East Suffolk and North Essex NHS Foundation Trust

Council of Governors

A meeting will be held between 13.30-15.20 on Wednesday 30 September 2026, University of Suffolk, Waterfront Building, 19 Neptune Quay, Ipswich. IP4 1QJ

AGENDA

Quorum: Nine or more governors including at least five Public Governors, one Staff Governor and one Appointed Governor

No	Item	Lead		Action	Est'd Time
1	Welcome and apologies for absence • Laura da Rita	Tracy Dowling, Chair		To note	1.30
2	Declarations of Interest	All	Attached	To note	
3	Minutes of the meeting held on 17 June 2026	Chair	Attached	Approval	
4	Matters arising from the minutes and action log	Anthony May, Interim Trust Secretary	Attached	Discussion	
5	Report from the Trust Chair	Chair	Attached	To note	
Assurance and Accountability					
6	Chief Executive's briefing on Trust activities	Paul Scott, Chief Executive		Discussion	1.45
7	Board Proceedings Report	Rebecka Fosher, Director of Governance	Attached	Assurance	1.55
8	Verbal reports from Board Committees	Governor observers		Discussion	2.05
	a. Performance and Finance Committee				
	b. Quality and Patient Safety Committee				
	c. People and Organisational Development Committee				
	d. Audit and Risk Committee				
	e. Charitable Funds Committee				
	f. Non-Pay Oversight Committee				
9	Report from Lead Governor	David Guest, Lead Governor	Attached	Discussion	2.20

Governance					
10	Terms of Reference	Interim Trust Secretary	Attached	Approval	2.30
Appointments and performance					

11	Appointments and Performance Report	Interim Trust Secretary	Attached	Approval	2.35
Membership and engagement					
12	Governor activities update	Governors		Discussion	2.40
Briefings					
13	10 Point Plan	Chief Nurse Director of Midwifery	Attached	Assurance	2.45
14	Staff Survey Outcomes	Chief People Officer	Attached	Assurance	3.05
Public questions					
15	Questions from members of the public present	Chair		Discussion	
16	Any Other Business	Chair		To note	3.20
17	Date of next meeting: Wednesday 9 December 2026, 14:00-17:00, Colchester Rugby Club, Raven Park, Cuckoo Farm Way, Colchester, Essex, CO4 5YX	Chair		To note	

Distribution: Committee members
Contact details: Anthony May, Interim Trust Secretary
Laura da Rita, Committee and Membership Secretary, FT.Membership@esneft.nhs.uk

Meeting actions:	
Approval	Positive resolution required/agreement to action or option proposed
Assurance	Various sources of information reviewed to confirm a position; does report demonstrate that requirements are being met and full assurance is provided
Discussion	When seeking members' views, potentially ahead of a final course of action being agreed
Decision	When being asked to choose between alternative courses of action
To Note	No discussion required. Update to ensure sufficient knowledge on subject matter for which meeting is responsible

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Council of Governors' Declarations of Interest June 2026

Name/role	Date	Declaration
Public Governors (18)		
Essex		
Edward Bloomfield	30/11/25	Non-Executive Director, Essex Cares Ltd Lay Chair of Appointment Advisory Panels, Redbridge NHS Trust Patient Safety Partner, ESNEFT Lay panel member for Individual Funding Requests, South Central and West ICB
Caroline Bowden	4/11/25	Chair, Building Malawi Listening Volunteer with the Samaritans
Anthony Dutch	29/10/25	Member of Colchester Forum Rotary Club
Liz Gee	5/11/25	Nil
David Guest – Lead Governor	9/7/24 27/11/24	Director, 67 Moreton Place Ltd Chair Trustee, Daws Hall Trust Trustee, Essex Community Foundation
Daniel Harvey	3/11/25	I currently sit within the Scope Assembly, the UK's biggest disability rights Charity
Michael Lucking		Nil
Shazad Uddin	04/11/25	Nil
Donna Webster	29/10/25	Director, WestropWebster Ltd Director, HouseofWebster Ltd External Auditor, DNV Subject Matter Expert, UKAS Secretary, Reform UK. Clacton branch
Suffolk		
Paul Gaffney	27/3/25 27/1/25	Volunteering with Conservative Party locally although not a member Member of Suffolk User Forum A tenant representative of Ipswich Borough Council and a member of is Customer Engagement Panel My brother works for EY in France
Max Hotopf	1/11/25	Volunteer, Samaritans
Verity Jolly – Deputy Lead Governor	18/3/25	Member of St Elizabeth Hospice
Tim Newton	5/11/25	Member of Public Health Collaboration
David Nicholls	5/11/25	Nil
Gillian Orves	9/7/24	School Governor, Mendlesham, Bacton, Cedars Park
Benjamin Solway		
Fariborz Taherinia		
Tony Wooderson	27/10/25	Service Manager, Suffolk Mind
Staff Governors (7)		
ESNEFT		
Roger Blake	9/7/24	Nil
Gemma Bourne		Nil
Isaac Ferneyhough	16/2/23	Nil
Light Onyekachi	9/7/24	Board Trustee/Director Thyroid UK Board Trustee/Director The Befriending Scheme
Shazia Sharif	5/11/25	Director, Next Generation Surgery Limited Consultant Paediatric General and Urological Surgeon, Rivers Hospital, Ramsay Health Partners Sawbridgeworth Husband is a Consultant Surgeon, Oaks Hospital
Andrew Taylor	9/7/24	Nil
Allison Weston	25/7/24	Nil

