East Suffolk and North Essex NHS Foundation Trust

Minutes of the Council of Governors' meeting held at 16:00 on Wednesday 17 June 2026, Colchester Rugby Club, Raven Park, Cuckoo Farm Way, Colchester, Essex, CO4 5YX

Present:

Tracy Dowling	Chair
David Guest	Public Governor, Essex – Lead Governor
Eddie Bloomfield	Public Governor, Essex
Caroline Bowden	Public Governor, Essex
Tony Dutch	Public Governor, Essex
Isaac Ferneyhough	Staff Governor – until 17:45
Sam Glover	Appointed Governor, Healthwatch Essex – until 17:30
Verity Jolly	Public Governor, Suffolk
Michael Lucking	Public Governor, Essex
Sara Naylor	Appointed Governor, Colchester City Council – until 17:45
David Nicholls	Public Governor, Suffolk
Light Onyekachi	Staff Governor
Donna Webster	Public Governor, Essex
Tracey- Williams Macklin	Appointed Governor, University of Essex

In attendance:

Anthony May	Interim Trust Secretary
Laura da Rita	Committee and Membership Secretary – Minutes
Sarah Boulton	Non-Executive Director
John Humpston	Non-Executive Director
Karen Livingstone	Associate Non-Executive Director
Andy Higby	Strategy Programme Director – item 12
James Rowe	Interim Chief Finance Officer – from 17:50

Apologies for absence:

Roger Blake	Staff Governor
Gemma Bourne	Staff Governor
Daniel Harvey	Public Governor, Essex
Debbie Miles	Appointed Governor, University of Essex
Paul Gaffney	Public Governor, Ipswich
Gillian Orves	Public Governor, Rest of Suffolk
Liz Gee	Public Governor, Essex
Max Hotopf	Public Governor, Suffolk
Shazia Sharif	Staff Governor
Tim Newton	Public Governor, Suffolk
Shahzad Uddin	Public Governor, Essex
Allison Weston	Staff Governor
David Eagles	Non-Executive Director

Para no		Action
Section 1 – Chair's Business		
20/26	**1. Welcome and Apologies for Absence** The Chair welcomed governors.	
21/26	**2. Declarations of Interest** Eddie Bloomfield explained his role as Patient Safety Partner at ESNEFT has come to an end.	
22/26	**3. Minutes of the meeting held on 11 March 2026** The minutes were **approved** as an accurate record.	

23/26	**4. Matters Arising from the minutes and action log** The action log was **updated** as appropriate.	
24/26	**5. Report from the Trust Chair** The Chair presented an update and highlighted the following points: • A warm welcome has been received across the Trust. • Discussions have taken place with a significant number of staff members, with the focus shifting to patients and service users in the coming months. • The recent leadership event was a big success, generating strong engagement from both acute and community services. Further sessions and visits will be arranged. • Joint Non-Executive Director and Governor visits will be led by Anne Rutland, Deputy Chief Nurse. • Thank you to Mark Millar and Hussein Khatib for the support provided to the Trust and for contributions made during the first few months. • Sarah Boulton has assumed the role of Chair of the Quality and Patient Safety Committee. • Dr Freda Bhatti has been appointed as the Maternity Safety Champion and Chair of the Maternity and Neonatal Improvement Board. • The Trust Chair will chair the Equality, Diversity and Inclusion Group to support both the workforce and service users. • Paul Scott will commence in post in July 2026. Adrian Marr will remain as Interim Chief Executive and Accountable Officer for a further six to eight weeks. Eddie Bloomfield acknowledged the significant amount achieved during the Chair's first months at the Trust and thanked the Chair for the contribution made. Reflecting on the poor staff survey results, what feedback is being received during staff visits. The Chair advised that a recent Board development day focused on governance and assurance, strategic development, and leading the development of a healthy organisational culture. Staff visits have provided valuable insight into the experience of working at ESNEFT. There has been a particular focus on clinical staff, including the strength of the clinical voice within the organisation and the extent to which clinicians can influence organisational decision-making and strategy. Feedback suggests that the position is varied across services. Most staff members seem happy with immediate teams and the work undertaken; however, many wish to have greater influence over service development and improvement. There is a need to look at opportunities to improve outcomes for both patients and colleagues. The balance between managerial and clinical leadership isn't optimal. Managers are often focused on responding to immediate operational pressures, while clinical staff and clinical leaders require greater capacity and time to consider service improvement. Staff delivering services are best placed to identify opportunities for improvement. Empowering staff is essential. Developing managers to move beyond operational firefighting would enable stronger collaboration with clinical leaders. Appropriate mechanisms should be established to allow skilled clinicians and effective managers to work together to deliver meaningful improvement and sustainable change across services. The Council **noted** the update.	
Assurance and Accountability		
25/26	**6. Chief Executive's briefing on Trust activities** Catherine Morgan provided an update to the Board and highlighted the following points: • Quarter 4 NHS Oversight Framework (NOF) ratings have been published, with the Trust moving from Segment 4 to Segment 3. The Trust has improved from 102nd to 84th position in the national ranking tables. While this remains a challenging position, the improvement demonstrates that recovery and improvement plans are having an impact. Sustainable change is required and financial balance needs to continue to improve.	

