

## Key Issues Report

### Issues for referral

<b>Originating Committee/Group and meeting date:</b>	Performance and Finance Committee, 19 December 2025
<b>Chair:</b>	John Humpston, Non-Executive Director
<b>Lead Executive (as appropriate):</b>	Adrian Marr, Director of Finance and Deputy Chief Executive

Subject	Details of Issue	Action*
Chair's Business  Board Assurance Framework (BAF)	<p>At the Chair's request, the Director of Finance summarised the initial Medium Term Plan submission, which had been approved at the extraordinary Board meeting held immediately prior to the committee meeting, and confirmed that it would be submitted to the NHSE Region to meet the midday deadline.</p> <p>The BAF report provided an update on the six strategic risks aligned to the committee, alongside the risks on the corporate risk register aligned to the committee due to their impact category. There were no proposed changes to the rating of strategic risks, however updates to controls / assurances / actions were provided across all six risks. The committee recognised the assurance provided through regular updates of the BAF. In terms of the corporate risks, members raised queries regarding the two most significant risks, relating to microbiology recruitment and pharmacy robots. Assurance was provided regarding ongoing recruitment and inclusion on the capital programme respectively.</p>	Escalation – January Board
Operational Performance Report (Acute)	<p><b>Urgent and Emergency Care:</b> Performance improved in November, and further improvements have been seen in December – with similar performance across both sites. Ambulance handovers have been improving, although particularly challenging last week due to a number of closed beds related to flu. Position now improving and 4-hour wait performance continues to improve – by around 6% since last month. Across both sites non admitted ED performance has improved. There is a continued focus on patient flow task force to reduce long waits. Additional capacity to improve flow and reduce ambulance hand-over delays, as part of the Seasonal Variation Plan (SVP), is due to open at Colchester Hospital later in December.</p> <p><b>Elective, Cancer and Diagnostics:</b> Work continues on resolving the PACS backlog – this is now at levels consistent with pre-Epic implementation. In terms of national reporting, weekly and monthly league tables are being shared. Improvements are being seen in 18-week and 52-week percentage, but it is not yet sufficient to move ESNEFT up the table. There are 8,799 patients to date and treat by end of March 2026. 92% of the PTL (Patient Tracking List) has been completed. The regional and national teams are being updated regularly, with discussions</p>	Assurance

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	<p>focused on cancer performance, noting slower recovery compared to other areas. Turbo rooms (combining Epic experts with operational experts (waiting list managers, etc.) have been implemented to support elective validation and improve cancer treatment timelines.</p> <p>The committee noted that Medically Fit for Discharge performance has not improved for some time. It was recognised that this was a snapshot figure, and that a more meaningful measure would be a process delay time from a patient being ready to discharge, to them being discharged. Following the implementation of Epic, data is more comprehensive. There is a focus on improving this internally alongside working with community colleagues to support flow.</p>	
Operational Performance Report Community	<p>Work in Leiston, one of the Ipswich neighbourhood teams is progressing, supporting the shift of care into communities. Early indications suggest this may be reducing ED attendances in Ipswich compared to West Suffolk, despite Ipswich having a larger, older population which typically drives higher demand.</p> <p>Discharge and deferred visits: Challenges remain with patient discharge across communities. In North East Essex, the focus on reducing deferred community nursing visits (as cancellations affect care stability and patient experience) is showing sustained improvements. Slow but positive progress on MSK and pain management waiting times were noted; future reports will provide better visibility on specialist and community service waits. Ongoing issues with housebound phlebotomy referrals were noted, which were impacted by QOF.</p> <p>A new report format is due to be presented to the committee from January 2026 – there had been a delay in implementing this due to needing to collate data from different sources – both internally and externally. The report will continue to be refined from January.</p>	Assurance
SVP Forum update	<p>A series of meetings have been arranged to discuss additional capacity for winter, with a particular focus on extra bed space. While the proposed plan is considered unaffordable, the priority is ensuring a safe winter given the challenges posed by flu and other pressures. Urgent decisions are needed to maintain patient flow and safety.</p>	Alert
Workforce Performance	<p>A slight increase in sickness was reported (to 5.11%), and voluntary turnover is stable at 5.5%. Mandatory training compliance was at 92%, but appraisals have reduced to 82%. There will be a re-focus on mandatory training and appraisal compliance now Epic training has completed. Staff in post vs planned, good. Positive position reported regarding agency and bank usage – supported by controls being exercised. It was however noted that whilst vacancy rates look positive, the actual available clinical workforce remains a challenge – with additional bed capacity compounding this. A significant proportion of wards are not currently achieving the 95% fill rate against funded establishment. To support capacity, the Trust over-recruited in September and maintained international recruitment.</p>	Assurance