Name/role	Date	Declaration
Appointed Governors (10)		
Vacant	17/3/25	Essex Couty Council
Vacant		Ipswich Borough Councillor
Sam Glover	30/8/24	Professional interest, Chief Executive, Healthwatch Essex May be included in research applications as an organisation
Vacant	13/03/24	Suffolk County Council
Sara Naylor	10/6/25	Director, Ravenhill Media Councillor, Colchester City Council
Dr Jude Ominyi	11/3/24	Nil
Karly Robbshaw	10/4/25	Nil
Vacant	29/10/24	VCFSE (Voluntary, Community, Faith, and Social Enterprise organisation)
Tracey Williams-Macklin	4/11/24	Member of the SNEE Integrated Care Partnership representing the University (School of Health and Social Care)
Deborah Miles (wef 1/6/25)	25/6/25	Nil

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.

Action Points - Council of Governors PUBLIC 2026/27

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Key:

Blue	Action Completed
Green	Action On Track
Amber	Action At risk of slippage
Red	Action Overdue

Action #	Minute/Action Reference	Agenda item/subject	Action	Accountable Officer	Target Completion Date	Status Update/Date of completion	BRAG
17 June 2026							
20	26/26	Board Proceedings Report	Kate Read to provide more information about the exit interview process	Kate Read/Laura da Rita	30/09/2026	**16/09/26:** All members of staff are invited to take part in an exit interview. Colleagues have an opportunity to have these with their line manager, or another manager in the team. Colleagues are also provided with the opportunity to have the interview with a member of the retention team. Themes are brought to the Well Being MDT on a monthly basis and also to the Organisational Development meeting. Any Divisional/Departmental themes and learning are also shared with HR Business Partners. On some occasions, where there are specific concerns relating to individuals, these are raised with the HR Business partner to investigate further and agree appropriate next steps.	**B**
21	26/26	Board Proceedings Report	Deep dive into staff experience to be added to Council work programme	Laura da Rita	30/09/2026	**10/08/26:** Added to work programme. Suggested for December if appropriate	**B**
22	28/26	Report from Lead Governor	Share recent NHSE letter and any updates with council members regarding future of governors	Anthony May	30/09/2026	**31/07/26:** NHSE letter shared	**B**
23	32/26	Clinical Strategy and Medium-Term Plan	Share supporting documents with Council members	Laura da Rita	30/09/2026	**31/07/26:** Complete	**B**
24	32/26	Clinical Strategy and Medium-Term Plan	NOF update to be provided at the development day or future meeting	Laura da Rita	30/09/2026	**10/08/26:** To be included in Chief Exeutive's report	**G**

East Suffolk and North Essex NHS Foundation Trust

Council of Governors in Public

Date of meeting:	**30th September 2026**
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 be 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.

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.

East Suffolk and North Essex NHS Foundation Trust

Council of Governors

Date of Meeting:	30 September 2026
Report Title:	Lead Governor's report
Executive/NED Lead:	N/A
Report author(s):	David Guest

☐ **Approval** ☑ **Discussion** ☐ **Information** ☐ **Assurance**

Executive summary
An update is provided on the activities of the Lead Governor in supporting the Council in meeting its general duties.
Action Required of the Council
The Council is invited to note the report.

Lead Governor Report to the Council of Governors

30 September 2026

Since the last meeting of the Council, I have continued to work closely with the Trust Chair, fellow Governors and the Associate Director of Risk, Governance and Compliance to support the effective functioning of the Council and to strengthen the link between Governors, the Board and the wider organisation.

Engagement with the Chair and Board

Governors welcomed the opportunity to meet informally with the Trust Chair on 27 August. These sessions continue to provide valuable insight into Board priorities and enable Governors to raise questions in an open and constructive environment. The session provided an opportunity for open discussion with the newly appointed Chief Executive and Director of Governance. Key themes included:

- Patient flow and the elimination of corridor care and ward boarding
- Future arrangements for public and patient engagement in light of proposed governance reforms
- Estate and capital development priorities
- Maternity governance
- Health inequalities
- Catering Standards
- Partnership working across the health system

Governor Engagement and Development

- A Council of Governors Development Day was held in July. The session focused on strengthening governors' understanding of the Trust's governance arrangements and their statutory responsibilities. Topics included the role of the Trust Board, the responsibilities of the Chair, Chief Executive, Executive and Non-Executive Directors, and the Council's role in holding Non-Executive Directors to account. Governors also discussed the characteristics of high-performing boards, how they gain assurance about Trust performance, and received an overview of the NHS Oversight Framework from the Interim Chief Executive.
- A new programme of joint Governor and Non-Executive Director (NED) service commenced in August.
- Positive feedback was received following a recent visit to the Ipswich Mortuary.
- Plans are being developed for two visits per month involving governors and NEDs, with future visits including Colchester Mortuary and other services.
- A number of Governors have attended Board meetings in public, helping to strengthen their awareness of strategic priorities, current challenges and the actions being taken to address them.
- Governors have continued to observe committee meetings

Leadership Transition

Governors noted the recent arrival of Paul Scott as Chief Executive and Rebecka Fosher as Director of Governance.

