

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)

Committee: Finance and Performance Committee (FPC)

Meeting date: 28 October 2025

Chair: Richard Oirschot, Non-Executive Director (NED)

Quorate: Yes

Appendices: None

Declarations of interest made:

No declaration of interest was made outside the current Board Register of Interest.

Assurances received at the Committee meeting:

Agenda item	Summary
Significant Risk Register (SRR)	The Committee received and NOTED the updated SRR relevant to its remit.
	One new finance risk was approved at the September 2025 Risk Review Group: Risk of inability to deliver Cost Improvement Programme (CIP) due to not achieving planned workforce reductions (risk ref: 3866). Corporate People & Culture. Residual risk rating 16 (high).
Review of FPC Board Assurance	The Committee received and NOTED its BAF risks.
Framework (BAF) Risks	The Committee heard that further discussion around the Trust's risk appetite was planned for the Board Strategy Session in January 2026.
Month 6 Finance Report	The Committee received the Month 6 Finance Report and NOTED its content.
	The Chief Finance Officer (CFO) highlighted that the Trust Group had met its plan in Month 6, being £219,000 favourable Year to Date (YTD). It was noted that in Month 7, the challenge in the profile of the plan will significantly intensify and in view of this, the areas of focus were identified.
	The Committee was made aware that the Trust had received notification that Deficit Support Funding (DSF) would be withdrawn in Q3 and Q4. The detailed cash paper presented as a separate agenda item outlines the Trust's approach to addressing risks to cash following DSF withdrawal.
	Confirmation was provided that the current strategy involved identification of new initiatives for CIPs as well as any acceleration where feasible. Concerns were expressed about the capacity of the Care Groups to accelerate CIP delivery sufficiently to recover the plan.
	The Committee noted that capital expenditure was slipping further behind plan and sought assurance as to whether or not sufficient plans were in





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	place to bring the programme back on track. The Committee agreed it would be considered again at its next meeting.
	A specific concern was raised regarding the Celia Blakey Unit project, which had received Charity funding and Board approval for approximately £100,000. The project was deferred to the next financial year due to resource constraints, despite prior commitments.
	The Committee discussed strategies for returning to a sustainable run rate and agreed that it was crucial to achieve a reduced run rate by Month 12.
2025/26 Revenue Support Public Dividend Capital	The Committee received and fully SUPPORTED the 2025/26 Revenue Support PDC application.
(PDC) Request	The Committee RECOMMENDED Board approval of the 2025/26 Revenue Support PDC application.
CIP Oversight and	The Committee received and NOTED the CIP progress report.
Assurance	The Committee noted at the end of Month 6 the Trust delivered £20.54m of
Workforce Plan –	CIP against a plan of £20.32m
update on progress against targets	The Committee recognised there is a significant step up in CIP delivery required for the second half of the financial year – with £59.7m of the £80m target phased into the second half of the year. Month 7 interventions were identified and discussed at Board to support delivery of the reduced run-rate £6.4m, which included non-recurrent opportunities to the value of £2.8m in month.
	The Committee received a progress update in relation to the workforce reduction and noted that Month 6 showed a reduction across substantive, bank, and agency staffing. The Committee was made aware of planned measures to achieve further reductions such as further redundancies, the considerations associated with a Mutually Agreed Resignation Scheme (MARS), stricter recruitment controls and additional controls on bank and agency usage.
	The Committee received detailed updates from 2gether Support Solutions (2gether) and Spencer Private Hospitals (SPH) in relation to their achieved and forecast CIPs. The Committee requested to receive a further update in January 2026.
	The Committee received and ENDORSED the CIP resourcing proposal and emphasised the need to move at pace on key elements.
Financial Sustainability Plan (FSP) – update on	The Committee received the report on the FSP progress and CIP launch for 2026/27.
delivery progress	The Committee heard that the 2026/27 CIP had been launched on the 15 October 2025. The session was well received generating a high level of engagement and a variety of ideas from participants.