	• Financial performance for Months 1 and 2 is not at the desired position, with the Trust reporting a financial deficit. Divisions have met with senior leaders to review recovery plans and to identify the support required. The focus remains on productivity, efficiency, quality and safety. • A presentation was given at the leadership event outlining a sustainable approach to quality priorities. Key areas included elective care, cancer services, urgent and emergency care, smarter support services and digital transformation. A Service Improvement Board has been established and is well aligned with the Trust's quality priorities. • Further data on corridor care has been published. The position remains disappointing, although gradual improvement is being seen. In May, 2% of attendances experienced corridor care. • The Board leadership day was a huge success, with strong engagement and positive energy from colleagues discussing ideas and solutions. Isaac Ferneyhough noted that three staff governors attended the leadership day and asked for clarification on the definition of corridor care and the impact of continued use on the Trust. Catherine Morgan explained that failure to improve the NOF rating could result in increased scrutiny and reduced autonomy, potentially leading to mandated external support. External approval would be needed for key decisions and the Trust's ability to access capital funding would be significantly reduced. The Chair added that the position would also present a barrier to achieving Advanced Foundation Trust status, which is expected to become mandatory for certain contracts. Advanced Foundation Trust status would enable greater autonomy and a population-based budget rather than service-specific funding, acting as a major enabler for a stronger focus on prevention as well as treatment. Isaac Ferneyhough asked about the current level of financial risk linked to the use of corridor care. Catherine Morgan confirmed that the Trust is only slightly behind plan at present but stressed the importance of avoiding a cumulative deficit. Tracey Williams-Macklin asked about the scope of the leadership day and the next steps. Catherine Morgan advised that the event had been a senior leadership day with representation from across the organisation, with divisions asked to nominate attendees. Isaac Ferneyhough added that the event had achieved a balanced representation. Catherine Morgan explained the afternoon session focused on continuous improvement, engagement in quality improvement and opportunities for future engagement events. Eddie Bloomfield asked about waiting lists and whether the Essex and Suffolk Elective Orthopaedic Centre (ESEOC) is delivering sufficient impact. Catherine Morgan explained that there is a strong focus on pathways with the longest waits, including front-loading diagnostics to improve waiting times. Productivity remains a key focus with divisions. ESEOC is delivering improvements, although not all waiting lists are fully maximised in line with the original business plan. The Trust Chair noted that the Performance and Finance Committee recently undertook a deep dive review of ESEOC. The Council **noted** the update.	
26/26	**7. Board Proceedings Report** Anthony May spoke to the paper received and provided a summary of the May Board meeting. The Board met in June to take part in a development session. The Chair explained the changes made to the Board's Performance Report. The new iteration provides a clearer picture, including current actions. It was agreed to keep the report in its current format for the next few months, although further development may be undertaken in the future.	

Anthony May continued by outlining the agenda items discussed at the May Board meeting.

The Chair explained that the Board has discussed the staff survey. Work is being undertaken to further understand the feedback and the outcomes will be presented at the July Board meeting. It is important to focus on individual teams and explore areas where challenges are particularly evident.

Michael Lucking asked whether there was a plan in place to address the outcomes of the staff survey and whether this had been shared with staff. Catherine Morgan advised that several presentations have been delivered at all-staff briefings; however, further communication is required both organisation-wide and at a local level. A one-size-fits-all approach is not appropriate, although there are some common trends under the People Promise umbrella.