Governors are keen to continue:

- Support the new Chief Executive’s introduction to the Trust

- Engage in opportunities to share Governor perspectives
- Ensure continuity and stability during the transition

Conclusion

Governors have an important role in providing constructive challenge, supporting transparency and helping to ensure that the patient and public voice remains central to the work of the Trust.

Thank you to all Governors for their continued commitment and contribution.

East Suffolk and North Essex NHS Foundation Trust

Council of Governors

Date of meeting:	30 September 2026
Report Title:	Review of Council Effectiveness and Terms of Reference
Executive/NED Lead:	Rebecka Fosher, Director of Governance
Report author(s):	Anthony May, Interim Trust Secretary
Action required:	For noting

Executive summary

The Code of Governance for NHS provider trusts (October 2022) advises that the Council should periodically assess its collective performance and regularly communicate to members and the public how it has discharged its responsibilities, including reviewing its roles, structures, composition and procedures.

Undertaking an annual review of effectiveness is good practice, enabling the Council to identify areas where it is working well and opportunities for further improvement.

This year's Council Effectiveness Survey will be issued via MS Forms during October, and Governors will be invited to complete the survey online. This year's survey will be based on a self-assessment template published as part of the NHS Providers compendium of best practice and will include opportunities to provide qualitative feedback through free-text / open responses, enabling Governors to highlight both areas of strong performance and opportunities for further development.

Prior to publication, the survey questions will be agreed with the Trust Chair and Lead Governor. Governors are encouraged to complete the survey to ensure the assessment reflects a broad range of perspectives and experiences.

The results will be presented to the December meeting of the Council of Governors, together with any proposed actions arising from the review, including any suggested amendments to the Council's terms of reference or ways of working.

Action Required of the Council

The Council is invited to note and participate with the forthcoming effectiveness survey.

East Suffolk and North Essex NHS Foundation Trust

Council of Governors

Date of meeting	30 September 2026
Report Title	Appointments and Performance Committee Report
Executive/NED Lead	Rebecka Fosher, Director of Governance
Report author(s):	Anthony May, Interim Trust Secretary
Action required:	For assurance

Executive summary

The Appointments and Performance Committee is a statutory Committee of the Council of Governors. To date during 2026/27 the Committee has met on two occasions. A summary of the items considered at these meetings is provided below.

1. Committee Role and Terms of Reference Review

The committee reviewed its terms of reference and proposed an amendment to the Council to ensure consistency in the use of gender-neutral language, specifically in relation to references to the Chair. The proposed change was subsequently approved at the Council's June meeting.

2. Interim Chair Performance Review Outcome 2025-26

The Senior Independent Director (SID) presented the outcome of the Interim Chair's performance review, which was undertaken together with the Lead Governor. The NHS England process requires that Chairs are rated either 'satisfactory' or 'cause for concern'. Based on this scale, the Appointments and Performance committee recommended a rating of 'satisfactory' which was subsequently approved by the Council and shared with NHS England.

3. Non-Executive Directors' performance review outcome 2025-26

The Chair presented a report summarising each of the Non-Executive Director's performance appraisals, which were discussed and recommended to the Council for approval. Performance ratings were subsequently confirmed by the Council for all Non-Executive Directors and the Associate Non-Executive Directors.

4. Non-Executive/Associate Non-Executive Succession Planning

An initial discussion was held during June regarding Non-Executive Directors reaching the end of their term during Autumn / Winter 2026. This was subsequently discussed by the Trust Board and Remuneration and Nominations committee, and commencement of recruitment was approved by the Appointments and Performance Committee during September. Recruitment will address the vacancies arising from Karen Sinnott reaching the end of her term on 30 November 2026, Mark Millar reaching the end of his term on 31 December 2026, and the additional vacancy created by the resignation of Freda Bhatti.

Action requested of the Council

The Council is invited to note the decisions made by the Appointments and Performance Committee.

East Suffolk and North Essex NHS Foundation Trust

Council of Governors

Date of Meeting:	30 September 2026
Report Title:	Implications and recommendations following the Ockenden Review and Baroness Amos Report
Executive/NED Lead:	Catherine Morgan, Chief Nurse
Report author(s):	Amanda Price-Davey, Director of Midwifery

☐ **Approval** ☑ **Discussion** ☐ **Information** ☐ **Assurance**

Executive summary

This report is presented to the Council of Governors for information and keeps governors updated on the implications of the Ockenden Review, Baroness Amos Report, the NHS England Maternity and Neonatal Services 10 Point Plan and the national maternity triage specification. The Quality and Patient Safety Committee considered the substantive report on 20 August 2026, and some governors attended that meeting.

Since that consideration, the Trust has completed and validated its 10 Point Plan baseline and separate maternity triage benchmarking assessments for Ipswich and Colchester. The Extraordinary Board approved the baseline on 23 September 2026 and received the two triage audits as the Trust baseline before submission to NHS England.

Good assurance can now be given that the benchmarking required at this stage has been completed, the Trust has been transparent about areas requiring further development, and governance arrangements are established to oversee delivery. This does not mean that every newly published requirement is already fully implemented or that the workforce, capacity, estate and data pressures described in the report have been resolved. These matters remain subject to continuing oversight through the Maternity and Neonatal Improvement Board, Quality and Patient Safety Committee and Board. A further Board-approved progress return is required by 31 December 2026.

