

Key Issues Report

Issues for referral

Originating Committee/Group and meeting date:	Performance and Finance Committee, 25 February 2026
Chair:	John Humpston, Non-Executive Director
Lead Executive (as appropriate):	James Rowe, Interim Director of Finance

Subject	Details of Issue	Action*
Board Assurance Framework (BAF)	<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.</p> <p>BAF6, regarding elective performance, has had two new gaps in assurance identified: a) completion of daily tasks within Epic by clinicians to ensure the accuracy and timeliness of data and b) the impact on booking staff as a result of current workforce changes and fixed term contract end dates.</p> <p>Within BAF6B, cancer performance, a similar gap regarding booking staff had been added. New actions had been added relating to additional endoscopy capacity at Ipswich, and detail has been incorporated into action 6, referencing the radiology recovery plan and associated outsourcing options. Action 8, concerning harm reviews for long wait cancer patients, now notes that a revised trajectory is required due to current limitations in Epic derived data; work is ongoing to address this.</p> <p>BAF7, regarding estates, had been fully reviewed following completion of planned actions and associated improvements to controls. New actions had been articulated for 2026/27. The committee supported a recommendation to reduce the risk from a score of 12 to 9, reflecting the improved position. (Extract of BAF7 provided as appendix 1 to this report).</p>	Assurance Escalation
Operational Performance Report (Acute)	<p>Urgent and Emergency Care: Week-on-week improvements continue to be observed across all constitutional standards. The Trust is on course to achieve the revised four-hour performance trajectory of 78% by year end. Achieving this level of performance will, in turn, create the necessary operational space to strengthen internal processes related to corridor care, escalation, patient flow, and discharge.</p> <p>Elective, Cancer and Diagnostics: 18-week standard performance now stands at 56.6% up from 55.5% last week, reflecting weekly improvements of between 0.7-1%. The 31-day cancer standard appears worse for January, but this is attributed to data quality issues in skin and chemotherapy reporting. The Trust is expected to achieve the national standard once these issues are resolved. Diagnostics performance is also improving, supported by additional weekend ultrasound capacity. There is a slight delay in the installation of the new MRI scanner, now</p>	Assurance

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	<p>expected the week after next, with a temporary reduction in scanning capacity anticipated. There is a national bone cement shortage affecting trauma and orthopaedics. Elective cemented procedures have been paused since last Thursday and will remain so until supplies stabilise. The Trust is prioritising emergency and trauma cases and has been backfilling lists with patients not requiring cement. The delays will affect some patients, including some approaching 52-week waits. The Trust is exploring super-weekend operating sessions in March to support recovery once supply resumes. A summary of the national Cancer Plan was also presented.</p> <p>The committee noted that there remain ongoing issues with PACS and work continues with the supplier to support resolution. Breast screening is the most impacted service, and an action plan is in place, with scheduled completion by the end of March. Progress is monitored through weekly incident management meetings.</p>	
Operational Performance Report Community	The report had been further enhanced to include information on DNA rates. For Ipswich and East Suffolk, DNA rates are approximately 0.1% for therapies and 0.2% for community nursing. In North East Essex, the rates are 1.8% for therapies and 0.7% for nursing. These rates compare favourably. In terms of waiting times, ESNEFT records 1.4 % of patients waiting over 52 weeks, compared with a national figure of 0.9%. For 18-week waits, the Trust's performance is 91.5% compared with a national figure of 82.4%.	Assurance
SVP Forum update	Following the approval of additional Seasonal Variation Plan (SVP) funding to expand diagnostics capacity, enhanced pharmacy provision, including ward and ED based pharmacy support and increased opening hours and the implementation of additional temporary escalation areas, the focus is now switching to understanding the impact of the investment to support business planning for 26/27. A summary of the early impacts will be considered at the February meeting of the Operational Delivery and Oversight Group and considered at a future meeting of the committee.	Assurance
Workforce Performance	<p>The vacancy rate is currently 3.3%, demonstrating positive progress, particularly in nursing vacancies. Within administrative and clerical staffing, vacancies and MARS departures continue to contribute to pressure. Sickness absence remains a significant issue, particularly in month 10, although the trend has been improving through February. Short- and long-term sickness continues to be monitored, with formal letters issued after four episodes over a rolling twelve-month period.</p> <p>The overall variance to plan for the month showed the Trust operating 87.25 WTE below establishment between months 9 and 10. This reduction is linked to staff departures through the mutually agreed resignation scheme at the end of December, administrative and clerical vacancies currently being held, and posts awaiting internal recruitment processes.</p> <p>The Trust has been asked to convert a number of locally employed doctor posts into resident training posts. Normally the Trust receives a salary contribution and a placement fee to support this, with the placement fee typically around £12,000 plus a market forces factor. NHS England has reduced this to £5,000 for this additional cohort and removed the salary contribution entirely.</p>	Assurance

