

Council of Governors in Public

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Report Title:	Chair's Report
Executive/NED Lead:	Tracy Dowling, Trust Chair
Report author(s):	Tracy Dowling, Trust Chair
Previously considered by:	Not previously considered

☐ **Approval**
☐ **Discussion**
☒ **Information**
☐ **Assurance**

Executive summary

This report identifies key activities I have undertaken during the last three months.

The report covers:

- Changes to Board membership and Board Development
- Service visits
- Joint Governor and non-executive director service visits
- 2026 Staff Survey and trust values

Action required of the Committee/Council

The Committee is asked to note and discuss the content of this report.

Chair's Report

1.0 Introduction

It is now six months since I joined the Trust and in this time I have prioritised visiting services and engaging with staff across the organisation. I report these visits in the Chair reports to public board and I plan to continue informal hospital and community service visits as a key element of how I spend my time as Chair.

I have also attended many Board sub-committees to gain a good foundation in how our current governance and assurance processes function, and to gain insight into where there may be scope for enhancement.

Engagements with Governors have been through a Governor Development session, and through formal and informal meetings with our Governors. I enjoy these interactions and hope that we all gain a lot from them.

As I pass the six month milestone, the priorities for organisational improvement are becoming clear. I am ensuring that the Board is dedicating time to improving how we lead the organisation so that we can ensure delivery of high quality services that meet the needs of our populations. This includes organisation development, led by listening to our staff and engaging them in service improvement. Improving how our staff feel about working at ESNEFT is a fundamental part of quality improvement.

2.0 Changes to Board membership and Board development

I would like to thank Adrian Marr for his leadership of the trust as Interim Chief Executive through 2026.

There are a number of Board level changes taking place including the commencement of Paul Scott as Chief Executive over the summer months. Welcome Paul.

During Q3 we anticipate making a number of appointments to Board including:

- appointment of a Chief Medical Officer to replace Dr Angela Tillett when she retires from her role in November;
- appointment of a Chief Finance and Strategy Officer
- appointment of three non executive directors as agreed at the Appointment and Performance Committee

We have also agreed to commence the selection and recruitment process for a substantive Director of Estates and Facilities in the early part of 2027.

Since June 2026 the Board has held bi-monthly development days. This is an important time to develop our strategies, our intended culture and our collective leadership. In December we commence the NHS England Board Development programme. This is a 12-month programme tailored to our needs as a Board. We hope that this will prepare our Board to embrace the opportunities in the NHS 10year health plan and assist us in becoming a high performing Board that leads the organisation exceptionally well.

At our first Board development day we spent two hours considering the development of neighbourhoods with partners from primary care and our ICBs; at the most recent development day we considered our clinically led transformation plans for urgent and emergency care. Later this week we are considering the new digital strategy for the Trust, and the role of digital technology in modern healthcare service delivery. We are also spending the morning reviewing our progress in the first six months of the year, and considering how we will be ensuring delivery through the second half of the year.

At the time of writing, we anticipate receipt of the final CQC Well led report (inspection undertaken in November 2026) and will use this too to identify areas for Board development and development through the organisation.

3.0 Joint Governor and non-executive director visits

We have had the first joint visit to the Ipswich Hospital mortuary; and we have a date in the diary for a duplicate visit to Colchester Hospital Mortuary. We have prioritised mortuary services because of recent service improvements at Ipswich, and the focus on post-death care resulting from the national maternity service reports.

I am meeting Tammy Shepherd, Head of Patient Experience on Thursday 24th September to finalise the proposed schedule of visits and will give a verbal update during the meeting.

The first visit was successful, and I look forward to close working with Governors and non-executive directors visiting services together and taking a semi-structured approach to assessing the quality of the services we provide. We will bring an annual report to both the Board of Directors and Council of Governors meetings to ensure we follow through on the outcomes of the visits.

4.0 2026 Staff Survey

We are currently commencing the 2026 Staff Survey. Whilst this is a national questionnaire, we are able to locally define a small number of questions. This year we are asking staff about the trust values. The Trust has had the OAK (optimistic, appreciative and kind) values for many years, and as we embark on work to define further our strategy and vision in the context of the 10 year health plan, it is also a good time to ask staff whether they consider that these values fully reflect the values of the NHS, and what matters to them. We would also welcome the opinions of Governors.

I would like to add that should staff and Governors consider work on our values to be beneficial, we will also involve patients, families and carers in this work.

