

Trust Board of Directors

Report Summary

Date of meeting: Thursday 6 th November 2025	
Title of Document: Integrated Performance Report (IPR) Month 6 (September) 2025/26	
To be presented by: Director of Finance	Author: Deputy Finance Manager with relevant Executive Directors
1. Status: For Approval/Assurance/ <u>Discussion</u> /Information	
2. Purpose: This report provides an overview of the Trust's performance in September 2025 across the domains of Quality, Performance, Finance and Workforce.	
Relates to:	
Strategic Objective	Keep people in control of their health; Lead the integration of care; Develop our centers of excellence; Support and develop our staff; Drive technology enabled care
Operational performance	The report provides oversight of the Trust's progress in delivering operational performance objectives for 25/26. National objectives and priorities are set out in the 25/26 priorities and operational planning guidance . This sets out a focused, smaller number of national priorities for 2025/26 with an emphasis on improving access to timely care for patients, increasing productivity and living within allocated budgets, and driving reform. Operational performance will impact positively on patient safety and patient experience.
Quality and equality impact	The report provides an overview of the quality objectives and key actions for 25/26. Maintaining the collective focus on the overall quality and safety of services is set out as a requirement in the 25/26 priorities and operational planning guidance . Quality: The board is cautious when it comes to quality and places the principle of "no harm" at the heart of the decision. It is prepared to accept some risk if the benefits are justifiable and the potential for mitigation is strong.
Legal, Regulatory, Audit	The report outlines how the Trust intends to meet or surpass the national NHS objectives confirmed by NHS England for 2025/26. Currently, through the NHS Oversight Framework (to be replaced by the NHS Performance Assessment Framework (NPAF)), the performance of providers is reviewed and monitored by SNEE ICB and ultimately NHS England. In the document, Our new operating model: supporting you to deliver high quality care for patients NHS England describe how they will support ICBs and providers to deliver what the NHS is being asked to do through the

	<p>Mandate from government and the 2025/26 priorities and operational planning guidance. It sets out how NHS England will work with organisations to deliver these priorities, while living within the resources available and continuing to lay the foundations for future reforms the 10 Year Health Plan will set out. It also describes what practical tools and guidance documents will be supplied by NHS England.</p> <p>The recent, and subsequent announcement of the abolition of NHS England, does raise doubt about how many of these proposals will actually be implemented.</p>
Finance	<p>Living within the budget allocated, reducing waste and improving productivity is one of the national priorities for 25/26.</p> <p>This means that all systems are to deliver a balanced net system financial position for 2025/26, reducing agency expenditure as far as possible (minimum reduction of 30% to current spending) and to close the activity / WTE gap against pre-Covid levels.</p> <p>This detail is set out in the NHS financial framework: integrated care board and system finance business rules and Revenue finance and contracting guidance for 2025/26.</p>
Governance	<p>The report confirms the key performance indicators and targets that the Trust will monitor and measure to ensure delivery of its objectives as well as highlighting performance in reported domains. It also confirms the actions and governance that exists to monitor and maintain high performance.</p>
NHS policy/public consultation	<p>The report has been formulated with reference to all national guidance for 2025/26, such as national NHS objectives confirmed in the 25/26 priorities and operational planning guidance published by NHS England and the NHS Oversight Framework (to be replaced by the NHS Performance Assessment Framework (NPAF)).</p>
Accreditation/Inspection	<p>Many aspects of the performance covered by the report are subject to wider scrutiny and review: such as internal and external audit of the Trust's financial performance and controls and systems, and the report subject matter is reviewed with each Executive SRO on a monthly basis.</p>
Anchor institutions	<p>Anchor institutions as large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. These organisations are 'rooted in place' and have significant assets and resources which can be used to influence the health and wellbeing of their local community.</p> <p>Neighbourhood health (see the summary of Neighbourhood health guidelines 2025/26) reinforces a new way of working for the NHS, local government, social care and their partners, where integrated working is the norm and not the exception. This is likely to promote the Trust's role as an anchor institution.</p>
ICS/ICB/Alliance	<p>The Trust' reporting (workforce, finance and performance / activity) ultimately feeds into the wider SNEE ICS performance (across all domains quality, workforce, finance</p>