The Chair explained that some aspects of the staff survey did not make for comfortable reading and acknowledged that, for some people, working at ESNEFT is not a positive experience. Once Paul Scott is in post, conversations will need to focus on behaviours and culture. The Board will need to reflect on whether significant investment in staff is required to improve the situation. The Trust is still awaiting the CQC Well-Led report, which, alongside the staff survey results, will help determine whether the current Trust values remain appropriate. There is a need to re-establish whether the organisation is operating in the way it aspires to. Michael Lucking added that the EDI group might support this work.

Isaac Ferneyhough explained that most staff expected the survey outcomes. Short-term actions are unlikely to be effective, and a long-term approach is required for staff to feel meaningful change. The leadership day was very encouraging. The Chair acknowledged the importance of long-term change.

Verity Jolly noted that there has been a greater response from administrative and clerical staff compared with clinical staff and questioned whether sufficient clinical feedback has been received. The Chair explained that every day provides opportunities to gather staff feedback and the staff survey is not the only mechanism. However, further support is needed to encourage staff participation going forward. Catherine Morgan added that protected time had been offered to clinical staff and data is available for each professional group. Other mechanisms are also in place to gather feedback and triangulation of feedback methods is important.

Verity Jolly asked whether other forms of feedback, including appraisals, would be incorporated into the Board's plan. Catherine Morgan responded that staff surveys do not usually reveal trends that aren't already known and that issues aren't left until formal surveys to be addressed.

Donna Webster asked about the audit process for the staff survey. Catherine Morgan explained that staff surveys are not normally audited, although this could be considered, with the focus usually being on processes. The Chair added that some metrics, such as sickness absence and appraisal rates, are audited.

Sam Glover asked who conducts exit interviews and how the outcomes are recorded. Catherine Morgan explained that it is determined by the employee's preference and can be undertaken by the line manager, HR, or the Freedom to Speak Up team. Feedback is then shared with the relevant team or area where appropriate and when issues are more general.

John Humpston explained that the People and Organisational Development Committee have oversight of the staff survey, culture and change agenda. The Committee were disappointed with the survey outcomes, and a deeper dive into

	the results will take place. Kate Read, Chief People Officer, can provide more information about the exit interview process. The Chair suggested that a future meeting should include a deep dive into staff experience. The Council **noted** the proceedings and decisions of the Board**.**	**LdR** **LdR**
27/26	**8. Verbal Reports from Board Committees**	
	a) **Performance and Finance Committee** – David Guest provided some brief reflections.	
	b) **Quality and Patient Safety Committee –** Tony Dutch provided some brief reflections.	
	c) **People and Organisational Development Committee –** Tracey Williams-Macklin provided some brief reflections.	
	d) **Audit and Risk Committee** - No committee observers were in attendance	
	e) **Charitable Funds Committee** – Verity Jolly provided some brief reflections.	
	f) **Non-Pay Oversight Committee** – Michael Luckling provided some brief reflections.	
28/26	**9. Report from Lead Governor** David Guest, Lead Governor, provided the Council with an update. • A Governor development session has been arranged for 20 July 2026. • Upcoming NED and Governor visits are being organised by Anne Rutland. • A holding letter has been received regarding the future of governors. There is no change at present. • Involvement in the appraisal of the Interim Chair. Sara Naylor asked about the communication received regarding the future of governors. Anthony May provided a brief update following the Health Act 2026, explaining that changes are likely once the legislation has been considered by Parliament and the House of Lords. Governors continue to play a vital governance role within the organisation. Sara Naylor noted that previous indications have suggested changes from April 2027. Anthony May clarified that an estimated date had been referenced, but no formal implementation date has been confirmed at this time. Eddie Bloomfield said it appears governors might cease to exist from April 2027. Anthony May responded that while the statutory role of governors might end, methods of governance and assurance will still be required. While the formal governance role might not continue, it remains essential for the organisation to engage with the public and its members. The Chair concluded that a watch-and-wait approach is being taken and confirmed that updates would be shared with governors as further information becomes available. The Council **noted** the update.	**AMa**
Governance		
29/26	No items for consideration	
Appointments and Performance		
30/26	**10. Appointments and Performance Committee Terms of Reference**	