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	<p>Good progress regarding consultant recruitment was reported.</p>	
<p>Patient safety and quality</p>	<p>The Chief Medical Officer raised the following points:</p> <ul style="list-style-type: none"> • Pressures continue, partially in Colchester, with cumulatively over 1000 patients waiting in corridors in January. Understanding the risk to patient care that this creates is important. • There are differing pictures across Essex and Norfolk and Suffolk. The Multiple Sclerosis pathway and availability to medicines is well established in Suffolk but Essex doesn't. • Quality performance data optimisation is needed. • There has been a national ask to expand the resident doctor numbers. The organisation needs to be mindful of the impact on fellows and SAS doctors who provide a good source of continuity. <p>The Deputy Chief Nurse brought the following additional items to the committee's attention:</p> <ul style="list-style-type: none"> • Overcrowding continues to increase infection rates and IPC challenges. Rapid isolation processes are in place. • Collaborative working with Sodexo to ensure cleaning is as it should be. • The Bures Ward has been recruited too. This provides a more sustainable position. 	<p>Assurance</p>
<p>Finance Report Month 10</p>	<p>At month 10, the Trust reported a £13.6M deficit, which is £11.8M behind plan. £9.8M has now been received following discussions with the ICB relating to system incentive support. This reduces the Trust's net position to £3.8M behind a break-even plan. The Trust's year-end forecast is £4.12M</p> <p>Bank expenditure has stabilised following previous months of reductions, while agency expenditure continues to fall. It was recognised that further acceleration of this reduction will be required as the Trust moves to deliver the plans for 2026/27.</p> <p>Divisions are currently working through the business planning processes for 2026/27. A Surgery Turnaround Director has been appointed and will commence in March. Additional central finance support will also be provided. A substantial element of surgery's financial challenge relates to clawback arrangements; improving productivity will therefore be essential to reversing the overspend profile. This will also be supported through a new service improvement team, formed from the transformation team and digital PMO, will support best-practice implementation across the organisation, boosting productivity and CIP while delivering savings and strengthening change capability.</p> <p>Cash is £13.4M behind the projected position, this is not a concern and relates primarily to a delayed public dividend capital drawdown, which has been confirmed and is expected to be resolved by next month. Capital</p>	<p>Assurance</p>

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	<p>expenditure is currently £22.2M behind plan; a detailed and itemised tracker is in place and being monitored regularly by estates.</p>	
<p>Productivity and Efficiency</p>	<p>The month 10 report confirmed £25.1m CIP delivery against a target of £35.3m and a full year target of £43.9m. The focus is now on quarter four CIP delivery, with detailed reviews under way with divisions, particularly around full-year effect savings for next year. 2026–27 business planning sessions will take place next week, where divisional budgets will be tested alongside central schemes.</p> <p>Productivity currently stands at 5.6%, above both the national and regional averages.</p>	<p>Assurance</p>
<p>Capital Medium-Long Term Plan</p>	<p>An update on medium-term capital plans, including short-term priorities and the forward programme of capital work. Areas for improvements have been reflected on during 2025/26, particularly concerning the approach to procuring capital and delivery.</p> <p>It is recognised that the Trust has been highly successful in obtaining business case approvals, and is now focusing on converting those approvals into delivered assets. Challenges have arisen in progressing schemes through tendering, contract awards and contract management. For the coming year, the Trust must ensure it gets ahead of the programme, and will also focus on ensuring additional schemes are tender-ready should additional national funding become available.</p> <p>The committee also received a report detailing site acquisition opportunities in relation to the transfer of NHS Property Services (NHSPS) owned properties – for which the Trust pays substantial service charges. The committee supported the recommendation to the Trust Board.</p>	<p>Assurance</p> <p>Escalation</p>
<p>Hot Topics</p>	<p>Epic benefits realisation</p> <p>The Gateway 5 formal post-project review (to be conducted by the national team) had been delayed due to national and regional restructuring. Reflecting on current performance, it is now just over 20 weeks have passed since go-live, during which Trust has shared over 839,000 patient records with other providers, and over 103,000 patients registered to become MyChart users, exceeding expectations and providing significant potential to support administrative processes and additional functionality in the future. Over five million fewer pages of A4 paper have been printed compared to the same four-month period in 2024/25. Planned benefits of just over £4.6M are on track to be approved by year-end. As part of Epic’s “Good Install” programme, trusts can earn credit against future Epic bills. The Trust had forecast a credit of £240,000 to £280,000 but has instead achieved £513,000. Learning from the Epic benefits realisation will inform future business case delivery across the organisation.</p>	<p>Assurance</p>

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	<p>Essex and Suffolk Elective Orthopaedic Centre (ESEOC)</p> <p>Following 12 months of operation, a lessons learnt report was presented to the committee, this covered the building development through to opening and operation. Several special cause events were referenced during the build and development phase – including the covid pandemic and the conflict in Ukraine, which had significantly impacted steel pricing and supply.</p> <p>Operationally, activity levels agreed with other providers have not yet been delivered, and this has been raised with the ICB. Although activity is still below the required level, significant progress has been made - particularly in recent months. Notably, the first six weeks of the current year saw an increase of more than 20% in patient numbers compared with the same period last year.</p> <p>A fifteen-point improvement plan has been developed, focused primarily on optimising contribution and productivity. While clear improvements have already been achieved, further progress is required to reach the 90% utilisation assumption within the business case. As part of the ongoing improvement programme, ESEOC will participate in a GIRFT-led optimisation hub in the week commencing 18 May, working with four other centres nationally to benchmark, standardise and refine processes.</p>	
Reports by Consent	The Accountability Framework month 9 report was received.	Assurance

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