East Suffolk and North Essex NHS Foundation Trust

Council of Governors

Date of meeting:	30 September 2026
Report Title:	Board Proceedings Report
Executive/NED Lead:	Rebecka Fosher
Report author(s):	Anthony May, Interim Trust Secretary
Action required:	For assurance

Executive summary

To support the Council of Governors in discharging its responsibility to hold the Board to account, through the Non-Executive Directors, this report provides a summary of matters discussed at the Board meetings held in public on:

- 2 July 2026
- 3 September 2026

The Council is not authorised to alter or reinforce the Board's decisions but can hold the Non-Executive Directors to account for them, by way of explanation and discussion.

Action requested of the Council

The Council is invited to note the proceedings and decisions of the Board.

Report of Board proceedings

This report is provided to support the Council of Governors in understanding the matters considered and key decisions taken at the Board meeting held in public; it is not intended to substitute the formal minutes of the proceedings.

Governors and members of the public have access to the papers for the meetings of the Board held in public, which are published on the Trust website and a link is sent to the Council. The full papers are available here:

2026 to 2027 Board meetings papers - East Suffolk & North Essex NHS Foundation Trust

Governors and members of the public can attend and observe meetings of the Board held in public and are encouraged to attend at least one meeting of the Board each year, to support their understanding of how the Board works as part of the discharge of their responsibilities.

2 July 2026

Issue	Summary
Primary Care Network Pilot Programme Presentation	The Board received an update on the Primary Care Network Pilot Programme, which is demonstrating early improvements in patient outcomes, proactive care and reduced demand on acute services through neighbourhood-based models of care. The Board welcomed the positive impact of multidisciplinary working and strengthened collaboration between primary and secondary care. Members also welcomed positive feedback from GP colleagues regarding improvements in Advice and Guidance services, while noting opportunities to further improve digital integration, access to diagnostics and information sharing. The Board discussed the sustainability of the programme, future funding arrangements and opportunities to support wider implementation across the system.
Chair's update	The Board received the report from the Trust Chair. The Chair invited Board members to recognise this as the Interim Chief Executive, Mr Adrian Marr's, final Board meeting. Board members recorded their thanks for his leadership, support and significant contribution to the Trust, acknowledging the positive impact he had made during his time with ESNEFT. .
Interim Chief Executive's update	The Board received an update on a range of operational and strategic matters, including: • The Trust's response to recent operational pressures, including adverse weather and preparations for potential industrial action. • Continued improvement in organisational performance, including a return to Segment 3 within the NHS Oversight Framework. • Approval of the Annual Report and Accounts with an unqualified audit opinion. • Progress with the Clacton Urgent Treatment Centre, NHS Property Services discussions and senior leadership development. • Actions arising from the Ockenden and Baroness Amos reports. The Board also received assurance regarding controls to prevent inappropriate access to patient records and requested further review through the Audit and Risk Committee.
Integrated Performance	The Board reviewed performance across quality, operational delivery, workforce and finance and received assurance regarding actions being taken to address areas requiring improvement. **Key points included:** • Continued development of quality reporting through Epic, providing greater visibility of performance variation and

Issue	Summary
	supporting quality improvement and patient safety. • Sustained pressure across urgent and emergency care, particularly ambulance handovers and patient flow, with escalation measures successfully implemented during recent periods of increased demand. • Ongoing focus on elective recovery and cancer performance, with reductions in long waits, but further improvement required against a number of cancer standards and waiting time targets. • Financial performance remains challenged, although recovery actions, strengthened controls and cost improvement programmes are in place to support delivery of planned financial objectives. • Positive workforce performance in areas including mandatory training, staff turnover, appraisal activity and temporary staffing controls, alongside continued investment in recruitment, retention and staff wellbeing. The Board also noted the impact of revised NHS Oversight Framework measures and discussed the importance of learning from recent operational pressures, improving cancer performance and maintaining progress across all performance domains.
Quality and Patient Safety	Clinical presentation – end of life care The Board received an update on End of Life Care services and progress against the Trust's End of Life Care Strategy. Members noted work to improve the early identification of patients approaching the end of life, strengthen advance care planning and improve the recording and accessibility of patient wishes across care settings. The Board also received assurance regarding learning from national audit findings, complaints and patient feedback, together with ongoing education and training to improve communication, symptom management and the confidence of clinical teams in supporting patients and families. Wider system challenges, including pressures on hospice provision, were also discussed. The Board welcomed the progress made and received assurance regarding the quality of End of Life Care services and the continued focus on compassionate, patient-centred care. Key Issues Report - Maternity and Neonatal Improvement Board The Board received assurance regarding continued progress in maternity and neonatal services, including improvements in maternity outcomes and ongoing oversight through established governance arrangements. The Board discussed the importance of listening to women and families, understanding the experiences of different communities, and ensuring services are responsive, inclusive and culturally sensitive. Members also noted progress in implementing national maternity improvement initiatives and received assurance regarding the review and learning processes in place following stillbirths.