	<p>and operations). During 2025/26 the new NHS Performance Assessment Framework, which is to be released shortly, will set out how NHSE will assess providers and ICBs' performance, taking a whole system view. This is set out in the summary of the guidance: <i>The NHS Performance Assessment Framework for 2025/26</i>.</p> <p>The announcement of the abolition of NHS England, creates uncertainty about what future governance arrangements in the NHS will actually be. A heightened role for DHSC is now envisaged.</p>
Board Assurance Framework (BAF) Risk	<p>BAF2 - Financial performance – value and sustainability.</p> <p>BAF3 - Insufficient capital resources to progress investments.</p> <p>BAF4 - Quality assurance mechanisms regarding the quality and safety of patient services.</p> <p>BAF5 - Workforce – recruitment and retention.</p> <p>BAF6 - Sustainable delivery of elective performance.</p> <p>BAF6A - Sustainable delivery of emergency care performance targets.</p> <p>BAF7 - Estates development and capital equipment.</p> <p>BAF9 - Transformation.</p>
Other	N/A

3. Summary:

This Integrated Performance Report (IPR) for month 6 (September) outlines the Trust's key performance indicators for Quality, Operational, Finance and Workforce domains and provides analysis at primarily an overall organisational level, though for some areas there is discussion of performance by site (notably mortality and A&E access). The Trust's post COVID-19 recovery progress is included as part of the operational commentary and analysis.

The report contains summary slides for each of the reports' key domains. This includes "trends and hotspots", along with commentary on areas that have shown improvement in June and those that require further focus and attention.

The report also summarises key performance headlines, for divisions and corporate CDGs against the Accountability Framework. Divisional Accountability Meetings to discuss Divisional Accountability to review August performance were cancelled due to operational pressures.

Key points to note this month include:

NHS Oversight Framework (national Q1 publication):

- Overall segment of 3, with an average metric score of 2.48.
- ESNEFT ranks 86 out of 134 providers nationally (both in terms of segment and average metric score)
- No financial override was applicable for the Trust in Q1.
- Domain scores do not inform the overall average score / segment per se. They are for information and provide an aggregated assessment of how an organisation is performing in those individual areas. Acknowledging this, the poorest performing

domains for the Trust were: 1) Access to services 2) Patient Safety 3) Finance and productivity. All score a segment 3 based on these indicators alone.

- Of the 134 providers, only 27 achieved segment 1 or 2 (approximately 20%) including only 2 East of England organisations. The vast majority of providers were in segments 3 and 4 (approximately 80%). The East of England does have a disproportionately higher amount of segment 4 providers (EoE 43% compared to 23% nationally).

Quality & Patient Safety:

- ESNEFT 12-mth HSMR+ to June 2025, 110.0, 'higher than expected'. Colchester reported 116.5 and Ipswich reported 106.5.
- ESNEFT SHMI to April 2025 was 1.08 'as expected'
- Serious harm falls. There were 3 serious harm falls in September on ESNEFT sites.
- There were 57 reportable pressure ulcers in September. There were 46 (46) grade 2 occurrences, 11 (15) grade 3 cases, and 0 (0) grade 4 cases.
- Complaints. There were 110 (97) complaints in September. This was above the monthly target of 100.
- Infection control. There has been 2 onset healthcare associated MRSA bacteraemia cases reported in September.
- There have been a total of 17 C.difficile cases during September 2025 (the total number of HOHA and COHA cases).
- There have been a total of 7 Klebsiella cases during September 2025 (the total number of HOHA and COHA cases).
- There have been a total of 6 Pseudomonas Aeruginosa cases during September 2025 (the total number of HOHA and COHA cases).
- There have been a total of 7 E.coli cases during September 2025 (the total number of HOHA and COHA cases).

