East Suffolk and North Essex NHS Foundation Trust

Minutes of the meeting of the Board of Directors will be held in Public on
Thursday 3 Sept 2026, 9:30 am – 13:00 pm
Roman Lounge, Colchester Rugby Club, Raven Park, Cuckoo Farm Way Colchester, CO4 5YX

AGENDA
Present:

Ms Tracy Dowling	Chair
Ms Sarah Boulton	Non-Executive Director
Ms Karen Livingstone	Associate Non-Executive
Mr John Humpston	Non-Executive Director, Senior Independent Director
Ms Alex Duffety	Associate Non-Executive Director
Dr Michael Gogarty	Non-Executive Director
Mr Paul Scott	Chief Executive
Mr James Rowe	Interim Chief Financial Officer
Mr Mike Meers	Managing Director
Ms Kate Read	Chief People Officer
Ms Karen Lough	Chief Operating Officer – Elective, Cancer and Diagnostics
Dr Angela Tillett	Chief Medical Officer
Ms Catherine Morgan	Chief Nurse and Interim Deputy Chief Executive
Ms Rebecka Fosher	Director of Governance

In attendance:

Laura da Rita	Membership and Committee Secretary – Minutes
Sally Barber	AD for QI, Health Inequalities & Medical Directorate – item 1.3

Apologies for absence:

Mr Anthony May	Interim Trust Secretary
Mr Mark Millar	Non-Executive Director, Deputy Chair
Mr David Eagles	Non-Executive Director
Ms Karen Sinnott	Non-Executive Director

Section 1 – Chair's Business		**Action**
PO99/26	**1.1 Welcome and Apologies for Absence** The Chair welcomed Board Members and apologies were **noted** as above.	
P100/26	**1.2 Declarations of Interest** No further declarations were made.	
P101/26	**1.3 Patient Story** The Chief Nurse advised that work continues following the patient story presented to the Board in July and highlighted the significant involvement of patients in the recent accreditation process. The Chief Medical Officer introduced September's patient story and noted the importance of understanding the impact of health inequalities and the difference the programme is making for patients and communities. Sally Barber, Associate Director for QI, Health Inequalities & Medical Directorate, presented a patient story focused on health inequalities. The Board noted that the strategy and annual plan had been shared in recent months. A video was shown to Board members and members of the public, featuring the experiences of both staff and patients. The Chief Medical Officer referred to the strategic ambition to shift care closer to home and sought assurance regarding plans to expand this approach more widely. Sally Barber	

	explained that there remains considerable work to do, with asthma identified as a key area of focus. Local GPs have provided positive feedback and are already seeing the benefits of the service. Tobacco treatment was also highlighted as a key priority, both locally and nationally, with funding opportunities available. The Trust remains committed to Making Every Contact Count (MECC), and work is underway with Epic colleagues to further develop the integrated model, enabling clinicians to make referrals directly through Epic. Work is also continuing across divisions to improve understanding of health inequalities. The Chief Executive asked what additional clinical input would be required to scale the programme further. Sally Barber advised that requirements are now embedded within the National Operating Framework. Data quality and accuracy is important; work is taking place with divisions to review waiting lists and monitor them against health inequality measures. Health inequalities are embedded throughout the organisation's quality improvement work. Ms Livingstone requested further information about the asthma outreach programme. Sally Barber explained that the programme initially started as a small service focused on areas of highest deprivation, including Ipswich and Jaywick. Additional funding has subsequently been secured through the Trust Charity. Clinics are now operating across a wider geographical area in close partnership with primary care providers. Educational events are also being delivered with primary care colleagues, while outreach mobile clinics and community engagement days have helped extend services into deprived communities. The next area of focus will be Felixstowe. Mr Humpston asked about patient access to, and awareness of, the service. Sally Barber explained that the programme remains relatively new and building awareness has taken time. Community outreach days have been particularly effective in promoting the service; however, funding remains limited and may not be available indefinitely. Mr Gogarty highlighted the current reliance on charitable funding. While recognising the value of the support currently being provided, there is some concern this isn't an ideal long-term solution. Greater focus is required at Integrated Care Board (ICB) as this level of care should become a more routine element of provision through primary care services. The Chair observed that many health inequalities initiatives are funded as time-limited projects, creating a significant element of risk. The Chief Executive acknowledged that securing sustainable funding at scale remains a key challenge. There is a significant opportunity for the organisation to work more closely with primary care and voluntary sector partners to improve services for patients while reducing pressure on secondary care. Ms Boulton commented that funding represents a limiting factor and asked how outcomes are evidenced. Sally Barber explained that many of the outcomes are qualitative in nature. While programme metrics are available, they do not always fully capture the impact of the work. It is important to present quantitative measures alongside patient experience and feedback. The Chief Medical Officer emphasised the considerable potential to develop and expand this work further but reiterated concerns regarding long-term funding. Outcomes for children and young people with asthma remain among the poorest in Europe and the most effective way to sustain progress is to embed the model within routine services, support primary care, and continue to raise the issue with Integrated Care Board colleagues. The Chair thanked Sally Barber and all those who had contributed to the video presentation. The Board noted that future Board Development and planning sessions would consider commissioning risks in greater detail, with matters to be brought back to the Public Board for further discussion and consideration. The Board **noted** the presentation.	**AMa**

