

**Trust Board of Directors Meeting  
Report Summary**

<b>Date of Meeting:</b> 7 May 2026	
<b>Title of Document:</b> Report of the Trust Chair	
<b>To be presented by:</b>  Tracy Dowling Chair	<b>Author:</b>  Tracy Dowling Chair
<b>1. Status:</b> For Noting	
<b>2. Purpose:</b> To inform the Board of the activities of the Chair	
Relates to:	
Strategic Objective	<p>Include the relevant objective/<b>all –</b></p> <ul style="list-style-type: none"> <li>• <b>Improving health:</b> not just treating illness, moving from treatment to prevention.</li> <li>• <b>Joined up care:</b> integration and community-based delivery.</li> <li>• <b>Excellent care:</b> improved outcomes, increasing personalisation and co-production.</li> <li>• <b>Developing staff:</b> supporting our teams and building for the future.</li> <li>• <b>Using technology to improve care:</b> digital, technology and innovation – shifting from analogue to digital care.</li> </ul>
Operational performance	Effective oversight from the Chair and the Board will support operational performance delivery
Quality and equality impact	Effective oversight from the Chair and the Board will support delivery of quality and due attention to equity impact of service development
Legal/Regulatory/Audit	n/a
Finance	n/a
Governance	A formal written report from the Chair will assist the Council of Governors with oversight of the activities of the Chair
NHS policy/public consultation	NHS Code of Governance for NHS Provider Trusts: the Chair keeping the Board sighted on governance, leadership, and external context that may not naturally surface through executive reporting
Accreditation/inspection	n/a
Anchor institutions	n/a
ICS/ICB/Alliance	The Chair has key responsibility as ambassador for the Trust working with ICS/ICB and Alliance partners
Board Assurance Framework (BAF) Risk	n/a
Other	n/a

### 3. Summary:

It is 8 weeks since commencing as Chair of the Board and this is my first report to the Board.

I would like to thank Mark Millar for his leadership of the Board as interim Chair and I am pleased to inform the Board that following approval by the Council of Governors, Mark has returned to his Deputy Chair role. John Humpston continues as Senior Independent Director (SID).

I would also like to formally thank Hussein Khatib for his exceptional work as non-executive director for the last seven years. As a result of Hussein ending his final term of appointment Sarah Boulton has kindly agreed to Chair the Quality and Patient Safety Committee and Dr Freda Bhatti has accepted the role of Maternity Safety Champion. I will take over as Chair of the Trust Equality, Diversity and Inclusion Steering Committee.

During my early weeks with the Trust we recruited to the post of Chief Executive Officer. Following a thorough and global recruitment and selection process, Mr Paul Scott was appointed to the role. The recommended appointment was approved by the Council of Governors on 20<sup>th</sup> March 2026, and Paul will commence with the Trust on 1<sup>st</sup> July 2026 as Chief Executive Designate. Adrian Marr will continue as Chief Executive and Accounting Officer whilst Paul undertakes a thorough induction to the Trust and the wider health and care systems across East Suffolk, Ipswich and North East Essex. On completion of this induction during August, Adrian will hand over the Chief executive and Accounting Officer responsibilities to Paul.

During my induction I have had the pleasure of meeting all Board members and several staff through the organisation. I have visited several services and aim to visit a service area each week. To date visits have included:

- Tour of maternity services, children's service and the emergency department at Ipswich Hospital with the Chair and Chief Executive of Healthwatch
- Tour of stroke services at Ipswich Hospital and visit to the location for the new stroke gym
- Tour of maternity services at Colchester Hospital with the lead consultant obstetrician, Miss Sarah Prince
- Induction to Women and Children's services with Amanda Price-Davey – Director of Midwifery
- Two visits to the Essex and Suffolk Elective Orthopaedic Centre, to view services and as part of the official opening on 23<sup>rd</sup> April in honour of Dame Claire Marx.