Action Required of the Council

The Council of Governors is asked to note the report, the good level of assurance following completion of the national baseline and both site-level triage benchmarking assessments, and the arrangements for continuing Board and committee oversight.

1. Background and context

In June 2026, Donna Ockenden published the Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust. The review identified sustained failures across

leadership, culture, governance, workforce and clinical practice, together with repeated failures to listen to women and families and to act on known concerns. Many of the themes had been identified in earlier maternity reviews but had not been implemented consistently or sustained.

Baroness Amos subsequently published her Independent Investigation into Maternity and Neonatal Services in England. Although national in scope, the report described familiar and recurring themes: unacceptable variation in care; inequalities in outcomes and experience; insufficient listening to women, families and staff; workforce and leadership pressures; and organisations becoming accustomed to longstanding problems, workarounds and risk. The important implication for Boards is that the absence of a new incident or immediate harm does not in itself mean that a longstanding risk is adequately controlled.

The recommendations from the two reports have not been accepted in full as the national policy response. The newly established National Maternity and Neonatal Taskforce has instead been asked to consider the findings and recommendations together and develop a comprehensive national action plan. Further national direction is expected in December 2026. This means that the final national response remains in development, but providers are not being asked to wait before taking action.

As an interim response, NHS England issued a 10 Point Plan of urgent actions for all maternity and neonatal providers. This paper builds on the report presented to MNIB in July 2026 and incorporates the National Maternity Triage Specification published on 29 July 2026 and the NHS England assurance letter issued on 12 August 2026. It is structured to take the Council of Governors from the national context and requirements, through ESNEFT's strengths and current position, to the areas requiring further attention and prioritisation.

ESNEFT has credible strengths and established improvement activity. Good assurance is offered that the national baseline and both site-level maternity triage benchmarking assessments have been completed and validated, remaining gaps are clearly identified, and there is an established route to delivery. Workforce sustainability, triage, senior obstetric responsiveness, estates and data remain priorities for continuing oversight.

2. What Trusts have been asked to do

Pending the Taskforce's final national action plan, NHS England has asked trusts to focus on ten urgent actions. These cover Martha's Rule; monthly Board review of outcomes and experience; dual Chief Nurse and Chief Medical Officer accountability; staff listening; inequalities and the Maternal Care Bundle; 24/7 safety and responsiveness; homebirth; humane and candid responses to incidents and complaints; maternity triage; and post-death care.

The 12 August assurance letter converts these priorities into a formal assurance process and makes the expectations more explicit:

- a standard national baseline assessment must be submitted to the East of England region by 25 September 2026;
- a progress update must be submitted by 31 December 2026;
- both submissions require Trust Board approval and visible Board ownership, scrutiny and escalation of significant concerns through ICB and regional routes;

- existing evidence will be used wherever possible, including Board and committee papers, dashboards and MIS Year 8 evidence;
- the national maternity triage benchmarking tool, issued by NHS England alongside the assurance materials on 12 August, should be used for the Board-level audit. The audit is expected by the September submission, with full implementation of the specification within 12 months; and
- "Amos into Action" will be a nationally led, NHS-wide staff listening exercise. Trusts are encouraged to support staff participation and consider how local learning will be governed and acted upon. Further details are expected shortly. No return is required for this action within the national assurance template.

ESNEFT has completed and validated its baseline assessment against the national 10 Point Plan. The Extraordinary Board approved the completed baseline on 23 September 2026 and received the separate Ipswich and Colchester maternity triage benchmarking assessments as the Trust baseline before submission to NHS England. Relevant improvement activity is underway across all ten areas, supported by an evidence and action log and established governance arrangements.

3. Key strengths

Strength	Evidence and significance
Established governance and improvement infrastructure	MNIB provides multidisciplinary oversight; PSIRF is embedded; bi-monthly safety reporting supports learning; the Trust has existing routes through QPS and Board and can align the national return with MIS Year 8 evidence.
Women and families increasingly involved	MNVP involvement is established, including participation in PMRT, co-production of information and contribution to mandatory training. Birth Reflections, FFT and complaints learning provide further routes for insight.
Established 24/7 maternity triage and use of BSOTS	ESNEFT provides 24/7 maternity triage across both acute sites and uses the Birmingham Symptom-specific Obstetric Triage System (BSOTS) to support consistent assessment, prioritisation and escalation according to clinical urgency. Dedicated maternity triage telephone lines are in place on both sites, with the Ipswich service introduced in early 2025. The Advanced Midwifery Practitioner (AMP) model is contributing to improved triage performance on the Colchester site and has received positive regional feedback; a further AMP is supporting antenatal capacity at Ipswich. These arrangements provide a strong clinical foundation on which to build the Trust's response to the national specification.
Band 7 frontline leadership development	The Leading Labour Ward programme has been evaluated across two cohorts. All nine NHS Healthcare Leadership Model capabilities improved and eight showed statistically significant improvement. The greatest gains were Sharing the Vision (+1.31), Developing Capability (+0.98) and Connecting our Service (+0.95). Across both cohorts, self-efficacy increased by 20% and work engagement by 30%, both statistically significant. Resilience increased by 11%, although this was not statistically significant. The repeatability across cohorts supports confidence that the programme is strengthening leadership capacity rather than producing isolated benefit.