P102/26	**1.4 Minutes of the meeting held on 2 July 2026** The Board **approved** the minutes as an accurate reflection of the meeting.	
P103/26	**1.5 Matters Arising from the minutes and action log** The action log was **updated** as appropriate.	
P104/26	**1.6 Report from the Trust Chair** 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. • 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. • A good Board Development session 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	
P105/26	**1.7 Report from the Chief Executive** 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: o Visiting many services across the Trust. It isn't easy working in healthcare at the moment. It is important to continue to support staff to deliver great care to patients. o Health inequalities is a key focus to target resource and relieve pressure on secondary care. o Epic is a unique opportunity, and it is important to use it as best we can for the organisation. The Board **noted** the Chief Executive's early priorities.	
Section 2 – Integrated Performance Report		
P106/76	**2.1 Integrated Performance Report Summary** The Interim Chief Finance Officer highlighted: • The first section of the report covers the National Oversight Framework (NOF), with the second section covering the Accountability Framework (AF). • Performance is reported to the end of July (M4). • The latest published NOF position remains Q4 2025-26, with the Q1 2026-27 position expected shortly. • Changes to the metrics for 2026-27 will make year-on-year comparisons more challenging. • The Trust finished Q4 in Segment 3 and is anticipated to remain in Segment 3 in Q1. • Forecasting and modelling were accurate during the previous year and the same approach is being applied this year. The Chief Nurse highlighted the following from a quality perspective: • Timely management of complaints remains a challenge. • Harm-free care indicators are improving, with falls performance now meeting ambition and exceeding the national target. Further improvement is required in relation to pressure damage, and the Stop the Pressure campaign has been relaunched in Colchester. • Hospital-acquired infection rates remain the main area of concern, with several mandatory reportable infections exceeding thresholds. Work is underway with regional and national colleagues to understand contributory factors, and an internal quality review	

