East Suffolk and North Essex NHS Foundation Trust

Key Issues Report

Issues for referral

Originating Committee/Group and meeting date:	Performance and Finance Committee, 26 March 2026
Chair:	John Humpston, Non-Executive Director
Lead Executive (as appropriate):	James Rowe, Chief Financial Officer (Interim)

Subject	Details of Issue	Action*
Board Assurance Framework (BAF)	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. BAF2, covering financial performance in future years, has had additional assurance added relating to the business planning process. BAF6, relating to elective performance targets, has an additional action included concerning implementation of the required tier 1 actions. For BAF6A, relating to urgent and emergency care performance, an additional action has been added regarding performance targets. Controls have been updated to reflect ongoing tier 2 actions, monthly regional accountability meetings, and the quality discharge initiative and Time to Care events. The remaining risks had been reviewed with no changes proposed. The corporate risk register has been provided for information, including a risk concerning industrial action, which was reviewed by the Risk Oversight Committee on 20 March. Although the committee anticipated the risk rating might be able to reduce from its current level of 12, this now appears unlikely due to the recent announcement of resident doctor strikes. A verbal update on the corporate risk relating to emergency planning was also provided, and the organisation will be reviewing this risk, particularly in relation to emerging supply chain vulnerabilities linked to cyber threats. In relation to the NOF, the committee noted that the position reflects where the organisation sits within the NHS, whereas the BAF represents the overarching strategic risks facing the Trust.	Assurance

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Operational Performance Report (Acute)	**Urgent and Emergency Care** • Improvement in four-hour emergency department performance overall, with sustained strong performance at Ipswich and gradual improvement at Colchester, although Colchester remains below national standards. • Patient flow remains the primary driver of performance across both sites, with ambulance handovers and corridor care continuing to present significant challenges, particularly at Colchester. • Twelve-hour waits have reduced in recent months, but corridor care remains high and will be a key area of focus going forward. • Additional support and collaborative work with the ambulance service is planned, alongside further development of the urgent and emergency care medium-term plan. • Marked differences in pressure between Suffolk and North East Essex were noted, with a larger bed and flow challenge at Colchester and the impending loss of escalation capacity increasing risk. • Left-shift and high-intensity user initiatives are showing momentum in Suffolk, while further system leadership is required to drive comparable progress in North East Essex. • The committee noted concerns regarding reduced utilisation of virtual wards and the need for decisions on future models of care to ensure impact and sustainability ahead of next winter. **Elective, Cancer and Diagnostics:** • The committee noted continued improvement in elective waiting times, with significant reductions in long waits and progress toward exiting national tiering. • Overall cancer performance is expected to meet standards, despite recent deterioration in two measures caused by data and pathway issues that are now being addressed. • Sustained improvements in key cancer pathways, particularly colorectal and skin cancer, driven by focused pathway management, additional activity, and external support. • Increased diagnostic waiting lists reflect changes in recording, rising demand linked to cancer pathways, and variation in referral patterns. • Improvements in elective and cancer performance have been driven primarily by increased activity, supported by validation and data quality work.	Assurance
Operational Performance Report Community	• Overall performance remains within normal variability and continues to benchmark strongly at a national level, particularly for 18-week referral to treatment waiting times and urgent community response services. • A reduction in urgent community response service demand has been seen in Ipswich, which has been explored with the ambulance service and appears linked to a decrease in 999 call volumes.	Assurance

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	• Demand for urgent care is being managed across a broader system response, with integrated neighbourhood teams in Ipswich and East Suffolk absorbing activity that is not fully reflected in urgent community response service data.	
SVP Forum update	Analysis is underway to assess the impact of additional investment, supported by early impact analytics. Work includes understanding the effects of demographic change, rising patient acuity, and winter admission trends on overall demand and performance. Divisions have been asked to undertake a focused deep dive to review how the additional investment has influenced delivery of constitutional standards in the context of a changing patient profile. The deep-dive review, scheduled for late April 2026, will inform recommendations for the 2026–27 winter plan. Learning from the recent winter highlights that investment exceeded original plans but was appropriate given the scale and severity of pressures experienced. Future planning for 2026–27 will need to anticipate winter requirements more accurately and deliver them in a sustainable way.	Assurance
Workforce Performance	Total workforce is 622 WTE above the April 2025 plan, largely explained by bank and agency staffing, which is excluded from the national submission. Additional variance reflects improved paysheet accuracy, changes in external training funding, and workforce growth linked to recovery and administrative review activity. Sickness absence is 5.09%, improving but still above the 4% medium-term plan target; this remains a key risk area. There are no staff on long-term sickness beyond 12 months, but 257 staff are absent for more than one month, with 85 in active HR management. A further 342 staff have recurrent short-term sickness, most subject to HR processes. Strengthened return-to-work expectations have been approved to improve manager accountability and attendance recovery. Substantive staffing is currently 59 WTE below plan, mainly driven by reductions in administrative and clerical roles under NHS infrastructure support classifications. Workforce controls are being actively managed through the vacancy control panel, balancing operational performance requirements with workforce plan limits.	Assurance
Patient safety and quality	A deeper dive will be taken to QPS on quality oversight for corridor care and boarded beds.	Assurance

