



Month 6  
(September)

# Integrated Performance Report

**East Suffolk and North Essex NHS Foundation Trust**  
Board of Directors

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A&E	Accident and emergency	FU	Follow up	PDC	Public Dividend Capital
A&G	Advice & Guidance	FYE	Full Year Effect	PE	Pulmonary Embolism
ADOS	Autism Diagnostic Observation Schedule	GAAP	Generally Accepted Accounting Practice	PFI	Private Finance Initiative
AECU	Ambulatory Emergency Care Unit	GIRFT	Getting It Right First Time	PICCs	Peripherally Inserted Central Catheters
AF	Accountability Framework	GRNI	Goods Received Not invoiced	PPH	Postpartum haemorrhage
AHP	Allied Health Professional	HCSW	Health Care Support Worker	PSII	Patient Safety Incident Investigation
AMD	Associate Medical Director	HIT	High-intensity theatre	PSR	Patient Safety Response
ANTT	Aseptic Non Touch Technique	HOHA	Healthcare Onset Healthcare Associated	PST	Patient Safety Team
ASD	Autism Spectrum Disorder	HR	Human Resources	PTL	Patient Tracking List
BAU	Business as Usual	HSMR	Hospital Standardised Mortality Ratio	PTLS	Patient Tracking Lists
BSI	Bloodstream Infection	I&E	Income & Expenditure	QI	Quality Improvement
CAELR	Cardiac Arrest	ICB	Integrated Care Board	R&O	Risk and Opportunies
CCU	Critical Care Unit	IEN	International Nurse	RCS	Restorative Cliniciial Supervision
CDEL	Capital Departmental Expenditure Limit	IPC	Infection Prevention & Control	REACT	Reactive Emergency Assessment Community Team
CFS	Chronic Fatigue Syndrome	IPR	Integrated Performance Report	RIG's	Radiologically Inserted Gastrostomy Tubes
CIP	Cost Improvement Plan	ITU	Intensive Treatment Unit	RM	Registered Midwife
CNST	Clinical Negligence Scheme for Trusts	IV	Intravenous	RN	Registered Nurse
COHA	Community Onset Healthcare Associated	LLOS	Long length of stay	RTT	Referral to Treatment
CPC	Care Process Compliance	M&M	Morbidity & Mortality	SBL	Saving Babies Lives
CPE	Carbapenemase-producing Enterobacteriaceae	MBRRACE	Mothers & Babies: Reducing Risk Audits & Confidential Enquiries	SDEC	Same Day Emergency Care
CTG	Cardiotocography	ME	Medical Examiner	SGA	Surgery, Gastroenterology & Anaesthetics
CUSUM	Cumulative Sum	MHLT	Mental Health Liaison Team	SHMI	Summary Hospital Mortality Indicator
D&V	Diarrhoea and/or vomiting	MRI	Magnetic Resonance Imaging	SMR	Standardised Mortality Ratio
DIC	Disseminated intravascular coagulation	MSE	Mid and South Essex Foundation Trust	SNCT	Safer Nursing Care Tool
DMT	Divisional Management Team	MSK	Musculoskeletal	SOP	Standard Operating Procedure
DoF	Director of Finance	NHSE	NHS England	SOUP	Structured Overseas Upskilling programme
ECG	Electrocardiogram	NMAAC	Nursing, Midwifery & Allied Health Prof Advisory Committee	SPC	Statistical Process Control
EDI	Equality, Diversity & Inclusion	NNU	Neonatal Unit	SSI	Surgical Site Infection
EEAST	East of England Ambulance Service	NOF	NHS Oversight Framework	T&O	Trauma & Orthopaedics
ELR	Early Learning Review	NOUS	Non-obstetric ultrasounds	TBC	To Be Confirmed
EMC	Executive Management Committee	NQN	Newly Qualified Nurse	TEP	Treatment Escalation Plan
EPUT	Essex Partnership University NHS Foundation Trust	NSS	National Staff Survey	UEC	Urgent & Emergency Care
ER	Employee Relations	OD	Organisational Development	UGI	Upper Gastrointestinal
ERF	Elective Recovery Fund	OH	Occupational Health	UTC	Urgent Treatment Centre
ESEOC	Essex & Suffolk Elective Orthopaedic Centre	OPA	Outpatient Appointment	VTE	Venous thromboembolism
ETOC	Enhanced therapeutic observations	OPAT	Outpatient Parenteral Antimicrobial Therapy	VELR	Venous thromboembolism
F&F	Friends and Family Test	P	Pathway	W&C	Women's & Children's
FFT	Friends and Family Test	PACS	Picture Archiving Communications System	WDES	Workforce Disability Equality Standard
FND	Functional Neurological Disorder	PALS	Patient Advice and Liaison Service	WRES	Workforce Race Equality Standard
FOT	Forecast Outturn	PAS	Patient Administration System	YTD	Year to Date
FRP	Finance Recovery Plan	PBWL	Partial Booking Waiting List		

**This month's performance report provides detail of the August performance for East Suffolk and North Essex NHS Foundation Trust (ESNEFT).**

The NHS Oversight Framework (NOF) for 2025/26 was published in June 2025 following a 3-month period of consultation. The framework describes a consistent and transparent approach to assessing integrated care boards (ICBs) and NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how NHS England works with systems and providers to support improvement.

A range of agreed metrics that promote improvement and help to quickly identify where support is required fall under the following five themes:

- **Access to Services**
- **Effectiveness and Experience of Care**
- **Patient Safety**
- **People and Workforce**
- **Finance and Productivity**

The NOF is a one-year framework, which will be reviewed in 2026/27 to incorporate the ICB operating model and to reflect the 10 Year Health Plan. A focused set of national priorities, including those set out in the planning guidance for 2025/26, underpin the framework aiming to strengthen local autonomy. These are presented alongside wider contextual metrics that reflect medium term goals in areas such as inequalities and outcomes. The contextual metrics do not constitute part of the score but will inform how NHS England responds to segmentation

Every ICB and provider will be allocated a segment (ICBs will though not be subject to segmentation until 2026/27). This indicates its level of delivery from 1 (high performing) to 4 (poorly performing) with an additional segment 5 to indicate the most intensive support requirement. To reflect the importance of the NHS living within the budget it is allocated, reduce waste and increase productivity to deliver growth against demand, a financial override is in place that will mean that unless providers are delivering a surplus or breakeven position, their segmentation will be limited to no better than 3.



The Trust is considering how the recent release of the NOF, including its scope and scoring methodology, should potentially impact on its own performance management tool (the AF) and its wider reporting.



As part of the Trust's 2023 Well Led Review, a redesign of the Integrated Performance Report (IPR) was agreed. The format that follows in this report now includes a slide that highlights high level trends and hotspots that broadly cover the five national themes as well as local priorities. The trends and hotspots highlighted are shown as areas that have seen improvement in the month and areas that require further work.

Before each section of the report a more detailed trends and hotspots update is also provided showing metrics which highlight performance in key areas of the domain and include more detail on the issues raised in the high-level trends and hotspots. Spotlight reports are also included to provide more detail on performance across each domain, and where necessary, corrective actions that are being implemented.

Information on elective recovery, including comparison to 19/20 performance, is now included as part of the slides detailing performance. Detailed commentary is provided about RTT recovery.

The Accountability Framework (AF) is the mechanism by which the Trust holds both Clinical and Corporate Divisions to account for their performance. The AF is the primary performance management regime to cover all aspects of divisional business plans. As a consequence, its purpose is to ensure that the Trust delivers its promises to patients and stakeholders. The domains covered in the AF broadly cover the five national themes laid out above and a review is held at the end of each financial year to consider metrics included, their weights and their targets. Divisional Accountability Meetings to discuss Divisional Accountability to review August performance were cancelled due to Epic Go Live. Corporate divisions AF meetings were also cancelled due to Epic Go Live.

	Areas of Improvement	Areas requiring further work
<p><b><u>QUALITY</u></b></p> 	<p><b><u>Mortality</u></b></p> <p>Cancer and Diagnostics M&amp;M meetings are now being held regularly. The governance team is sharing learning and there is excellent evidence of cross-specialty working.</p> <p><b><u>Quality</u></b></p> <p>Achievement of 100% compliance with complaint response times in month.</p>	<p><b><u>Mortality</u></b></p> <ul style="list-style-type: none"> <li>Mortality rates have been at the lower end of the seasonal average for 2 months now. Rolling 12-month mortality ratios for SMR and HSMR have shown a downward trend for the last four months.</li> <li>Compliance with mortality reviews has dropped. This can be attributed, in part, to Epic prep/training and an increase in clinical pressures. Members of the resuscitation team have been supporting the identification of harm by screening all sepsis deaths (the second largest ESNEFT diagnosis group in terms of mortality) and escalating issues. It may be some time before the SJR backlog is reduced</li> </ul> <p><b><u>Quality</u></b></p> <ul style="list-style-type: none"> <li>There has been a rise in the number of PALS enquiries being received. This trend has been sustained and continues to rise in October. A detailed review of the drivers is being undertaken to establish the best solutions to support people with seeking the information and response they require. Headline issues are delays in pathways of care and challenges with contacting local departments and teams.</li> </ul>
<p><b><u>PERFORMANCE</u></b></p> 	<ul style="list-style-type: none"> <li>The Trust achieved 71.6% performance against the A&amp;E 4-hour standard August.</li> <li>Both sites saw challenges across the UEC metrics as focus was impacted by responses to support readiness for final Epic Readiness, Migration and improvements to patient safety.</li> <li>Improvement in Cancer 62day performance, and improvement in both Skin and Breast.</li> <li>Good achievement for patients over 65 weeks, all complex, choice etc.</li> <li>Over 65 weeks, 52 weeks and 18 weeks delivery progressing towards March 2026 delivery. Still slightly behind plan in M5 for 52 weeks, on plan for 18 weeks.</li> <li>Improvement in all PODs for activity year on year and last month.</li> <li>Slight decrease in overall waiting list size for diagnostics.</li> </ul>	<ul style="list-style-type: none"> <li>New ways of working meant our plans submitted at the beginning of the year expected an impact across UEC metrics during the 60-day stabilisation period of Epic. Both sites have submitted data driven recovery plans to the October Performance and Finance Committee which commence earlier than planned in November, as Epic has been adopted well in our emergency areas with the Ipswich site having switched from paper clinical notation to contemporaneous electronic recording.</li> <li>Resolution of PACS issues to support the improvement in all pathways in Cancer, DM01 and RTT.</li> <li>Focus is on the 62-day backlog with additional capacity planning underway for November onwards.</li> <li>Rise in both Breast and Skin demand – meeting held with ICB with some key actions being addressed and follow up planned for November.</li> <li>Diagnostics are key driver of reducing pathways, focus on Urology, MRI and Cardiology reducing longest backlogs. Links to PACS issues and backlog.</li> <li>Finalisation of the optimisation plans for ESEOC and GSH as well as the outpatient's productivity for GIRFT.</li> </ul>

	Areas of Improvement	Areas requiring further work
<p><b><u>FINANCE</u></b></p> 	<ul style="list-style-type: none"> <li>The Trust held cash of £20.5m at the end of September.</li> <li>Bank and agency costs reported in September were lower than August.</li> <li>CIP delivery in September (£4m) was higher than was reported in August (£2.2m). Delivery was higher than the in month target of £3.5m.</li> </ul>	<ul style="list-style-type: none"> <li>The Trust incurred a deficit of £2.4m for September. The cumulative position has moved to a deficit £7.6m. This is behind plan by £4.2m.</li> <li>The Trust is still forecasting delivery of revenue balance for the financial year but recognises that it needs to go further with financial recovery plans (both central and divisional) to achieve this.</li> <li>Bank costs now exceeds the ceiling YTD by £2.8m (£27.2m v £24.4m). Agency costs have now exceeded the agency ceiling by £1.8m (£6.7m v £4.9m). Reductions in bank rates (medical and agenda for change) effective from October should support reduced temporary spend.</li> <li>£12m year to date of cost improvement plans have been delivered for the year, against a target of £18.2m.</li> <li>Capital expenditure cumulatively underspent against CDEL by £13m at the end of September, but the Trust still forecasts delivery of its CDEL by year-end.</li> </ul>
<p><b><u>WORKFORCE</u></b></p> 	<ul style="list-style-type: none"> <li>The Trust is +112 WTE at variance to plan across all workforce (across agency, bank and substantive workforce)</li> <li>The Trust is reporting 4.57% sickness absence, which is above target of 4%. Wellbeing calls alongside supportive absence management processes are in place to support colleagues to return to work safely.</li> <li>The Trust is reporting a 5.45% voluntary turnover rate, which continues to demonstrate month on month improvement</li> </ul> <p><b>National Staff Survey (NSS)</b> – The survey launched on 22 September, and the fieldwork period remains open until 28 November. This year 78% of surveys have been issued as electronic copies. As a thank you for taking the time to complete a survey staff will be issued with a hot drink voucher. As of 17 October, the response rate stood at 21.1%.</p> <ul style="list-style-type: none"> <li>The WRES and WDES 2024/25 Annual Reports and action plans were reviewed and approved by POD Committee in September and will be published by 31 October.</li> <li>262 staff have completed the sexual safety training sessions which were implemented as part of the Sexual Safety Charter Framework. These sessions promote the importance of sexual safety in the workplace, and our Sexual Harassment toolkit provides the process to report an incident and how staff will be supported.</li> </ul>	<ul style="list-style-type: none"> <li>The Retention Team is carefully reviewing and triangulating information from the staff survey, external and internal moves to provide additional support for staff and managers.</li> <li>EDI Training which was paused from July to provide focus time for implementation of Epic system, will be reinstated from November. The EDI team is continuing to support on EDI related concerns.</li> <li>October will see the launch of freedom to speak up month, revising our training, speak-up guide and speaking to staff about the importance of raising concerns</li> </ul>

## The Accountability Framework (AF) is the Trust's principal performance management tool.

The AF is the mechanism used to hold both Clinical and Corporate divisions to account for their performance and to ensure that Trust resources are converted into the best possible outcomes, for both the quality of services and treatment, as well as the value for money of the work performed.

The AF therefore encapsulates the Trust's vision and more detailed objectives, resourcing, delivery, monitoring performance, course correction and evaluation.

Changes to the AF are agreed on a monthly basis through the Informatics Programme Board and actioned the following month. The AF policy was updated and agreed through the Executive Management Committee in October 2022.

## 2025/26 reporting – Month 5

This report summarises the month 5 (2025/2026) performance reported in the Accountability Framework (AF). The August performance accountability meetings for clinical divisions did not take place due to Epic.

### Clinical divisions performance

	Cancer and Diagnostics				Medicine and Community I&ES				Medicine and Community NEE				Surgical Divisions				Women and Children			
Caring	4	3	↓	↔	3	3	→	↔	3	3	→	↔	3	3	→	↔	3	3	→	↔
Responsive	4	3	↓	↔	2	2	→	↔	2	2	→	↔	1	1	→	↔	1	1	→	↔
Safe	3	3	→	↔	2	3	↑	↔	2	2	→	↔	2	2	→	↔	3	2	↓	↔
Effective	3	3	→	↔	3	3	→	↔	3	3	→	↔	2	2	→	↔	4	3	↓	↔
Well-Led	2	2	→	↔	1	2	↑	↔	2	2	→	↔	2	2	→	↔	2	3	↑	↔
Use of Resources	2	1	↓	↔	2	1	↓	↔	2	1	↓	↔	1	1	→	↔	1	1	→	↔
Aggregated AF Score	3	2	↓	↔	2	2	→	↔	2	2	→	↔	1	1	→	↔	1	1	→	↔

### Summary Divisional Performance

- Cancer and Diagnostics decline from a 3 to a 2 in month 5.
- Medicine and Community NEE and Medicine and Community I&ES reported a 2 in month.
- Women and Children maintained a 1 in month.

### Corporate performance

The August performance accountability meetings for corporate services were cancelled for October.

	Communications		Estates & Facilities		Faculty of Education		Finance & Information Services		Governance		Human Resources		ICT		Medical Director		Nursing		Operations		Research & Innovation															
Well-Led	2	3	↑	↔	2	3	↑	↔	3	3	→	↔	2	3	↑	↔	3	3	→	↔	3	2	↓	↔	3	3	→	↔	3	3	→	↔				
Use of Resources	4	4	→	↔	2	2	→	↔	4	4	→	↔	3	2	↓	↔	3	3	→	↔	2	2	→	↔	3	3	→	↔	2	2	→	↔	4	3	↓	↔
Aggregated AF Score	3	3	→	↔	2	3	↑	↔	3	3	→	↔	3	3	→	↔	3	3	→	↔	3	3	→	↔	3	3	→	↔	3	3	→	↔				

### Summary Corporate Services Performance

- Finance & Information, Communications, Governance, Estates & Facilities, Human Resources, Medical Director, Nursing, Operations, Corporate, ICT, Governance and Research & Innovation all scored 3 (Good)

Score Rating	1 Inadequate	2 Requires Improvement	3 Good	4 Outstanding
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### Aggregated AF Score Classification Explained

Domain Scores	Aggregated AF Score	
Two or more domains scoring '1'	1	Inadequate
Three or more domains scoring '2' or below, with / or any domain score of '1' occurring once only	2	Requires Improvement
Other combinations of domain scores between an overall domain score of '2' and '4'	3	Good
Two or more domains scoring '4' and no domain scoring below a '3'	4	Outstanding

Mortality	Target	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
12-mth rolling HSMR	100	N/R	111.5	122.1	113.0	111.5	110.0
SHMI	1	1.08	1.08	1.09	1.08	TBC	TBC

Incidents & Complaints	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Total incidents reported	-	3,168	3,347	3,231	3,402	3,042	3,058
Never Events	0	0	0	1	1	0	1
Mixed Sex Accommodation Breaches	0	500	423	305	267	206	206
Total complaints reported	-	101	109	117	116	97	110
Overdue Complaints	0	0	0	0	0	1	1
Complaint Response Compliance	95%	99.1%	98.0%	95.4%	97.5%	97.2%	100.0%
Total PALs Enquiries	-	369	331	349	319	366	567
Duty of Candour (Initial)	100%	72.5%	85.9%	86.4%	95.5%	91.2%	85.1%

Infection Control	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
C.Diff	0	15	9	17	11	16	17
MRSA	0	0	0	1	0	0	2
MSSA	0	2	9	4	8	4	6
E.Coli	0	14	14	13	14	16	7

Harm Free Care	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
VTE Risk Assessments	95%	71.98%	76.13%	68.75%	75.64%	65.71%	63.30%
Total falls (acute)	-	224	215	185	196	199	203
Serious Harm falls	0	1	1	3	4	0	3
Category 3 Pressure Ulcers	0	18	14	17	17	15	11
Category 4 Pressure Ulcers	0	2	1	1	0	0	0

FFT	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
F&F: Inpatients % Recommending	90%	91.9%	92.6%	92.9%	94.8%	93.2%	90.5%
F&F: A&E % Recommending	90%	87.8%	86.3%	87.4%	86.6%	87.5%	85.4%
F&F: Day Case % Recommending	90%	96.93%	95.05%	95.98%	97.59%	97.35%	95.25%
F&F: Birth % Recommending	90%	100.0%	90.0%	100.0%	100.0%	90.0%	83.3%
F&F: Post Natal Ward % Recommending	90%	100.0%	88.9%	88.9%	100.0%	80.0%	100.0%
F&F: Antenatal % Recommending	90%	100.0%	90.9%	50.0%	84.6%	85.7%	100.0%

Areas of Improvement	Areas requiring further work
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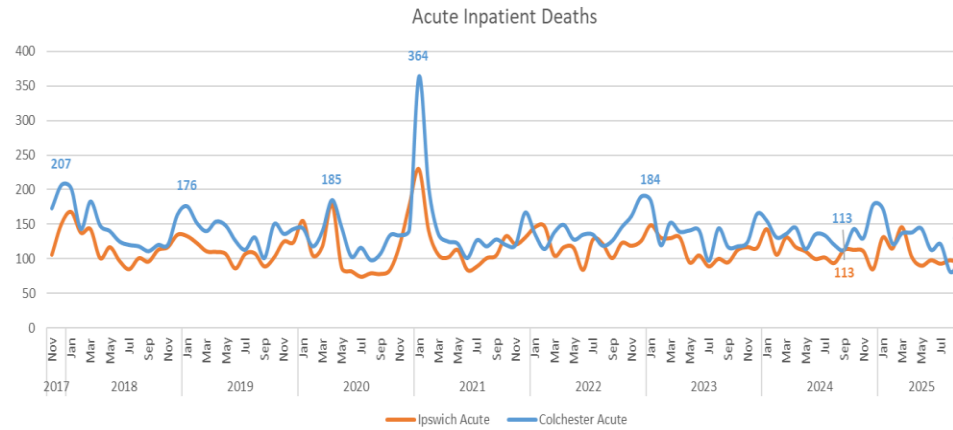
<p><b>Mortality</b></p> <ul style="list-style-type: none"> <li>Cancer and Diagnostics M&amp;M meetings are now being held regularly. The governance team is sharing learning and there is excellent evidence of cross-specialty working.</li> </ul>	<p><b>Mortality</b></p> <ul style="list-style-type: none"> <li>Mortality rates have been at the lower end of the seasonal average for 2 months now. Rolling 12-month mortality ratios for SMR and HSMR have shown a downward trend for the last four months.</li> <li>Compliance with mortality reviews has dropped. This can be attributed, in part, to Epic prep/training and an increase in clinical pressures. Members of the resuscitation team have been supporting the identification of harm by screening all sepsis deaths (the second largest ESNEFT diagnosis group in terms of mortality) and escalating issues. It may be some time before the SJR backlog is reduced.</li> </ul>
<p><b>Quality</b></p> <ul style="list-style-type: none"> <li>Achievement of 100% compliance with complaint response times in month.</li> </ul>	<p><b>Quality</b></p> <ul style="list-style-type: none"> <li>There is has been a rise is the number of PALS enquiries being received. This trend has been sustained and continues to rise in October. A detailed review of the drivers is being undertaken to establish the best solutions to support people with seeking the information and response they require. Headline issues are delays in pathways of care and challenges with contacting local departments and teams.</li> </ul>

## Mortality Trend Data – All inpatients and ED attenders

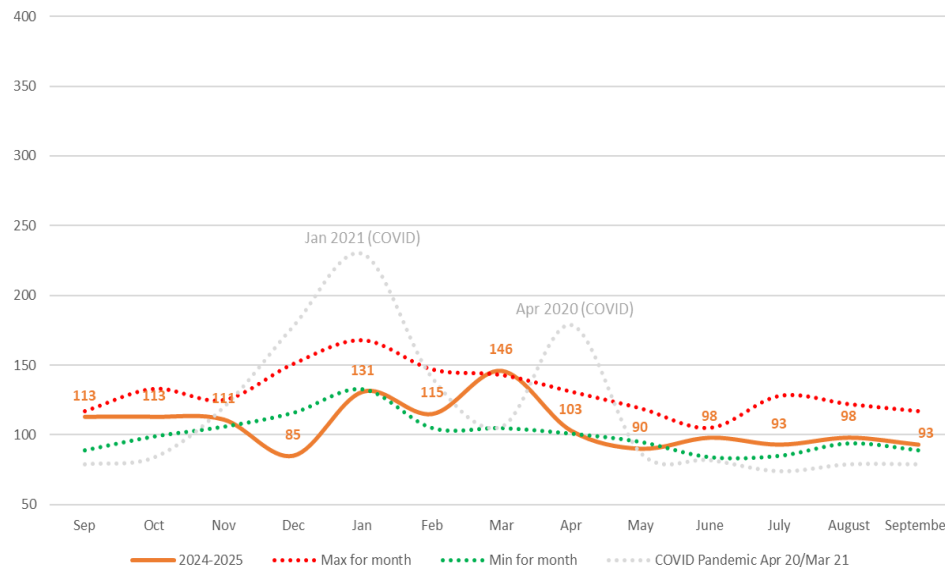
September 2025

**190 inpatient deaths (179 in August):**

- Ipswich 93 – lower end of seasonal ‘norm’
- Colchester 97 – below seasonal ‘norm’
- 15 deaths in EDs (17 deaths in August)



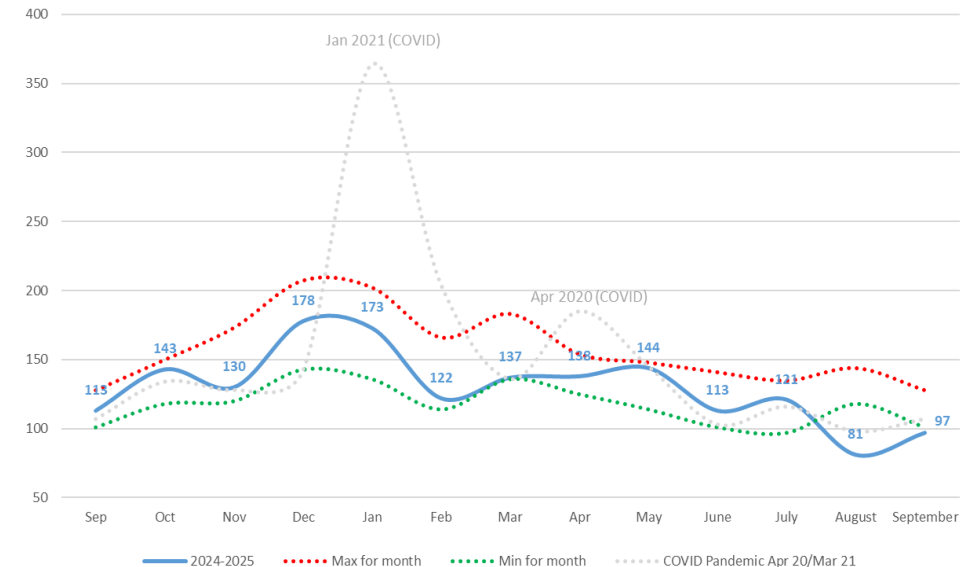
Ipswich Hospital Mortality Trend - Inpatient Deaths 2017 - 2025  
(Max & Min exclude COVID-19 pandemic months)



(IP = inpatient)	Sept 2025 No. Deaths	Sept 2024 No. deaths	Rolling 12 mths avg
Ips acute IP	93 (98)	113	108
Col acute IP	97 (81)	113	133
Ips ED	5 (7)	4	10
Col ED	10 (10)	19	16

Figure in brackets = previous month

Colchester Hospital Mortality Trend - Inpatient Deaths 2017 - 2025  
(Max & Min exclude COVID-19 pandemic months)



## Mortality Trend Data – Stillbirths & Perinatal Mortality

The data shown now follows MBRRACE reporting criteria and excludes terminations of pregnancy and very premature births.