	will inform an improvement plan. • Work is ongoing with Estates to address environmental factors. The Chief Medical Officer continued by highlighting: • Several never events have occurred across services. No common themes have been identified, and each incident is subject to detailed review, including Duty of Candour requirements. The Deputy Chief Medical Officer chairs a safety group which reviews all events and relevant national learning. • A full thematic review will be presented to the Quality and Patient Safety Committee in October. • The new mortality data provider is enabling more timely and accurate analysis. ESNEFT is currently an outlier for mortality for the first time since 2019. While this is believed to be a data issue, further investigation is required. • Work is underway to better understand data workflows and reporting processes. • A venous thromboembolism (VTE) hard stop has been introduced within Epic to improve compliance and data reliability while minimising disruption to clinical teams. The Managing Director highlighted the following from an operational performance perspective: • Improvements in both 4-hour and 12-hour emergency care performance. • Ambulance handover delays at Colchester remain a significant concern, with deterioration seen across both acute sites during August. • Increased Emergency Department attendances and use of resuscitation facilities. • Continued focus on seven-day service provision across both sites, including an enhanced frailty model commencing on 7 September. • A report on the impact of these changes will be presented to the Performance and Finance Committee in November. The Chief Operating Officer continued by highlighting: • Validation work was undertaken in July to cleanse the surgical patient waiting list. • Overall patient waiting list performance remains above plan (i.e.worse than plan). • Performance against the 18-week standard remains below plan (i.e. worse than plan). • Performance against the 52-week standard remains below plan. • August validation is not yet complete, although reductions in 62-week waits are being achieved through focused management of waiting lists. • Performance has remained largely static throughout Q1, with teams concentrating on reducing delays and improving outpatient appointment timeliness. • Cancer performance is improving under a recovery plan, though remains below national standards, with variation between tumour sites. • Additional support will be provided by the Cancer Alliance in key areas of concern. • Work continues with the ICB through a programme of outpatient transformation workshops. • Significant progress has been made against the GIRFT programme, supported by strong divisional engagement and clinical leadership. The Interim Chief Finance Officer highlighted the following from a finance perspective: • The revenue position is now more than 1% behind plan, with enhanced recovery actions in place. • Month 4 closed with a £16k in month surplus. • Temporary staffing expenditure has improved. • The year-to-date deficit is £5.7M. • The CIP PMO and Service Improvement functions are being mobilised. • Capital expenditure stands at £19.8M and is currently behind plan, although a balanced year-end position is forecast. • Cash balances totalled £30M at the end of Month 4. • Better Payment Practice performance improved to 94.5%, exceeding the previous year's position. • Overall, Month 4 reflected an improved financial position, although further work is required. The Chief People Officer highlighted the following from a workforce perspective:	

	• Work continues to improve completion of appraisals. • Vacancy rates continue to fluctuate due to posts being held for newly qualified staff. • Resident Doctor rotations in August have also affected vacancy rates. • Progress continues through the Smarter Services Programme to improve consistency and accessibility of services. • Staff wellbeing remains a key area of focus. • The flu vaccination programme will launch on 1 October. • Improvement plans are being received from teams. • The staff survey will launch on 21 September. Ms Boulton asked about the root causes of infection prevention and control performance. The Chief Nurse advised improvements are required in several areas: • Timely risk assessment and management of overcrowding. • Clinical environments, including maintenance and cleaning standards. • Clinical practice, particularly the overuse of gloves. • Risks associated with the ageing estate. • Early identification and management of infection. The Chief Nurse noted that improving performance in these areas will significantly strengthen the Trust's position. All staff need to understand their contribution. Issues are not confined to specific areas and are being experienced across the organisation, with operational pressures in urgent and emergency care acting as a contributing factor. Ms Boulton also asked how ESNEFT compares regionally and nationally. The Chief Nurse advised that changes in methodology make direct comparisons between Q4 and Q1 difficult. Regionally, ESNEFT currently ranks around 10th or 11th out of 14 organisations. Performance varies across indicators, with some areas performing more strongly than others. Learning is being sought from higher-performing organisations. Mr Humpston noted that the update reflects discussions previously held at the Performance and Finance Committee, providing assurance. Further detail regarding the Cost Improvement Programme (CIP) and surgical performance would be useful. The Interim Chief Finance Officer advised that CIP under-delivery remains one of the five key financial drivers. A dedicated project management office has been established to strengthen delivery, with additional controls being implemented. While further improvement is required, strengthened oversight arrangements are in place at both Trust and divisional level. An update will be included in the Month 5 report to the Performance and Finance Committee. Planning for 2027-28 will commence next month and is expected to support financial awareness, forecasting, and discussions with NHS England as part of the mid-year review process. The Chief Operating Officer reported significant improvements in waiting times following the opening of ESEOC. Productivity has increased from 691 procedures in Q1 2025 to 852 procedures in Q1 2026-27. While progress has been slower than anticipated, improvement is being achieved. Following detailed discussions at the Performance and Finance Committee, a 15-point improvement plan has been developed. Performance continues to move in the right direction, although further acceleration is required and the Performance and Finance committee will maintain oversight.	
P107/76	**2.2 Key Issues report – Quality and Patient Safety Committee** Ms Boulton spoke to the reports received and provided a verbal update following August's meeting, noting the CKI will be shared with Board members in November. A number of papers presented at August's meeting have been included in today's papers for review. A restructure of BAF8 was discussed in detail with committee members. The Board **noted** the reports.	