Strength	Evidence and significance
Maternal Care Bundle mobilisation	Clinical leads and task-and-finish groups are in place across all five elements, providing a structure for delivery towards full implementation by March 2027.
Post-death care assurance	The Trust completed the required Board-level review, with the Board Assurance Statement signed by the Chief Executive and Trust Chair on 30 July 2026. Within maternity, specialist bereavement provision and established links with PMRT and wider governance provide a foundation on which to develop a more resilient cross-site, seven-day service.
Sustained investment in maternity workforce	The Trust has invested additional resources in maternity services over the past five years in response to increasing acuity and complexity. This has included increasing midwifery capacity, strengthening the 24/7 senior midwifery leadership model by building a second Band 7 role on each acute site into the staffing templates, and investing in obstetric workforce and leadership arrangements. This provides a stronger platform for the next phase of workforce development.

3.1 Sustaining the Band 7 leadership strength

The evaluation supports the programme as a patient-safety and workforce intervention, not simply a development course. Stronger ability to share direction, develop colleagues, connect services and hold to account is directly relevant to the leadership failures described in national maternity reviews. The programme also provides a cohort of leaders who can act as culture and improvement champions across both sites.

The evaluation nevertheless identifies what is required to convert learning into sustained service impact:

- greater transparency and Band 7 involvement in service decision-making;
- protected management time and support to develop and retain midwifery talent;
- continued meaningful dialogue with senior leaders and structured collective reflection;
- use of delegates as culture champions and leaders of improvement;
- extension of just and inclusive culture development to senior leaders, with consistent use of Equality Impact Assessments; and
- continued organisational development support, empowering line management and consistent reinforcement of expected leadership behaviours.

4. What more needs to be done: priorities for focus

Priority	Why it matters	Assurance focus / governance route
1. Evidence-based 10 Point Plan assurance	Current ratings have not all been validated and several lines lack a RAG. Green status without evidence may overstate assurance.	QPS should receive assurance that the evidence has been validated, material gaps and resource implications have been identified, and unresolved risks are visible before Trust Board approval.

Priority	Why it matters	Assurance focus / governance route
2. Sustainable midwifery workforce and staff resilience	The Birthrate Plus review will provide an updated assessment of the midwifery workforce required across the maternity pathway. Current funded staffing templates may not provide sufficient uplift or headroom for all staff to undertake mandatory CNST training while maintaining clinical cover. Resulting gaps are filled predominantly through bank shifts worked by substantive staff. This supports continuity and limits agency use but can reduce resilience and may contribute to fatigue and sickness absence.	QPS should receive assurance on the quality and safety implications of the Birthrate Plus findings and the adequacy of funded uplift. Any proposed changes to establishment, templates or recruitment should be considered through established workforce, financial and business-planning processes, taking account of affordability and preceptorship capacity.
3. Maternity triage	The national specification requires triage staffing to be based on local attendance, demand, peak times and acuity rather than birth numbers alone. Applying this approach for the first time may identify additional midwifery and obstetric requirements. The first baseline data on medical review within BSOTS timeframes are expected this month, although data-quality issues remain. Current medical staffing arrangements may not consistently provide the level of dedicated medical capacity anticipated by the national triage specification, particularly at Ipswich and during evenings and overnight. The emerging BSOTS baseline will help quantify the position and inform any required service response.	QPS should receive assurance that the national audit has assessed activity, attendance, acuity and BSOTS timeliness separately for each site; that material midwifery, medical, estate and data gaps are identified; and that any proposed changes to the AMP or medical workforce model are routed through the appropriate Trust planning and approval processes.

Priority	Why it matters	Assurance focus / governance route
4. Obstetric workforce and 24/7 responsiveness	There is no nationally agreed workforce modelling methodology for obstetrics and gynaecology. Local experience indicates increasing pressure at consultant and registrar level from additional antenatal and caesarean lists, increasing complexity and the combined demands of obstetrics and gynaecology. Out of hours, one registrar covers each site; electively, increased gynaecology referrals and waiting lists also affect obstetric capacity.	QPS should receive assurance that obstetric and gynaecology demand, acuity, rota resilience and response times are being assessed and that any material risks are managed through established workforce, financial and risk governance. The Trust should continue to seek a nationally standardised obstetric and gynaecology workforce modelling methodology.
5. Wider multidisciplinary cover	24/7 safety also depends on anaesthetic, neonatal, theatre, support and specialist roles.	Provide assurance that anaesthetic, neonatal, theatre, support and specialist capacity is included within the 24/7 service assessment, with material gaps managed through joint Chief Nurse and Chief Medical Officer accountability and established governance routes.
6. Maternity estates and infrastructure resilience	The Tower provides a current local example of the Amos concern that longstanding constraints and repeated workarounds can become normalised. Electrical supply incidents affecting the Ipswich obstetric operating room occurred during significant obstetric events. Immediate controls reduced risk, but ageing infrastructure, limited alternative obstetric theatre capacity and transfer dependencies create continuing vulnerability.	Continue management through established operational, estates and risk governance. Maintain executive and Board-visible assurance on interim controls, residual maternity safety risk and progress towards a sustainable resolution.
7. Experience, equity and listening	The national ask is for monthly public Board review of outcomes and experience and clear action on inequalities.	QPS should receive assurance that Board reporting includes consistent experience, clinical audit and inequalities measures; demonstrates the impact of action; and reflects co-design with MNVP and underserved communities.