### Provisional Data

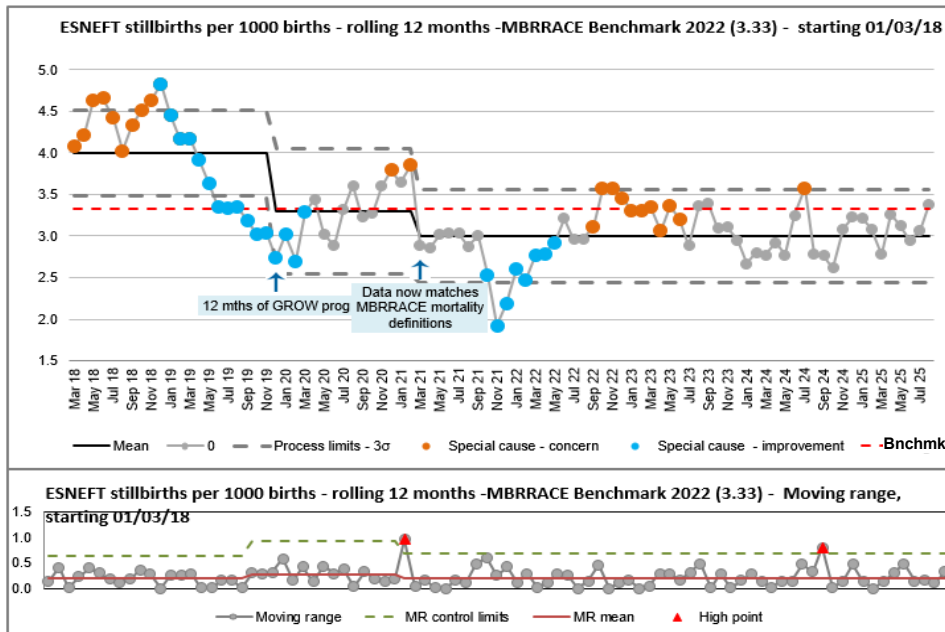
### Summary 12 mths to August 2025

- Stillbirths/1,000 births <sup>a</sup> 3.4  
2023 MBRRACE\* benchmark 3.3
- Extended perinatal mortality 4.6/1000 births <sup>a</sup>  
2023 MBRRACE\* benchmark 4.9

This is flagging as high variance on the SPC chart as there have been 11 neonatal deaths in the last 12 months compared to 3 the year before.

*\*Mothers and Babies: Reducing Risks through Audits and Confidential Enquiries*

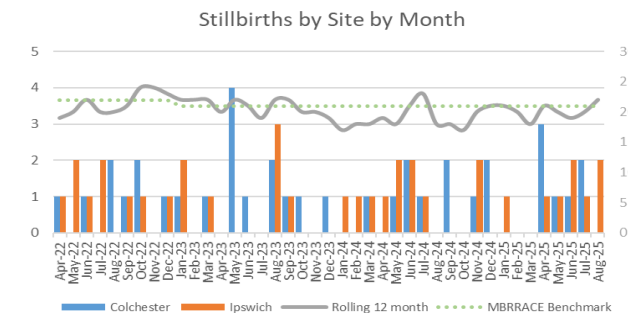
<sup>a</sup>excludes terminations of pregnancy and births <24<sup>+0</sup> weeks gestational age



### 12 months to August 2025

Metric – Benchmark reflects rates for England (MBRRACE 2023)	Benchmark	Ips	Col
Stillbirths <sup>a</sup>	3.3	3.2	3.6
Extended Perinatal Mortality <sup>a</sup> (stillbirths and neonatal deaths up to 28 days following delivery)	4.9	4.5	4.7

Although the Trust is within the 2023 MBRRACE benchmark for Extended perinatal mortality, the SPC chart is signalling special cause variation. Averages were swayed by the deaths of 5 infants in November 2024. (Of the 9 deaths in 2024/5 reviewed so far, there were 3 cases where care may have impacted outcome. Actions have been undertaken.) **Another issue impacting mortality rates is the falling birth rate: looking at rolling 12-month data, Colchester births have dropped by 9%, Ipswich by 13% (ESNEFT 11%).**

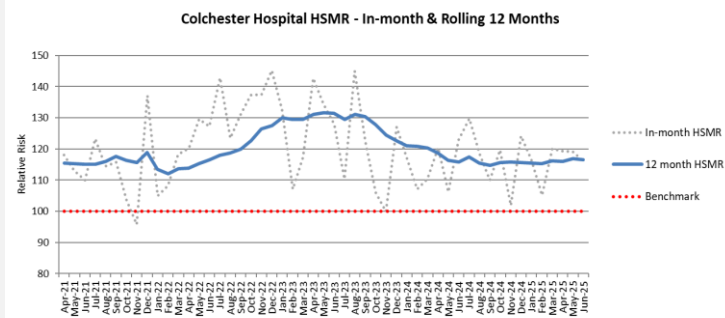
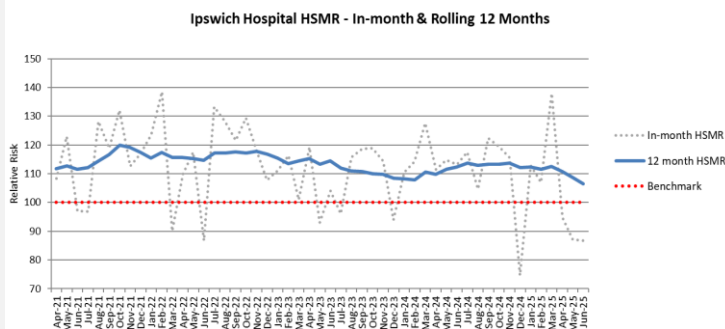
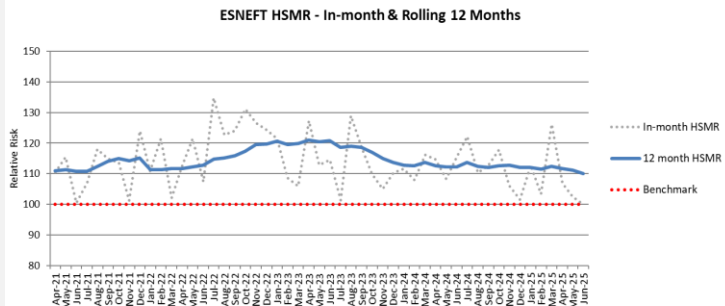


Based on ESNEFT births activity, 12-month stillbirth numbers need to be below 21 in order to remain within national benchmarks for 2023. By site for the 12 months to August 2025, Ipswich had 10 stillbirths and Colchester had 12.

## Mortality Ratios - Data Source DF Intelligence (Telstra Health)

### Summary

- ESNEFT 12-mth HSMR+ to June 2025, 110.0, 'higher than expected'
- ESNEFT 12-mth all-diagnoses (SMR+) to June 2025, 108.8, 'higher than expected'
- ESNEFT has the fourth highest crude mortality rate in the peer group (ordinary admissions)



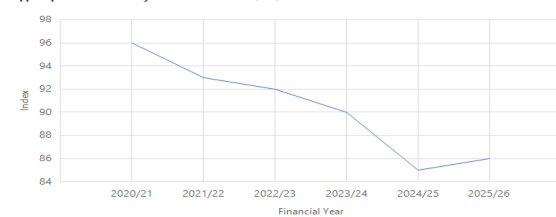
### Dr Foster Summary – 12 months to June 2025

June 2025 - 12 month rolling data except where specified	ESNEFT	IPS	COL
HSMR+ in-month	99.9	86.7	116.1
HSMR+	▼ 110.0	▼ 106.5	▼ 116.5
HSMR+ Lower confidence limit	▼ 105.7 Outlier	▼ 100.2 Outlier	▼ 110.4 Outlier
HSMR+ with emergency cases removed	▼ 111.1 Outlier	▼ 106.5 Outlier	▼ 118.6 Outlier
HSMR+ Death rate (nat. ▲3.7%) (emergency cases removed)	▼ 3.5%	► 3.3%	▼ 4.0%
All diagnosis groups (SMR)	▼ 108.8	▼ 105.8	▼ 113.7
Lower confidence limit (all)	▼ 105.0 Outlier	▼ 100.2 Outlier	▲ 108.4 Outlier
SMR+ with emergency cases removed	▼ 109.8 Outlier	▼ 105.8 Outlier	▼ 116.4 Outlier

### Weekend/Weekday HSMR Admissions

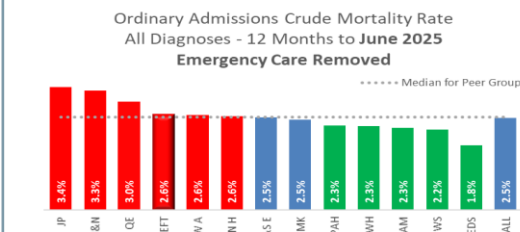
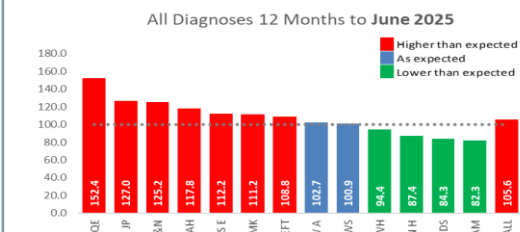
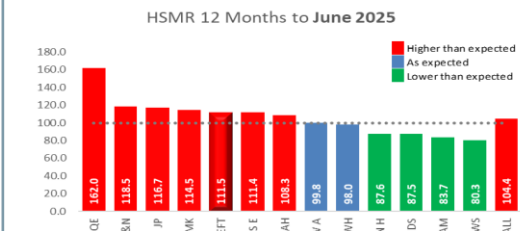
In the 12 months to June 2025, both weekday and weekend ESNEFT HSMR emergency admissions were 'higher than expected'. Only Ipswich Hospital weekday admissions were 'as expected'. Documented comorbidities have seen a downward trend since 2020/21 with 30% of emergency admissions in the HSMR group listed with zero/<zero comorbidities.

Upper-quartile comorbidity as index of national (100)



### National & Regional Peer Group

The Trust's mortality ratios are currently 'higher than expected'. The region is currently regarded as being 'higher than expected'. The national mortality rate for ordinary admissions was 2.4% - ESNEFT was 2.6%, placing it in the 4<sup>th</sup> quintile for crude rate – range 1.0% - 4.4%. Many peer trusts have significant volumes of uncoded spells so the data should be used with caution.



## Telstra Health – Comorbidity Coding

**30% of ESNEFT emergency spells are for patients with an Elixhauser mortality risk of less than or equal to zero - nationally this figure is 25%.**

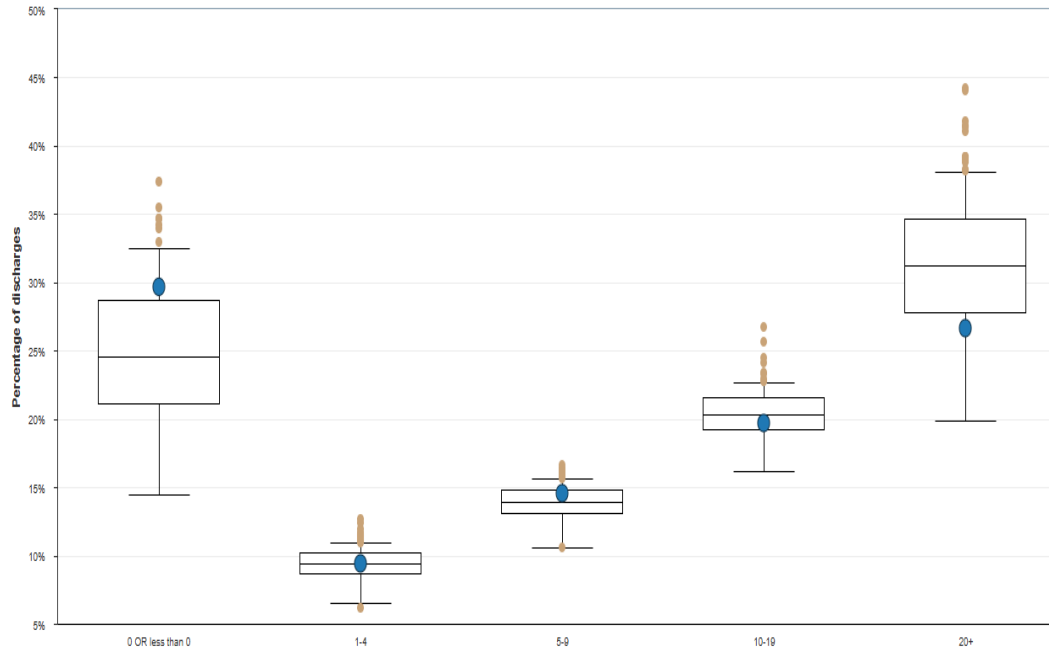
A high Elixhauser score adds risk to mortality algorithms, but this compound score contains both positive and negative elements. Positive scores add risk and negative scores reduce risk.

ESNEFT is marginally above the national benchmark for comorbidity groups scoring 5-6 but below for groups 10-19 and significantly below the national benchmark in the 20+ group (27% v 31%). It will be interesting to see the impact of Epic on depth of coding in those high-scoring conditions.

Diagnoses - HSMR | Mortality (in-hospital) | Jul 2024 - Jun 2025 | ALL (acute, non-specialist) by Elixhauser Comorbidity Score

Admission method (group): Emergency

Peers: ALL (acute, non-specialist) | Analyse by: Elixhauser Comorbidity Score | Measure: Superspells | Show points: All peers



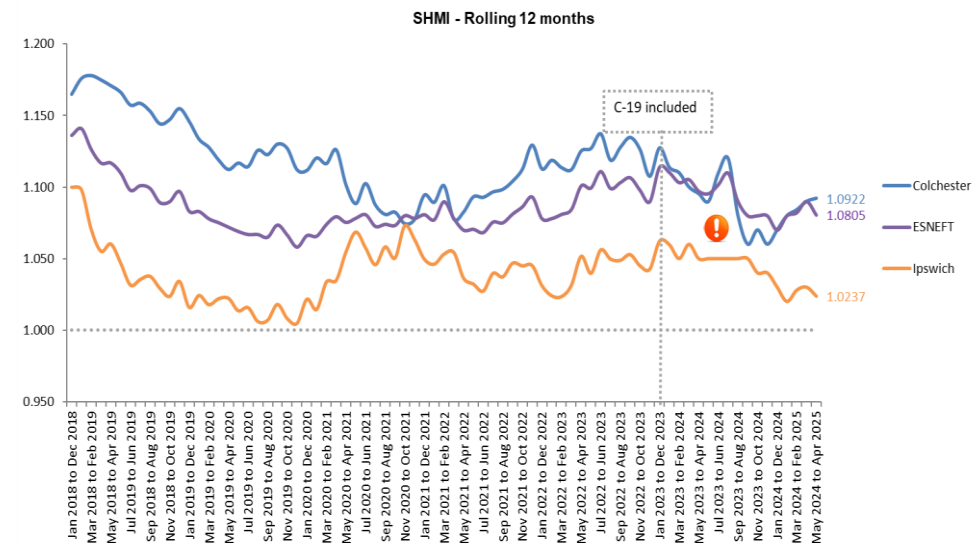
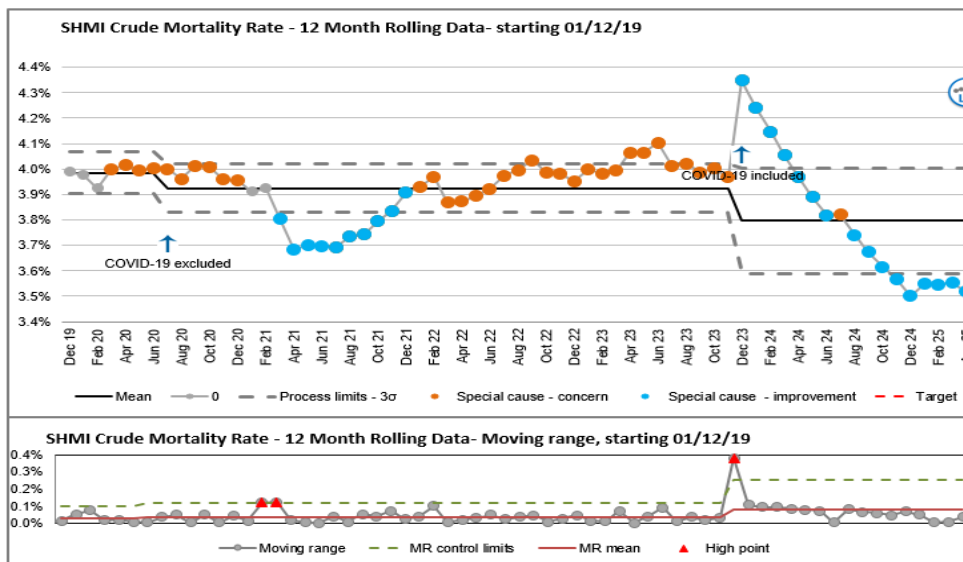
Within the Elixhauser comorbidity scale there are conditions that when diagnosed, reduce statistical mortality risk. For example, while obesity has long been identified as a major contributor to chronic disease, studies indicate a lower mortality risk in patients classed as 'overweight' (NB ethnicity is a factor) – this is known as the 'obesity paradox' and was identified during studies examining patient outcomes during the Covid-19 pandemic. Likewise, a diagnosis of hypertension indicates that the patient is being treated and supervised, improving their outcome.

Elixhauser Comorbidities	Number (%)	Weight for 30-d Mortality†	Weight for In-Hospital Mortality‡
Metastatic cancer	24 850 (2.76)	12	7
Dementia	107 165 (11.91)	9	5
Congestive heart failure	162 101 (18.01)	5	5
Weight loss	47 589 (5.29)	5	4
Leukemia	8995 (1.00)	4	4
Renal failure, severe	35 575 (3.95)	4	3
Liver disease, moderate to severe	6361 (0.71)	3	2
Coagulopathy	44 045 (4.89)	2	2
Deficiency anemia	200 439 (22.27)	2	1
Paralysis	26 774 (2.98)	2	2
Peripheral vascular disease	177 049 (19.68)	2	1
Pulmonary circulation disease	36 031 (4.00)	2	2
Renal failure, moderate	128 716 (14.30)	2	1
Solid tumor without metastasis, malignant	93 817 (10.43)	2	1
Chronic pulmonary disease	212 125 (23.57)	1	1
Lymphoma	14 673 (1.63)	1	1
Cerebrovascular disease	100 228 (11.14)	0	0
Hypothyroidism	190 432 (21.16)	0	-1
Liver disease, mild	26 618 (2.96)	0	0
Neurologic disorders affecting movement	42 063 (4.67)	0	-1
Other neurologic disorders	43 462 (4.83)	0	0
Peptic ulcer with bleeding	10 765 (1.20)	0	1
Valvular disease	116 084 (12.90)	0	0
Alcohol misuse	12 817 (1.42)	-1	0
Blood loss anemia	16 214 (1.80)	-1	-1
Depression	134 946 (15.00)	-1	-1
Diabetes, complicated	190 458 (21.17)	-1	0
Diabetes, uncomplicated	98 145 (10.91)	-1	0
Psychoses	38 258 (4.25)	-1	-1
Seizures and epilepsy	25 688 (2.85)	-1	0
Solid tumor without metastasis, in situ	7013 (0.78)	-1	0
Arthroplasties	48 116 (5.35)	-2	-1
Hypertension, uncomplicated	488 102 (54.24)	-2	-2
Hypertension, complicated	179 031 (19.90)	-3	-3
Other thyroid disorders	25 641 (2.85)	-3	-3
AIDS/HIV	1153 (0.13)	-4	-2
Drug misuse	11 197 (1.24)	-4	-4
Obesity	131 111 (14.57)	-5	-4

## CUSUM Alerts

### Summary

- ESNEFT SHMI to April 2025 was 1.08 'as expected'
- Colchester 1.09 as expected
- Ipswich 1.02 as expected
- Crude mortality was 3.5% - a downward trend is being driven by increased activity and stable death numbers. It is not possible in SHMI to remove the emergency care same day activity.



### New CUSUM category

**Complication of device, implant or graft** – this group fell into 2 main diagnoses, one involving urinary catheters and one for gastrointestinal devices. The patients in the former were, for the most part, palliative admissions where the patient required a catheter change.

The AMD for Patient Safety, looked through the notes of the second group and found that death was expected. Patients had RIGs, PICCs and stents - palliative procedures for end-of-life patients; there was nothing to suggest the implants/devices contributed to death and it's likely to be the underlying pathology not the stent or device placed to aid palliation.

'Complication of device, implant or graft' has been investigated with no concerns raised, as have pneumonia and pleurisy.

### ESNEFT HSMR+ CUSUM Alerts to June 2025

Service or custom group\*: All services | Alerts view: Negative alerts - CUSUM | CUSUM detection threshold (negative): High (99%) detection threshold | Data period: 12 months (Jun 24 to May 25)

Title	CUSUM	Vol	Obs	Exp	%	Relative risk	Trend	LOS	Readm.
<b>All Diagnoses</b>	9	231329	3062	2787.8	1.3	109.8			
HSMR (41 diagnosis groups)	1	70095	2463	2209.3	3.5	111.5			
Acute bronchitis	1	3406	66	44.5	1.9	148.3			
Complication of device, implant or graft	1	1871	28	15.5	1.5	180.6			
Hypertension with complications and secondary hypertension	1	57	19	11.7	33.3	162.7			
Other skin disorders	1	1359	2	0.9	0.1	234.3			
Pleurisy, pneumothorax, pulmonary collapse	2	511	29	19.1	5.7	152.1			
Pneumonia	1	3848	505	407.6	13.1	123.9			
Residual codes, unclassified	5	4072	84	42.0	2.1	200.0			
Secondary malignancies	1	7526	70	52.7	0.9	133.0			

## Mortality Review Dashboard



ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18): Learning from Deaths Dashboard - August 2025-26



**Description:**

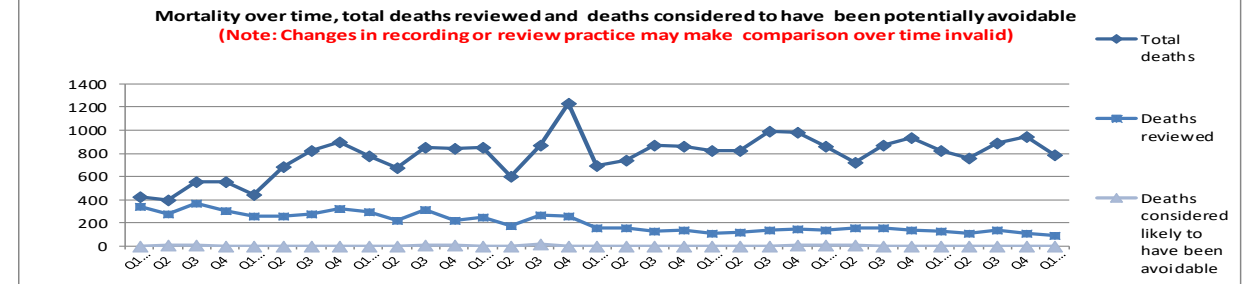
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

### Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

#### Total Number of Deaths, Deaths Reviewed and Deaths Deemed Potentially Due to Problems in Healthcare (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total No. of deaths considered to have been possibly due to problems in healthcare (Score <=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
208	244	12	29	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
452	790	41	87	0	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1242	3423	128	486	1	9

Time Series: Start date 2017-18 Q1 End date 2025-26 Q1



#### Total Deaths Reviewed by Mortality Methodology Score

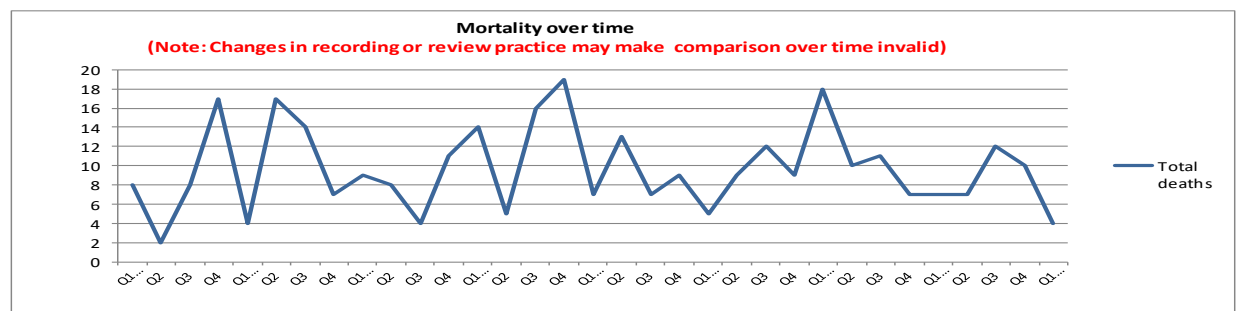
Score 1	Score 2	Score 3	Score 4	Score 5	Score 6
Definitely due to problems in healthcare	Strong evidence there were problems in healthcare	Probably due to problems in healthcare (more than 50:50)	Probably due to problems in healthcare but not very likely	Slight evidence that death was due to problems in healthcare	Death was definitely not due to problems in healthcare
This Month: 0 (0.0%)	This Month: 0 (0.0%)	This Month: 0 (0.0%)	This Month: 0 (0.0%)	This Month: 1 (12.5%)	This Month: 7 (87.5%)
This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 2 (6.1%)	This Quarter (QTD): 31 (93.9%)
This Year (YTD): 0 (0.0%)	This Year (YTD): 1 (0.8%)	This Year (YTD): 0 (0.0%)	This Year (YTD): 3 (2.5%)	This Year (YTD): 11 (9.2%)	This Year (YTD): 105 (87.5%)

### Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

#### Total Number of Deaths, Deaths Reviewed and Deaths Deemed Due to Problems in Healthcare for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total No. of deaths considered to have been potentially due to problems in healthcare	
This Month	Last Month	This Month	Last Month	This Month	Last Month
4	1	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
5	4	0	43	0	26
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
9	36	43	289	26	273

Time Series: Start date 2017-18 Q1 End date 2025-26 Q1



## Mortality Review Dashboard

- April 2024 to August 2025, 10 SJR-reviewed deaths where issues in healthcare may have contributed to death – see next slides for detail.