P108/76	**2.3 Learning from deaths Annual report** The Chief Medical Officer presented the report and noted that it had been considered in detail by the Quality and Patient Safety Committee in August. • Data is scrutinised in detail, recognising that some patients are not comfortable disclosing their ethnicity. • A change in data provider is expected to improve reporting and data quality. • EMBRACE data, currently for 2024, continues to be reviewed, although reporting timelines differ from other datasets. • The introduction of Martha's Law was noted. • The importance of using the data to support learning and improvement was emphasised, while recognising that each dataset represents patients and families. Ms Livingstone asked how the information is shared with local partners to support collaborative working. The Chief Medical Officer advised that information is routinely shared between health providers, but greater collaboration is needed with mental health providers and local authorities. It is important to recognise key learning from the data to support service improvement. Ms Livingstone noted that local authorities are likely to undertake resident surveys and suggested there may be opportunities to identify common themes and correlations. Ms Boulton commented that it would be beneficial for Governors to be provided with sight of the report The Board **noted** the report.	**AMa**
P109/76	**2.4 Key Issues reports - Performance and Finance Committee** Mr Humpston spoke to the reports received and provided a verbal update from August's meeting, noting the CKI will be shared in November. The Board **noted** the reports.	
P110/76	**2.5 Key Issues report - People and Organisational Development Committee** Mr Humpston spoke to the report received in the absence of the committee Chair Ms Sinnott. The Board **noted** the report.	
P111/76	**2.6 Urgent and Emergency Care and Seasonal Variation Plan progress report** The Chair noted that the Board discussed the matter in detail in August and further information will be presented in private at the end of September. The Managing Director advised that additional work had been undertaken since the Board last met, including: • Infection Prevention and Control, including improvements to the timeliness of testing. • Development of a North East and West Suffolk ICB business case for an Urgent Community Response service, which was approved on 16 September. • Continued focus on bed capacity and improvement plans at Colchester Hospital. • Discussions with Essex ICB regarding additional funding opportunities. The Chair asked whether the outcome of discussions with Essex ICB would be known before the SVP submission deadline. The Managing Director confirmed that it is expected.	
Section 3 – Quality and Patient Safety		
P112/26	**3.1 Neonatal Care at ESNEFT- now and into the future"** The Chief Nurse introduced Dr Andrea Turner (Divisional Director for Women's & Children's Services), Amy Bruce (Associate Director of Nursing) and Emma Hart (Neonatal Matron). Dr Andrea Turner spoke to the presentation, which was shared with Board members during the meeting, and highlighted:	

	• Around one in seven babies require admission to a neonatal unit. • High-quality neonatal care can have a lifelong impact on outcomes. • Wherever possible, babies are cared for close to home, with parents recognised as partners in care. • Safe maternity care is dependent on high-quality neonatal care. • ESNEFT provides care for babies over 27 weeks' gestation, including short-term intensive care, with tertiary centres supporting babies requiring more specialist care. • The Trust works with the Operational Delivery Network as one of ten neonatal centres, supporting three Neonatal Intensive Care Units. • The PANDA service provides transport for pre-term, cardiac and surgical babies. • Both sites have a four-bed transitional care unit. • The Trust provides a well-established outreach service for families. • Rates of pre-term birth and neonatal admissions are in line with national averages. • Neonatal surgery is not provided on site, reinforcing the importance of ensuring babies receive care in the most appropriate setting. Emma Hart presented a patient story involving a baby who received ten days of care at a tertiary centre before being repatriated to Colchester. It is important to listen to patients and families to inform service improvement. Feedback is collected through a variety of mechanisms and shared with teams to reinforce good practice and identify opportunities for learning. Amy Bruce highlighted: • NMAC data is used to benchmark performance, with both ESNEFT neonatal units performing well. • The Bliss Baby Charter is used to assess family-centred care, with Ipswich accredited at Platinum level and Colchester working towards Gold accreditation. • A recent infection outbreak has been successfully resolved, and the Trust was commended for its management of the incident. • A mortality review has been undertaken following a period where neonatal deaths were above national levels. • Increasing complexity among pre-term infants is being observed. • The Trust works closely with neonatal networks and internally to manage demand and capacity. • Extended consultant presence is required across both sites but is not currently available. • Estate challenges remain significant, with the Colchester unit too small for demand and a business case in development. At Ipswich, the distance between the neonatal unit and children's services presents operational challenges. Dr Andrea Turner also highlighted the recent Baroness Amos and Ockenden reports and advised that work is underway to ensure compliance with emerging recommendations. A further report is expected later in September. Network working will become increasingly important, with a requirement for additional intensive care cots while maintaining the principle of caring for babies as close to home as possible. More complex care is expected to be delivered within community settings in future. Family integrated care is already well established within ESNEFT and is expected to become standard practice more widely. Digital technology will play an increasing role in supporting care delivery. Estate development is a key enabler for future service improvement. The Chief Medical Officer agreed that the continued development of local neonatal services will be important. Dr Turner noted that the overall cot base is unlikely to increase significantly, service requirements will continue to evolve. Simulation training remains an important element of workforce development. The Chief Nurse noted the importance of estate investment and asked how well placed the Trust is to provide the specialist workforce required in the future. Dr Turner advised that ESNEFT has a number of consultants with neonatal expertise but providing consultant-delivered services across both sites remains challenging. Maintaining services on both sites is considered essential.	