Tracy Dowling

Chair

Appendix 1: Recent Communications

New £25 million redevelopment of Clacton Hospital now complete - the new urgent treatment centre (UTC) at Clacton Hospital is now open. Clacton Hospital's UTC team is providing care in a new, purpose-built unit, after moving the service from the temporary UTC on Durban Ward.

The two-storey building, housing the UTC on the ground floor, now sees patients cared for in a more modern and spacious environment. It means people are able to receive the right treatment closer to home, without needing to travel to Colchester Hospital.

The opening of the UTC marks the end of an extensive £25 million redevelopment of the Clacton Hospital site.

Fluoroscopy suite at Ipswich Hospital – I was very pleased to officially open the refurbished fluoroscopy suite at Ipswich Hospital. Fluoroscopy is a medical imaging technique that uses x-rays to show internal organs and tissue in real time.

This new equipment will result in our patients receiving faster care as well as lower doses of radiation, while the advanced software provides better image manipulation and improved imaging.

MyChart bringing shorter waiting times - patients are benefiting from MyChart's Fast Pass feature which offers cancelled appointments to those on waiting lists. More than 30 specialities are using Fast Pass, which means a cancelled appointment is then automatically offered to another patient. Patients are seen sooner and it avoids appointments being wasted.

Hundreds of patients have already taken advantage of the feature, which is part of the MyChart app – the patient's view of their own hospital health record.

Celebrating success at ESNEFT

- The **cardiology department at Ipswich Hospital** has been named the UK's best District General Hospital (DGH) cardiology training centre, for the second successive year.
The award was presented by the British Junior Cardiologist Association (BJCA) and consultant cardiologist and education supervisor Dr Paul Venables said: "This is a prestigious award as the registrars are the people who have the best knowledge of the training we provide."
- The **paediatric department at Colchester Hospital** has been named the best in the east of England for the education and training it provides to our junior doctors. The team scooped the Paediatric Awards for Training Achievements (PAFTA) award at the annual East of England Paediatrics School Day in Cambridge.
- An ESNEFT colleague whose training guide is now used by breast screening teams across the UK has received national recognition. **Gemma Longhurst won the Skills for Health Our Health Heroes Apprentice of the Year award**, chosen from 300 nominees, at the Queen Elizabeth Centre in London. After being diagnosed with Stage 4 Non-Hodgkin lymphoma, Gemma had to give up her role as a healthcare assistant and move into an office-based position.
She signed up for a **Level 3 Business Administration apprenticeship** provided by ESNEFT – being able to complete her qualification entirely through the Trust - and found staff were using outdated training materials. So Anna created a new training guide to improve consistency, confidence and patient care.

The guide was adopted by the East of England Breast Screening Service and shared nationally as an example of best practice. It is now informing induction materials used by breast screening offices across the UK

- **A team of ESNEFT nurses** have been thanked for their crucial role in supporting a recent humanitarian mission following a deadly hantavirus outbreak on a cruise ship. The fit testers worked at extremely short notice to equip members of 16 Air Assault Brigade Combat Team Colchester with FFP3 masks so they could parachute vital medical supplies and oxygen into Tristan Da Cunha, where one of the infected cruise ship guests had returned to. The team received a certificate of thanks from Brigadier Ed Cartwright, Commander of 16 Air Assault Brigade.

New research centre opens - patients will have greater access to research as a new dedicated research centre opens at Colchester Hospital. The new space will allow patients to attend research-specific clinics and take part in studies in dementia and other neurodegenerative conditions without needing to travel to other centres.

Bridging the gap - Working in partnership with Primary Care - a new team has launched at the Trust to help support communication between colleagues at ESNEFT and in primary care. The primary and secondary care interface facilitators will bridge the gap between ESNEFT and primary care through better communication and collaboration between local GP practices and ESNEFT services – in our hospitals and the community

Expansion of innovative service - the success of the **Bures Team** - previously called Bures Ward - at Colchester Hospital has meant an expansion of the service to Ipswich Hospital too.

The team isn't based on a ward but can move to where support is needed. It is made up of two groups of staff - nurses and healthcare support workers.

The pool of Bures nurses are permanent staff who can fill gaps in staffing and move where they're needed across the hospital.

This support for patients, who may need it because of delirium or if they are at risk of harming themselves, was previously provided by security staff. The Ipswich ETOC part of Bures is due to begin at the end of the summer.