsanitary conditions while caring for a son who had complex needs of his own. The patient had cognitive impairment, a freezing home, and slept on the floor alongside three dogs. Following a multidisciplinary assessment, the team mobilised a range of services — including social prescribing, the Red Cross, and a local charity, Lofty Heights — to clear the home, repair the heating, arrange personal care, undertake a medication review, and provide a blood transfusion. Dr Coutts highlighted that this intervention not only addressed immediate risks but significantly reduced the likelihood of future hospital admissions. She noted that while the service cannot resolve every problem, it strives to stabilise situations and set improvements in motion before discharging patients. Board members discussed geographical inequalities, with Dr Bhatti noting that while Suffolk neighbourhood teams are well established, North East Essex remains less developed, resulting in differing levels of support for both patients and GPs. The presenters acknowledged this and explained that while rapid response can be arranged	

	quickly, broader environmental issues may take longer to resolve and require coordination across agencies. They also emphasised the importance of maintaining strong relationships with social care, Red Cross teams, and family support services. Dr Tillett expressed her appreciation for the team's work and asked whether similar models could be scaled more widely. The team noted that capacity is the greatest limiting factor, as rising demand must be balanced with safe staffing. They explained that they prioritise end-of-life care but aim to support as many patients as they can by taking a proactive, system-wide approach to risk reduction. Ms Karen Livingstone, NED, asked about the role of local authorities, particularly regarding commissioning responsibilities. The Strategic Director for Service Development explained that community teams work in close partnership with councils and that boundaries between NHS and local authority roles often overlap. He emphasised the strong, collaborative culture among the teams, describing it as a "one-team approach". The Board thanked the team for their insightful presentation. In closing, The Strategic Director for Service Development acknowledged the differences between the Suffolk and North East Essex models and confirmed that work is ongoing to address these variations. He summarised the main asks from the team: raising awareness of community services across the organisation and increasing capacity where possible — particularly for end-of-life care, which is heavily impacted when hospice capacity reduces.	
P037/26	**3.2 Maternity – Homebirth Services** Ms Morgan introduced Ms Price-Davey who presented the findings of the Homebirth Assurance Group, which had reviewed the service following the sad deaths of Angela and Agnes Cahill during a homebirth in Greater Manchester in June 2024. The Director of Midwifery Price-Davey then outlined the action plan developed in response to this review, including a detailed assessment of risks, staffing models, on-call arrangements, and the need to strengthen governance oversight. The Director of Midwifery explained that although no immediate risks were identified, several gaps required attention. This included fatigue associated with on-call rotas, the consistency of senior oversight, and the processes used to monitor homebirth activity as a standalone service. She stressed that the service is now being reviewed daily and that the updated action plan seeks Board approval. The Chief Nurse emphasised the importance of homebirth within the Trust, noting that although it accounts for only around 2% of births, it is an area of high public and clinical importance. She confirmed that the Trust retains the ability to suspend the homebirth service if safety concerns or staffing challenges arise, and that risk-based decisions are made both at booking and throughout pregnancy. Dr Tillett raised ethical considerations, asking how complex decision-making is supported when women choose homebirth outside recognised guidance. The Director of Midwifery explained that the Trust is obliged to attend any homebirth request, even where risks fall outside guidelines. Senior staff are involved in discussions, and efforts are made to balance patient choice with clinical safety. Ms Duffety asked whether the Trust understood why a proportion of women opt for homebirth outside guidance. The Director of Midwifery noted that many cite control, autonomy, and previous birth experiences as key factors. The Chief Nurse also updated the Board that all CNST safety actions had been completed and that formal confirmation had been received. Additional work was underway to incorporate findings from the Baroness Cumberlege report and ensure sustainability of improvements, including 1-to-1 care in labour despite workforce pressures. The Board **Approved** the Update Home birth Action plan.	

