

Board of Directors
Report Summary

Date of meeting: 7 th May 2026	
Title of Document: Chief Executive's Update	
To be presented by: Adrian Marr, Interim Chief Executive	Author: Adrian Marr, Interim Chief Executive
1. Status: For Approval/ <u>Assurance/Discussion/Information</u>	
2. Purpose: An overview from the Interim Chief Executive	
Relates to: The overall position	
Strategic Objective	Include the relevant objective/ <u>all –</u> <ul style="list-style-type: none"> • Improving health: not just treating illness, moving from treatment to prevention. • Joined up care: integration and community-based delivery. • Excellent care: improved outcomes, increasing personalisation and co-production. • Developing staff: supporting our teams and building for the future. • Using technology to improve care: digital, technology and innovation – shifting from analogue to digital care.
Operational performance	Covered in summary below
Quality and equality impact	Key issues identified and more detail to follow in Board papers
Legal, Regulatory, Audit	Highlights changes to ICB Configurations
Finance	Provides an update on the Trust Financial Year End 2025/26 position.
Governance	See above re legal, regulatory
NHS policy/public consultation	N/A
Accreditation/Inspection	Report covers ESEOC Accreditation and references the CQC
Anchor institutions	Report covers local capital investment which will generate opportunities for local suppliers
ICS/ICB/Alliance	The report notes the linkages with ICB changes and Governance arrangements.
Board Assurance Framework (BAF) Risk	This will be picked up within the BAF update to Board

Other

N/A

Resident Doctors' Industrial Action

I want to say a big thank you to staff for covering the Resident Doctors' strike, and I recognise this has not been easy for staff and has put a significant burden on a number of staff groups.

Each NHS organisation has received a personal letter from Sir Jim Mackey, thanking everyone for their support in managing the strike action. This is appended to my report. In ESNEFT, during the strike action, the organisation only cancelled 1.5% of outpatients and only a small number of elective and day case patients. This is a real credit to the organisation and, more importantly, to the local population we serve.

Performance

The Trust's performance in the last quarter has improved, and ESNEFT met key targets for 18- and 52-week referral-to-treatment targets and also achieved 76.7% of patients being seen within 4 hours of attending the emergency department.

This will assist with the Trust improving its national oversight framework in Q4 26/27. The Performance and Finance Subcommittee of the Board reviewed a paper on the forecast position, which will potentially mean the Trust will move back to a segment 3 rating once the formal publication is announced in late May/early June.

On finance, the Trust will present a deficit position of £4.1 million at year end in its draft annual accounts for 2025/26. This is an improved position from previous forecasts and should be seen in the context of the organisation's turnover of £1.3bn.

It has also been formally announced that the Trust will receive £25 million of capital for the Ipswich CDC and £2 million for increased ophthalmology outpatient capacity at Clacton CDC in 2026/27.

The Trust has already purchased the buildings for the Ipswich CDC in the centre of Ipswich and is in the process of going out to tender for the extensive refurbishment of this facility. This service is likely to be operational from spring 2027.

I am anticipating that there will be further capital announcements in the coming months for the organisation.

Transition Arrangements

I am meeting the new Chair, Tracy Dowling, on a weekly basis in order to ensure Tracy is updated and aware of live issues.

I have met with the new incoming Chief Executive, Paul Scott, to start planning the transition to him becoming the new substantive Chief Executive.

I took Tom Abell, the new Essex ICB Chief Executive, around the Essex and Suffolk Elective Orthopaedic Centre (ESEOC) last week. He was very impressed with the facility, and this opens up significant opportunities for ESNEFT to treat more Essex patients in the future.

The national accreditation visit for ESEOC took place two weeks ago and went well. We will await the final report, but the immediate feedback was really positive.

On 23 April, ESEOC was formally opened with presentations from Karen Lough (Chief Operating Officer), Mark Bowditch (Consultant Orthopaedic Surgeon) and Andrew Dunn (Clinical Director for ESEOC and Orthopaedic Surgeon).

The two new ICBs that we work with are now up and running post 1 April. ESNEFT has a place on the Norfolk and Suffolk ICB Board as a partner organisation, and we are in regular contact

with the new Essex ICB.

General

NHS England has formally approved the ESNEFT plans for 2026/27, albeit with a number of areas that require ongoing review, in particular ambulance handover performance.

I have visited departments such as pharmacy, Clacton Hospital, stroke services and maternity over the past month. I always learn something new from these visits and come back with action points to take forward.

We still await the CQC Well-led report following the inspection in November 2025. This is likely to arrive in the next couple of months.

We have received the staff survey results. These have been presented in some detail to the Executive Management Committee for comment, as well as the People and Organisational Development Committee - and a further report is included on today's Board agenda

The Trust is developing an action plan to improve certain areas, with a focus on specific departmental concerns and offering HR and OD to support teams, where appropriate.

4. Recommendations / Actions

The Board is asked to note this report.