Trust	ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18)
Org Code	432
Month	August
Year	2025-26

Total deaths include inpatients, paediatrics, maternity, ED  
 Total deaths also includes patients with LD reviewed under SJR criteria by local team - additional LeDeR death reviews are shown separately

Please note, where it is indicated that care contributed to death (score 1, 2 or 3), the case is escalated to the Patient Safety Team for PSR/PSII - this result may be revised following MDT review. The results shown below are for SJRs only.

		Not all deaths are subject to mandatory review.									Review of mandatory case records					
Financial Year	Month	Total Deaths	Deaths likelihood		Deaths judged to have been due to problems in healthcare					Deaths judged not due to problems in care	LD Deaths	No. deaths subject to case record review	No. reviews returned	% Case record reviews completed	No. case record reviews outstanding	
			Total Deaths Reviewed	> 50% contributed to death	Defin	Evidnc	>50/50	<50/50	Slight							
					↓	↓	↓	↓	↓							
2024-25	April	284	39	1	0	0	1	0	2	36	1	24	23	96%	1	
2024-25	May	270	47	1	0	0	1	0	4	41	4	31	30	97%	1	
2024-25	June	267	40	1	0	1	0	1	3	35	2	23	23	100%	0	
2024-25	July	264	41	0	0	0	0	0	3	37	3	25	24	96%	1	
2024-25	August	236	35	0	0	0	0	1	2	32	1	18	17	94%	1	
2024-25	September	263	38	2	0	1	1	1	2	33	3	20	20	100%	0	
2024-25	October	299	54	2	0	1	1	3	7	41	0	30	30	100%	0	
2024-25	November	275	41	0	0	0	0	1	3	37	4	22	22	100%	0	
2024-25	December	316	41	1	0	1	0	0	4	36	8	25	24	96%	1	
2024-25	January	358	47	1	0	0	1	1	5	40	4	31	31	100%	0	
2024-25	February	269	29	0	0	0	0	2	1	25	5	18	18	100%	0	
2024-25	March	322	34	0	0	0	0	0	1	34	1	24	21	88%	3	
2025-26	April	278	35	1	0	1	0	0	4	30	1	26	20	77%	6	
2025-26	May	274	25	0	0	0	0	2	3	20	0	16	13	81%	3	
2025-26	June	238	27	0	0	0	0	1	2	24	3	20	16	80%	4	
2025-26	July	244	29	0	0	0	0	0	1	24	1	23	16	70%	7	
2025-26	August	208	12	0	0	0	0	0	1	7	4	19	6	32%	13	

## Cases where care may have contributed to death

### 2025/26

#### Where an investigation identified that care may have contributed to death:

- 1 SJR/Datixes
- 1 pending the post-mortem/inquest

### 2024/25

#### Where an investigation identified that care may have contributed to death:

- 9 SJRs/Datixes
- 1 ELR\* (different grading to SJR)

#### SJR Summary – where care may have contributed to death (separate to PSIRF outcomes) – final assessment to be agreed

Apr 2025 (Not currently included)	Datix 40314/ ME req	Awaiting post mortem examination results – young patient admitted with vertigo. Her death was likely a result of a very severe reaction to medication. The root cause of her presentation might well have been an autoimmune encephalitis TBC
April 2025	Datixes 41153 and 38097	Self-harm

#### SJR Summary – where care may have contributed to death (separate to PSIRF outcomes) – final assessment to be agreed

Apr 2024	PSR 10186	Under review by the Patient Safety Team – SJR identified that a diagnosis of small bowel obstruction was missed in an 85 year old patient. The wrong diagnostic test was used.
May 2024	Datix 17921	Failure to monitor, issues with IV fluids and antibiotics
Jun 2024	PMRT Datix 6273	The baby was alive on admission in-utero. There was no plan for monitoring the fetus and CTG (cardio-tocography) was not commenced on pain increase. The fetal heart beat was subsequently not reviewed during a scan.
*Jul 2024	Datix 10563	ELR has determined that death was avoidable – SJR noted room for improvement in care but that there was slight evidence of avoidability. Patient admitted with D&V and lethargy – discharged with deranged bloods and no abx – represented moribund/peri-arrest – was cyanosed but not on O2 in error – positive for capnocytophaga.
Sep 2024	Datix 21600	Suspicion that a radiological procedure introduced bacteria into the patient’s abdominal cavity resulting in spontaneous bacterial peritonitis, sepsis and death.
Sep 2024	ELR 16538	Patient discharged on Dexamethasone with no PPI cover, which may have caused duodenal perforation. When attended A&E, CT appropriately requested but the report wasn't escalated by radiology and no one checked the report. When deteriorated overnight, no escalation and no TEP. Action - HotSpot
Oct 2024	Datix 19876	Early management of sepsis in this patient could have led to avoidance of death. Needed early recognition of gas gangrene and escalation to specialist teams including diabetes foot and vascular surgery.
Oct 2024 (NEW)	TBC – PST review required	Raised by ME central line should have been removed promptly at first suspicion of line infection and MRI was delayed (Datix 16688) – graded as ‘probably avoidable’ but supporting narrative advises ‘Patient was frail with multiple comorbidities. Death was not preventable despite best medical management. Line sepsis, osteomyelitis of the metal work in the vertebra contributed to the death.’
Dec 2024	Datix 25223/ ME req	Patient presented to ED with chest pain and should have had an urgent ECG within 15 minutes of arrival. This would have resulted in an immediate transfer to Papworth Hospital. Follow-up now with Patient Safety Team.
Jan 2025	Datix 27466	Prolonged wait outside ED owing to lack of beds, delays in treating signs of sepsis on arrival, delay in the delivery of acute coronary syndrome treatment, failure to monitor according to trust protocols, delays to escalation to ITU - clinical opinion requested by Patient Safety team.

## Quality Improvement

**QI projects Support Epic Readiness**

During the 2024-25 financial year there have been 39 QI Projects that made recommendations for being designed into the new Trust EPIC EPR system going live in October 2025. Below are the SMART aims (generated over several years) of a selection of these projects:

QIP Ref	SMART Aim
QIP22-315	To increase the percentage of the patients, attending the ED at Colchester Hospital having their presenting pain levels assessed and documented and if appropriate receiving analgesia within 15 minutes from 74.0% and 12.1% respectively to 95.0% and 18.1% by 1st January 2023 to optimise their care and treatment in line with the RCEM Management of Pain in Adults 2021 guidance.
QIP23-411	To increase the proportion of the patients with Dementia on the geriatric wards at Ipswich Hospital and completed "This is Me" documentation from 10% to 50% by 30th July 2023 to help support staff deliver care that is better tailored to the patient's needs.
QIP 23-417	To increase the average completion rate of 10 Tabs on the situation page of the Ipswich Hospital CCU Metavision Daily Ward Round from 44.8% to 70.0% by 30th July 2023 to enhance clinical record keeping for their patients.
QIP23-421	To increase the average rates of compliance with NICE Guidelines by the REACT Team in the frailty Assessment Base (FAB) and Emergency Department (ED) at Ipswich Hospital and REACT Community settings from 54%, 54% and 64% respectively to >80% by 30th November 2023 to optimise the provision of patient-specific multifactorial falls risk assessments and interventions
QIP23-431	To increase the number of clinically appropriate referrals to the NEECS Respiratory Virtual Ward from 14 in 3 months to 60 in 3 months, and the proportion of its beds being utilised from 40% to 80% respectively by 30th March 2024 to optimise the flow of respiratory patients into and out of Colchester Hospital.
QIP23-443	To increase the proportion of inpatients in the EAU at Colchester Hospital who have fully completed Venous Thromboembolism (VTE) risk assessment from an average of 32.0% to 60.0% by 30th March 2024 to minimise their risk of hospital acquired Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE).
QIP24-469	To increase the proportion of patient admitted to Layer Marney Ward at Colchester General Hospital who have their smoking status assessed and recorded in their notes from 66.7% to 80.0% by 3rd May 2024 to optimise their consensual referral to a smoking cessation service.
QIP24-525	To increase the average proportion of Fluid Balance audit criteria on Easthorpe, West Bergholt and Stanway wards at Colchester Hospital and Shotley Ward and the SAU at Ipswich Hospital achieving amber or green status from the 0%, 26%, 0%, 62.5% and 68.8% to 75.0%, 75.0%, 85.0% and 85.0% respectively by 31st August 2024 to optimise monitoring of their patient's hydration status, assessment of their condition and treatment interventions.

## Quality Improvement

**10 QI projects were completed in September**

QIP Ref	Division / Dept	SMART Aim
QIP 24-472	Joint All Clinical Areas	To increase the self-assessed average comfortability rating of Colchester Hospital-based doctors to access the Talk to Sophie Service if they were struggling at work from 5.0/10.0 to 7.0/10.0 by 30th January 2025 to optimise their opportunity to share their concerns with an experienced colleague.
QIP 24-542	C&D ED	To increase the proportion of patients receiving IV antibiotics within 1 hour of presenting to ESNEFT Emergency Departments where neutropenic sepsis is suspected from 52% (Colchester) and 58% (Ipswich) to the national target of 80% consistently on both sites by 30th September 2025.
QIP 24-549	C&D Radiology	To increase the proportion of Colchester Hospital CT reports identifying indeterminate pulmonary nodules recommending follow-up compliant with the British Thoracic Society (BTS) guidelines from 28.0% to 95.0% by 30th March 2025 to optimise patients' care and treatment.
QIP 24-550	Surgical Services SGA Anaesthetics	To increase the proportion of Colchester Hospital substantive anaesthetists with up-to-date paediatric life support training from 33% to 50% by 30th August 2025 to optimise the care and treatment of critically ill children and infants in the anaesthetic setting in line with the RCoA National Audit Project 7.
QIP 25-567	Deteriorating Patient Med Ips Med Col	To increase the average number of patients audited each month in the Escalation and Deteriorating Patient audit on Langham Ward (Colchester Hospital) and Kirton Ward (Ipswich Hospital) from 1.6 and 3.0 respectively to 5.0 by 30th March 2025 to enhance the Trust's confidence in the deteriorating patient escalation process.
QIP 25-571A	Surgical Services SGA CCU	To reduce the proportion of Ipswich Hospital Critical Care patients reporting the length of time between their discharge from Critical Care and attending a face-to-face follow-up appointment was too long from 38.5% to 15.0% by 30th July 2025 to optimise their wellbeing and overall patient experience.
QIP 25-574	Surgical Services MSK SS T&O	To increase the proportion of patients at Ipswich Hospital undergoing hip hemiarthroplasty for fragility hip fractures having a routine X-ray pelvis requested on day 0 to occur on day 1 post-op from 65.2% to >80.0% by 30th June 2025 to optimise patients' experience and the transition of care between orthopaedics and ortho-geriatrics.
QIP 25-582	Joint Anaesthetics (SGA) Paediatrics (W&C)	To increase the proportion of anaesthetists and paediatric nurses at Colchester Hospital who rate themselves as confident in their knowledge of the use of intranasal dexmedetomidine as a paediatric anxiolytic pre-medication from 31.4% and 38.5% respectively to 70% and 70% by August 2025 to enable use of the drug to optimise patients' experience and service efficiency.
QIP 25-641	C&D Radiology	To increase the proportion of Ipswich Hospital ED head injury patients meeting the clinical guidelines for a CT head scan undergoing it within one hour from its request and their provisional CT report being available within one hour of the scan from 66.7% and 83.3% to 85% and 90% respectively by 30th August 2025 to optimise their care, treatment and clinical outcomes.
QIP 25-647	MACCNEE Med Col ED	To reduce inappropriate coagulation profile requests in the Emergency Department at Colchester Hospital from 73.3% to 43% by 30th September 2025 ensuring clear clinical indication to optimise patients' treatment and experience

## Clinical Outcome (Audit)

### 12 Audits were completed in September

#### C&D

**CD25-048:** Improving Lens Exclusion in CT Head

#### MACIES

None

#### MACNEE

**MACNEE25-017:** Quality Improvement project: Improving wait-times for Functional Neurological Disorder patients through triage phone calls and an educational group run by a Psychologist and Specialist Physiotherapist

**MACNEE25-008:** Improving the relevance of coagulation profile requests in the Emergency Department

**MEDCOL25-010:** Appropriateness of coagulation profile requests

**MACNEE25-010:** Improving Functional Neurological Disorder (FND) patients' understanding of FND through a one hour online education group run by a Psychologist and Specialist Physiotherapist

**MEDCOL25-017:** Assessing accuracy and compliance of frailty assessment primarily using CFS tool to identify areas for improvement in frailty recognition, scoring, and documentation, aiming to enhance the quality of care for older and frail patients.

#### SURGICAL SERVICES

**MSKSS25-036:** Volumes of Cone Beam CT and medical CT performed for Oral Surgery, Colchester

**MSKSS25-044:** Improving Quality and Relevance of Inpatient referrals to Dermatology

**SGA24-048:** Improving Compliance with Completion of Electronic Discharge Summaries

#### W&Cs

**Nice Guidance (NG23):** Menopause: identification and management

**WC25-009:** Audit of Timings for Category 1 LSCS

**MAT24/25-21:** Informed Choice Reaudit Ockendon

## Accrediting Care at ESNEFT (ACE)

### Summary

Care Accreditation provides us with the tools to undertake a comprehensive assessment of quality of care at ward, unit and team levels. It does this by bringing together key measures into a single, overarching framework, from across nursing and clinical care, as relevant to us and to our patients.

Percentage of grading across all standards for the twenty-four wards included:

**Bronze – 39%**

**Silver - 30%**

**Gold – 4%**

**Working towards Bronze – 27%**

### Accrediting Care at ESNEFT (ACE) results for wards visited in Q2 – so far;

Ward	Debenham	Nayland	D'Arcy	Waldringfield	Somersham	ED CH	ED IH
Individualised Care	Silver	Bronze	Silver	Bronze	Silver	Silver	Bronze
Dignity and Respect	Working towards Bronze	Working towards Bronze	Silver	Silver	Silver	Working towards Bronze	Silver
Safeguarding, Complex Health and Consent	Silver	Silver	Silver	Working towards Bronze	Silver	Gold	Silver
Leadership, Education and People	Bronze	Silver	Bronze	Bronze	Bronze	Silver	Silver
Harm Free Care	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Working towards Bronze	Bronze	Working towards Bronze
Delivering Safe Care	Bronze	Bronze	Working towards Bronze	Silver	Bronze	Silver	Bronze
Nutrition and Hydration	Bronze	Working towards Bronze	Working towards Bronze	Silver	Silver	Bronze	Silver
Clinical Governance	Silver	Bronze	Bronze	Silver	Silver	Bronze	Working towards Bronze
Infection Prevention and Control & Environment Safety	Bronze	Bronze	Bronze	Bronze	Silver	Working towards Bronze	Working towards Bronze
<b>Overall grading</b>	<b>Silver</b>	<b>Bronze</b>	<b>Bronze</b>	<b>Bronze</b>	<b>Silver</b>	<b>Bronze</b>	<b>Bronze</b>

This quarter's update includes two return visits, to D'Arcy and Waldringfield. These wards have made significant improvements across the standards with the biggest percentage gains. The ACE are aware there is new ward leadership in these areas, but these are not the substantive ward leaders.



Accrediting care at ESNEFT

## Accrediting Care at ESNEFT (ACE)

### Summary

Care Accreditation provides us with the tools to undertake a comprehensive assessment of quality of care at ward, unit and team levels. It does this by bringing together key measures into a single, overarching framework, from across nursing and clinical care, as relevant to us and to our patients.

The ACE paused in October to support Epic Go live. The programme will be updated, along with the Nursing Standards Audit programme, as a result of Epic being introduced.

Most audits were paused for October, and there will be work to do to validate the data coming from Epic

### Data from all wards since inception of programme

Ward	Haughley	EAU	Peldon	Wash brook	Martle sham	Bright lingsea	West Bergholt	Shotley	Stan way	Waveney	Stow upland	Layer Marney	Birch	Grund is burgh	Need ham	Stour	East horpe	Deben ham	Nayland	D'Arcy	Waldring field	Somer sham	ED CH	ED IH
Individualised Care	Bronze	Bronze	Bronze	Silver	Silver	Bronze	Silver	Gold	Silver	Bronze	Silver	Bronze	WTB	WTB	Bronze	Silver	Gold	Silver	Bronze	Silver	Bronze	Silver	Silver	Bronze
Dignity and Respect	WTB	WTB	WTB	Bronze	Silver	Silver	Silver	Silver	Bronze	WTB	Bronze	WTB	WTB	Bronze	Bronze	Bronze	WTB	WTB	WTB	Silver	Silver	Silver	WTB	Silver
Safeguarding, Complex Health and Consent	Silver	Gold	WTB	Silver	WTB	Silver	WTB	Bronze	WTB	Bronze	Gold	Gold	Bronze	Silver	Silver	Gold	WTB	Silver	Silver	Silver	WTB	Silver	Gold	Silver
Leadership , Education and People	Silver	Bronze	Bronze	Silver	Silver	WTB	Bronze	Silver	Bronze	WTB	Bronze	Silver	Bronze	WTB	Bronze	Silver	Silver	Bronze	Silver	Bronze	Bronze	Bronze	Silver	Silver
Harm Free Care	Silver	WTB	WTB	WTB	Bronze	Bronze	WTB	Silver	Bronze	WTB	WTB	Bronze	Bronze	WTB	WTB	WTB	Bronze	WTB	WTB	WTB	Bronze	WTB	Bronze	WTB
Delivering Safe Care	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	WTB	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	WTB	Silver	Bronze	Silver	Bronze
Nutrition and Hydration	Gold	WTB	WTB	Silver	WTB	WTB	WTB	Silver	Bronze	WTB	Bronze	WTB	WTB	Bronze	WTB	Bronze	WTB	Bronze	WTB	WTB	Silver	Silver	Bronze	Silver
Clinical Governance	Silver	Bronze	Silver	Silver	WTB	Bronze	WTB	Silver	Silver	Bronze	Bronze	Silver	Bronze	WTB	WTB	Bronze	Silver	Silver	Bronze	Bronze	Silver	Silver	Bronze	WTB
Infection Prevention and Control & Environment Safety	Silver	Silver	Bronze	Bronze	Silver	Bronze	Gold	Silver	Bronze	Bronze	WTB	Bronze	Bronze	WTB	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	WTB	WTB
<b>Overall</b>	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	WTB	Bronze	Bronze	WTB	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Silver	Bronze	Bronze

Standard	Most common grading achieved from data so far
Individualised care	Tied Bronze and Silver
Dignity and Respect	Working towards Bronze
Safeguarding, Complex Health and Consent	Silver
Leadership , Education and People	Bronze
Harm Free Care	Working towards Bronze
Delivering Safe Care	Bronze
Nutrition and Hydration	Working towards Bronze
Clinical Governance	Silver
Infection Prevention and Control & Environment Safety	Bronze



Accrediting care at ESNEFT

## Patient Safety – Incident Reporting

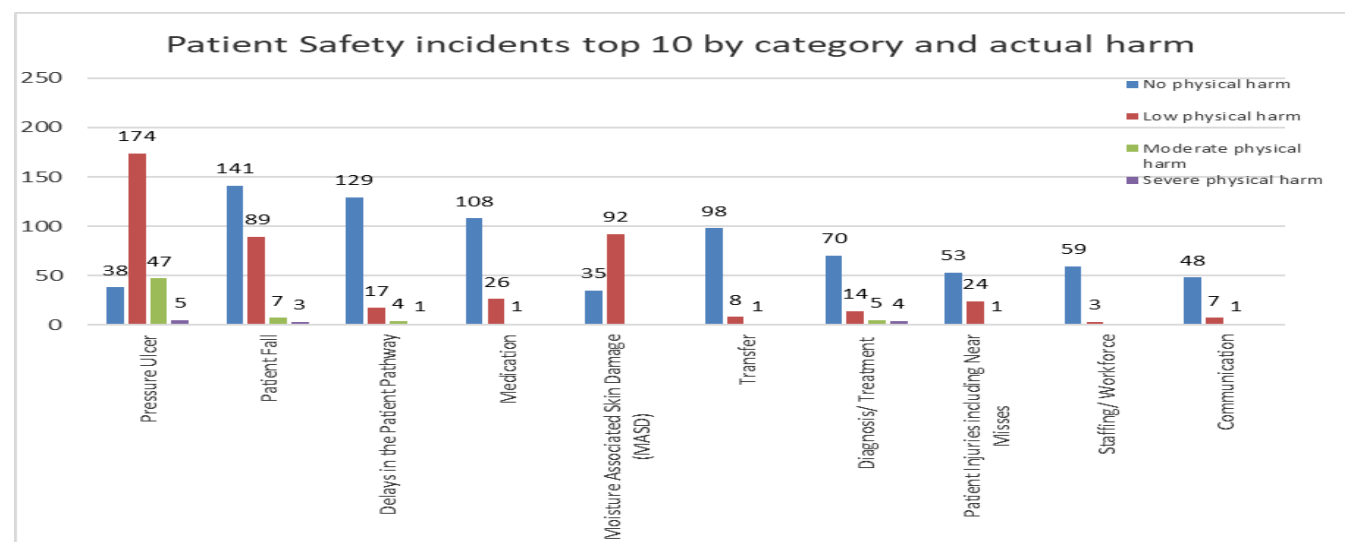
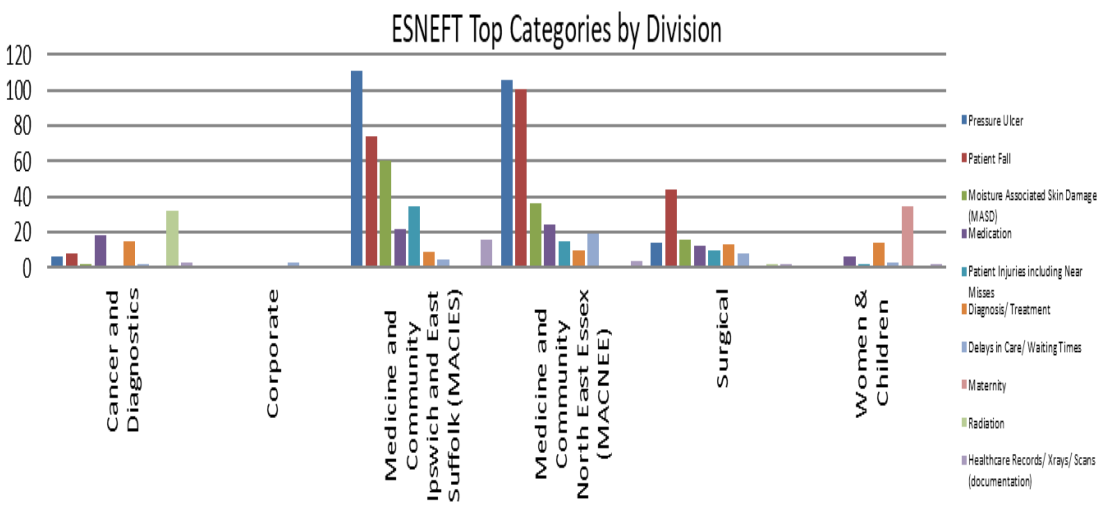
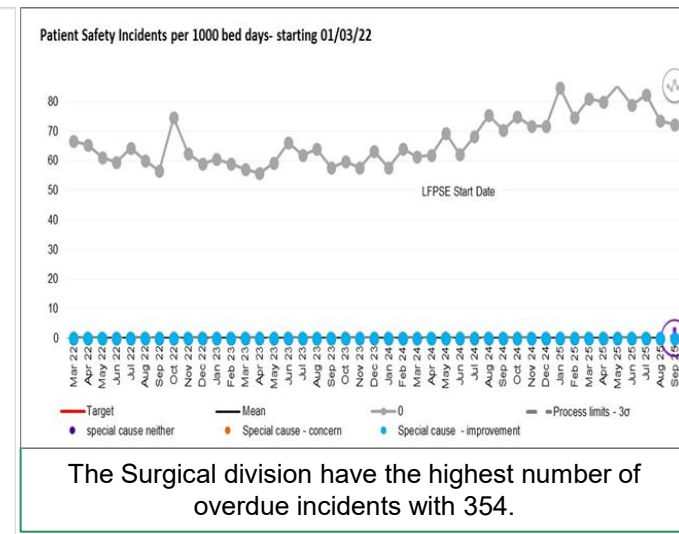
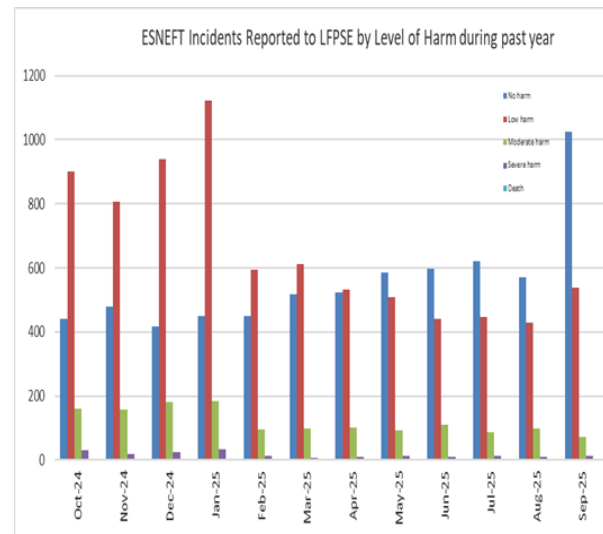
There was an increase in Datix submitted for September. Highest patient related incidents reported continue to be pressure ulcers and falls.