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	The CFO informed the Committee that the Integrated Care Board's (ICB's) Productivity and Investment Committee had provided good feedback on the Trust's FSP; however, the ICB CFO highlighted concerns around high estates costs and the need for consistent data presentation across Trusts.
2026/27 Business Planning Update	The Committee received and NOTED the report outlining the 2026/27 planning process and the Trust's progress to formulate plans to deliver the requirements of NHS England (NHSE), highlighting areas of emergent risk.
We Care Integrated Performance Report (IPR) (Month 6): National Constitutional Standards for Emergency Access, Referral to Treatment (RTT), Cancer and Diagnostics	The Committee received and NOTED the September (Month 6) 2025 IPR. The Chief Operating Officer (COO) highlighted that the number of patients waiting in the Emergency Departments (EDs) for over 12 hours in September 2025 had decreased to 1,172 which is an improvement from the August 2025 position. The Committee was made aware of the positive impact of the Emergency Care Intensive Support Team (ECIST) help with improvements at William Harvey Hospital (WHH). The COO informed the Committee that the Cancer performance had declined in September 2025 to 68.4% against the target of 75%. However, the October 2025 data shows recovery.
Urgent and Emergency Care (UEC) Improvement Plan	The Committee received ASSURANCE on the UEC Improvement Plan and requested regular updates on what is working well and challenges.
Assessment of Appointment Scheduling Process and Impact on Existing Health Inequalities in Deprived Communities	The Committee received and NOTED the analysis of how EKHUFT's services are delivered to patients of different socio-economic, demographic and ethnic backgrounds. The data analysis to date shows that there does seem to be differences in access to services across the four areas of inequality that have been measured so far (age/sex/ethnicity/deprivation). The Committee requested that this analysis is presented to the Trust Board, highlighting its relevance and potential for integration into performance assessment via the IPR.
Business cases: over £1.75m Requiring Investment £2.5m for Self-Funding. Capital Business Cases Over £1m	The Committee received and NOTED the Business Case Scrutiny Group Assurance Report. There were no Business Cases for the Committee to discuss.





Capital Investment Group (CIG) Assurance Report	The Committee received and NOTED the CIG Assurance Report.
NHS Green Plan 2025/26 to 2027/28	The Committee received the NHS Green Plan 2025/26 to 2027/28 report and noted its content.
	The Committee agreed with the statements in the report but noted the need for greater clarity and assurance before the Board sign-off on the matters such as availability of resources, finances and governance around delivery.
	The Trust Chair requested that that Plan addressed estate footprint reduction, opportunities to consolidate aging infrastructure, implications of new builds and need to decommission or repurpose existing estate to avoid expansion without offset.
	The updated version of the plan is to be presented to the Committee in November 2025 to allow for a detailed discussion and assurance before final sign-off.
Robotics Business Case and Robot Utilisation Strategy	The Committee received and NOTED the Robotics Business Case and strategy for robots' utilisation.
omounom ondrogy	The Committee expressed a strong support for robotic-assisted surgery and emphasised the importance of involving clinicians in platform selection and ensuring that platforms are fit for purpose and will be actively used.
Feedback to BoD	Analysis of how EKHUFT's services are delivered to patients of different socio-economic, demographic and ethnic backgrounds to be presented to the Trust Board in the near future.
Referrals to Other Board Committees	The Committee noted no referrals to other Board Committees.

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
The Committee asks the BoD to discuss and NOTE this assurance report from FPC.	Assurance	To Board on 4 December 2025.
The Committee asks the BoD to APPROVE the 2025/26 Revenue Support PDC application.	Approved at Closed Extra- Ordinary BoD meeting on 6 November 2025	To Board on 4 December 2025.





BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)

Committee: Finance and Performance Committee (FPC)

Meeting date: 25 November 2025

Chair: Richard Oirschot, Non-Executive Director (NED)

Quorate: Yes

Appendices: None

Declarations of interest made:

No declaration of interest was made outside the current Board Register of Interest.

Assurances received at the Committee meeting:

Agenda item	Summary	
Significant Risk Register (SRR)	The Committee received and NOTED the updated SRR relevant to its remit.	
regioner (orally	There are currently 14 finance and performance related risks on the SRR. There are overdue actions associated with two risks.	
	One risk has been de-escalated to moderate (12) since the report last month (There is a risk that patients will be under dialysed due to slot limitation increasing risk of harm events and increased risk of admissions to hospitals / Intensive Therapy Unit (ITU) [risk ref: 285].)	
Month 7 Finance Report	The Committee received the Month 7 Finance Report and NOTED its content. The Chief Finance Officer (CFO) noted that the final Month 7 year-to-date (YTD) position was £1.1m below plan, compared to the previously anticipated £3m shortfall.	
	The withdrawal of Deficit Support Funding (DSF) in Quarter 3 (Q3) and Q4 (£23.0m across the two quarters) continues to require tight focus on Trust cash management. The Trust is awaiting the outcome of the Public Dividend Capital (PDC) Revenue Support application of £23.8m made on 7 November 2025.	
	The Committee heard details of the Kent and Medway (K&M) system deficit at Month 7. The Integrated Care Board (ICB) Chief Executive Officer (CEO) is working with system partners and the regional team to develop a recovery plan.	
	The report to the Committee highlights proposed measures to mitigate risks to plan including grip and control in relation to temporary staffing. The Committee was made aware that if the Trust could achieve a 60% reduction that would equate to £14m against the gap of £30m.	