Operational:

- A&E 4-hour standard performance for the economy in September was 71.4%, which did not meet the national target of 78% (or the internal trajectory of 77.2%). NEE delivered a position of 79.3% whilst IES achieved 57.5%.
- September's current RTT position is 56.5%. This is on track with the internal trajectory of 55.5%
- 62-day cancer waits for first treatment remain below the internal trajectory of 79.8% at 68.3% (not validated) for September.
- Diagnostic performance for patients waiting over 6 weeks was 13.1% in September; this remains above the national target of 1%. The Trust is working to a target of less than 5% for 2025/2026.
- In terms of recovery, elective inpatient activity increased by 2.0% in month, with day case activity increasing by 9.0%. Outpatient first attendances increased by 8.9% while follow-ups increased by 12.8%.
- The ESNEFT RTT waiting list decreased by 0.2%, and is above the trajectory set for the month by 3,603. Patients waiting 65 weeks or more increased by 1 to 9. At Ipswich the 65+ cohort decreased by 0 patients, while at Colchester the cohort increased by 1 patients. The number of patients waiting 52 or more weeks increased by 32 to 3,008. At Ipswich, the number of 52+ week waiters increased by 94 and at Colchester the number decreased by 62.

- Excluding OPAT, virtual ward occupancy decreased by 2.4% compared to the month before. Average length of stay decreased by 4.1 days and the assumed bed saving on ESNEFT acute sites decreased by 4.5 to 10.1.
- Including OPAT, in month Virtual Ward occupancy in North East Essex decreased by 7.2% compared to the previous month, and in Suffolk occupancy increased by 1.9%. Overall, in ESNEFT, Virtual Ward occupancy decreased by 3.1%.
- There are 10,587 Paediatric patients waiting in total, including Community Paediatrics, down from last month's 10,779 and the previous month's 11,669, continuing the recent trend.

Finance:

- The Trust incurred an actual deficit of £2.4m for September. Overspends on expenditure have been partly mitigated by increases in income.
- The cumulative position has moved to an actual deficit of £7.6m. This is behind plan by £4.2m.
- Agency expenditure accounted for 1.8% of all pay costs (YTD). Consultants are the staff group most reliant on agency with agency making up 6.7% of consultant costs.
- Bank expenditure accounted for 7.4% of all pay costs (year to date). Nursing are the staff group most reliant on bank with bank making up 10.5% of nursing costs.
- £4m of cost improvement plans were delivered in September against a target of £3.5m.
- £12m year to date of cost improvement plans have been delivered for the year, against a target of £18.2m.
- The Trust held cash of £20.5m at the end of September, which was £1.5m less than projected in the plan given the half yearly PDC payment.
- Capital expenditure has cumulatively underspent against CDEL by £13m at the end of September, with £15.9m spent against a £30.6m programme (including right of use assets). The main programme variances in September relate to Building for Better Care (£7.4m), Right of Use leases (£0.8m), Estates & Facilities (£2.3m) and other schemes (£3.m) includes CT Enabling (£1.7m) and C-Arm Replacement (£1.9m) underspend.

People & Organisational Development:

- The vacancy rate across the Trust decreased to 3.6% in September from 4% in August.
- Voluntary turnover (rolling 12 months) marginally decreased in September from 5.68% to 5.45%.
- Mandatory training compliance was 92.1% in September and has consistently been above target for 28 consecutive months.
- Sickness absence marginally increased in September to 4.57% from 4.37% in August and was just above the Trust target of 4%. There has been an increase this month in Cold, Cough, Flu - Influenza from 0.40 to 0.55% of the workforce. Staff absence due to anxiety, stress and depression has also increased this month from 1.10% to 1.24% of the workforce. The continued work being undertaken by colleagues in employee relations and well-being teams in supporting staff back to work and addressing early interventions with managers is recognised.
- The WRES/WDES 2024/25 Annual Reports were reviewed and approved by the People & Organisational Development Committee in September and will be published on the Trust's website by 31 October and circulated to all staff.

- Whilst Equality, Diversity and Inclusion training has been paused until November to allow for the implementation of the Epic system, the EDI team and network leads are continuing to support on EDI related concerns.
- 61 formal ER cases (7 of which have been paused) continue to be carefully managed with 12 opened in month and with 14 cases closed.

4. Recommendations / Actions

The Board is asked to note the Trust's performance