There were a total of 3,058 (3,042) incidents reported in September. 1,652 of these incidents were Patient Safety related. There were 42,353 (41,398) admissions resulting in 72.2 incidents per 1,000 bed days across ESNEFT.

The highest reported category was Pressure Ulcer damage with 264 (238) incidents reported, 5 of which were severe harm, with all being within both Suffolk and NEE Community. There were 47 moderate harm incidents.

The 2nd highest reported category was Patient Falls with there being 240 (229) incidents reported with 3 reported as severe harm on Shotley Ward, Kesgrave Ward and Ipswich Emergency Department, all of which were unwitnessed. 7 were reported as moderate of which 4 were unwitnessed.

The 3rd highest reported category was Delays in the Patient Pathway with 151 (40) incidents, 1 of which was reported as severe harm within Colchester Ophthalmology. 4 were reported as moderate harm with the remainder being low and no harm.



## Patient Safety – Duty of Candour

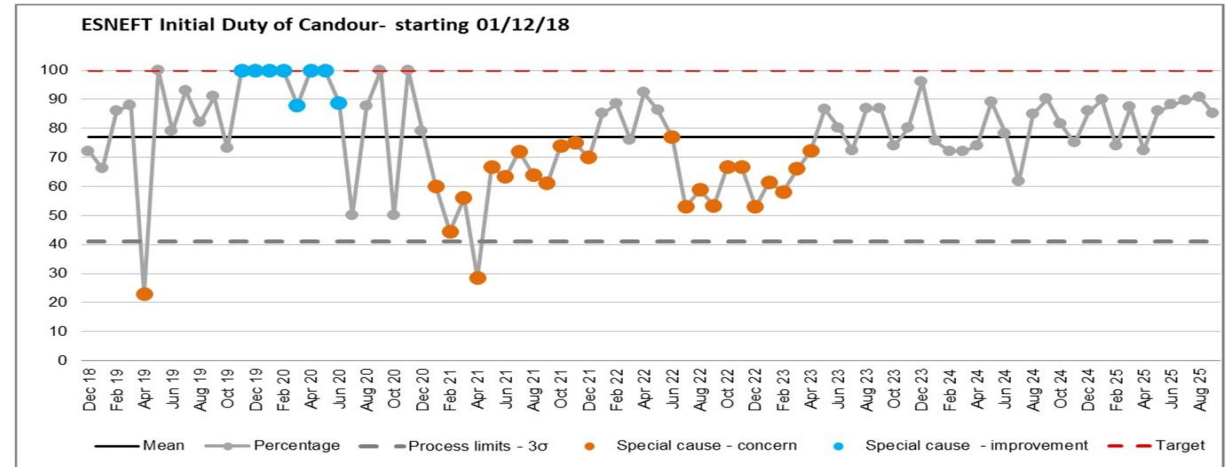
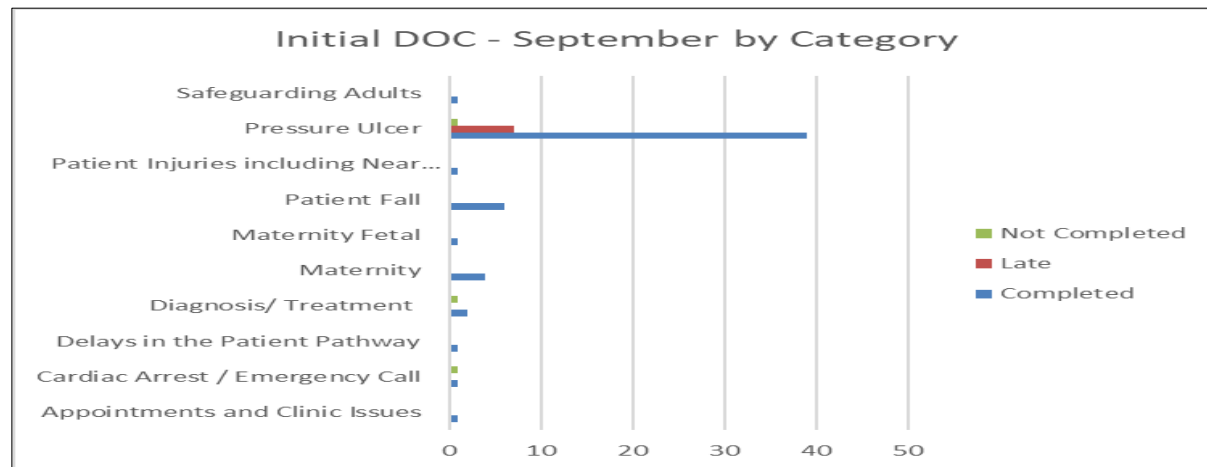
There was an improvement in initial Duty of Candour processes but there are still improvements to be made with post Duty of Candour.

Cardiac Arrest/Emergency Call, Diagnosis/Treatment, and Pressure Ulcer were the top categories where the statutory duty of candour was not completed, with one incident each.

Duty of candour was completed late for 7 incidents, all for pressure ulcers.

### Initial Duty of Candour compliance for September 2025 is 85% (90.7)

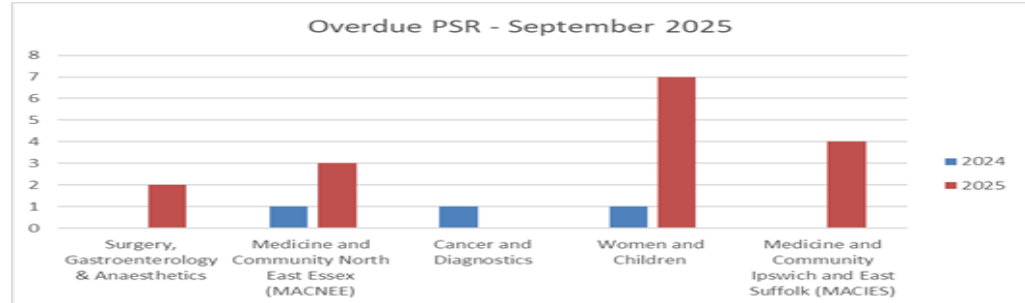
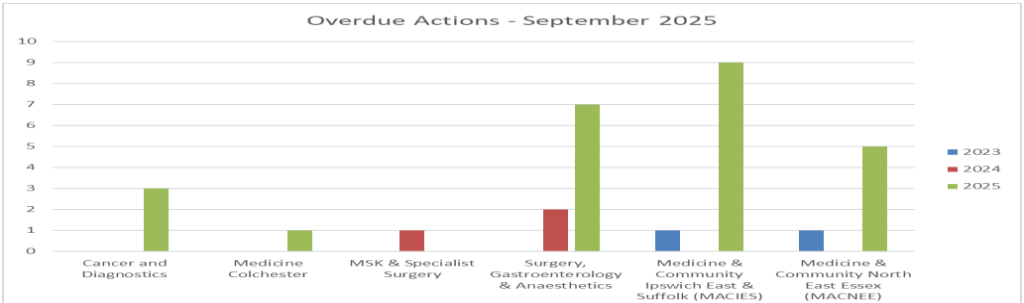
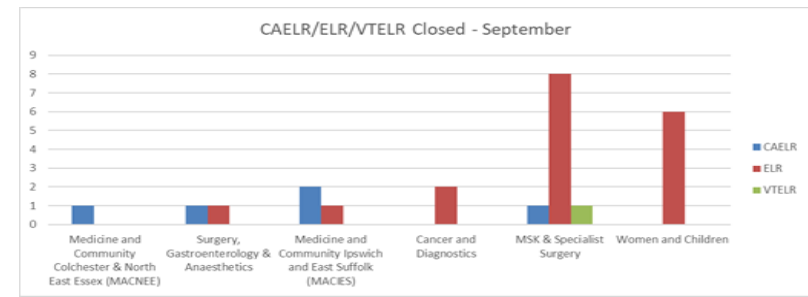
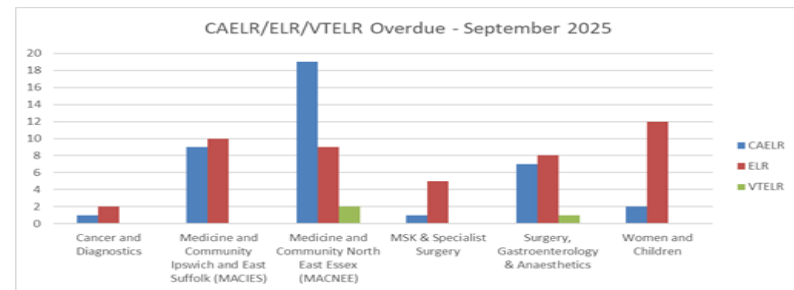
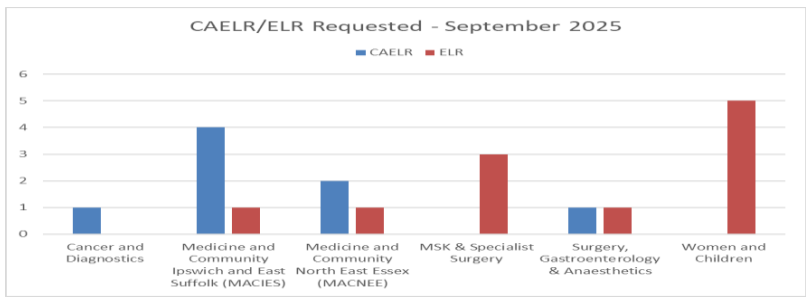
Division	Completed	Late	Not Completed	Grand Total
Medicine and Community Ipswich and East Suffolk (MACIES)	23	3	3	29
Medicine and Community North-East Essex (MACNEE)	20	4		24
Women and Children	7			7
MSK & Specialist Surgery	5			5
Surgery, Gastroenterology & Anaesthetics	2			2
<b>Grand Total</b>	<b>57</b>	<b>7</b>	<b>3</b>	<b>67</b>



## Patient Safety – Early Learning Reviews, Never Events, Patient Safety Reviews & Patient Safety Incident Investigations

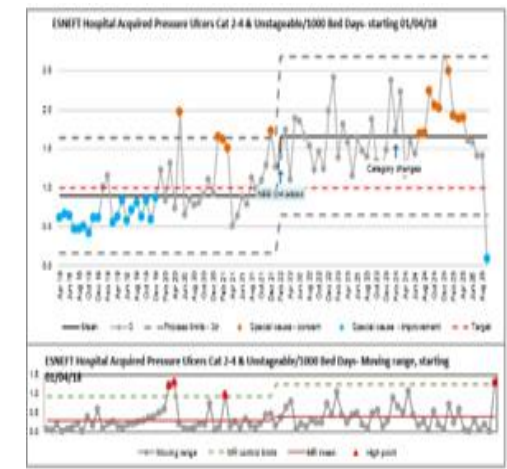
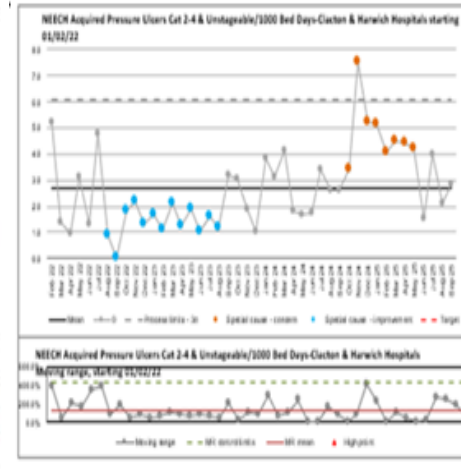
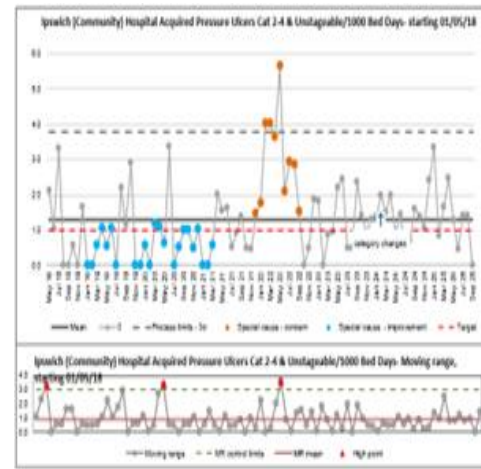
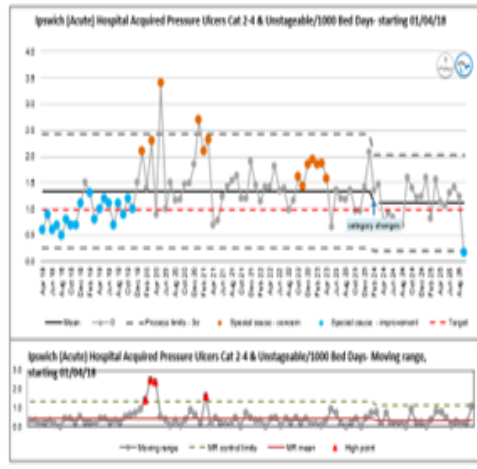
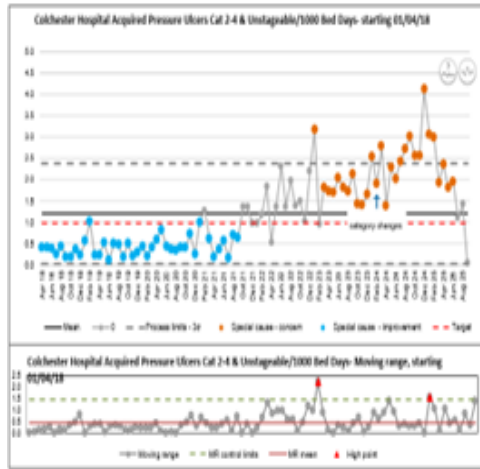
### Early Learning Review (ELR), Cardiac Arrest (CAELR), Venous thromboembolism (VTELR), Patient Safety Review (PSR), Patient Safety Incident Investigations (PSII)

- 8 CAELR and 11 ELR's were requested in September 2025 with 5 CAELR's, 18 ELR's and 1 VTELR's closed in September 2025.
- No PSR's were requested in September 2025. 1 PSR was completed in September 2025 – MACIES, making the total of PSR's outstanding 19. There are 3 that were due to be completed in 2024 which are discussed weekly at the Patient Safety Oversight Panel and progress is being made.
- No PSII's were declared in September 2025. The four outstanding PSII's are almost completed.
- 57 Incidents of ESNEFT acquired pressure damage at moderate harm or above were reported in September 2025. 7 full gap analysis were requested in September 2025.



Type	Current Reports	Declaration	3 Month Due date	Status update - September 2025
Maternity Escalation	2024-PSII011 (30616)	10.03.2025	10.06.2025	Ready for approval
Wrong site block	2024-PSII012 (35786) - Never Event	27.03.2025	30.06.2025	With Division for review
Wrong site surgery	2025-PSII001 (44426) - Never Event	19.06.2025	19.09.2025	Returned to PST with Exec comments
Wrong spinal implant	2025-PSII002 (46212) - Never Event	22.07.2025	22.10.2025	Sent for approval

## Patient Safety – Tissue Viability



Colchester Acute		
Cat 2	21	19
Cat 3	8	6
Cat 4	0	0
Prev. & in-mth total	29	↓25
Rate per 1,000 bed days	1.43	0.05

Ipswich Acute		
Cat 2	18	19
Cat 3	4	5
Cat 4	0	0
Prev. & in-mth total	22	↑24
Rate per 1,000 bed days	1.23	0.16

Suffolk Community Hospital		
Cat 2	1	0
Cat 3	3	0
Cat 4	0	0
Prev. & in-mth total	4	→0
Rate per 1,000 bed days	1.75	0.00

Essex Community Hospital		
Cat 2	6	8
Cat 3	0	0
Cat 4	0	0
Prev. & in-mth total	6	↑8
Rate per 1,000 bed days	2.14	2.83

ESNEFT		Prev.	Mth
Cat 2	46	46	
Cat 3	15	11	
Cat 4	0	0	
Totals	61	↓57	
Rate per 1,000 bed days	1.41	0.09	

### Service Commentary

There were some inaccuracies in the data obtained from community sites. Data was included for pressure ulcers that were not ESNEFT acquired and increased cases in the Trust records. The correct process has been shared with Community Teams to ensure this will not happen again.

This month the data has been manually checked and a process moving forward has been established.

Pressure Ulcer rates overall have reduced in Hospital settings, and per 1,000 bed days is below our target of 1%.

## Patient Safety – Falls

### Falls Monthly Numbers

	Colchester Hospital	Ipswich Hospital	Suffolk	NEE	ACUTE	COMM	ESNEFT
Sept-23	98	74	14	17	172	31	203
Sept-24	73	85	9	11	158	20	178
Aug-25	114	85	8	7	199	15	214
Sept-25	105	98	13	16	203	29	232

### Service Commentary

There has been a small increase in falls in September compared to August, particularly at Ipswich.

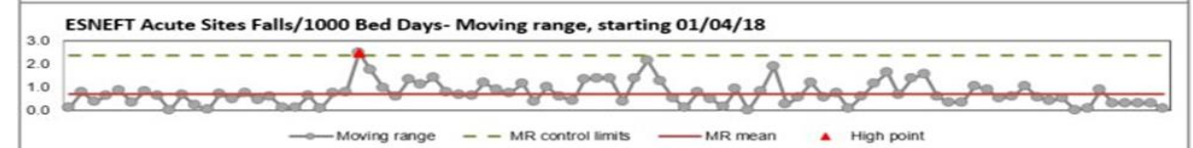
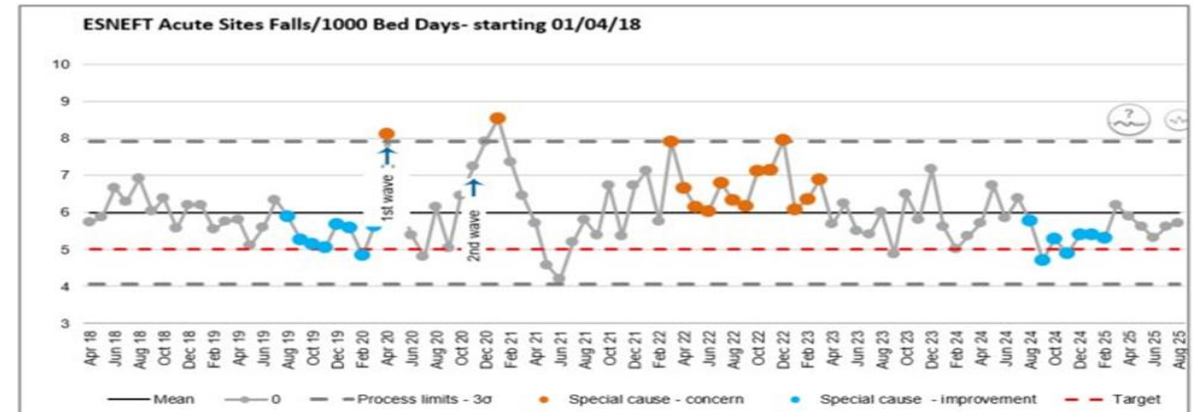
There continues to be a reduction in severity in harm in September, compared to July and August which is positive.

The Harm Free Care Practitioners continue to be visible and support the speciality teams with reviews.

The Falls Team are embracing Epic and utilising the tools within the system to support effective care.

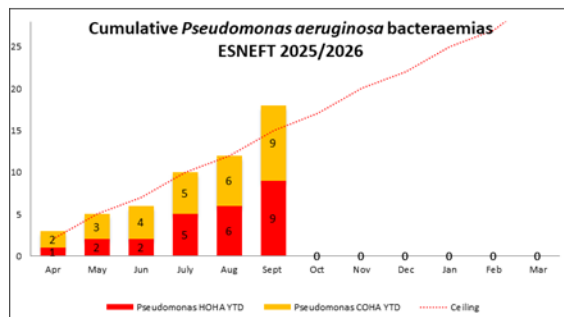
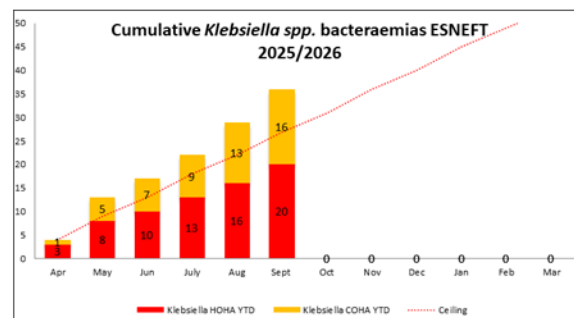
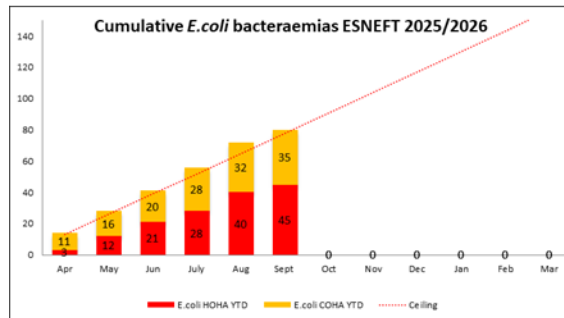
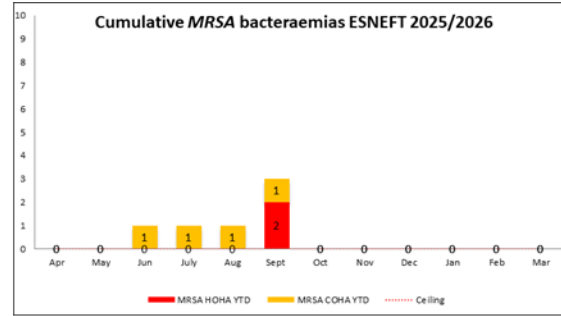
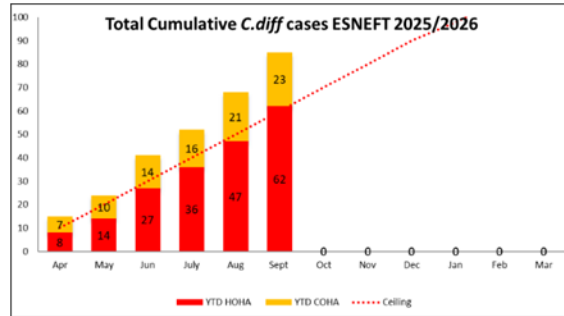
### Falls per 1,000 Bed Days (Acute)

	Falls/1000 Bed Days					YTD		
	Colchester Acute	Ipswich Acute	Ipswich Community	NEE CH	ESNEFT	ESNEFT Acute Bed Days	YTD Acute Falls/Bed Days	YTD Comm Falls/Bed Days
	Colchester_inpatient	Ipswich_inpatient	Ipswich_Community	NEE CH	Grand Total			
Sept-24	4.4	5.0	4.9	4.8	4.7	4.7	5.8	6.8
Jun-25	5.6	5.0	6.4	6.8	5.5	5.3	5.5	5.9
Jul-25	5.9	5.3	2.5	2.2	5.2	5.6	5.6	4.9
Aug-25	6.2	5.2	3.5	2.5	5.4	5.7	5.6	4.5
Sept-25	5.7	5.6	5.6	5.7	5.7	5.7	5.6	4.7



## Patient Safety – Infection Prevention and Control - September 2025 figures – HCAI figures

The current position shows that ESNEFT benchmarks above the region average (worse) across the key infections that are monitored. Four improvement workstreams have been established to address the concerns relating to higher than trajectory rates of infection in key areas. The work streams include; C Diff reduction plan, CPE screening and management plan, Surgical site infection (SSI) prevention plan and Vascular Access and Device Management plan