	Weekly Chief Operating Officer (COO) and CFO led meetings with Care Groups on financial delivery commenced 18 November. The COO is working with the Care Groups on their plan to meet the financial targets, both on temporary staffing and in non-pay.
Cost Improvement	The Committee received and NOTED the CIP progress report.
Programme (CIP) Oversight and Assurance	In Month 7 the Trust had a CIP target of £10.2m, which was a significant step up from Month 6.
Workforce Plan – update on progress against targets	The Trust achieved £8.8m, of which £5.2m was on a non-recurrent basis. YTD the Trust is behind plan by £1.1m, due to the reversal of the car parking VAT CIP scheme in Month 7, following the Supreme Court ruling.
	The Committee heard that the current risk adjusted CIP delivery forecast when considering the schemes in delivery and the remaining schemes in the pipeline is £50.9m with 61% recurrent and 39% non-recurrent split.
	Following the launch of the CIP for 2026/27 in October 2025, work is in train to develop Project Initiation Documents (PIDs) based on key opportunities as identified in the Financial Sustainability Plan (FSP). Specifically, opportunities to strengthen the governance for Medical Device and Consumable management across the Trust and maximise financial efficiency opportunities.
	The Committee noted a small overall reduction in substantive Whole Time Equivalent (WTE) and a slight increase in bank and agency spend in Month 6. The Chief People Officer (CPO) reported on the controls in place to reduce temporary staffing expenditure.
	The Committee emphasised the importance of the Care Groups' engagement in workforce planning and better clarity on what sustainable workforce looked like.
	NEDs highlighted limited assurance around forecast staffing numbers until the end of the financial year.
FSP – update on delivery progress	The Committee received the report on the FSP delivery progress and NOTED positive feedback on the plan received from the ICB and the Region.
2026/27 Business Planning Update	The Committee received and NOTED the report outlining the 2026/27 planning process and the Trust's progress to formulate plans to deliver the requirements of NHS England (NHSE), highlighting areas of emergent risk.
	The Committee noted three scenarios prepared for consideration, noting ongoing work: - Scenario 1 – full Care Group capacity plans to deliver the performance improvement;





Scenario 2 - maximised baseline capacity (including productivity improvements);	
 Scenario 3 – Trust receives additional Commissioner Income for grow (Financial only). 	:h
The Committee discussed the implications and deliverability of all three scenarios and challenges they may bring, noting that the Executive were recommending Scenario 2.	
The Committee RECOMMENDED the 2026/27 Business Planning Update to be presented to the Trust Board on the 4 December 2025 ahead of the submission date of 17 December 2025.	
We Care Integrated The Committee received and NOTED the October 2025 (Month 7) IPR.	
Performance Report (IPR) (M7): National Constitutional Standards for Emergency Access, The COO made the Committee aware that although the number of patient waiting in the Emergency Departments (EDs) for over 12 hours had increased in October 2025, the preliminary figures for November 2025 showed improvements in this area.	s
Treatment (RTT), Cancer and Diagnostics The Committee heard that Cancer Faster Diagnosis Standard had dipped further in October 2025 to 70.91%. The November figure to date is 74.9% against the target of 80%. The COO informed the Committee that recovery was dependant on improvements in Breast Screening and timely access to	
Improvement Support Team (ECIST) Report and Progress Against Actions Update first outpatient appointments for Dermatology patients. The Committee sought assurance that the improvement achieved with the support from the ECIST team at William Harvey Hospital (WHH) would be sustained and the recommended actions would be implemented.	
Business cases: over £1.75m Requiring Investment £2.5m The Committee received and RECOMMENDED for the Trust Board APPROVAL the Kent & Canterbury Hospital (K&C) Solar Panels Business Case.	6
for Self-Funding. Capital Business Cases Over £1m The Committee received and RECOMMENDED for the Trust Board APPROVAL the Robotics Assisted Surgery Business Case subject to clarifications as set out by the CFO.	
The Committee received and NOTED the Business Case Scrutiny Group Assurance Report.	
Capital Investment Group (CIG) Assurance Report The Committee received and NOTED the CIG Assurance Report.	
NHS Green Plan 2025/26 to 2027/28 The Committee received the NHS Green Plan 2025/26 to 2027/28 report and noted its content.	





	NEDs expressed concern around resources required to deliver the plan, especially in view of the ongoing workforce reductions and increasing workload for the existing staff.
	The Committee agreed with the statements in the plan but emphasised the importance of ensuring the adequate resource and monitoring the progress.
	The Committee received and RECOMMENDED for the Trust Board APPROVAL of the NHS Green Plan 2025/26 to 2027/28.
2gether Support Solutions Ltd Procurement Review	The Committee received and NOTED the report on the progress with reviewing the procurement to payment process and improving its effectiveness within the Trust.
Feedback to Board of Directors	There was no specific feedback to the Trust Board from this meeting.
Referrals to Other Board Committees	The Committee noted no referrals to other Board Committees.

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
The Committee asks the BoD to discuss and NOTE this assurance report from FPC.	Assurance	To Board on 4 December 2025.
The Committee asks the BoD to APPROVE the NHS Green Plan 2025/26 to 2027/28.	Approval	To Board on 4 December 2025.
The Committee asks the BoD to APPROVE the K&C Solar Canopies Business Case.	Approval	To Board on 4 December 2025.
The Committee asks the BoD to APPROVE the Robotics Assisted Surgery Business Case.	Approval	To Board on 4 December 2025.