P038/26	**3.3 Key Issues report - Maternity and Neonatal Improvement Board** The Board received the MNIB report as presented, noting that it aligned with the earlier discussion on maternity governance. The Chief Nurse confirmed that key safety actions had been completed and that work continued to monitor stillbirth rates, avoidable admissions, and ongoing compliance with national improvement expectations.	
P039/26	**3.4 CQC – Ipswich Medical and UEC Inspection Report** The Chief Nurse presented the full CQC report, published on 18 February, and summarised the main areas identified during the inspection. She reminded the Board that early feedback had already been shared, and the Trust had been working actively on the issues raised since the inspection visit in September 2025. One week after the inspection, the Epic Electronic Patient Record system went live, and The Chief Nurse confirmed that discussions with the CQC had included how the new system supports more robust recording of risks, safety actions, and clinical decision-making. She explained that the Fundamental Care Board (FoCB) is now fully established and is helping to consolidate all information received from patients, external bodies, and internal reviews to ensure every issue is recorded, owned, and acted upon. The Chief Nurse highlighted areas where the CQC found that issues identified in 2021 remained present, acknowledging that while improvement programmes were in place, the Trust had not always fully tested or embedded these changes. She confirmed that oversight had now been strengthened through FoCB and the Quality and Patient Safety Committee, and that ICB colleagues had been supportive, carrying out recent reviews in both emergency departments. Ipswich had demonstrated significant improvements, with evidence of an engaged team and positive patient experiences. Colchester's environment remained extremely challenging, though improvements were still being noted. Patients the CQC spoke to generally reported positive care experiences but did not always understand their care plan — something Epic and MyChart should help to address. The Chief Nurse encouraged Board members to read the full report and assured them that while progress had been made, the Trust was not complacent. The Interim Chair emphasised the need to prioritise clinical care when allocating resources, given the limited financial envelope. Dr Tilett highlighted that the issues identified were not solely nursing-related; there were also medical oversight and documentation concerns, including the use of ReSPECT forms. She stressed the need for shared ownership of improvements. The Interim Chief Executive encouraged each division to reflect on the findings and ensure that assumptions about quality and safety were tested robustly. The Chief Nurse reiterated that governance gaps had been identified and must be addressed, and Sarah asked about accountability and visibility of progress. The Chief Nurse explained the updated reporting pathways and the mechanisms in place to ensure decision-makers at every level have clarity on performance and risk.	
Section 4 – Strategy and Transformation		
P040/26	**4.1 Clinical Strategy** Mr Andy Higby, Strategy Programme Director, presented the refreshed Clinical Strategy and accompanying Medium Term Plan, noting that the full document had been circulated in advance and was therefore taken as read. He explained that the national requirement for all Trusts to produce a five-year plan had prompted a comprehensive review of ESNEFT's existing clinical strategy. This review sought to ensure alignment with	

	emerging national policy, including the direction of travel described in the new NHS long-term planning framework. The Strategy Programme Director described how the revised strategy reflects the three "big shifts" that will guide the Trust's future service design: delivering more personalised care, providing more services closer to home, and strengthening system-wide integration. These shifts underpin the Trust's ambition to offer the best possible care and experience for patients across both acute and community settings. The updated strategy places particular emphasis on making services easier for patients to navigate, joining up care across organisational boundaries, and ensuring that improvements in quality, safety, and clinical outcomes remain central. Andy stressed the importance of continuing to develop the organisation as a learning system, building on the work already underway through the Fundamentals of Care Board and divisional quality structures. He went on to explain the relationship between the Clinical Strategy and the Medium Term Plan (MTP), noting that the early phase of delivery would focus on consolidation and stabilisation. This includes strengthening core services, improving productivity, ensuring financial sustainability, and supporting clinical teams to embed consistent standards of care. The later phases of the strategy will focus on innovation, transformation, and expanding evidence-based best practice. The Interim Director of Finance then updated the Board on the submission of the Trust's operational plan on 12 February, noting that it formed a key component of the wider five-year plan required nationally. He explained that national work was ongoing to define the tiers and key lines of enquiry that would be used to assess organisational performance. Further information would be brought back to the Board as this becomes available. During the discussion, Dr Tillett reflected that while the strategic direction was clear and credible, the next iteration of the strategy should contain "more meat on the bones" — particularly regarding implementation, prioritisation, and the specific actions that would bring the strategy to life. She emphasised that the Trust needed to articulate clearly how it would expand and embed best practice, ensuring consistency and measurable improvements across all divisions. The Strategy Programme Director agreed and confirmed that a communications and engagement programme would be developed to ensure that frontline teams fully understand what the strategy means for everyday clinical practice. Divisional briefings and staff engagement events would form a core part of this effort, helping teams identify their roles in delivering the strategic aims. Mr Humpston remarked that while strategic documents can sometimes feel dry, this one clearly reflected a significant amount of well-considered work and set out a realistic but ambitious direction for the organisation. The Interim Chair reiterated the importance of aligning the strategy with system-wide priorities, including the CQC findings, and ensuring that the organisation's internal structures are positioned to support delivery. The Board **received** the Clinical Strategy.	
P041/26	**4.2 Medium Term Plan** The Board received the Medium Term Plan as presented and noted its alignment to the updated Clinical Strategy. Further detail will be provided at future meetings as national guidance becomes available.	
Section 5 – People		
P042/26	**5.1 Gender Pay Gap Annual Report 2025 Approval** The Chief People Office Read introduced the Gender Pay Gap Annual Report for 2025 and provided an overview. She explained the statutory requirement for public sector	