	Anthony May spoke to the report received. A minor change is recommended, linked to references to the Chair using male gendered language. This has been amended to gender-neutral wording, replacing “his” with “their”. The Council **approved** the Appointments and Performance Committee Terms of Reference.	
Membership and engagement		
31/26	**11. Governor activities update** Donna Webster spoke about an issue regarding staff pay, having been approached by a member of security staff at Clacton hospital. It is good to hear the Non-Pay Oversight Group is focusing on contracts. The Chair confirmed the issue is being addressed by Doug Ward, Director of Estates and Facilities.	
Briefing		
32/26	**12. Clinical Strategy 2026-2031 and Medium-Term Plan** Andy Higby provided the Committee with an update on the Clinical Strategy and Medium-Term Plan and noted that both documents will be shared with Governors for reference. Clinical Strategy: Andy Higby explained that the Clinical Strategy provides the overarching framework to support a range of functional strategies. The strategy has recently been refreshed at the request of the Department of Health and Social Care (DHSC) and NHS England (NHSE). The strategy was built around five strategic aims: • Improving health outcomes • Delivering joined-up care • Providing excellent care • Developing staff • Using technology to improve care Integrated care is a key focus, with the aim of making it as straightforward as possible for people to access the help they need. The strategy also aims to improve clinical outcomes across the whole community. Developing staff has been identified as a priority to support the continued growth of teams and ensure the workforce can respond to changing healthcare needs. The strategy also reflects on the importance of digital and technological solutions in supporting the transition from analogue to digital models of care. The Clinical Strategy formed part of the wider Medium-Term Plan. Medium-Term Plan: The Medium-Term Plan has been developed around three core areas: activity and performance, workforce, and finance, with plans covering a three-year period. Capital planning has been undertaken across a five-year period, with all supporting narrative brought together within an overarching five-year plan. Several submissions have been made, with a further integrated submission in April 2026. The plan focuses on stabilisation and continued improvement, increasing productivity, and making the best use of available capital and resources. The operating model centres on integrated, place-based clinical services, providing an opportunity to use greater organisational stability to further integrate services and improve healthcare provision across the area. A key objective is to support people to remain healthy and close to home for as long as possible. David Guest asked how the plan aligns with the National Oversight Framework (NOF). Andy Higby explained that the plan is linked to the national 10-Year Plan and is closely aligned with the NOF, CQC quality ratings, and organisational self-assessments. The key objective is to integrate care more effectively to improve outcomes for the population served. Eddie Bloomfield asked how the delivery of the strategy will be reflected in the	**LdR**

	experience of members of the public accessing healthcare services at ESNEFT. Andy Higby explained that co-design was an important element of the approach and noted that health expectations within some communities remain low. Work is underway to encourage individuals to take greater responsibility for their health and wellbeing, although significant barriers remain. Some areas face challenges relating to resources and estate capacity, requiring consideration of alternative healthcare delivery models. Wearable technologies could fundamentally change how people manage long-term conditions. Work is currently being undertaken to understand the IT requirements needed to deliver a more personalised approach to health management. Tracy Williams-Macklin referred to the Lord Mann report and asked about its connection to clinical outcomes. Andy Higby advised that work was underway to establish buddying and mentoring arrangements to pair staff with colleagues who had different life experiences. The ESNEFT workforce is more diverse than the population served by the Trust. The Chair noted that the Board would consider the Lord Mann report at its next meeting and suggested that a future update on the National Oversight Framework (NOF), potentially at a development day or a future meeting, would be beneficial.	**LdR**
33/26	**13. CQC Well-Led Inspection Report Update** Catherine Morgan provided an update on the CQC Well-Led report. The report has now been drafted and will proceed through an evaluation process on 7 July 2026. The Trust expects to receive the report for factual accuracy checking in mid-July, with publication anticipated in late August. The CQC have apologised for both the delay in issuing the report and the length of time that has elapsed since the inspection was undertaken. The Chair and Paul Scott will lead any changes required in response to the report's findings. The Chair commented that the report is eagerly awaited.	
Public Questions		
34/26	**14. Questions from members of the public present** There were no members of the public present.	
35/26	**15. Any Other Business** No further business was discussed.	
36/26	**16. Date of next meeting** Wednesday 30 September, 14:00-17:00, Conference Centre, Kesgrave Community and Conference Centre, Twelve Acre Approach, Kesgrave, Suffolk, IP5 1JF	

Approved: 30 September 2026 TBC

Chair Tracy Dowling

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