Priority	Why it matters	Assurance focus / governance route
8. Elective caesarean capacity	Rising caesarean birth rates and a larger surgical pathway are placing sustained pressure on bed and theatre capacity. Short-notice confirmation of surgery and repeated fasting for some women awaiting elective or non-urgent caesarean birth have become recurrent features of the current pathway. This affects experience, dignity, flow and the reliability of planned care and should not become normalised.	Maintain QPS visibility of the quality, safety and experience risks associated with elective caesarean capacity. The service requirements and any resource implications should be assessed and progressed through established operational, financial and business-planning arrangements.
9. Maternity bereavement service resilience	The current team structure does not yet provide sufficient cross-site resilience to ensure consistently robust seven-day specialist bereavement provision across Ipswich and Colchester.	Conclude the workforce consultation and, subject to its outcome and the appropriate approval processes, implement a cross-site model that supports resilient seven-day provision, including cover for leave, sickness and periods of increased demand.

5. Workforce implications

5.1 Midwifery establishment and Birthrate Plus

ESNEFT currently has an established workforce of approximately 275 WTE midwives across Ipswich, Colchester and community services. The Birthrate Plus review is underway and is due to report to the Trust in late October or early November 2026. It will provide an updated assessment of the midwifery workforce required across the maternity pathway, taking account of activity, acuity, complexity and service configuration. Until the review is complete, the scale and nature of any workforce gap cannot be confirmed.

The findings will need to be assessed against the funded establishment, staff in post, deployment, absence, training requirements and use of additional staffing. The detailed workforce implications and required next steps are set out in priority 2 above.

5.2 Obstetric workforce

The implications of the national reviews are multidisciplinary. The 10 Point Plan requires parity between obstetric, midwifery, neonatal and operational leadership, consistent Medical Director engagement and appropriate clinical director attendance. It also requires explicit assurance on medical capacity and responsiveness, particularly within maternity triage and out of hours.

There is no nationally agreed workforce modelling methodology for obstetrics and gynaecology, making consistent benchmarking difficult. Local service experience indicates increasing pressure at consultant and registrar level rather than a quantified workforce deficit. Additional antenatal and caesarean lists are required regularly across both sites; out of hours, increasing complexity must be managed alongside gynaecology; and elective obstetric capacity is affected by increasing gynaecology referrals and waiting lists. For example, introduction of the gynaecology hot week at Ipswich has had a material impact on antenatal clinic capacity.

Within maternity triage, the first data showing the proportion of medical reviews completed within BSOTS timeframes are expected this month. Data quality is still being refined, but the information will provide an initial baseline. Current medical staffing arrangements may not consistently provide the level of dedicated medical capacity anticipated by the national specification, particularly at Ipswich and during evenings and overnight. The emerging baseline will help quantify the position and inform any required service response. Any proposed workforce changes should be considered through the appropriate Trust planning and approval processes.

6. Maternity triage: principal service priority

The National Maternity Triage Specification defines triage as the safety-critical emergency front door for urgent and unscheduled maternity care. Trust Boards are expected to have the same visibility and accountability for maternity triage as for other urgent and emergency care. Organisations must audit current provision, complete a gap analysis and implementation plan within three months of publication, report through a public Trust Board, share progress with the NHS England region and fully implement the specification within 12 months. A significant change is that workforce requirements should be assessed using local attendance, demand, peak times and acuity, rather than birth numbers alone. This may reveal different staffing requirements between the two sites.

The national maternity triage benchmarking tool has now been completed separately for Ipswich and Colchester and received by the Extraordinary Board on 23 September 2026 as the Trust baseline. The completed audits provide a stronger site-level evidence base and identify the actions required to progress towards full implementation of the national specification. Initial BSOTS medical-review compliance data are expected this month and will provide a baseline, subject to further data-quality validation. The AMP model is reported to be contributing positively to triage performance and provides a potential workforce-development and retention pathway. Its future service role and any resource implications should be considered through established Trust approval processes.

National expectation	Current issue requiring assurance
Access 24/7 from early pregnancy to six weeks postnatal	Confirm locally agreed pathways and responsibilities between maternity triage, early pregnancy services, gynaecology, ED and primary care, including coordinated referral and handover so women access the appropriate service for their gestation and clinical need.
Initial assessment within 15 minutes	Agree consistent definitions, staffing and Epic reporting to demonstrate compliance and identify delay-related outcomes.
Dedicated 24/7 telephone triage, not diverted to labour ward	Assess call volumes, unanswered/abandoned calls, peak demand, staffing and escalation.
Dedicated staffing structurally independent of labour ward	Model protected midwifery and support staffing using local attendances, calls, peak times and acuity rather than birth numbers alone; assess the position separately for Ipswich and Colchester; and treat redeployment as a formal escalation event.
Timely senior medical decision-making	Validate and report the emerging baseline for medical review within BSOTS timeframes. Assess whether current capacity consistently supports timely review at Ipswich and during evenings and overnight, and use the findings to identify any required service response through established governance.