Issue	Summary
	Addressing Health Inequalities Annual Report The Board received the annual report on addressing health inequalities and noted the positive impact of a range of community outreach and prevention initiatives delivered in partnership with system organisations. Members discussed the importance of sustaining progress over the long term and ensuring that health inequalities remain embedded within core commissioning and service delivery. The Board welcomed the progress made and received assurance regarding the Trust's ongoing commitment to reducing health inequalities across the communities it serves. Complaints Annual Report for approval The Board approved the annual Complaints Report and noted an increase in complaints during the reporting period. Members recognised that the primary focus remains on the learning arising from complaints and the actions taken to improve services and patient experience. The Board received assurance that complaints are being responded to in a timely manner, that learning is being shared across the organisation, and that patient feedback is informing service improvement. Members also welcomed initiatives aimed at identifying and resolving concerns earlier in the patient journey, including the use of discharge volunteers and enhanced patient engagement approaches. Annual Organ Donation Committee Report The Board received the annual Organ Donation Committee Report. Members noted continued positive organ donation activity across ESNEFT during 2025/26 and recognised the ongoing work to maximise donation opportunities, support donor families and promote organ donation awareness. Safeguarding Annual Report for approval The Board approved the Safeguarding Annual Report and received assurance regarding the effectiveness of the Trust's safeguarding arrangements.

Issue	Summary
Strategy and Transformation	Continuous Improvement Board The Board received an update on the establishment of the Continuous Improvement Board, which will provide oversight of the Trust's improvement, productivity and transformation programmes. Members noted early benefits from continuous improvement initiatives, including improvements to patient pathways and waiting times, and discussed the importance of ensuring that benefits from major investments, including Epic, are systematically identified, measured and reported. The Board agreed that future reporting should provide a consolidated view of improvement activity, productivity gains and patient benefits, and approved the proposed reporting approach.
People	Freedom to Speak Up The Board received the annual Freedom to Speak Up report and discussed the importance of fostering a culture in which staff feel safe, supported and confident to raise concerns. Members reflected on the links between speaking up, psychological safety, leadership behaviours and patient outcomes. Discussion focused on the role of managers in responding to concerns, the importance of visible leadership and ensuring that staff who raise concerns receive timely feedback and support. The Board also recognised the need for continued cultural development and organisational learning to address recurring themes and strengthen staff confidence in speaking up. The Board received assurance regarding the Trust's Freedom to Speak Up arrangements and approved the recommendations contained within the report. Lord Mann Review The Board received an initial response to the recommendations arising from the Lord Mann Review, focusing on leadership, accountability, antisemitism, racism and inclusion. The Board supported the adoption of the recommended definition of antisemitism, agreed to hold a future Board development session to consider the issues in greater depth and requested the development of a detailed action plan, to be overseen through the People and Organisational Development Committee. The Board reaffirmed its commitment to promoting an inclusive culture in which all forms of discrimination, racism and prejudice are actively challenged.

Issue	Summary
Governance	Key Issues Report - Audit and Risk Committee The Board received assurance from the Audit and Risk Committee regarding the effectiveness of the Trust's governance, risk management and internal control arrangements. Members noted the positive audit assurance opinion for medical rostering controls and the successful completion of the Annual Report and Accounts process, including receipt of an unqualified external audit opinion. The Board also noted the Committee's recognition of the significant contribution made by teams across Finance, Governance and Audit in delivering the year-end accounts and external audit process. Board Assurance Framework The Board reviewed and approved the refreshed Board Assurance Framework, noting the significant work undertaken to strengthen the articulation of strategic risks, controls, assurances and mitigating actions. Members received assurance that the framework provides an appropriate reflection of the Trust's principal strategic risks, with clear executive ownership and delivery milestones for each risk. The Board also approved a reduction in the workforce risk appetite threshold to strengthen oversight of workforce-related risks and noted that a wider review of the Trust's risk appetite framework will be undertaken at a future Board development session. Fit and Proper Person Requirements The Board received assurance that appropriate arrangements remained in place to support compliance with the Fit and Proper Person Requirement. Trust Seal The Board received the Trust Seal report detailing documents executed under the Trust Seal since the previous report.