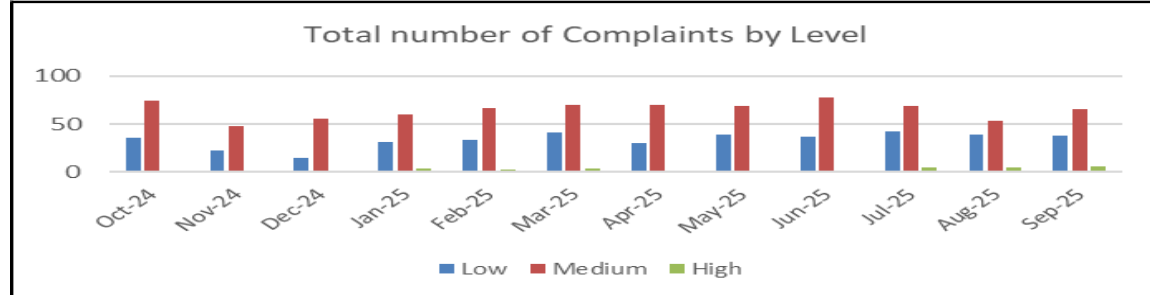
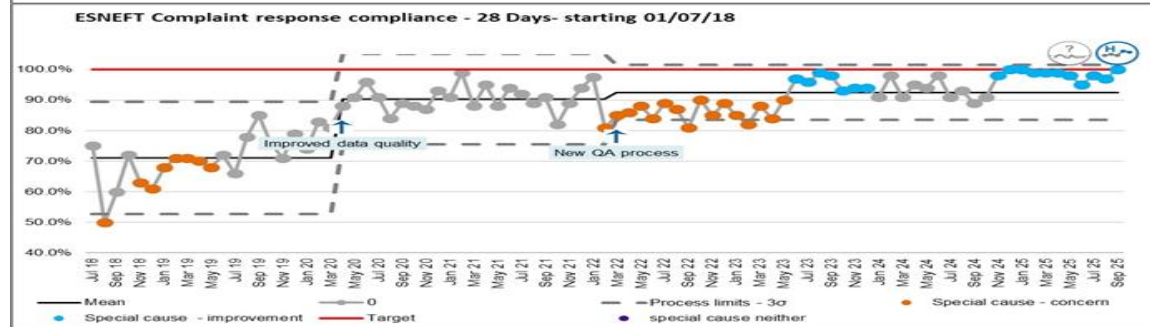
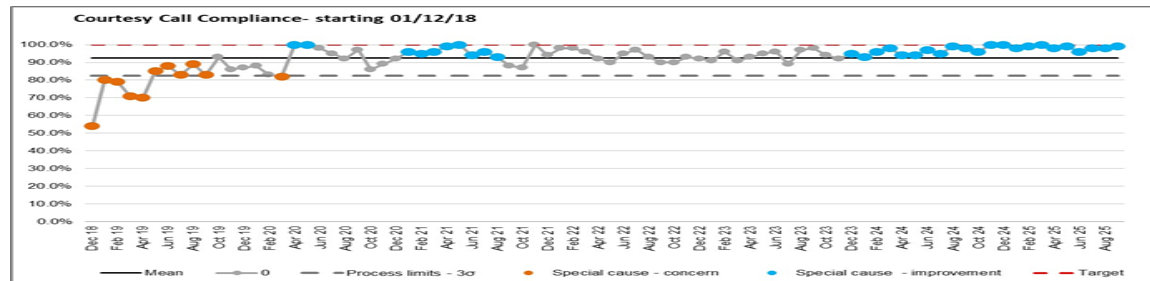
Infection	ESNEFT Monthly total (Sept)	Category	Trajectory	Total Year to date	Benchmark
C diff	17	15 HOHA 2 COHA	115	85	↑
MRSAb	2	2 HOHA	0	3	↑
E Coli b	7	4 HOHA 3 COHA	124	78	↑
Kleb sppb	7	3 HOHA 4 COHA	47	36	↑
Pseudo A b	6	3 HOHA 3 COHA	29	18	↑
MSSAb	6	5 HOHA 1 COHA	0	33	↑

↑	Above (worse) than region average
↔	Equal with region average
↓	Below (better) than region average

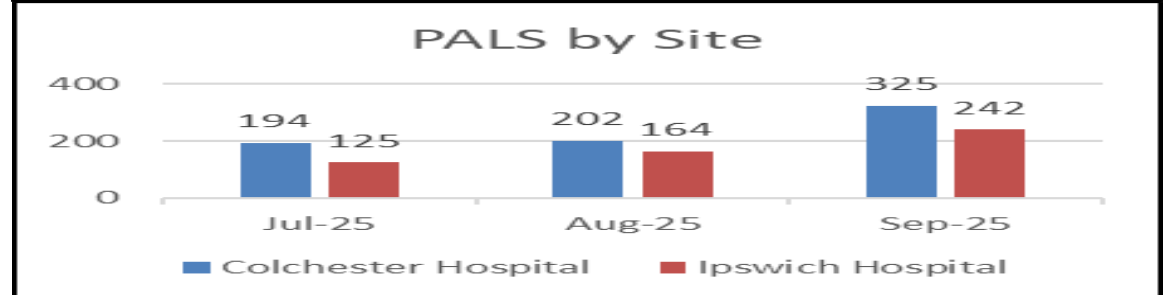
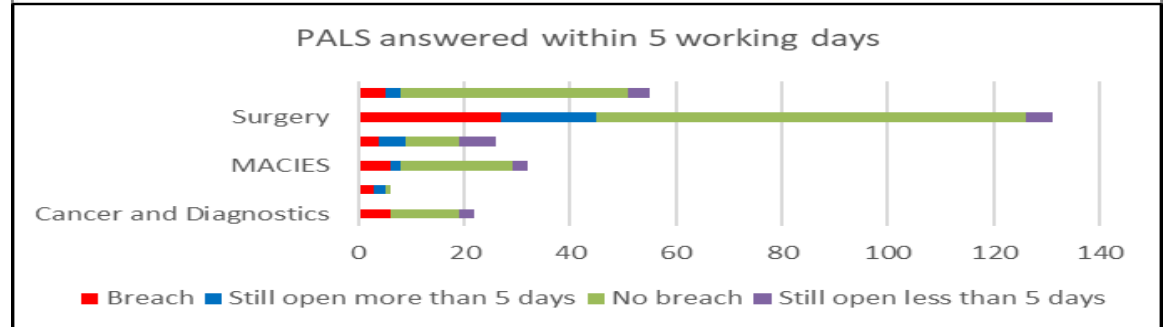
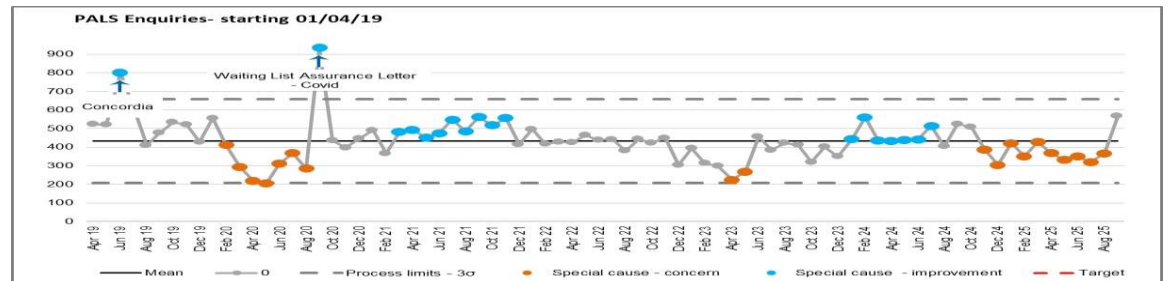
## Patient Experience

The Trust received a slight increase in the number of new complaints in September 2025. This has been broadly similar at approximately 100 per month this year. Overall complaints handling remains good, with 99% compliance of courtesy call completion and all complaints due a response in September being answered on time. The PALS team has seen the total number of PALS logged on Datix increase from 366 in August 2025 to 567 in September 2025, and it is likely that October will significantly pass that total. Communication issues remaining the highest area of concern, with appointments/ waiting times being the next highest category. Examples of learning from complaints and PALS enquiries are shared through divisional forums and presented in the more detail reports

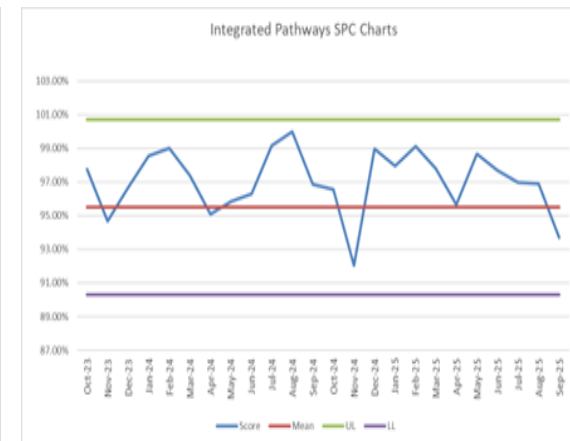
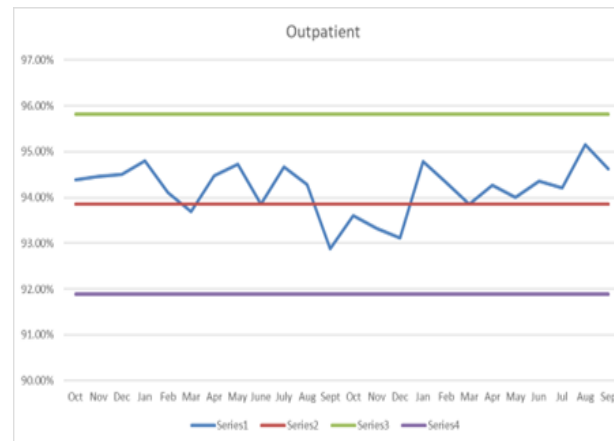
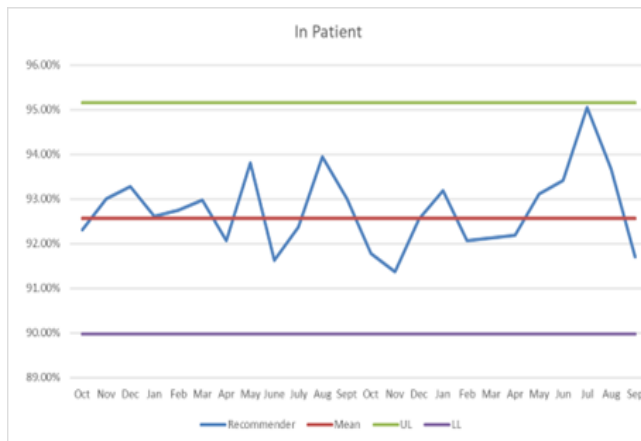
### Complaints



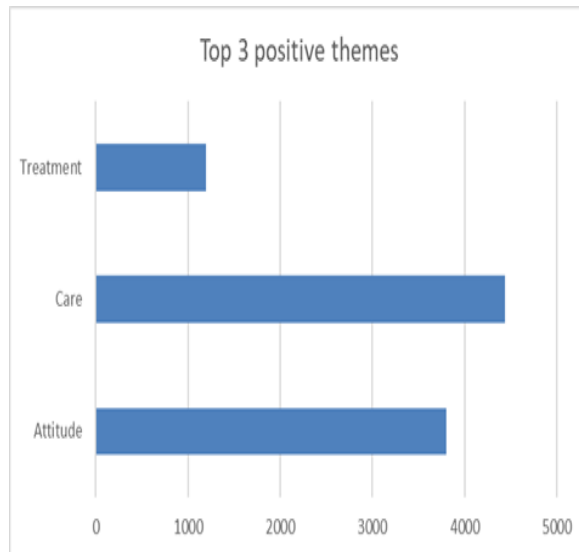
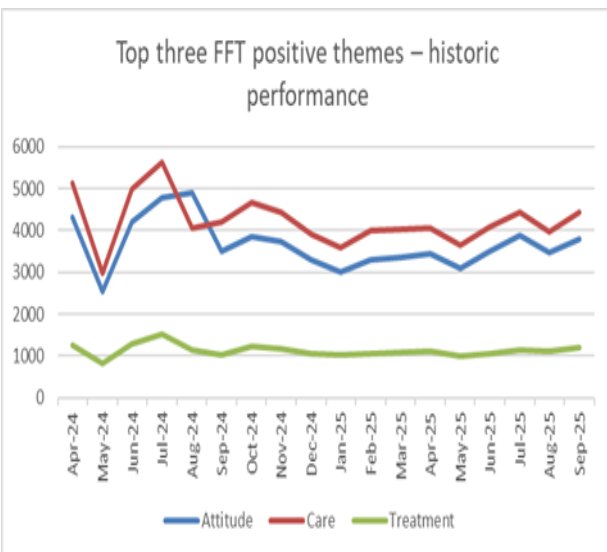
### PALS



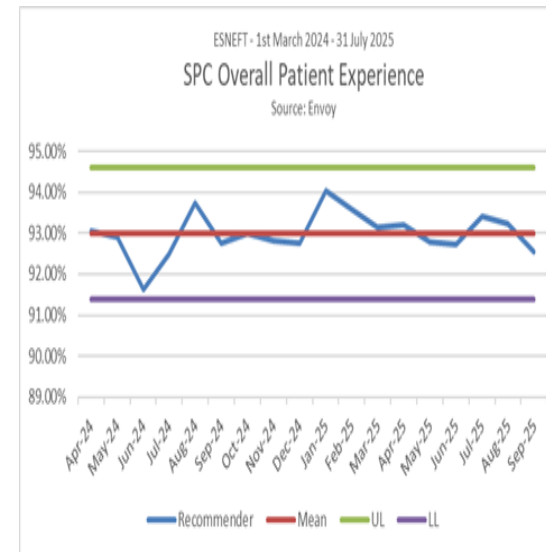
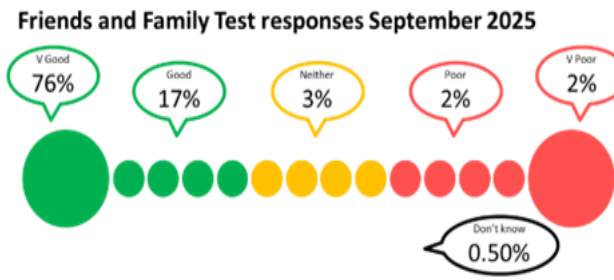
## Patient Experience – Friends & Family



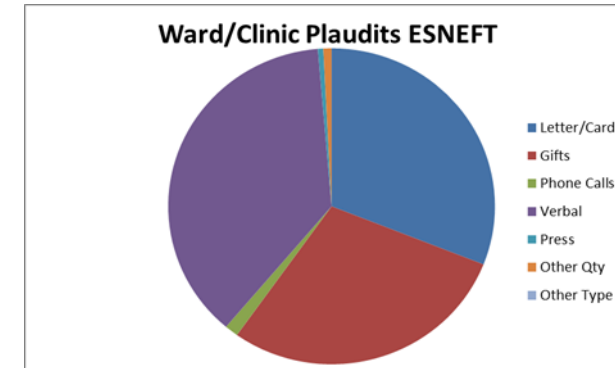
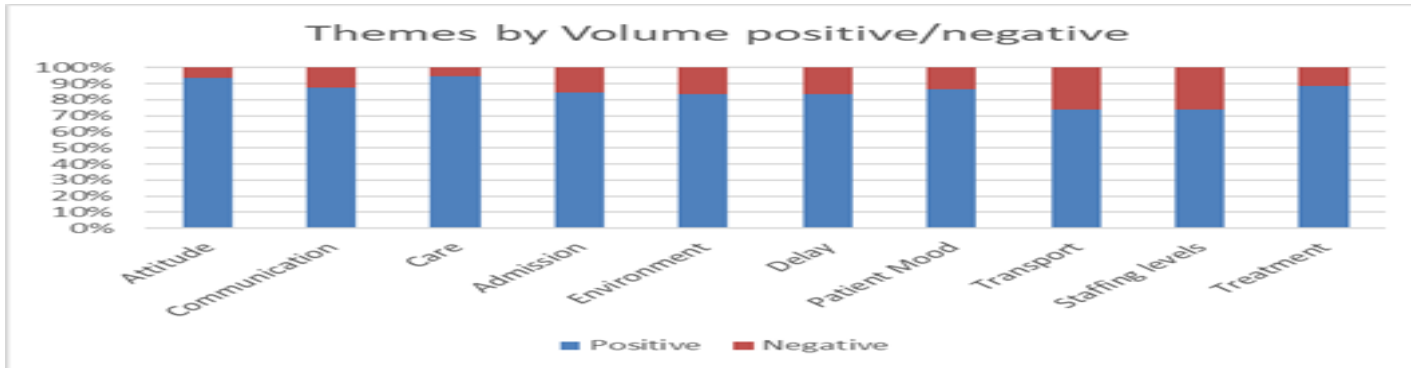
## Top themes from Friends and Family for negative and positive comments for the month



FFT Response for Sept 2025	Ipswich	Colchester
Very good/Good	93.1%	91.3%
Poor/Very poor	3.2%	5.0%
Neither good nor poor	3.8%	3.7%



## Patient Experience – Friends & Family



There were **371** plaudits sent in to wards and clinics for ESNEFT.

### Top 3 negative themes in September and contributors

**Delay** – Patients commenting on waiting for care both in emergency service, scheduled appointments and on wards. Appointments cancelled without notification.

**Attitude** – Patients stating they feel triage staff can be abrupt and receptionists not being compassionate.

**Care** – Patients are mentioning that it appears we do not have enough staff on shift to cover the workload adequately.

### Online Feedback

- **UTC Clacton** - The lovely nurse/ doctor we saw was amazing with my little boy and went above and beyond to actually help rather than sending us to Colchester/ Ipswich, she was fantastic!
- **Colchester Orthopaedics** - This was the fourth appointment, previous three had been cancelled over the course of the last six months so my hopes were low but it was a prompt, efficient and friendly experience
- **Raedwald Ward Ipswich** - Staff were very welcoming and very reassuring when my son had his surgery. They came in and introduced themselves and made sure we had everything we needed. He was treated kindly and he felt very comfortable when he was there. Everything was done quickly and efficiently, very impressed. The unit had an overall lovely atmosphere.
- **Neurology Colchester** - I had an appointment at clinical neurophysiology for EMG and nerve conduction tests. The Dr was fantastic explaining the procedure, calm, compassionate and highly professional. The best clinical professional I have ever been examined by.
- **Harwich Outpatients** - Clear information from all staff members. Comfortable waiting area. Appointment on time. Not felt rushed. All aspects of my appointment and treatment carefully explained.
- **NECS Community Nursing** - Lovely girls - bearing in mind they came to take lots of bloods from a bedridden 96 year old , all went ok . Good experience, nice girls , mum enjoyed seeing them

Emergency Care	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Areas of Improvement	Areas requiring further work
<b>A&amp;E: Total Wait - 4 Hour Performance</b>	78.4%	78.4%	78.0%	76.5%	75.6%	75.5%	71.4%	<ul style="list-style-type: none"> <li>The Trust achieved 71.4% performance against the A&amp;E 4-hour standard in September.</li> <li>Ipswich site saw deterioration in ambulance delays, 12 hour waits and 4 hour performance as expected in the Epic Pre and Post Go live period.</li> </ul>	<ul style="list-style-type: none"> <li>Successful adoption of EpicEPR workflows, stabilisation of clinical and administrative staff following training and go-live.</li> </ul>
<b>A&amp;E: Time to initial assessment</b>	-	83.4%	81.8%	83.7%	85.1%	81.0%	76.4%		
<b>ESNEFT Mental health Attendances</b>	-	364	342	421	383	387	342		
Inpatients	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	<ul style="list-style-type: none"> <li>Colchester achieved the 4 hour standard, but saw the impact of requirements to change some escalation areas capacity particularly challenging ambulance offloads.</li> </ul>	<ul style="list-style-type: none"> <li>New operational management team and clinical leadership in Ipswich focused on workforce utilisation. Reviewing work schedules, shift patterns, and productivity levels to optimise staffing profiles.</li> <li>Extension of SDEC hours at the Ipswich Site and additional bed capacity completion at Colchester.</li> </ul>
<b>ESNEFT Total Spells</b>	-	18,832	19,539	19,547	20,378	18,452	19,841		
<b>ESNEFT Daily average LLOS patients</b>	-	147	157	151	159	176	177		
Cancer	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	<ul style="list-style-type: none"> <li>Cancer: Breast and Skin have both seen an improvement, however not yet back to expected levels impacting on overall performance.</li> </ul>	<ul style="list-style-type: none"> <li>Continued focus on reducing the 62-day backlog and improving the diagnostic element of the pathways timelines.</li> </ul>
<b>Cancer: 62-day wait performance</b>	81.2%	72.9%	69.1%	66.1%	70.2%	65.1%	68.3%		
<b>Cancer: 28 Day Faster Diagnosis Standard</b>	83.5%	77.4%	74.7%	72.5%	73.9%	72.3%	70.6%		
Diagnostics	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	<ul style="list-style-type: none"> <li>No patients over 65 weeks waiting for capacity reasons. Good improvement in 18 weeks achievement and on plan for 52 weeks for March 2026.</li> </ul>	<ul style="list-style-type: none"> <li>Diagnosics – US and Cardiac MRI plans for recovery. Resolution of PACS implementation issues</li> <li>Continuing the work to reduce polling times to 40 weeks and undertaking the national validation sprint programme of work</li> </ul>
<b>Diagnostics: % Patients waiting 6 weeks or longer</b>	5%	8.4%	8.86%	6.86%	6.08%	12.4%	13.13%		
RTT	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	<ul style="list-style-type: none"> <li>Exeternal review for ENT completed in August by GIRFT report received and action plan being developed.</li> </ul>	<ul style="list-style-type: none"> <li>ESEOC recovery plan for closing the gap in activity and income being finalised.</li> </ul>
<b>RTT: Incomplete pathway &gt;65 weeks</b>	0%	0.02%	0.02%	0.01%	0.02%	0.01%	0.01%		
<b>RTT: Incomplete pathway &gt;52 weeks</b>	3.5%	3.52%	3.57%	3.44%	3.17%	3.19%	3.23%		

	Performance Measure	Trust Agreed plan	Reporting Month			Trend		
			ESNEFT	Col	Ips	ESNEFT	Col	Ips
Emergency Department	Four hour standard (Whole Economy)	77.2%	71.4%	79.3%	57.5%	(3.7%)	0.4%	(10.6%)
	Time to initial assessment - 95th pct	Not in Trust Submitted plan	30	32	29	2	5	(0)
	Time to initial assessment- percentage within 15 minutes (new measures)	Not in Trust Submitted plan	76.4%	78.9%	73.1%	(4.7%)	(5.8%)	(3.3%)
	Time to treatment - median time in department	Not in Trust Submitted plan	83	43	156	8	3	40
	Average (mean) time in department- non-admitted patients (new measure)	Not in Trust Submitted plan	334	489	268	35	5	55
	Average (mean) time in department- admitted patients (new measure)	Not in Trust Submitted plan	535	490	613	94	35	195
	Patients spending more than 12 hours in A&E	703	2,136	1,286	850	682	154	528
	Proportion of ambulance handovers within 15 minutes (new measure)	Not in Trust Submitted plan	13.4%	8.5%	19.4%	(8.1%)	(2.8%)	(14.4%)
Cancer	% Patients seen within 2 weeks from urgent GP referral	Not in Trust Submitted plan	47.7%			5.1%		
	% patients meeting 28 day faster diagnosis	81.8%	70.6%			(1.7%)		
	% patients waiting no more than 62 days for treatment	79.8%	68.3%			3.2%		
Diagnostics	% patients waiting 6 weeks or more for a diagnostic test	Not in Trust Submitted plan	13.1%			0.7%		
	Diagnostic waiting list	Not in Trust Submitted plan	14,846			(67)		
RTT	% of incomplete pathways within 18 weeks	55.5%	56.5%			(0.1%)		
	Total RTT waiting list (open pathways)	89,447	93,050			(226)		
	Total 52+ weeks waiters	2,184	3,008			32		
	% of RTT waiting list at 52+ weeks	2.4%	3.2%			0.0%		
	Total 65+ weeks waiters	0	9			1		
	% of RTT waiting list at 65+ weeks	0.0%	0.01%			0.00%		

### UEC

Both sites performance were impacted significantly in September as the organisation prepared for Epic Training and Implementation with revised planning trajectories submitted at the beginning of the year for October and November. Colchester's 24-hour Same Day Emergency Care (SDEC) is now operational and revised data driven recovery plans have been developed by both sites for focus from November post Epic Go-Live.

### Elective – Cancer, RTT and Diagnostics

There has been a significant increase in the number of patients across the PTLs and an increase in long waiting patients due to the PACS implementation and radiology continuing to operate in BCP. Alongside that the CT in Colchester and MRI in Clacton were also down for a proportion of September again affecting all patient pathways. There has been significant work from all teams for the preparation of Epic Go Live. The Trust is currently in a 60-day stabilisation programme, confirming year end positions with divisions.

Whole Economy performance for ESNEFT in month declined by 3.67%, and was below the national standard of 78% in September 25. Local performance was below both National and Regional average. Colchester performance improved by 0.4% and Ipswich performance declined by 10.6%. Overall, ESNEFT attendances decreased by 36 (0.1%) with Colchester attendances decreasing by 1.0% and Ipswich attendances increasing by 1.4%.