	Ms Boulton asked about the main challenges facing parents and staff. Emma Hart advised that family room capacity at Colchester remains a significant issue, with demand often exceeding availability. It is important to enable parents to remain close to their babies. Consistent communication with both families and staff is also an area for ongoing improvement. At Ipswich, the distance between the neonatal unit, paediatric services and maternity services continues to present challenges. Capital planning associated with the tower block redevelopment remains a top organisational priority. Mr Humpston asked about emotional support available to staff and families. Amy Bruce described the use of hot and cold debriefs following incidents and highlighted the implementation of the TRUE programme across paediatric services. Weekly multidisciplinary team meetings are also held to support staff. A psychologist is available on each site one day per week to provide support for parents and families.	
P113/26	**3.2 Maternity and Neonatal** • **MNIB CKI** • **Implications and recommendations following the Ockenden Review and Baroness Amos Report** • **Perinatal thematic report (Q1)** The Chief Nurse presented the Maternity and Neonatal Improvement Board (MNIB) CKI report following the most recent meeting in July. The Director of Midwifery provided an update on the implications and recommendations arising from the Ockenden Review and Baroness Amos Report: • An approved Board position is required by the end of September and will be submitted for Board approval, in private, on 23 September. • Work is underway across all ten actions, with clear strengths identified alongside areas for improvement. • A clear plan is in place to deliver the required actions, although further work remains necessary. The Chair commended the openness of the report and the assessment of the extent of assurance being provided to the Board. The Director of Midwifery presented the Perinatal Thematic Report and highlighted: • Positive assurance has been identified across a number of areas, alongside evidence of further work required. • Perinatal mortality has previously been outside the expected range. • Term admissions have improved overall, although Ipswich remains an outlier. • Operational pressures resulted in 40 maternity red flags being reported. • Review processes are in place for postpartum haemorrhage incidents. • Communication and family experience continue to be recurring themes within complaints. • A dedicated Family Liaison Officer (FLO) role has been introduced, separate from investigation and bereavement services. • Robust processes are in place to identify and manage risks, although sustainable improvement remains a key focus. The Chair advised that the report will be presented to the Board on a quarterly basis going forward. The Board need to consider how its sub-committees can support enhanced scrutiny and oversight. Mr Gogarty and Ms Duffety have been appointed as Board Maternity Safety Champions. The Chief Nurse updated the Board on current operational pressures and mitigating actions: • The placement of newly qualified midwives remains a national challenge and requires further consideration locally. • The Maternity Operational Support System (MOSS) has been implemented following guidance from East Kent.	