	organisations to publish their annual gender pay gap figures and outlined the methodology behind the mean and median pay comparisons. The Chief People Office described how differences in seniority across the workforce affect the figures, particularly where a higher proportion of men occupy senior clinical roles. Clinical Excellence Awards also influence the data, as they are historically held by longer-serving male clinicians. She noted that although these trends are shifting over time, historical career patterns continue to shape the pay gap. The report also explored wider societal and structural factors affecting gender pay variation, including part-time working, occupational segregation, and the undervaluing of roles predominantly held by women. The Chief People Office highlighted that the Trust continues to address these issues through programmes such as My Career Matters, talent management initiatives, and work to ensure equitable progression through the Agenda for Change pay bands. Additional analysis is underway to examine the experiences of staff with disabilities and those from different ethnic backgrounds. Ms Alex Duffety asked about the pace of the actions being taken and what had been discussed at the People and Organisational Development (POD) Committee. The Chief People Office responded that year-on-year improvement was already visible, and that age also had a notable effect on the data, with older age groups showing reduced pay gaps. She described the qualitative review work underway, which would be brought to POD quarterly, enabling a deeper understanding of the underlying causes and opportunities for targeted action. Ms Sinnott added that the national methodology for calculating the gender pay gap does not always reflect the reality of a large, varied workforce and can be heavily influenced by even small staffing movements. She noted that the data for administrative and clerical roles appeared particularly skewed due to the high proportion of women in lower-banded positions. The Chief People Office agreed, explaining that the methodology amplifies these patterns because the data is retrospective and captures workforce composition at a single point in time. Following the discussion, the Board **approved** the Gender Pay Gap Annual Report for publication.	
Section 6 - Governance		
P043/26	**6.1 Key Issues report - Audit and Risk Committee – *January*** Mr Eagles presented the update from the Audit and Risk Committee, beginning with an overview of the positive progress reported through internal audit. He noted that several audits had recently been completed, with four further reports issued. Overall, the findings were constructive and supportive, reflecting improved processes and strengthened governance across the Trust. Mr Eagles highlighted that clinical outcomes and quality improvement work had been particularly well received, with helpful case studies demonstrating the impact of local initiatives. He acknowledged that there had been some slippage on the implementation of certain actions but assured the Board that plans were in place to recover these and bring them back on track. He advised that the first draft of upcoming reports would be available the following Tuesday's committee meeting and confirmed that external audit timelines had been approved, with reporting expectations remaining clear. He also reminded the Board that the end of the financial year was now fewer than four weeks away, and monitoring activities were intensifying in preparation. Cyber security was noted as a continuing priority area. Mr Eagles reported that progress against the assessment framework was strong. He stressed that the Trust remained ahead of schedule in several key areas, which provided assurance regarding system resilience and compliance. The update was received and **noted** by the Board	

P045/26	**6.2 CQC Well-led – written summary of verbal feedback** The Chief Nurse updated the Board on the status of the CQC Well-Led review. She confirmed that there was no further information to share at this stage but referred members to the written summary of the verbal feedback received, which the Trust is required to share. The letter reiterated the key points raised during the inspection and noted that further detail would follow when the final report was issued. The Chief Nurse emphasised that the main area highlighted for improvement was Freedom to Speak Up (FTSU), where the CQC had identified work to do in strengthening culture, visibility, and processes. She reassured the Board that no unexpected issues had been raised and that the feedback was consistent with discussions held at the time of the review. The update was received and **noted** by the Board.	
Section 8 – Questions from the public		
P046/26	**8.1 Public Questions** Ms Lockington , attending in her capacity as a County Councillor, addressed the Board with a question concerning the 5-year plan. She referred specifically to language on page 15 regarding staff experiences and NHS values and asked where this wording originated. The Chief People Office thanked Ms Lockington for her question and explained that the Trust draws on both the national NHS Constitution values and ESNEFT's own organisational values. She described how the Trust continues to talk to leaders about embedding these values consistently across teams. Ms Lockington then reflected on the CQC report and expressed concern about what she had read, noting that more needed to be done to listen to staff and ensure they feel safe at work. She spoke of her desire for Ipswich Hospital to provide good, safe care and the importance of leaders hearing and acting on staff concerns. She compared this to cultural change she had seen in the mental health trust, where leadership had actively taken responsibility for challenges and driven improvement. She encouraged ESNEFT to "own the criticism" and continue working openly and honestly to make things better. She closed by wishing the Trust well in its improvement efforts. The Interim Chair thanked Ms Lockington for her comments, acknowledging the validity of her concerns. He reiterated that the Board recognised the significant amount of work required to strengthen staff experience and that it remained a key organisational priority. He expressed hope that Ms Lockington would feel reassured by the Board's commitment to meaningful, sustained improvement. The Interim Chief Executive also thanked Ms Lockington, explaining that the organisation was already taking steps to work differently — focusing on visibility, openness, and improved processes to listen to and support staff. He welcomed the feedback and stressed that it was taken seriously as part of the Trust's commitment to continuous improvement. Before closing the meeting, Mr Humpston took a moment to acknowledge that this would be The Interim Chair 's final Public Board meeting as Chair. He formally thanked The Interim Chair for his leadership, noting that although he could have adopted a purely caretaker role, he had instead provided exceptional support and direction during his tenure. The Interim Chair closed the meeting at 12:59.	
Section 9 – Other Urgent Business		
P047/26	**9.1 Any Other Urgent Business** There was no urgent business and the meeting was closed at 12:59	
P048/26	**9.2 Date of next meeting** Date of next meeting in Public & Private 9.30am, Thursday 7 May 2026, Roman Lounge, Colchester Rugby Club, Raven Park, Cuckoo Farm Way Colchester, CO4 5YX	

Approved: TBC

Chair: Mr Mark Millar, Interim Trust Chair

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