4-hour standard- ESNEFT whole economy

**71.4%**

↓ vs 75.05% last month

*\*includes Clacton and Harwich*

4-hour standard- Colchester

**79.3%**

↑ vs 78.9% last month

4-hour standard- Ipswich

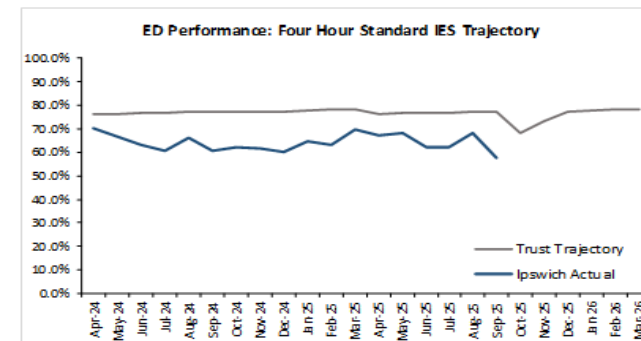
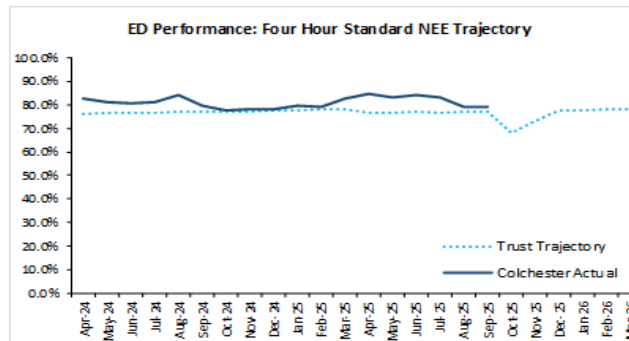
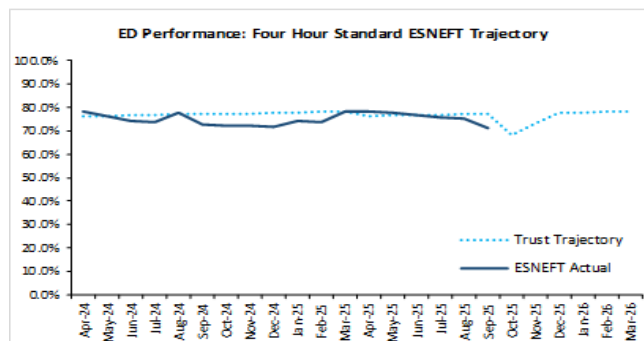
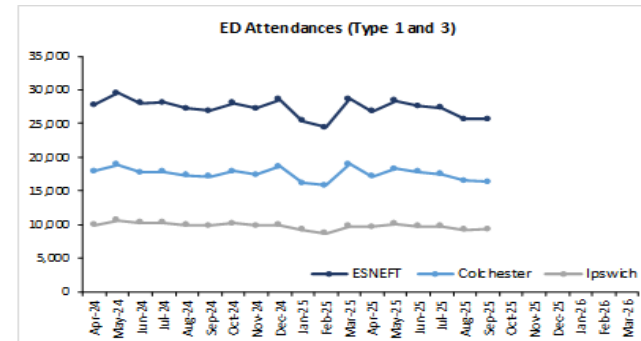
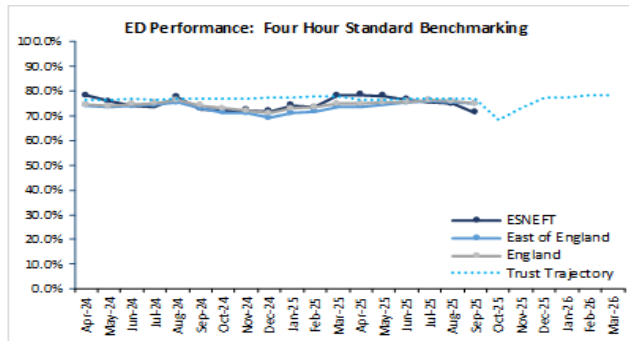
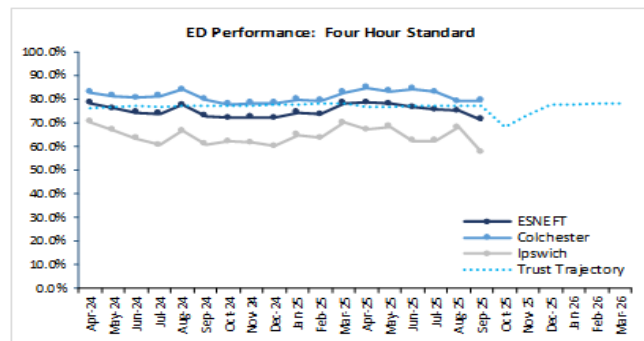
**57.5%**

↓ vs 68.0% last month

Attendances - ESNEFT

**25,651**

↓ vs 25,687 last month



### Colchester

It is encouraging to see small improvements in Colchester against the 4-hour standard, maintaining national standards. Whilst attendances have increased, the launch of the 24-hour Same Day Emergency Care service has enabled more capacity overnight resulting in more physical space in the Emergency Department for patients to be seen. Looking forward to the winter period, teams will be improving the performance, and length of stay with the support of the new Electronic Patient Record system.

### Ipswich

Improvements in 4-hour performance in July and August did not continue into September with a deterioration seen. A review of the ED recovery plan has taken place and actions updated. This includes opening AECU 24/7. The team are working closely with the Site Team to manage long waiters in ED and are also working with colleagues in community services and EEAST to expand escalation plans in Q3.

The number of ambulance handovers decreased in September for ESNEFT by 4.0%, with the number at Colchester decreasing by 3.0% and decreasing by 5.2% at Ipswich.

Number of handovers - ESNEFT

**4,834**

↓ vs 5,034 last month

Number of handovers - Colchester

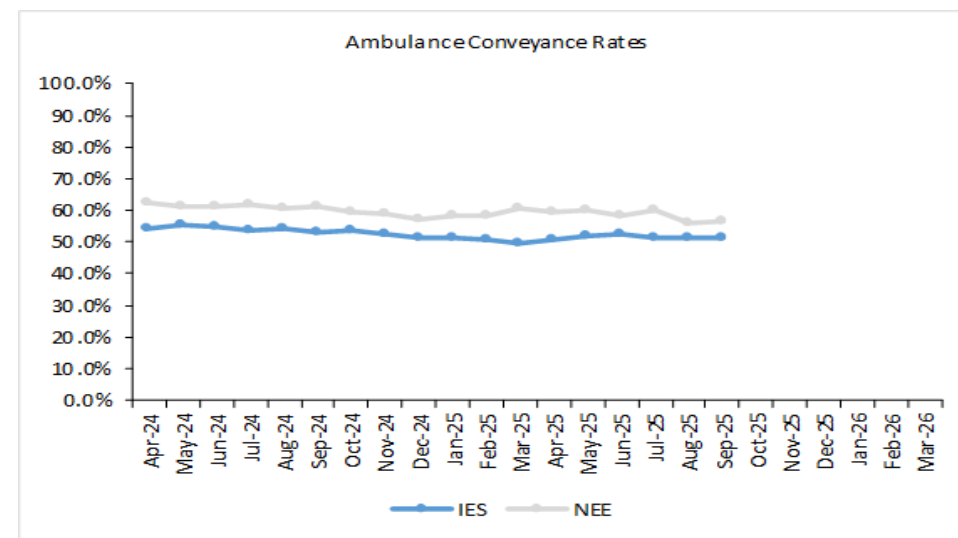
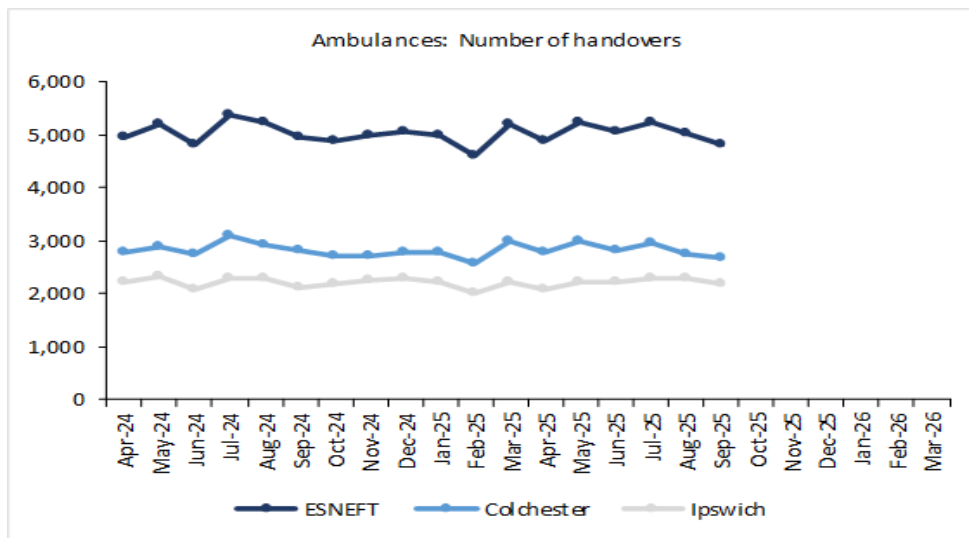
**2,662**

↓ vs 2,744 last month

Number of handovers - Ipswich

**2,172**

↓ vs 2,290 last month



\*\*Ambulance conveyance rates for July and August 25 not received from the CCG

## Colchester

It is encouraging to see that the number of ambulance handovers decreased at Colchester. The admission avoidance services are operating at capacity and where possible will directly work with the Ambulance service and the Unscheduled Care Coordination Hub.

## Ipswich

Work with EEAST and specialities such as frailty on admission avoidance pathways continues, but the team are working on extending this to other patient cohorts. Closer working with community services on Cleric availability is being explored to support ED throughout the coming months.

ESNEFT performance for handovers within 15 minutes decreased by 8.1% in month. At Colchester, the proportion of patients handed over within 15 mins decreased by 2.8% and at Ipswich it decreased by 14.4%. Overall, the number of handovers between 15 and 30 minutes decreased by 6.1%, between 30 and 60 minutes increased by 2.4%, and the number handed over after 60 minutes increased by 11.8%.

Handovers within 15 minutes - ESNEFT

**13.4%**

↓ vs 21.5% last month

Handovers within 15 minutes – Colchester

**8.5%**

↓ vs 11.2% last month

Handovers within 15 minutes - Ipswich

**19.4%**

↓ vs 33.8% last month

Handovers within 15 – 30 minutes - ESNEFT

**39.0%**

↓ vs 45.1% last month

Handovers within 30 – 60 minutes - ESNEFT

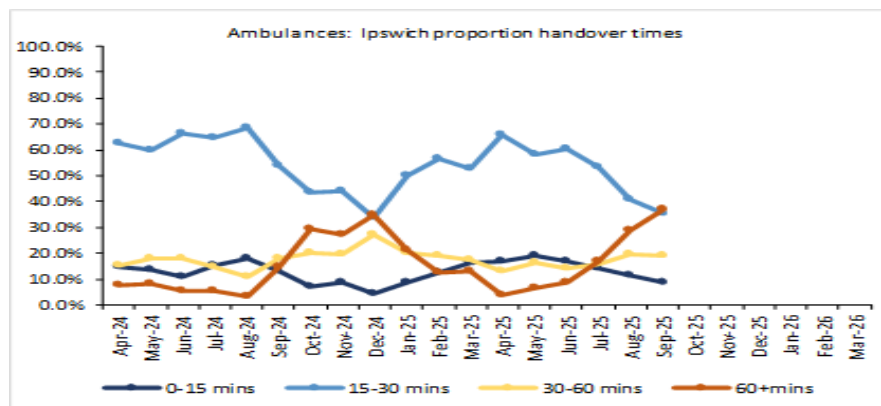
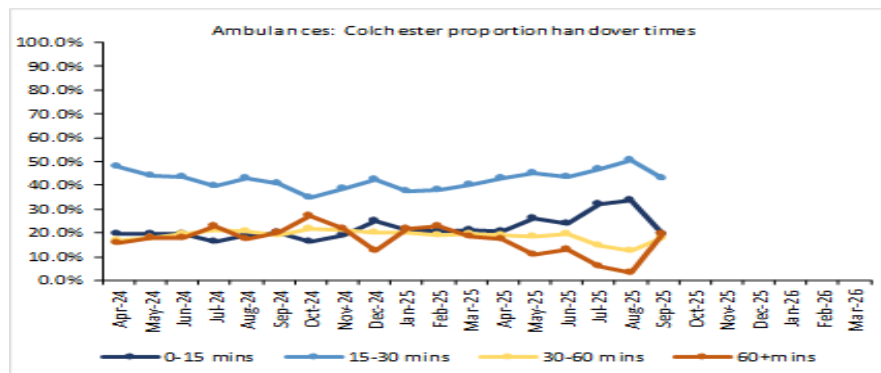
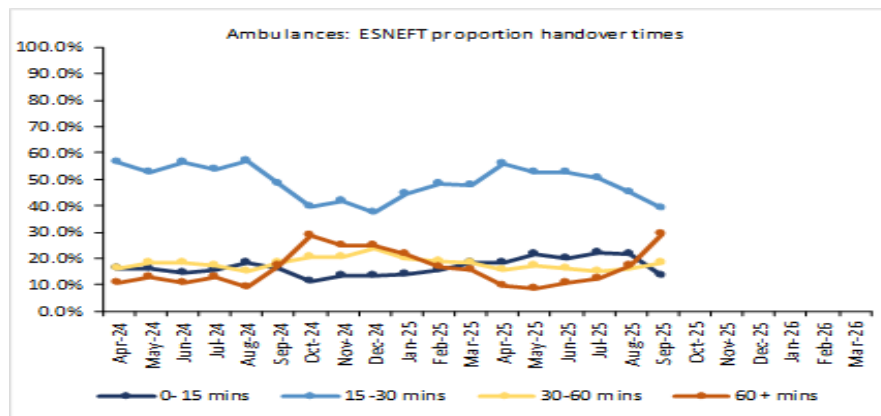
**18.6%**

↑ vs 16.2% last month

Handovers over 60 minutes - ESNEFT

**29.1%**

↑ vs 17.2% last month



### Colchester

Temporary Escalation Space has been regularly used in the department to ensure timely ambulance offloads, September has seen the Colchester site challenged with exit blocks from the department. This has resulted in reduced efficiency in offloading ambulances.

The team expect the new Electronic Patient Record system to improve the overall flow throughout the site once all teams are confident with the utilisation. Therefore, in the coming months handover performance is expected to improve.

### Ipswich

Significant improvements in the ambulance handover process were made throughout July and August and although these changes have been maintained in September, challenges with flow out of the department has extended handover times.

Temporary escalation areas have been regularly stood up and the ambulance escalation process has been amended to support.

Overall, the time to initial assessment in ED declined, with the number of patients assessed within 15 minutes decreasing by 4.7%. Colchester decreased by 5.8% and Ipswich decreased by 3.3%. Average time in department for admitted patients increased by 94 minutes, and increased by 35 minutes for non-admitted patients. The number of patients staying in the department for 12 hours increased by 46.9% compared to the previous month.

Time to initial assessment (% patients within 15 mins)

**76.4%**

↓ vs 81.0% last month

Time to initial assessment: (95pct)

**30 min**

↑ vs 28 min last month

Average time in dept – non-admitted

**334 min**

↑ vs 299 min last month

Average time in dept – admitted

**535 min**

↑ vs 441 min last month

Time to treatment – median time in dept. (60 mins)

**83 min**

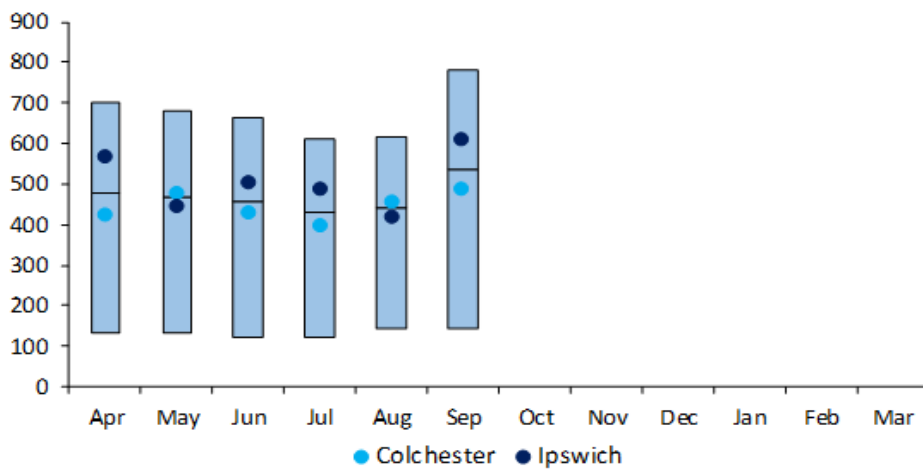
↑ vs 75 min last month

12-hour patients

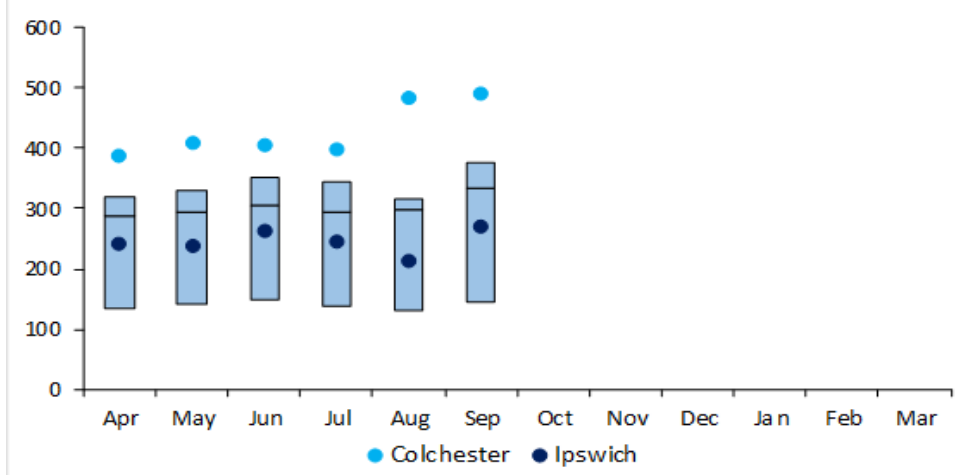
**2,136**

↑ vs 1,454 last month

Average (mean) time in department - admitted patients  
ESNEFT mean and quartile range



Average (mean) time in department - non-admitted patients  
ESNEFT mean and quartile range



## Colchester

Despite the challenged position with flow, 63% of patients were seen by a Doctor within 60 minutes of arrival to the department, which is above national standard. Colchester have extended the Same Day Emergency Care service to be 24 hours a day. Due to reporting methods, this does not reflect improvements in non-admitted performance. The team expect to see improvements in this performance after the launch of the new Electronic Patient Record system.

## Ipswich

A new pathway was launched in September where community heralded patients were transferred directly to speciality. This will reduce pressure on the Emergency Department and ensure patients are treated in the right place. In line with challenges moving out of the department, 12 hour waits increased and work has begun with Site Operations to improve management of this process.

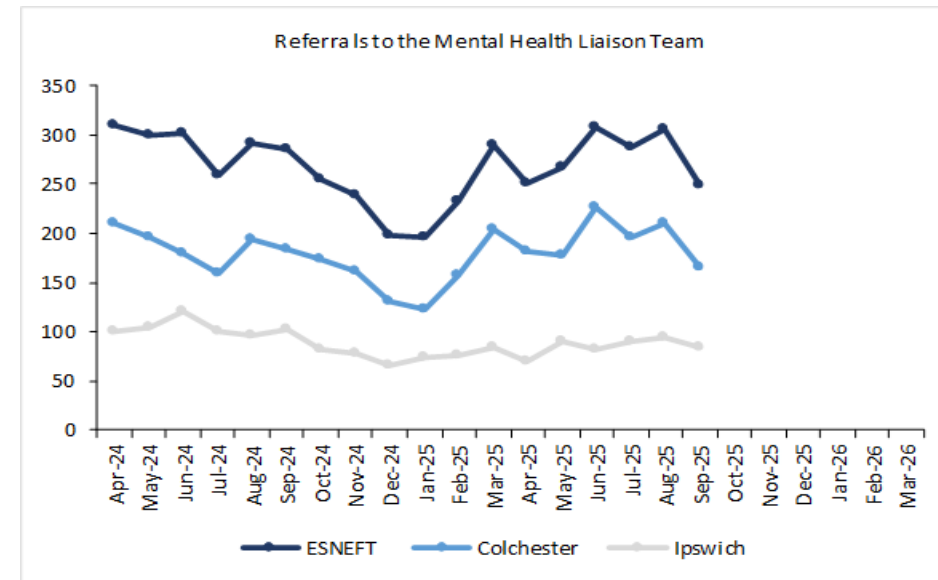
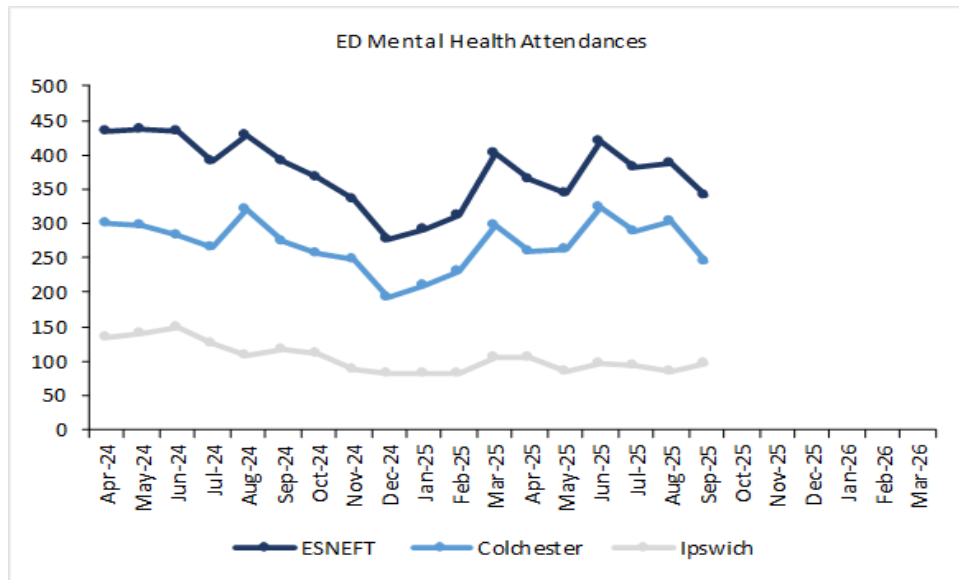
Mental Health ED attendances decreased by 11.6% across ESNEFT compared with last month. In Colchester attendances decreased by 18.9% and in Ipswich attendances increased by 14.1%. Mental Health referrals decreased by 18.7% across ESNEFT, with Colchester decreasing by 21.4% and Ipswich decreasing by 12.6%.

MH attendances - Colchester  
**245**  
 ↓ vs 302 last month

MH attendances - Ipswich  
**97**  
 ↑ vs 85 last month

MHLT referrals - Colchester  
**165**  
 ↓ vs 210 last month

MHLT referrals – Ipswich  
**83**  
 ↓ vs 95 last month



## Colchester

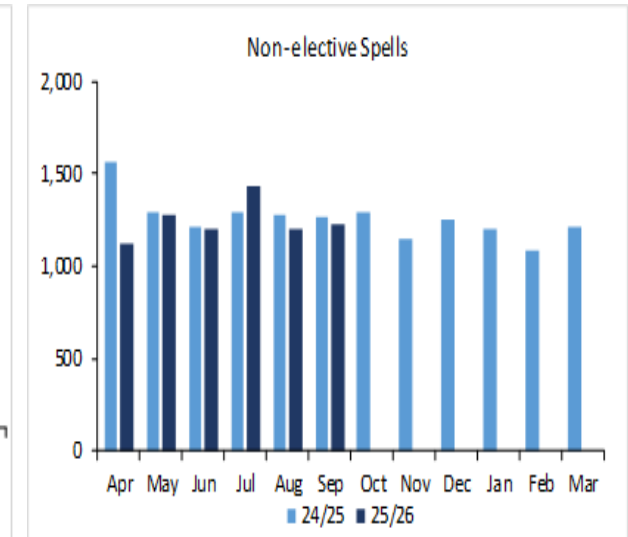
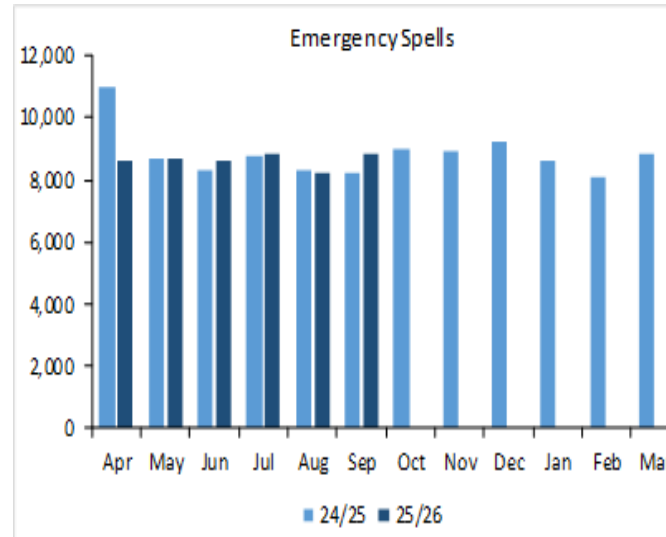
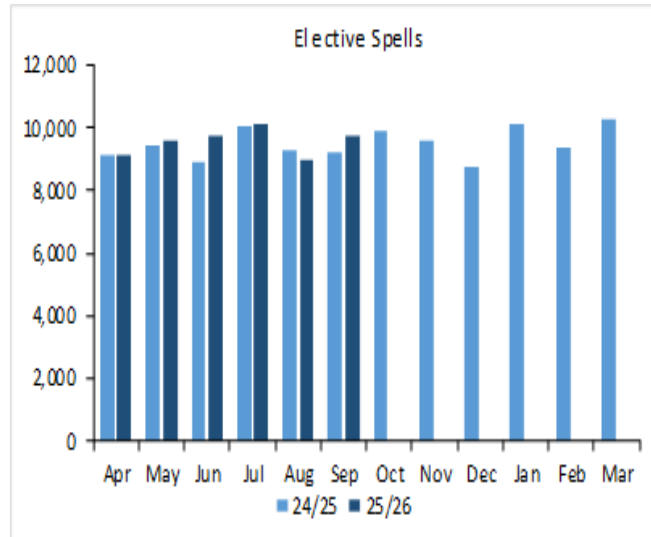
Patients attending ED in Colchester continue to experience delays in accessing mental health beds when these are required. Work is ongoing between ED and EPUT to identify areas of improvement and actions to meet these. It has been agreed that a diversion unit will be created and be operational from April 2026, which will reduce the level of attendance sat Colchester Hospital.

## Ipswich

On the Ipswich hospital site, work is ongoing regarding co-location of the MHLT in the ED. This is expected to support better patient and staff experience once operationalised.

On the inpatient wards there was a reduction in the use of restrictive interventions compared to August.

Total spells increased by 7.6% in month for ESNEFT. Emergencies increased by 8.1% and non-electives increased by 1.2%. Elective spells increased by 8.1% compared to last month. Compared with the same period 24/25, elective activity has increased by 5.6%, emergencies have increased by 7.6% and non-electives have decreased by 3.2%. However, the growth in emergencies is a reflection of a number of significant service changes, including the introduction of the Ambulatory Emergency Care Unit (AECU).