	The Director of Midwifery advised that there had been only two MOSS alerts across the East of England, neither of which involved ESNEFT. She noted that MOSS alerts require a rapid data submission response. The Chief Executive referred to estate challenges following a recent visit to the Ipswich Maternity Unit and asked how patient and family voices are being incorporated into future planning. The Director of Midwifery advised that recent training for Band 7 Labour Ward Coordinators has led to a more proactive culture, with staff bringing forward solutions rather than problems. There is a clear impact of heightened national scrutiny on staff morale, cultural forums have been established in response to national learning. A recent Department of Health and Social Care (DHSC) visit to maternity services across ESNEFT was also noted. The introduction of the Family Liaison Officer role had arisen directly from feedback received from families, although further improvements remain possible. Ms Boulton commented on the number of high-profile maternity reviews undertaken nationally in recent years and asked how this was managed from a leadership perspective. The Director of Midwifery advised that the findings of recent reports have not been unexpected and reflect issues already recognised locally. While the majority of care provided is excellent, failures can have significant consequences, making openness and honesty essential. Ms Duffety asked whether parents feel able to raise questions and concerns at the time care is being provided and suggested that understanding this further would be beneficial. The Chair agreed and noted this could be explored through future service visits. The Director of Estates and Facilities reaffirmed the Trust's commitment to improving maternity estate across the organisation.	
P114/26	**3.3 Health and Safety Annual Report** The Director of Estates and Facilities presented the report, which had previously been considered by the Quality and Patient Safety Committee in August, and highlighted: • All relevant policies have been reviewed and approved. • A total of 140 audits were completed during the reporting period. • 690 incidents were reported, representing a 12% reduction overall. • Violence and aggression remain a significant concern, with clinical assaults increasing by 39%. • Mandatory training compliance remains above 90%. • One corporate risk remains open, with work underway to mitigate and resolve the issue. Mr Humpston noted that the levels of violence and aggression remain concerning and suggested that a more detailed review would be beneficial. The Chair agreed and reiterated that all incidents of violence and aggression are unacceptable. The Board agreed that a future deep dive into the issue would be valuable. The Board **approved** the Health and Safety Annual Report.	**KR**
P115/26	**3.4 Infection Prevention and Control Annual Report** The Chief Nurse presented the report and outlined the governance arrangements in place through the Infection Prevention Committee and the Quality and Patient Safety Committee. Ms Boulton noted that although the report is retrospective in nature, it provides important assurance and insight into performance and trends. Mr Gogarty asked how confident the organisation is that the identified issues can be resolved. The Chief Nurse advised that she is confident that improvement can be achieved, although this will take time. Some actions have resource implications, but these are being monitored and managed at Executive level.	

	The Chair emphasised that patient safety remains a key priority for the Board and acknowledged the challenge of balancing this alongside a number of competing organisational priorities. The Board **noted** the report.	
P116/26	**3.5 Premises Assurance Model Assessment** The Director of Estates and Facilities presented the report and highlighted: • The self-assessment process had been completed, resulting in an overall rating of 'requiring minimal improvement'. • The Trust continues to benchmark well against peer organisations. • Further work has been undertaken in response to the findings of the Fuller Report, particularly in relation to Mortuary Services. The Board **approved** and **endorsed** the PAM submission.	
Section 4 – Strategy and Transformation - There are no items for consideration		
Section 5 – People		
P117/26	**5.1 Workforce Disability Race Equality Standard (WDES) Annual Report** The Chief People Officer presented the report and noted that it had been approved by the People and Organisational Development Committee. • Progress has been made in a number of areas, although further improvement is required. • Continued focus is being placed on sickness management and supporting line managers. • Work is underway to increase staff confidence in reporting poor experiences. • Reducing inequalities and ensuring disabled and non-disabled staff have an equitable experience remains a key priority. • Staff networks and allies continue to play an important role in supporting this work. The Board **approved** the report.	
P118/26	**5.2 Workforce Race Equality Standard (WRES) Annual Report** The Chief People Officer presented the report and noted that it had been approved by the People and Organisational Development Committee. • The report highlights areas of progress alongside areas requiring further improvement. • Improvements have been seen in shortlisting outcomes for candidates from minority ethnic backgrounds. • 31% of the workforce identify as being from a Black, Asian and Minority Ethnic (BAME) background. • Further work is required to improve the lived experience of colleagues from minority ethnic groups. • Increased representation within senior roles remains a priority. • The EMBRACE Network continues to play a significant role in organising events, promoting understanding and supporting learning across the organisation. • Work is underway to increase the number of Cultural Ambassadors. Ms Livingstone asked whether a broader range of ethnicity-related data is collected. The Chief People Officer advised that the report follows a nationally prescribed framework, but ESNEFT captures a wider range of workforce data and lived experience information. Mr Humpston noted the links to the earlier discussion on health inequalities and highlighted the importance of supporting inclusivity and equality within the communities served by the Trust. The Chair agreed and referenced the bullying and harassment findings within the report. Additional information and assurance on actions being taken may be required by the Board in future. It is important to clearly articulate the Trust's position on the issues.	