3 September 2026

Issue	Summary
Patient Story	The Board received a patient story highlighting the impact of the Trust's health inequalities programme, including community outreach, asthma support services and tobacco dependency work. Members heard how partnership working with primary care and local communities is improving access to services and supporting better outcomes for patients. Discussion focused on opportunities to expand successful initiatives, particularly in areas of deprivation, whilst recognising that the long-term sustainability of many programmes remains dependent on securing recurrent funding. The Board noted the importance of demonstrating both quantitative outcomes and patient experience benefits, and the need to embed successful approaches within routine services and wider system planning.
Chair's update	The Chair provided a brief update: • Thank you to Adrian Marr for his service as Interim Chief Executive. • Welcome to Paul Scott to his role as Chief Executive and Rebecka Fosher, Director of Governance • Thank you to Dr Angela Tillett at her final Board meeting as Chief Medical Officer. • Thank you to Freda Bhatti following her resignation as a Non-Executive Director. • There has been a recent Governor and Non-Executive Director visit to the Ipswich mortuary which was very positive. Work is underway with the Head of Patient Experience to develop a schedule of future visits. • Board Development session on Urgent and Emergency Care was held in August. • Reminder to members that the Annual Members' Meeting will take place on 30 September at the University of Suffolk Waterfront Building, and everyone is welcome to attend

Chief Executive's update	The Chief Executive provided a brief update.
	• Thank you for the welcome from Board members and colleagues across the Trust.
	• Thank you to Adrian Marr for his support and handover. Key points from the first few weeks include:
	  ○ Visiting many services across the Trust.
	  ○ It is important to continue to support staff to deliver great care to patients.
	  ○ Health inequalities is a key focus to target resource and relieve pressure on secondary care.
	  ○ Epic is a unique opportunity, and it is important to use it as best we can for the organisation.

Integrated Performance	The Board reviewed performance across quality, operational delivery, workforce and finance and received assurance regarding the actions being taken to improve performance. Key areas of discussion included: Continued development of quality reporting through Epic, alongside focused improvement work on hospital-acquired infections, pressure damage and patient safety. Improvements in urgent and emergency care performance, although ambulance handover delays and operational pressures

Issue	Summary
	remain significant challenges. Ongoing work to improve elective recovery and cancer performance, with a continued focus on reducing long waits and improving productivity within surgical services. An improving monthly financial position, supported by strengthened recovery actions, tighter controls on temporary staffing expenditure and enhanced oversight of Cost Improvement Programme delivery. Continued focus on workforce wellbeing, recruitment, appraisal compliance and delivery of the Smarter Support Services Programme. The Board noted that the Trust is expected to remain in Segment 3 of the NHS Oversight Framework and received assurance regarding the actions in place to support improvement across all performance domains. Learning from deaths annual report The Board received the Learning from Deaths Annual Report and noted ongoing work to strengthen mortality reporting, data quality and organisational learning. Members discussed the importance of using mortality data to drive improvement, recognising that each dataset represents the experiences of patients and families. The Board also considered opportunities to strengthen collaboration with system partners to support shared learning and service improvement and noted emerging developments, including Martha's Law and improvements to mortality reporting arrangements. The Board noted the report and received assurance regarding the Trust's processes for reviewing deaths and identifying learning opportunities. Urgent and Emergency Care and Seasonal Variation Plan The Board received an update on progress against the Urgent and Emergency Care Improvement Programme and Seasonal Variation Plan. Since the previous Board meeting, further work has been undertaken to improve infection prevention and control processes, develop additional community response capacity, strengthen bed capacity plans at Colchester Hospital and explore further funding opportunities with system partners. The plan will be further discussed at the Performance and Finance Committee prior to Board approval later in September.