Elective spells  
**9,748**  
 ↑ vs 9,017 last month

Emergency spells  
**8,873**  
 ↑ vs 8,210 last month

Non-elective spells  
**1,220**  
 ↑ vs 1,205 last month

Total spells  
**19,841**  
 ↑ vs 18,432 last month

### Colchester

At Colchester, the SDEC clinical area has launched and is operational 24/7. A 'Time to Care' event was held prior to EPIC, and the team are taking forward and consolidating the learning as BAU.

Teams remain in the IN and OUT bound corridors at times; with a continued focus to utilise the discharge lounge as well as reverse board to mitigate risks. As the Trust approaches winter, teams are working with community teams to ensure that all pathways are utilised; admissions are avoided where possible; and care is given in the community.

### Ipswich

Ipswich Hospital has seen an increase in total spells with escalation areas being regularly bedded for surgical and medical patients. The team continue to see improvements from the 'Time to Care' initiative and have implemented a new format to length of stay reviews. The focus is on 'Right patient, Right place, Right time' and teams are reviewing opportunities for direct access for EEAST to assessment units. For winter planning, all admission avoidance pathways are being reviewed with an aim to provide care closer to home.

The average number of long length of stay (21+ days) patients across ESNEFT increased by 1 in month and is 57 patients above the trajectory. Colchester decreased by 6 patients and Ipswich increased by 7 patient.

ESNEFT – Daily average LLOS patients

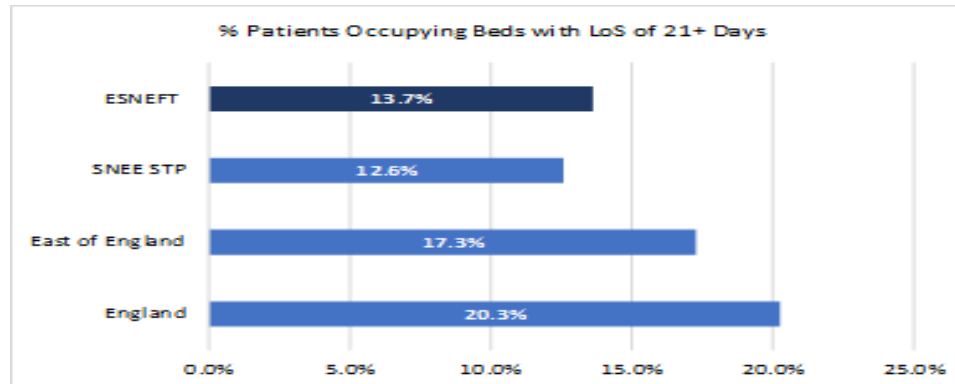
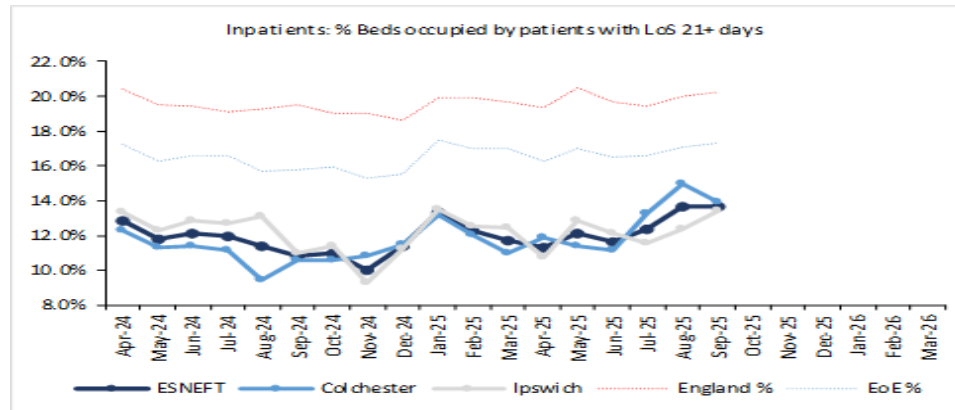
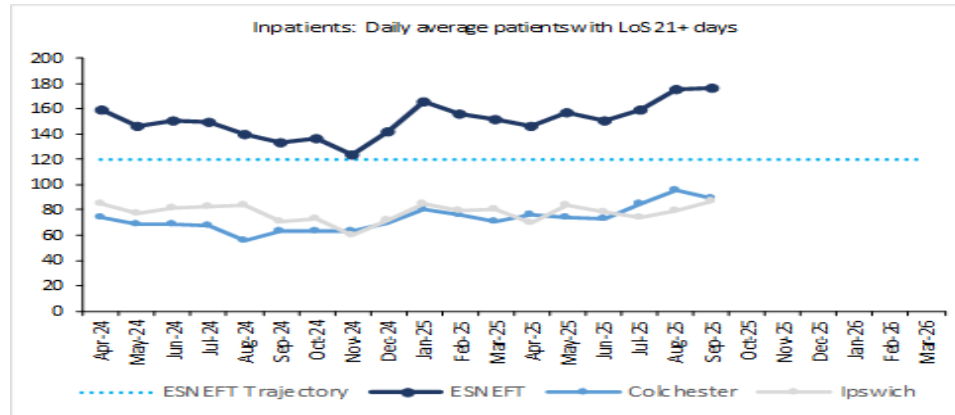
**177**  
 ↑ vs 176 last month

Colchester – Daily average LLOS patients

**90**  
 ↓ vs 96 last month

Ipswich – Daily average LLOS patients

**87**  
 ↑ vs 80 last month



## Colchester

A 'Time to Care' week was held at the end of September, and this had an impact on accessing care and resolving issues with some complex patients prior to EPIC Go Live. There are still a number of complex patients that couldn't be resolved, as suitable destinations are hard to find in North-East Essex for some patients.

## Ipswich

The increase in the number of people requiring P1, P2 and P3, naturally meant that the length of time people waited for these services also increased, and this would account for the increased LLOS in September.

The average number of medically fit for discharge patients increased by 3.8% in month for ESNEFT. Colchester increased by 6.4% and Ipswich increased by 2.1%.

Medically fit discharges - ESNEFT

**246**

↑ vs 237 last month

Medically fit discharges - Colchester

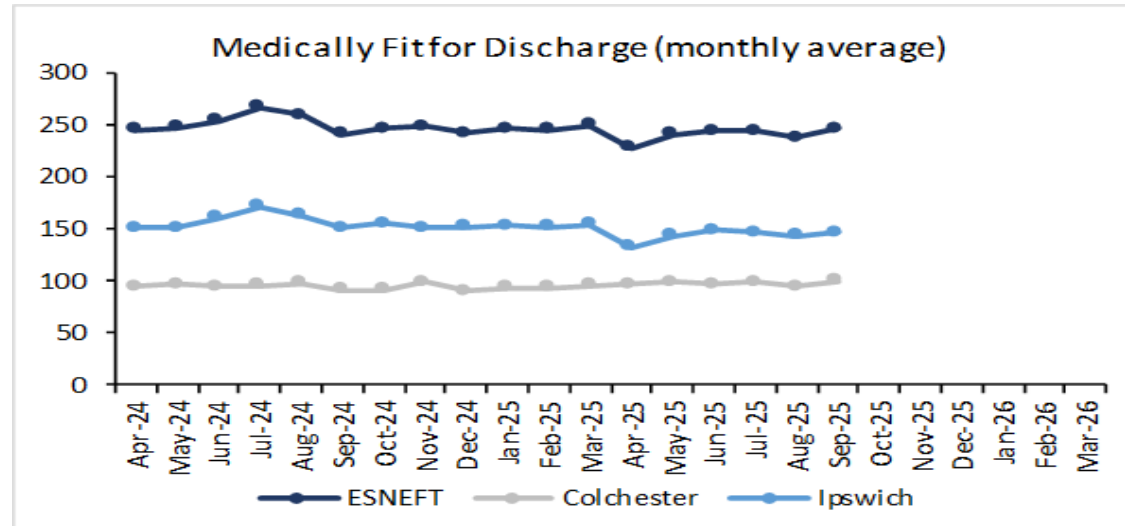
**100**

↑ vs 94 last month

Medically fit discharges - Ipswich

**146**

↑ vs 143 last month



## Colchester

The number of complex patients awaiting P2 placements is a challenge for patients in North-East Essex. P1 patients who require reablement of home to assess can be placed relatively quickly, however, the more complex nature of elderly patients with cognitive impairments leads to longer delays for this cohort.

## Ipswich

There was a noticeable increase in the numbers of people needing P1, P2 and P3 in September, compared to August.

A 'Time to Care' week was supported by NHSE, and system partners, which was an excellent opportunity to work on those escalation processes into Adult Social Care and the ICB, that can delay discharges.

ESNEFT performance in month improved by 5.1% for two week waits and improved by 3.2% for 62 day first treatments. The 28 day faster diagnosis rate declined by 1.7% compared to the month before and is below ESNEFT's internal trajectory to meet 81.8% in month.

62-day wait performance

**68.3%**

↑ vs 65.1% last month

Two week wait performance

**47.7%**

↑ vs 42.6% last month

28-day faster day diagnosis performance

**↓ 70.6%**

vs 72.3% last month

Patients treated at 63+ days

**574**

↑ vs 458 last month

Patients treated at 104+ days

**85**

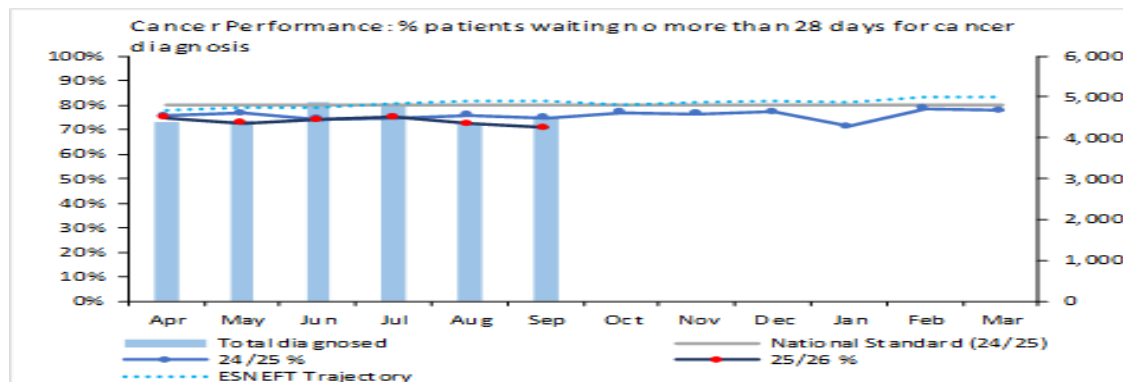
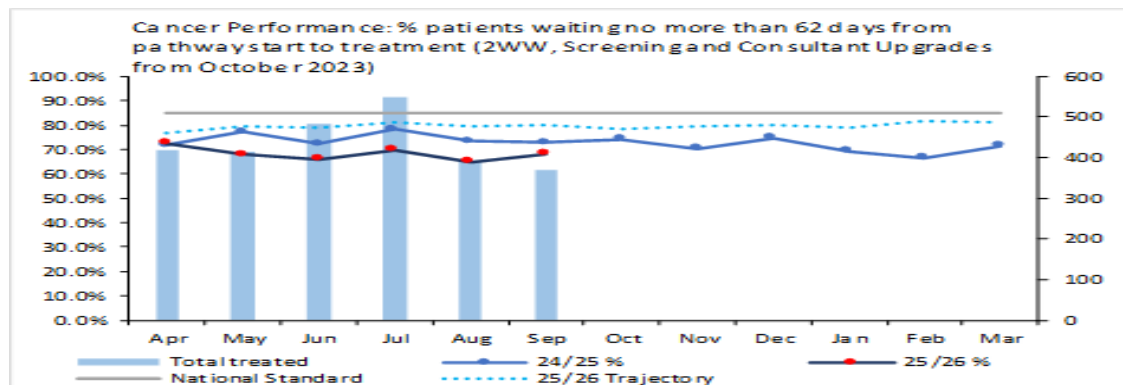
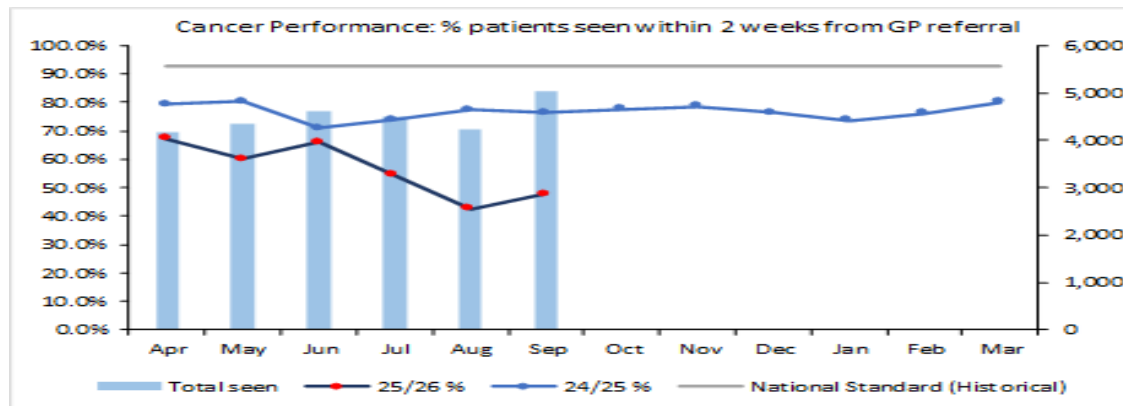
↑ vs 57 last month

62-day PTL size

**6,372**

↑ vs 6,085 last month

*\*\*July 25 are unvalidated and will be updated accordingly.*



## Service Commentary

Data for cancer is reported out of Somerset.

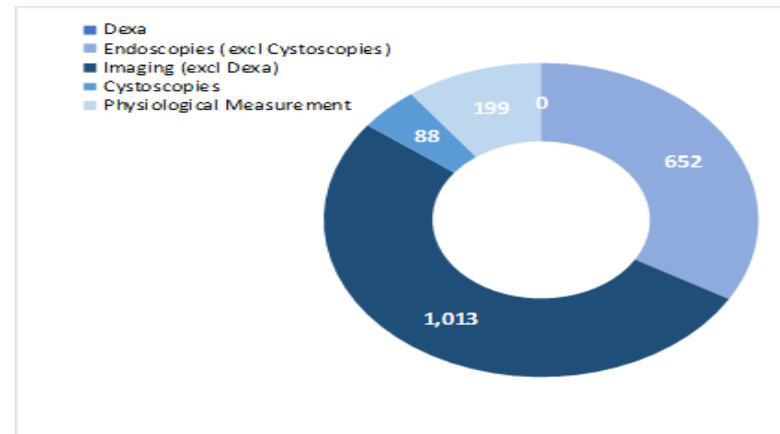
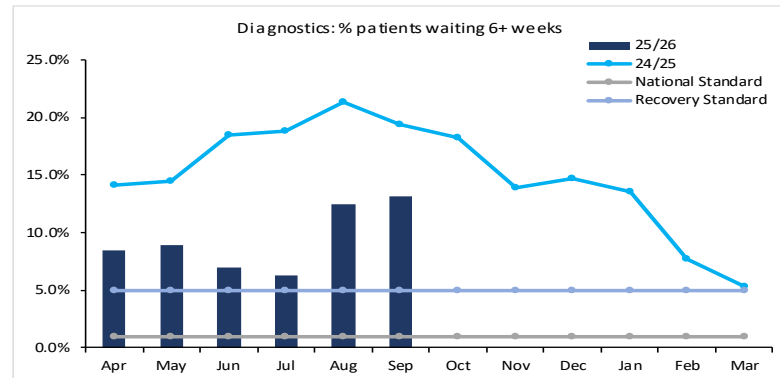
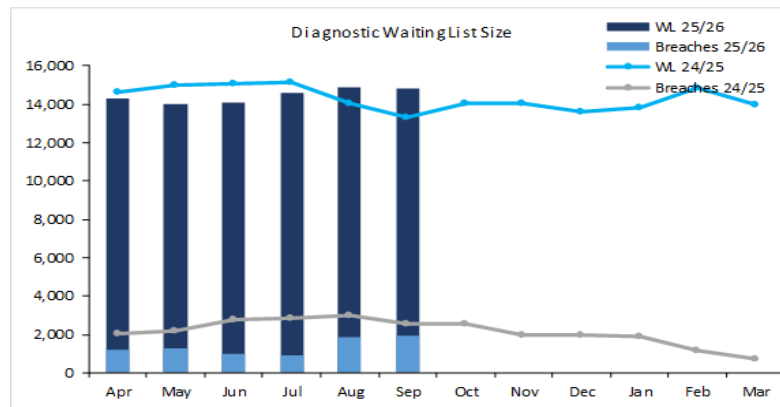
There has been a significant increase in number of patients on the PTL and an increase in the longest waiters due to radiology PACS issues. These also had a direct impact on 28FDS performance across all tumour sites.

Other delay reasons impacting performance:

- Challenges setting up additional clinic capacity in the run up to Go Live.
- Pathway tracking delays due to the need to track on two systems for the last 6 days of the month.

62 day: Colorectal and Urology performance is stable but remains below trajectory. Lower performance was seen in UGI and Gynae compared to previous months, though specific reasons were not noted. Breast and Skin improved and both reported performance above 85%. However, 90% is the set threshold agreed for these specialties, so further improvements are required.

6 week performance declined by 0.7% in month. The number of 6 week breaches increased by 99 with the waiting list decreasing by 67 (0.4%). Ipswich currently holds the greatest proportion of the breaches at 51.8%. Of the Ipswich breaches, non-obstetric ultrasound constitute 38.4% of the site total. At Colchester, non-obstetric ultrasounds account for the greatest proportion of breaches (42.2%).



% patients waiting > 6 weeks  
**13.1%**  
↑ vs 12.4% last month

DM01 6-week breaches  
**1,952**  
↑ vs 1853 last month

DM01 Waiting List  
**14,846**  
↓ vs 14,913 last month

### Service Commentary

Diagnostic performance deteriorated to 86.9% in September.

Performance deterioration has been predominantly driven by Radiology and NOUS.

The Radiology service has been significantly impacted by PACs implementation issues which remains in a business continuity process.

US has been impacted by loss of physical capacity. The service are working through short, medium and long-term plans for capacity increase and updates are to be provided.

Colchester CT has been impacted in late September and October due to a breakdown of a scanner in Colchester. Replacement is already planned within the next 3 months and capacity across Ipswich and the CDC will be utilised in the meantime. The service will continue to see an impact while plans are being worked through.

Looking to October, MRI has been impacted by a breakdown of a scanner in Colchester. Replacements have been sought in October; however, this will impact the October position ahead of November recovery.

The October DM01 PTL is anticipated to increase significantly related to the ability for the system to auto-flip patients to DM01 pathways. The PTLs are in the process of validation, and the performance team are working closely with services to ensure plans are in place.

Performance against the 18 week standard declined by 0.11% in month. Performance is below the national average and above the regional average for August\*\*. The proportion of patients waiting 65 weeks or more has increased marginally and the proportion of patients waiting 52 weeks or more has increased by 0.04%.

Open pathways within 18 weeks - ESNEFT

↓ 56.46%

vs 56.6% last month

Open pathways within 18 weeks - National \*\*

60.0%

65+ week waits - ESNEFT

0.01%

↑ vs 0.01% last month

65+ week waits - National

0.2%

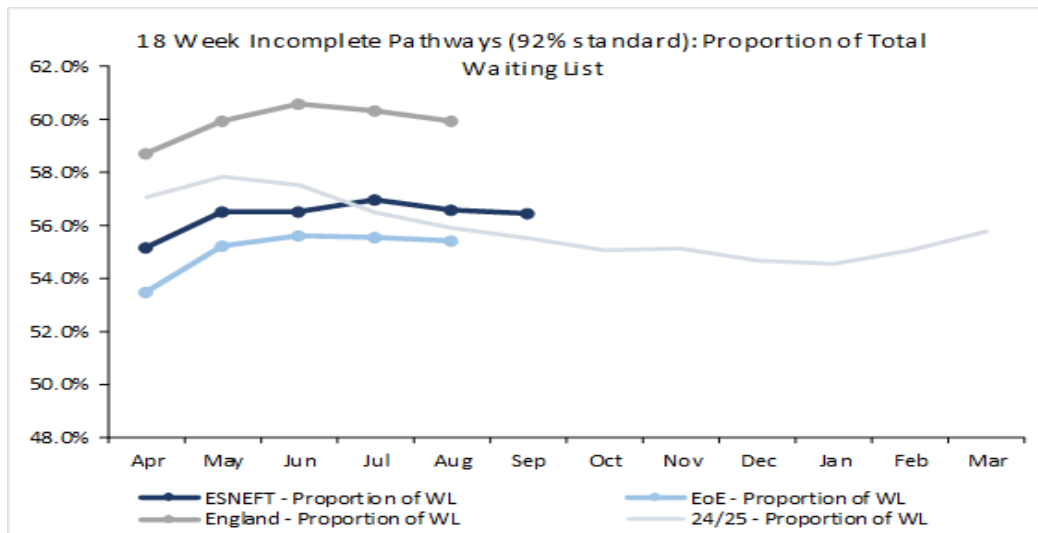
52+ week waits - ESNEFT

3.23%

↑ vs 3.19% last month

52+ week waits - National

2.7%



## Service Commentary

There has been a slight deterioration in 18-week performance in September versus August. This position is still above the Trust plan of 55.5%.

52 week performance increased in September and is above the Trust plan of 2.4%. The team are working closely with surgical specialities which are key drivers of this position alongside Neurology.

A waiting list 'Validation Sprint' was completed in September with ESNEFT achieving above baseline. A further 'Sprint' is expected based on national delivery with Trusts to plan how this will become BAU. The next 'Sprint' is expected to take place in November 2025 for a shorter period.

## Epic

As part of migration to the new PAS system, the team did expect and will report an increase in the overall waiting list size along with activity reduction. A validation programme is in place with a 60-day recovery plan.

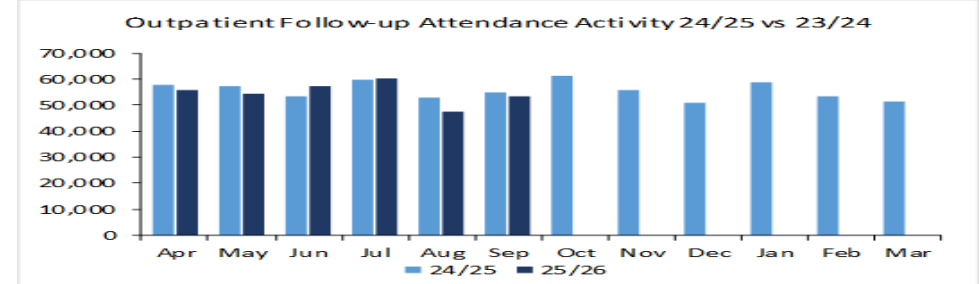
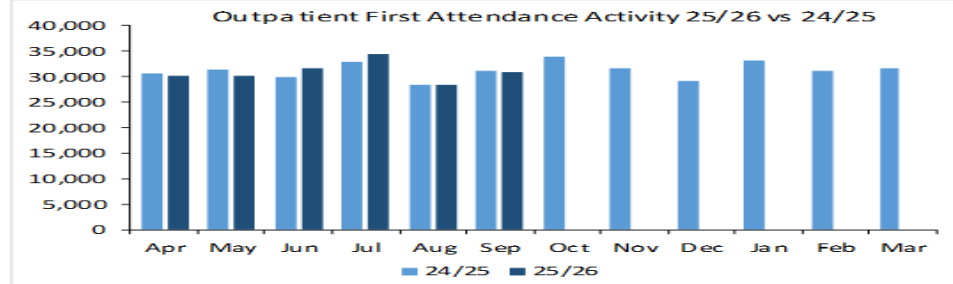
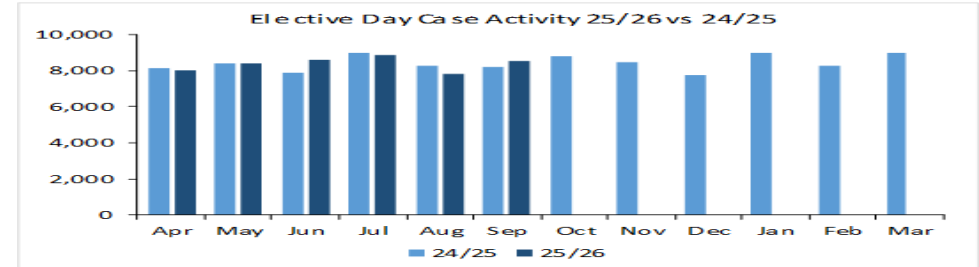
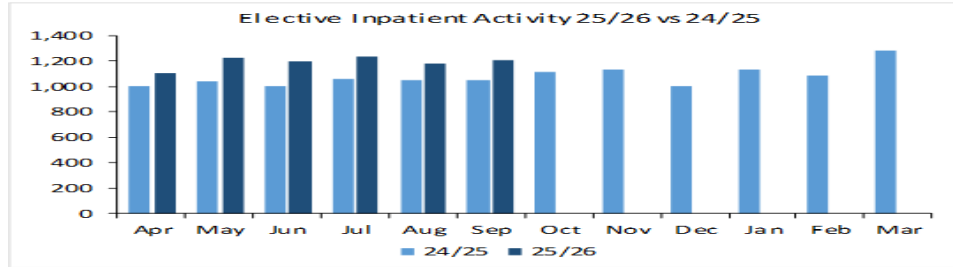
Elective inpatient activity increased by 2.0% in month, with day case activity increasing by 9.0%. Outpatient first attendances increased by 8.9% while follow-ups increased by 12.8%.