	The Chief Medical Officer highlighted the importance of education within local communities and the role ESNEFT can play in supporting greater understanding and inclusion. The Board **approved** the report.	
P119/26	**5.3 10 Point Plan for Resident Doctors** Dr Peter Bishop, Director Faculty of Education, presented the report and highlighted: • The framework was established in 2025 to improve the experience of Resident Doctors. • ESNEFT was largely compliant with the requirements at the time of its introduction. • An annual return is submitted to NHS England. • Challenges remain in areas including access to hot food out of hours and the provision of secure storage for personal belongings. The Chair noted the Resident Doctor Framework and welcomed the clarity of the report, particularly the identification of next steps and actions. The Chief Medical Officer emphasised the importance of continuing to improve the working lives and experience of Resident Doctors. The Chair agreed. Ms Livingstone asked about the impact of industrial action and noted that pay is not the only factor influencing retention. Peter Bishop agreed and explained that a lack of geographical certainty remains a significant concern for Resident Doctors, many of whom wish to establish long-term roots in a particular area. There are strong career pathways available within ESNEFT, including opportunities to progress into SAS and Consultant roles, which support retention. GMC survey results demonstrate year-on-year improvements, helping to encourage Resident Doctors to remain with the Trust. The Board **agreed** that the Chair should exercise **Chair's Action to approve** the paper following the meeting, subject to the inclusion of additional information that had been submitted to, and approved by, the People and Organisational Development Committee.	**TD/KR**
Section 6 - Governance		
P120/26	**6.1 Key Issues Report - Audit and Risk Committee** Ms Boulton spoke to the report received in the absence of the committee Chair Mr Eagles. The Board **noted** the report.	
P121/26	**6.2 Board Committee Effectiveness and Terms of Reference Reviews** The Director of Governance presented the reports and advised that minor amendments had been made to the Terms of Reference following the completion of a comprehensive effectiveness review. The Board **noted** the updates and **approved** the updates.	
Section 7: Questions from the public		
P122/26	**7.1 - Public Questions Relating to the Agenda** A member of the public referred to the health inequalities presentation earlier in the meeting and the comment that some patients feel they have to fight for access to services. The Chief Medical Officer explained that the Trust receives patient feedback through a range of routes and that valuable learning is gained from every patient interaction. Patients should not have to fight for care, while performance data is important, patient feedback is equally critical in understanding and improving services. The Chair added that the asthma service discussed earlier in the meeting is currently only funded until March, highlighting the need for ESNEFT to work closely with commissioners to address issues of sustainability and access. It is important to involve service users in the design and development of services, particularly those who experience barriers to accessing care. Considerable engagement work has already been	

	undertaken with patients and local communities, but further improvements can always be made. The Chair also noted that the Health Bill is currently progressing through Parliament. The removal of Governors, who currently provide a community voice within the Trust, could create a gap in representation. The organisation will need to consider future approaches to community engagement. As ESNEFT moves towards its ambition of becoming a more integrated health provider, it will be increasingly important to hear directly from local communities and community organisations so that collective resources can be used effectively to support people. Complaints and PALS enquiries represent only part of the overall patient experience; broader engagement is essential to fully understand the views of patients and communities.	
Section 8 – Other Urgent Business		
P123/26	**8.1 Any Other Urgent Business** Mr Humpston thanked Dr Angela Tillett for her contribution to the Board during her tenure as Chief Medical Officer and acknowledged her commitment, leadership and service to the organisation. The Board joined Mr Humpston in expressing its appreciation and wished Dr Tillett every success for the future.	
P124/26	**8.2 Date of next meeting** The Board noted that the next meeting of the Board in Public would take place at 9.30am on Thursday 5 November 2026, Conference Centre, Kesgrave War Memorial, Twelve Acre Approach, Kesgrave, Suffolk, IP5 1JF	

Approved:

Chair: Ms Tracy Dowling, Trust Chair

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