National expectation	Current issue requiring assurance
Advanced Midwifery Practitioner model	Evaluate the contribution of the AMP model to quality, performance, antenatal capacity, workforce development and retention. Define the future service requirement and route any workforce or resource implications through established Trust planning and approval processes.
Fit-for-purpose urgent-care estate	Assess visibility, privacy, capacity, infection prevention, accessibility, separation from scheduled activity and proximity/transfer to delivery suite on both sites.
Equity, experience and co-design	Use demographic and experience data; involve MNVP and underserved groups in audit, information and redesign.
Routine Board-visible measurement	Develop reporting for calls, attendances, waiting and review times, redeployment, reattendance, disposition, outcomes, incidents, complaints, inequalities and improvement impact.

7. Completed baseline position against the 10 Point Plan

Action	Current position	Assurance focus / where addressed
1. Martha's Rule	Leads identified; engagement with Critical Care underway.	Confirm the implementation model, escalation route, communications and training.
2. Outcomes and experience at public Board	Outcomes reported; MNVP, PMRT and co-production established.	Experience, clinical audit and inequalities reporting are addressed under priority 7.
3. Dual Board accountability	Named executive accountability and DoM attendance as required.	Maintain consistent Chief Nurse/Chief Medical Officer ownership and relevant clinical director attendance.
4. Amos into Action	Local lead and some listening activity.	Support the nationally led exercise and agree governance and feedback arrangements for local learning.
5. Inequalities and Maternal Care Bundle	Leads and task-and-finish groups in place.	Inequalities reporting is addressed under priority 7; Maternal Care Bundle delivery remains under established oversight.
6. 24/7 safety and responsiveness	Birthrate Plus is underway; local obstetric and multidisciplinary capacity pressures are identified.	Midwifery, obstetric, triage, surgical-capacity and multidisciplinary requirements are addressed under priorities 2–5 and 8, with resource implications routed through established Trust processes.
7. Homebirth review	Local overview reports benchmarking and monitoring.	Confirm the final evidence, Board reporting and impact of improvement actions.

Action	Current position	Assurance focus / where addressed
8. Humanity, candour and trauma-informed response	PSIRF reporting and trauma-informed training established.	Demonstrate the impact of learning from incidents, complaints, claims, staff and family feedback.
9. Safe maternity triage	24/7 triage, BSOTS and dedicated phone lines are established; AMP support is reported to be contributing positively and medical-review baseline data are emerging.	Use the completed site-level audits to address the acuity-based workforce, medical response, AMP service model, estate, equity and data requirements under priority 3 and section 6. Any resource implications will follow established Trust approval routes.
10. Post-death care	The Board Assurance Statement was signed by the Chief Executive and Trust Chair on 30 July 2026.	Continue oversight of outstanding corporate post-death care actions. Maternity bereavement workforce resilience is addressed under priority 9.

8. Governance and next steps

Date / milestone	Required action
20 August 2026	QPS scrutiny of strengths, priorities, concerns and national requirements.
23 September 2026	Extraordinary Board approved the completed 10 Point Plan baseline and received the Ipswich and Colchester triage benchmarking assessments as the Trust baseline before regional submission.
By 29 October 2026	Complete triage gap analysis and implementation plan and report publicly, reflecting three months from publication of the specification.
Late October / early November 2026	Receive the Birthrate Plus report, assess any workforce implications and route these through the appropriate workforce, financial and governance processes, with relevant quality and safety assurance reported to QPS.
31 December 2026	Submit Trust Board-approved national progress update.
By 29 July 2027	Full implementation of the national maternity triage specification expected.
Ongoing	Detailed delivery monitoring through MNIB. QPS receives assurance on quality and safety themes and material risks through established reporting routes, without duplicating MNIB oversight. Trust Board retains approval of national returns and visibility of significant risks; ICB/regional escalation is used where concerns or support needs are identified.

9. Conclusion

The Ockenden Review and Baroness Amos Report reinforce priorities already recognised within ESNEFT and provide an opportunity to build on established strengths. The evaluated Band 7 leadership programme is particularly important evidence that the service is investing in the frontline leadership, confidence and engagement required for sustainable cultural and safety improvement.

Established governance, service-user involvement, PSIRF arrangements, Maternal Care Bundle mobilisation and completion of post-death care assurance provide a credible platform.

The reports also require clear acknowledgement of where further strengthening is needed. The most significant issues are sustainable midwifery and obstetric workforce capacity, dependence on substantive staff working additional bank hours, acuity-based staffing and timely medical review within maternity triage, elective caesarean capacity, triage estate and data, infrastructure resilience and the need to translate the completed baseline into sustained, evidence-based delivery. Good assurance can now be given that the national baseline and both site-level triage benchmarking assessments have been completed and validated, with transparent identification of remaining gaps and established governance for delivery. This does not mean that all requirements are fully implemented; workforce, triage, surgical capacity and estates implications remain subject to continuing oversight and action.

Detailed delivery will continue to be monitored through MNIB, with assurance on principal quality and safety implications and material risks reported through QPS and the Board. The Council of Governors is receiving this report for information and is not being asked to duplicate those oversight arrangements or approve the national returns.

East Suffolk and North Essex NHS Foundation Trust

Council of Governors

Date of meeting:	30 September 2026
Report Title:	Staff Survey Outcomes
Executive/NED Lead:	Kate Read, Chief People Officer
Report author(s):	Kate Read, Chief People Officer
Action required:	For Assurance

Executive summary
This report provides the Council with a summary of the outcomes of the 2025 Staff Survey, the actions taken in response by the Trust, and the local questions included in the 2026 Staff Survey, which commenced in September 2026.
Action Required of the Council
The Council is invited to received the report.