Issue	Summary
Quality and Patient Safety	**Maternity and Neonatal Care at ESNEFT** The Board received an update on neonatal services, noting strong performance, positive family-centred care outcomes and close working within the regional neonatal network. Senior members of the Women's and Children's division joined the meeting to support detailed discussions and presentation of a patient story. Members heard how family-integrated care, outreach services and close partnership working support babies and families across both sites. The Board discussed future opportunities and challenges, including increasing clinical complexity, workforce sustainability, estate constraints and the implications of emerging national maternity and neonatal recommendations. Particular emphasis was placed on the need for continued investment in facilities and workforce development to support the delivery of high-quality neonatal care close to home. The Board received assurance regarding the quality of neonatal services and the plans in place to support their future development. The Board received updates from the Maternity and Neonatal Improvement Board, including consideration of the implications of the Ockenden Review, the Baroness Amos Report and the quarterly Perinatal Thematic Report. Members noted that work is underway against all national maternity recommendations, with areas of strength identified alongside opportunities for further improvement. The Board discussed maternity outcomes, operational pressures, family experience and the importance of ensuring that learning from national reviews is translated into sustainable improvements in care. The Board welcomed progress in strengthening patient and family engagement, including the introduction of a dedicated Family Liaison Officer role, and discussed the importance of supporting staff, improving maternity culture and addressing estate challenges. The Board will continue to receive regular updates and oversight through its governance arrangements, including the role of the Board Maternity Safety Champions. **Health and Safety Annual Report** The Board approved the Health and Safety Annual Report and noted positive performance in policy compliance, audit completion and mandatory training. Members also noted a reduction in overall incident reporting during the year. The Board discussed the continuing increase in incidents of violence and aggression towards staff and agreed that a future deep-dive review should be undertaken to provide greater assurance regarding actions to address this issue. **Infection Prevention and Control Annual Report** The Board received the Infection Prevention and Control Annual Report, which reviewed performance, governance arrangements and improvement activity during the reporting period. Members discussed the challenges associated with reducing healthcare-associated infections and received assurance that improvement plans are in place, with progress and resource implications being monitored through established governance arrangements. The Board reaffirmed the importance of infection prevention and control as a key patient safety priority.

Issue	Summary
	Premises Assurance Model Assessment The Board received the annual Premises Assurance Model assessment, noting that the Trust achieved an overall rating of 'requiring minimal improvement' and continues to benchmark favourably against peer organisations. Members also noted progress made in response to the Fuller Report, particularly within Mortuary Services. The Board approved the Premises Assurance Model submission.

Issue	Summary
People	**Workforce Disability Equality Standard (WDES) Annual Report** The Board reviewed the Workforce Disability Equality Standard (WDES) Annual Report and noted progress in a number of areas, while recognising that further work is required to improve staff experience, reduce inequalities and increase confidence in reporting concerns. Members also noted the important role of staff networks, allies and line managers in supporting this work. The Board approved the report. **Workforce Race Equality Standard (WRES) Annual Report** The Board reviewed the Workforce Race Equality Standard (WRES) Annual Report, noting progress in recruitment outcomes for candidates from minority ethnic backgrounds and the continued contribution of the EMBRACE Network and Cultural Ambassadors in promoting inclusion across the organisation. Members recognised that further work is required to improve the lived experience and representation of colleagues from minority ethnic groups, and discussed the importance of continuing to address issues relating to equality, inclusion, bullying and harassment. The Board approved the report. **Resident Doctors 10 Point Plan** The Board received an update on delivery of the NHS England 10 Point Plan for Resident Doctors and noted that ESNEFT was largely compliant with the framework when it was introduced. Members discussed ongoing work to improve the experience of Resident Doctors, including addressing outstanding issues such as access to food out of hours and secure storage facilities. The Board also considered the wider factors influencing recruitment and retention, including training experience, career development opportunities and staff wellbeing, and noted continued improvements in GMC survey feedback. The Board approved the plan, subject to the inclusion of amendments previously agreed by the People and Organisational Development Committee.

Issue	Summary
Governance	Audit and Risk Committee The Board received the Key Issues Report from the Audit and Risk Committee and noted the assurance provided through the Committee's oversight of governance, risk management, internal control and audit matters. Board Committee Effectiveness and Terms of Reference Reviews The Board approved minor amendments to committee terms of reference following completion of a comprehensive committee effectiveness review.
Public Questions Relating to the Agenda	A member of the public raised questions regarding health inequalities and access to services, following the earlier Board discussion on community outreach and asthma services. The Board discussed the importance of understanding patient and community experiences, ensuring that services are accessible and responsive to local needs, and using patient feedback alongside performance information to drive improvement. Members also highlighted the importance of sustaining successful community-based initiatives and continuing to work closely with commissioners, patients and local communities to support service development and reduce health inequalities. The Board reflected on the importance of community engagement and noted that proposals within the Health Bill to remove Governors could reduce an established route for community voice, requiring consideration of future approaches to patient and public engagement.