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	Sustained pressure in North East Essex continues, with boarded bed numbers and length of stay at Colchester remaining static since October, indicating prolonged use rather than transient flow and ongoing quality and safety risk. Infection prevention and control forecasting for Q4 is underway; the Trust's Q4 NOF score for this indicator will remain below target due to cumulative metrics, with trajectories reset in 2026–27. The Trust has not yet received new national trajectories and will begin predictive modelling to understand the scale of challenge. Quality improvement programmes are already in place to support recovery. The forthcoming resident doctor strike is expected to add short-term operational pressure. Actions to improve sustainability are ongoing, including reducing temporary staffing, strengthening bank controls, scaling up Bures Ward, and phased implementation of the acuity review programme within the medium-term plan.	
Finance Report Month 10	The Trust is reporting a £5.4m year-to-date deficit at month 11. February included £9.74m of revenue incentive funding, without which the in-month position would have been a £1.4m deficit. Cost improvement delivery stands at £29.3m against a £39.6m plan, leaving a £10.3m gap that remains a key driver of the financial position alongside elements such as winter cost pressures, outsourcing, and temporary staffing. Bank and agency usage increased slightly, this felt due to sprint activity and higher throughput, with particular pressures in surgery and cancer and diagnostics, including high-cost agency usage in hard-to-recruit specialties. The year-end forecast risk range remains £3.9m to £10.3m, driven by a small number of binary items, with increased confidence now achieved on sprint income; pharmacy stock remains the main outstanding issue but is nearing resolution. Cash is on or slightly below plan, supported by capital underspend, although this highlights a future risk if capital delivery normalises while revenue deficits persist. Capital delivery challenges remain, including delays to the MRI scheme and wider supply-chain impacts, with mitigations in place through weekly capital oversight and efforts to accelerate spend where possible.	Assurance
Productivity and Efficiency	The Trust has delivered £29.3m of cost improvement against a £39.6m plan, including £4.3m achieved in the most recent month. Nationally derived productivity metrics indicate a 4.4% improvement compared with month 8 last year, driven by a 2.7% increase in patient output and a 1.7% reduction in costs; while this figure may be subject to change, performance remains above regional and national averages. Looking ahead to 2026–27, the focus will shift from launching new major programmes to stabilisation, consolidation, and maximising value from recent system-wide investments, including Epic, ESEOC, endoscopy, and urgent treatment centres. To support this, the Trust will move from a predominantly division-led delivery model to incorporate a more centralised continuous improvement approach, bringing together transformation, quality improvement, service improvement, and recurrent	Assurance

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	programme management under a single structure, with targeted programmes focusing on service delivery, support service productivity, and ongoing pay and non-pay cost control.	
NHS Oversight Framework (NOF) Q3	The Trust moved from NOF segment 3 to NOF segment 4 between quarters, with its average NOF score increasing from 2.47 to 2.73, placing the Trust just beyond the 2.71 threshold for NOF segment 3. Deterioration between quarters two and three was driven primarily by two access metrics relating to 18-week performance and delayed discharge, with technical factors contributing to this position and raised with regional and national teams. The Trust ended Q3 ranked 102nd of 134 organisations, highlighting the relativity effect across the system and the scale of improvement required to progress further. Based on weekly elective and urgent care data, the Trust expects to return to NOF segment 3 in Q4 and will continue to work toward achieving NOF segment 2.	Assurance
Hot Topics	**Business Plan** There has been no external challenge following the resubmission of the Medium Term Plan on 18 March 2026, with discussions now focused on finalising contract alignment and progressing contracts to signature. Internally, all divisional business plans have been received, reviewed at executive level, and budget envelopes allocated in line with the principle of maximising funding held within divisions, alongside a small central contingency and earmarked cost pressure funding for acuity, flow, and non-pay pressures. Risk mitigation work is now underway, with divisional risks reviewed centrally and actions agreed to distinguish between locally mitigated risks, those in progress, and those requiring organisational support. Progress will be monitored through divisional accountability meetings, with a particular emphasis on early delivery in Q1. Divisional cost improvement plans require further strengthening, after which the Trust will consolidate divisional and central schemes into a single plan to support delivery of the 2026–27 target. The organisation is confident that many central programmes will be delivered, but the Board should be prepared for difficult decisions in the months ahead. As with Epic, some decisions will cause discomfort but will be necessary to deliver a programme of this scale, and the aim will be to do so as quickly, collaboratively and as supportively as possible.	Assurance

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Governance	**Committee Effectiveness Review** Regular annual reviews of Board and Committee effectiveness are a core requirement of the NHS Provider Code of Governance, supporting assurance that governance structures remain robust, aligned and fit for purpose. The committee noted that last year's effectiveness survey had a low response rate and agreed to set aside 15 minutes immediately before the May meeting for members to complete the survey collectively. This approach, agreed across all committees, is intended to improve participation and ensure the exercise generates meaningful insight to support learning and improvement.	Assurance
Reports by Consent	The Accountability Framework month 10 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