Kate Read,
Chief People Officer

2025 Staff Survey

A brief re-cap on the 2025 results
Our response
Our 2026 focus

National context

2025 NHS Staff Survey: a challenging national backdrop

The national picture

No People Promise sub-score improved;
Development and Advocacy worsened. Stress and burnout remained significant, with work-related stress rising and nearly one in three staff reporting burnout

Context, not an explanation

ESNEFT followed many of these national trends, but local gaps against peers still require targeted action

NHS
East Suffolk and North Essex
NHS Foundation Trust

766,285
Staff responded nationally

49%
National response rate, down from 51% in 2024

58.05%
would recommend the NHS as a place to work

The picture at ESNEFT

Strong participation, but a broad deterioration in staff experience

Five interrelated themes

Our response has not been to create five separate programmes. The themes are connected and point to trust, agency and the day-to-day experience of work

1. Organisational confidence & advocacy
2. Staff voice & speaking up
3. Workload, wellbeing & burnout
4. Appraisal quality & development
5. Team working & organisational connectivity

NHS
East Suffolk and North Essex
NHS Foundation Trust

50.25%
Response rate

6,216
Responses

12,369
Eligible staff

Advocacy: rebuild organisational confidence

Staff confidence in ESNEFT as a place for care and work has weakened

Key area for improvement

Rebuild staff confidence in ESNEFT as an organisation that consistently prioritises high-quality patient care and is a place staff would recommend both for care and for work

This is the overarching outcome that connects the other improvement themes

NHS
East Suffolk and North Essex
NHS Foundation Trust

65.9%

say patient care is the organisation's top priority

52.7%

would recommend ESNEFT as a place to work

54.3%

would be happy with ESNEFT care for a friend or relative

Staff voice, involvement and speaking up

NHS
East Suffolk and North Essex
NHS Foundation Trust

The gap is not only speaking up. It is confidence that voice becomes influence and action

Our response

- Increase visibility and accessibility of Freedom to Speak Up support
- Equip managers to respond effectively through guidance and training
- Expand Assistant Guardian and ambassador support
- Demonstrate visibly that concerns are listened to, acted on and lead to change

Aim: to provide staff with greater influence over decisions and strengthen confidence that speaking up leads to timely, visible action

6.46

"Voice that counts"

44.9%

feel involved in changes affecting their work

42.4%

confident ESNEFT would address a concern after speaking up

Workload, wellbeing and burnout

NHS
East Suffolk and North Essex
NHS Foundation Trust

The signal is workload, competing demands and capacity, not simply access to equipment

Our response

- Earlier identification of work-related stress
- Targeted psychological and wellbeing support
- Focused intervention in teams with high burnout
- Triangulate sickness absence and staff feedback
- Listening events to identify local causes and actions
- Physical, mental, financial and family support for individuals

Aim: to address both individual support needs and the workplace factors contributing to stress and exhaustion

42.7%

can meet conflicting demands on their time

58.8%

have adequate materials, supplies and equipment

Appraisal quality needs strengthening

Completion is high. The opportunity is to improve the value of the conversation

Our response

- Shift from a process-led approach to meaningful, forward-looking development conversations
- Simplify the appraisal process and strengthen reflective questions
- Update manager training to improve conversations about contribution, objectives, career development and wellbeing
- Actively monitor colleague feedback on appraisal quality

Aim: appraisal helps staff feel valued, sets meaningful objectives and identify development opportunities

NHS
East Suffolk and North Essex
NHS Foundation Trust

85.3%
had an appraisal

22.5%
say appraisal improved how they do their job

31.1%
say it helped agree clear objectives

29.2% say appraisal left them feeling valued

Team working and organisational connectivity

NHS
East Suffolk and North Essex
NHS Foundation Trust

Build on resilient immediate teams to strengthen connection across ESNEFT

Our response
Use a leader-led approach to help teams understand their results, identify shared priorities and co-create meaningful improvements. Support this through the leadership toolkit, facilitated conversations, OD/HR support and Quality Improvement, while sharing successful practice beyond individual teams

Outcome: retain strong local belonging while increasing collaboration, shared purpose and organisational connection

79.8%
enjoy working with colleagues in their team

71.4%
say team members understand each other's roles

50.7%
say teams across ESNEFT work well together

Our key message for 2026

We genuinely want to know what it is like to work here:
the good things and the not so good things

Targeted leader prompts
Continue manager response information because targeted prompts improved completion
Local support
HRBPs and OD focus on lower-response areas; DMT support for large teams
Easy access
Continue electronic surveys
Recognition
Continue coffee-voucher incentive

Success is broad, representative staff voice, followed by visible action

NHS
East Suffolk and North Essex
NHS Foundation Trust

Move from "percentage completed" to "we want to hear from you"

2026 local questions

Retain continuity and add a direct invitation to shape Trust values and culture

1 Place to train
I would recommend East Suffolk and North Essex NHS Foundation Trust as a place to train

2 EpicEPR
Overall, I feel EpicEPR makes care better and safer for patients

3 Values & culture
What three words describe the values and culture we should be known for?

The third question broadens the survey from measuring experience to inviting staff to shape the culture ESNEFT should be known for

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