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Patient safety and quality	<p>The Chief Nurse alerted committee members to updated guidance from NHSE regarding corridor care. References to 'treatment escalation space' (TES) should no-longer be used: it is now referred to as 'corridor care' to accurately reflect where people are being cared for. The guidance places an emphasis on ensuring senior and board level visibility. Use of corridors within wards is currently more easily reportable than corridor use within ED, but this is being addressed. A clear aspiration should be to reduce the use of corridors as these are currently routinely used. Additional capacity at Colchester should address. A gap analysis is being undertaken against current Standard Operating Procedures – the outcome will be reported to the Quality and Patient Safety Committee.</p>	Assurance
Finance Report Month 8	<p>A year-to-date deficit of £11.6m was reported, £7.8m behind plan. £300K related to unfunded costs for industrial action (not funded nationally). Current forecast outturn £16m. Continue to meet with ICB re. additional funding – Epic mobilisation, winter, etc. Receptive but not conclusive, recognise end point required for January 2026. The Trust has funded Epic £9m internally, and will be seeking support from the ICB .</p> <p>Within monthly cap for bank and agency.</p> <p>Routine elective surgery overspend £400K in month to maintain position against 52 week position.</p> <p>Drugs feeder – reporting from Epic into the general ledger – due to resolved by January, currently accruing value based on historic trends for that month.</p> <p>Cash value stable at £27.5m. Capital £18m underspent. Currently reviewing potential projects to be brought forward to reduce risk profile associated with medical equipment.</p> <p>SVP would create additional pressure against outturn position but continue to discuss with ICB.</p> <p>The committee discussed Surgery division recovery due to substantial variation from plan, a lot of work remains.</p>	Assurance
NHS Oversight Framework	<p>NOF Q2 published last week, Trust remained in sector 3, improved position by 4 places. Actual score moved to 2.47 from 2.48 (lower better). Not many changes in quartile. NHSE are continuously evolving the NOF. Vast majority (78%) Acute Trusts are in segments 3 and 4. Trusts within segments 1 and 2 are mostly single speciality or community providers. Nationally recognised as a trial year for NOF, may be changes in future.</p>	Assurance
Productivity and Efficiency	<p>The month 8 report confirmed £18.4m CIP delivery against a target of £26.8m and a full year target of £43.9m.</p> <p>The current focus is on delivery for remainder of year as well as planning for 2026/27. The Trust benchmarks well within the region.</p> <p>Productivity has improved, with figures showing a 6.3% increase year-to-date compared to the same point last year, although 2024–25 was less productive at -1.8%. Elective activity is progressing in line with expectations and links to the new elective regime. National cost collection data shows ESNEFT at 96, indicating slightly better than average efficiency. Early planning for 2026–27 is required, aligned with the wider strategy and medium-term</p>	Assurance

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	<p>financial plan. The key themes for the next two years will be stabilisation, consolidation and maximising existing assets such as Epic, Green Surgical Hubs, UTCs, and Endoscopy units.</p> <p>Looking to 2026/27, there is a need to understand whether the Trust is too ambitious with CIP targets: there is a need to focus on what has been delivered historically to ensure the target is realistic.</p>	
Reports by Consent	The Accountability Framework month 7 report was received. Reference was made to the 2026/27 review of the AF, which is commencing. This will include improved information from Epic, alignment to the NOF and additional quality metrics.	Assurance

<b>*Key:</b>		<b>Approval</b>	Positive action required regarding an item of business or support for a decision
<b>Escalation</b>	Support/decision required by reporting committee to resolve an issue within its remit	<b>Alert</b>	Proactive notification of subject matter/risk that reporting committee is currently dealing with or mitigating which may require future action/decision
<b>Assurance</b>	Evidence or information to demonstrate that appropriate action is being taken within a reporting committee's remit	<b>Information</b>	No action required. Reporting to update on discussion within a reporting committee's remit