Planned visits in the near future include gynaecology services at Ipswich Hospital with Dr Wendy McNab; an estates led walkabout of the Colchester site; visit to Clacton Hospital to specifically see diagnostic services; tour of cancer and diagnostic services at Ipswich Hospital; and additional visits to neighbourhood teams.

I attended the regional Chair and Chief Executive meeting with Adrian Marr on 30<sup>th</sup> April. This was helpful in guiding the Board's approach to the NHS 10-year health plan and our priorities for 2026-7.

During my initial two months, Mark and I have jointly completed all non-executive director appraisals for 2025-6. We have also agreed objectives for 2026-7. I can confirm that all non-executive directors have an Equality, Diversity and Inclusion personal objective as required by NHS England.

I have been able to attend a number of assurance and governance committees including Quality and Patient Safety Committee, Performance and Finance Committee and the Audit and Risk Committee. I also Chaired the Council of Governors in my first week.

I will continue this engagement to gain a thorough understanding of the systems, processes and effectiveness of governance, assurance and risk management. This will include prioritising time to speak with staff and with patients.

I have reviewed the staff survey responses in some detail, also the CQC reports. At the time of writing, we have not yet received the CQC Well Led report, and I look forward to reading it when it arrives.

It was disappointing that the Trust moved to NHS Oversight Framework (NOF) Segment 4 for Q3 2025-6, but this adds to my consideration that whilst ESNEFT has good systems of governance and

assurance, we can do better both for our patients and for our staff.

I am therefore recommending to the Board that each alternate month between our public board meetings, we spend time actively working on Board development, development of our longer-term strategy, and the values, culture and behaviours we want to promote from the Board through the organisation. This development is essential to recover from NOF4, to meet the expectations of the medium-term plan and to improve significantly our CQC and staff survey outcomes.

Finally, there are many examples of excellence in services and research at ESNEFT. I would like to bring the Board's attention to the following examples of current surgical innovation:

- The first Bonebridge hearing implant was fitted at Colchester Hospital. The patient, Lucy, a mum of three from Manningtree, heard sound from her right side for the very first time in her life. Born with a congenital abnormality of her right inner ear, Lucy had always struggled to hear sounds on that side. However, after having a MED-EL BONEBRIDGE implant fitted at Colchester Hospital - the first person to have the procedure there - everything changed. The major surgery involved placing a magnetic hearing implant in the skull bone, behind the right ear. Then a SAMBA 2 sound processor was attached behind her ear. The device sends vibrations to her left inner ear via her skull, which then interprets them as sound her brain can understand.
- A new and specific treatment for bowel angina is an ESNEFT first. A patient from Suffolk says a pioneering procedure at Ipswich Hospital has completely changed his life. Gordon had a rare condition called bowel angina, which caused severe pain every time he ate or even thought about food. That all changed thanks to a new, non-invasive treatment carried out by Dr MUSAAD QURASHI and his team — the first time it has ever been done at ESNEFT. The team used a technique called shockwave intravascular lithotripsy. It worked by sending soundwaves into the artery to break up hardened calcium that was blocking blood flow to Gordon's bowel. A small stent was then inserted to keep the artery open. This method is usually used on arteries in the legs, not the bowel, and it meant Gordon, from Martlesham, didn't need major surgery or a general anaesthetic. Gordon stayed in hospital overnight before going home the next day.
- ESNEFT is amongst the first trusts in the region to use a new test for women to find out if they are at risk of womb cancer, or not, within a few days, rather than a few weeks, thanks to a new ESNEFT service. We are the first trust in the East of England to launch the WID-easy test. It's a quick, safe and accurate way to detect womb (endometrial) cancer risk in women experiencing bleeding after menopause.

ESNEFT has a strong Research and Development foundation and a culture of developing and adopting innovation. This is an area to explore further and consider how we can accelerate adoption and spread of proven innovations to improve patient safety, outcomes and experience.

Thank you to everyone who has made me feel so welcome at ESNEFT. I am greatly looking forward to leading the Board and building on the progress the Trust has made to date.

#### **4. Recommendations / Actions**

The Board is invited to note the contents of this report.