Elective inpatients  
**1,203**  
↑ vs 1,179 last month

Elective daycase  
**8,545**  
↑ vs 7,838 last month

Outpatient First Appt  
**31,032**  
↑ vs 28,485 last month

Outpatient F/U Appt  
**53,375**  
↑ vs 47,304 last month



### Theatres

There has been an increase compared to the previous month and the 24/25 position for same month in both inpatient and day case. However, this is below plan.

An increased monitoring process is in place to support Divisions to increase activity levels in line with planning to ensure delivery of national priorities.

### Outpatient

OPA activity increased in September following higher leave reported in August. However, leave was still somewhat higher across some services as part of planning for training, migration and Go Live.

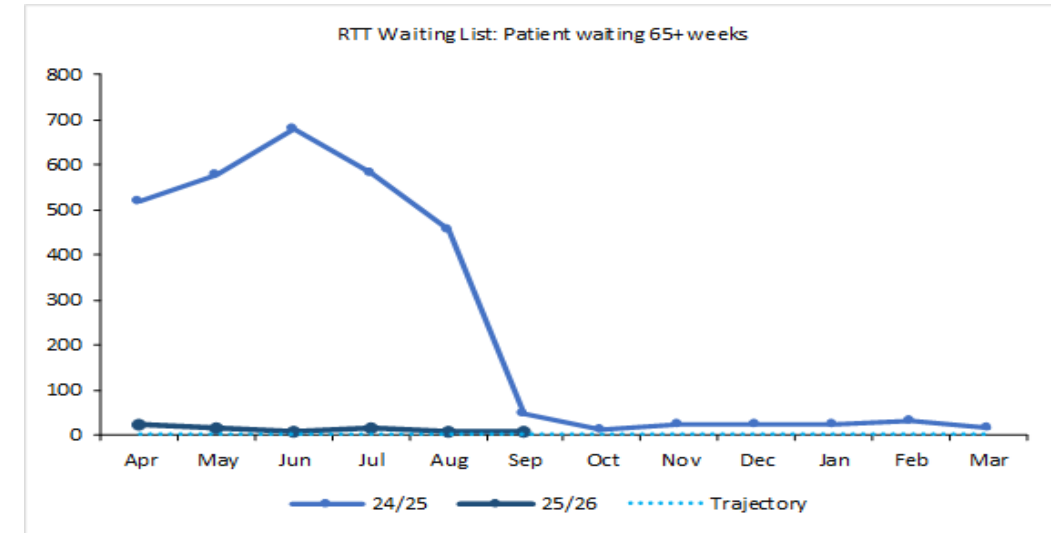
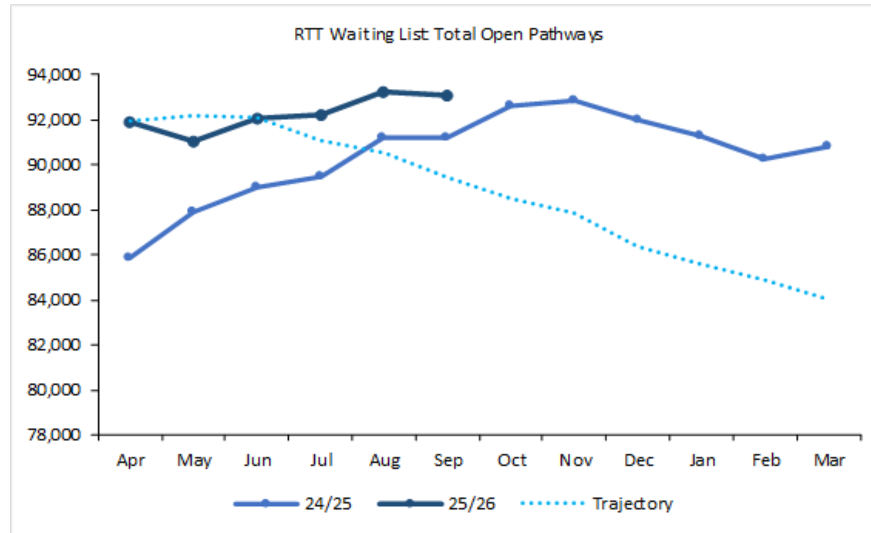
Activity levels were down in both 1st OPA and FU versus the 24/25 position.

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 patient. 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.

RTT open pathways  
**93,050**  
 ↓ vs 93,276 last month

65+ week waiters  
**9**  
 ↑ vs 8 last month

52+ week waiters  
**3,008**  
 ↑ vs 2,976 last month



## Service Commentary

### RTT Open Pathways

September saw a reduction in the waiting list size, compared to the previous month, however, this remains above the trajectory set for 25/26. Clock starts are above the expected position, with A&G not delivering the reductions anticipated in modelling. Activity levels are below modelling.

### 65 Week Wait

ESNEFT reported 9 patients over 65 weeks in September. 3 of these patients were due to late transfers from MSE with all patients transferred in September at over 65 weeks (2 T&O and 1 Gynae). This has been highlighted with NHSE colleagues as it is anticipated this trend will continue as a result of the MSE position and will impact ESNEFT's long waiting position. 6 patients remain on the 65-week waiting list relate to complex gynaecology. The team have highlighted an expectation of see increased referrals from the MSE ICB due to Primary Care awareness of wait time disparity. This is to be monitored through ESNEFT referral levels by the ICB.

### 52 Week Wait

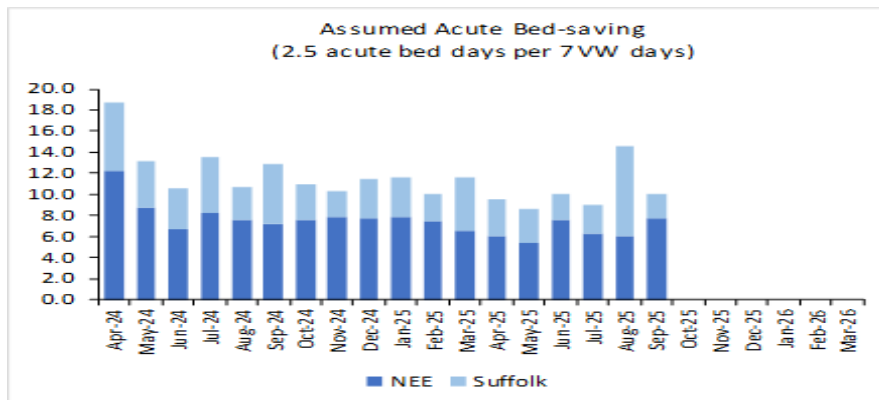
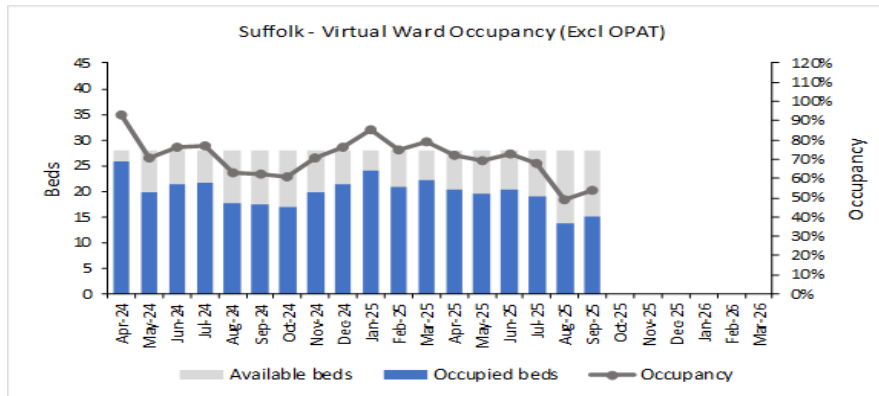
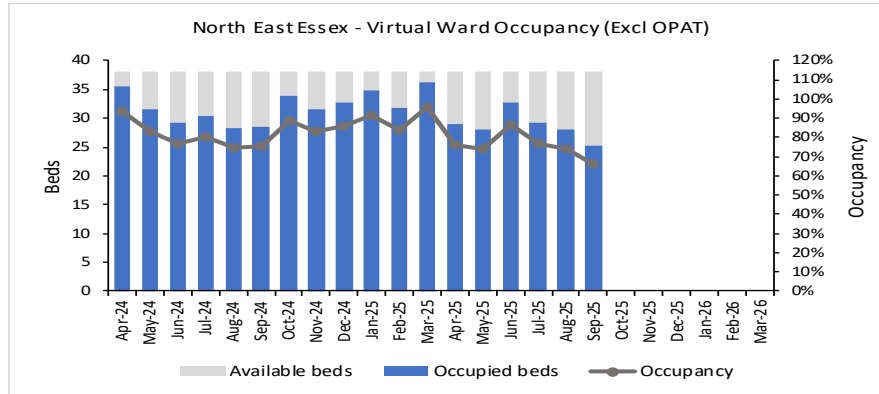
There has been a slight increase in the 52-week waiting position. This has been driven by Surgical specialities in the main. All surgical services have action plans in place to recover the position in 25/26. The region is seeing a similar picture and gap from plan against the 52-week position.

**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.**

Virtual Ward occupancy  
**60.9%**  
 ↓ vs 63.3% last month

Virtual Ward Also  
**8.09**  
 ↓ vs 12.16 last month

Virtual Ward – assumed acute bed saving\*\*  
**10.1**  
 ↓ vs 14.6 last month



## Service Commentary

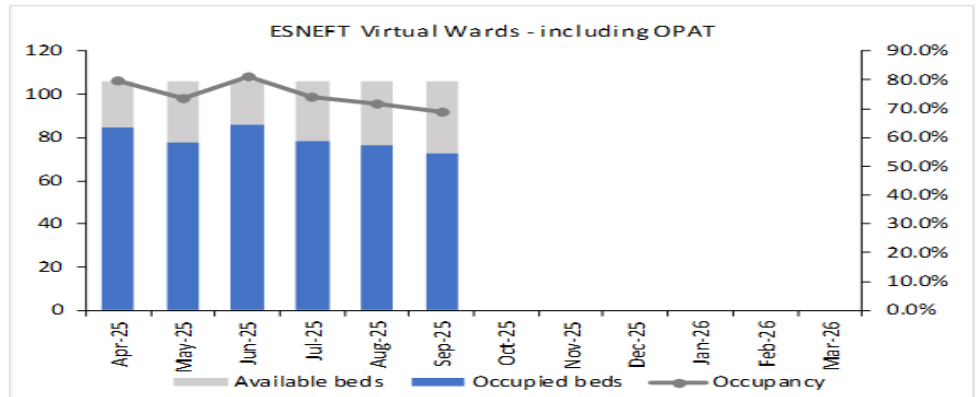
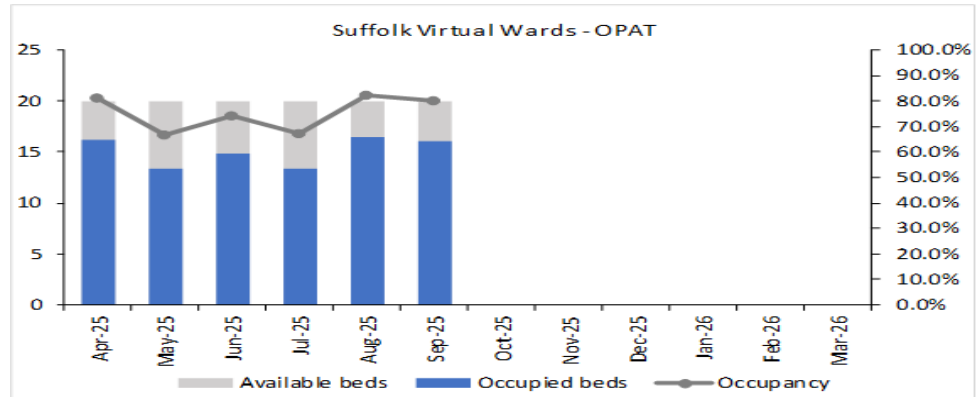
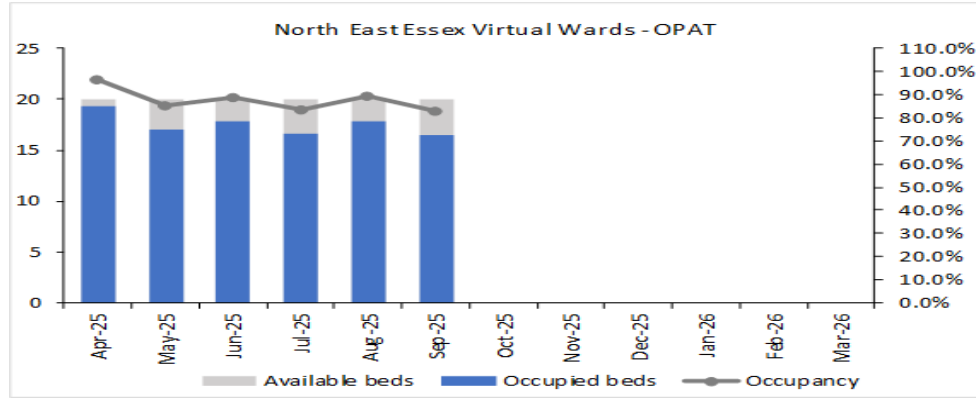
The drop in utilisation is disappointing and has been highly variable over the month being as high as 96% at some points, but as low as 39% at others.

More generally, the team are disappointed that they haven't been able to move forward with the development plan agreed with the divisions in both areas (MACNEE and MACIES). The plan has a specific focus on raising utilisation and reducing LOS and thereby maximising the benefit that this model of care can deliver for patients and for demand on acute beds.

The delivery of the plan has been delayed by a staff consultation process which it hasn't been possible to start until mid October and the capacity of the DMTs to change pathways as they have rightly prioritised preparation of EPIC implementation. The team will be moving forward with this plan as soon as possible.

\*\*Acute bed saving assumes a reduction of 2.5 bed days in an acute setting for every 7 days in the virtual ward, further to the analysis performed by the Advanced Analytics Team in December 2023.

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 **2,575** Community Paediatric patients, including Paediatric Neurology. This is a decrease from **2,762** last month, and down from the peak **3,624** at the start of June 2024.

There were **8** patients waiting **65+ weeks**, up from **0** last month. However, this is a significant decrease from the peak at the start of August 24 (**94**).

Overall patients waiting 52+ weeks is generally decreasing again and at **244** is a reduction on last month's **315** and a significant reduction from two months ago of **500**, continuing the trend from the previous month. The number of patients waiting 52+ weeks remains significantly lower than the peak in May 2024

Patient treatments have significantly increased to **364** from **305** in month. In September 2024 **312** patients were treated, **52** more patients were treated than the same month last year.

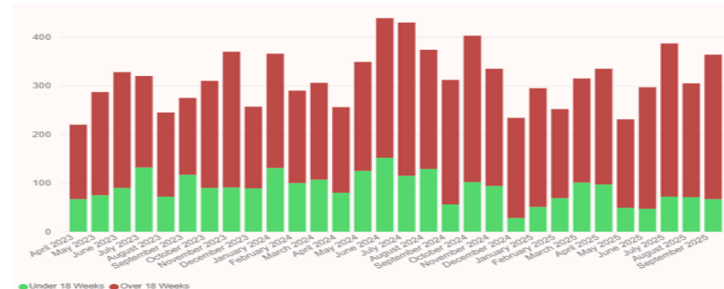
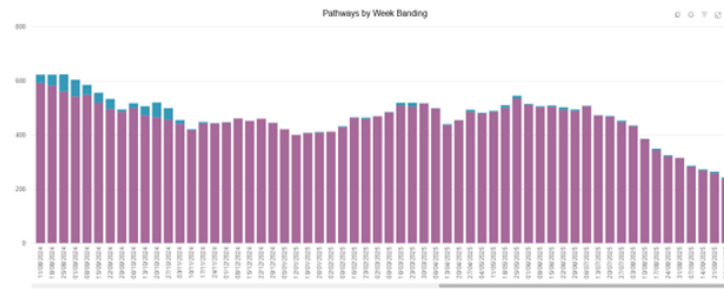
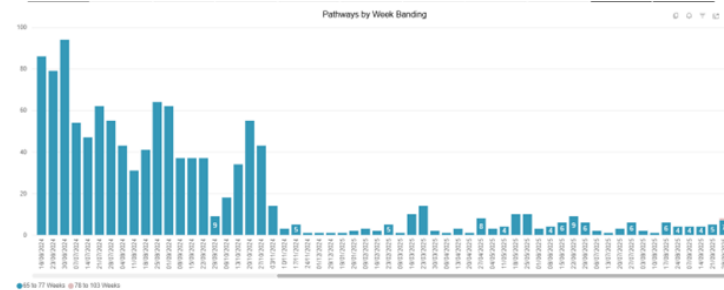
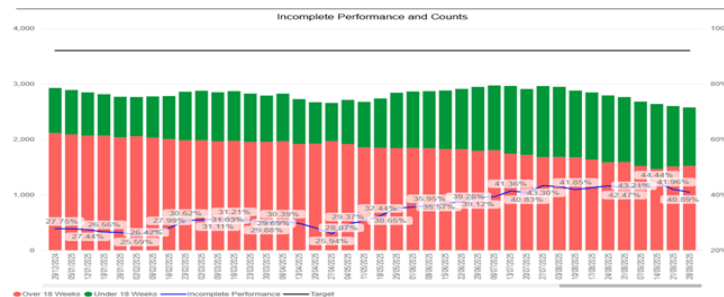
In general, the number of patients waiting and those waiting 52+ weeks is declining.

Total patients waiting trend

Patients waiting 65+ weeks trend

Patients waiting 52+ weeks trend

Patient treatments trend



## RTT Compliance – End of July 2025

RTT Compliance

- 65w - September breach - patient choice.
- 52w - 92%. Predicted compliance by December 25
- 8w - 0.89%.

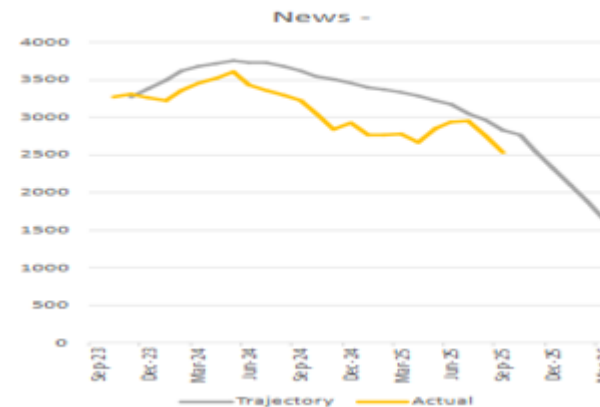
ADOS:

- The waiting list and wait times have increased in line with predictions.
- While a new appointment will be quicker the overall wait for patients to get a diagnosis will be longer.
- ADOS Capacity is expected to increase by January 2026 when an ASD nurse is trained.

Follow ups:

- The team are increasing new capacity to accommodate RTT performance. This is resulting in 60% more follow ups, therefore numbers overdue will rise.
- Increased ADHD medicated patient numbers have been identified on Partial Booking Waiting List (PBWL) through validation.
- Focus on patients 18 months+ continue to be clinically reviewed and awaiting administration action or booked appointment.
- More clinical validation is being assigned.

Sept 2025 : Community Recovery – News/First appointment



There are 10,587 Paediatric patients waiting in total, including Community Paediatrics, down from last month's 10,779 and 11,669 two months ago, continuing the recent trend.

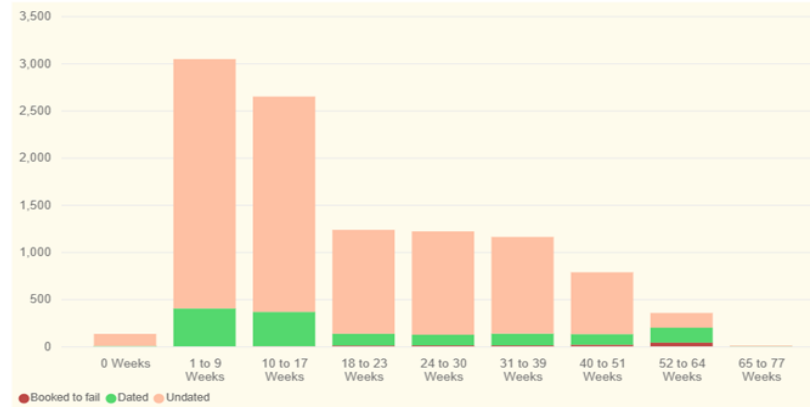
There are no patients waiting over 78 weeks and 9 patients waiting 65+ weeks, up from 7 last month.

In total, 363 Paediatric patients have waited 52+ weeks a decrease from 423 last month and 699 two months ago, continuing the recent trends.

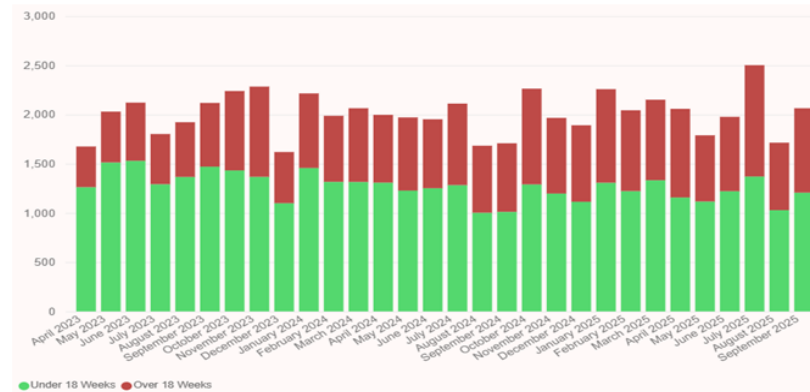
ENT and Community Paediatrics remain the services with the most patients waiting on RTT pathways (noting that Community Paediatrics is outside of RTT national guidance nowadays, but retained internally to maintain oversight of this).

Patient treatments of 2,065 in month up from the 1,715 last month, but down on the recent (July) peak of 2,503. Patients treated were much higher than the 1,709 treated in September 24.

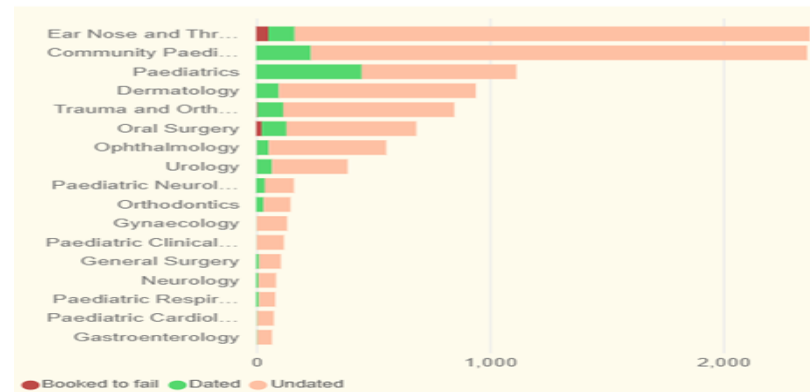
Patients waiting week bands



Patient treatments trend



Current patients waiting



### Service Commentary

The Paediatrics PTL overall continues to decrease but concerns still remain in ENT with the largest cohort of Paediatric patients on the PTL.

Plans for further HIT list dates have been put on hold to support 52-week performance.

The monthly CYP Surgical Forum managed by the W&C division continues as a platform for specialities to discuss their plans to reduce their PTL's and monitor progress.

ESNEFT attends the Regional CYP recovery forum.

ENT had a GIRFT visit on the 29<sup>th</sup> August 2025. The service have received the final report, and are mobilising an action plan according to the report actions. This can be shared and updated at the next CYP forum.

A couple of examples of areas of change already updated to support ENT paediatric reduction are:

- Tonsillectomies – the service have started booking more tonsillectomies onto afternoon lists which means an additional 1 tonsillectomy per session. This has been in place for 4 weeks and there have been no major clinical concerns raised.
- The service is reviewing post tonsillectomy recovery timings as per the report to look at reducing from the current 4-6 hours and going to 2-4 hours.
- ENT have started utilising vacant Paediatric Urology lists to reduce their Paediatric waiting time. These lists are utilised by the Senior Middle Grade doctors who have recently started with the service.

Revenue	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Areas of Improvement	Areas requiring further work
<b>Performance Against Control Total (YTD)</b>	0	(297)	(241)	32	(357)	(1,743)	(4,173)	<ul style="list-style-type: none"> <li>The Trust held cash of £20.5m at the end of September (a planned payment of PDC dividend in the month reduced cash relative to August).</li> <li>Bank and agency costs reported in September were lower than August.</li> <li>CIP delivery in September (£4m) was higher than was reported in August (£2.2m). Delivery was higher than the in-month target of £3.5m.</li> </ul>	<ul style="list-style-type: none"> <li>The Trust incurred a deficit of £2.4m for September. The cumulative position has moved to a deficit £7.6m. This is behind plan by £4.2m.</li> <li>The Trust continues to project achievement of a balanced revenue position for the year, but is clear that current financial recovery plans (both those developed centrally and those produced by clinical divisions) need to go further for this to be achieved.</li> <li>Despite reducing in absolute terms in September, bank costs now exceed the ceiling YTD by £2.8m (£27.2m v £24.4m). Agency costs have now exceeded the agency ceiling by £1.8m (£6.7m v £4.9m). However, reductions to bank rates – effective from October – for both medical and agenda for change staff will assist in reducing future bank spend.</li> <li>£12m year to date of cost improvement plans have been delivered for the year, against a target of £18.2m.</li> <li>Capital expenditure cumulatively underspent against CDEL by £13m at the end of September. The main drivers of this underspend were Building for Better Care (£7.4m), Right of Use leases (£0.8m), Estates &amp; Facilities (£2.3m) and other schemes (£3m).</li> </ul>
<b>FOT Variance to Plan</b>	0	-	-	-	-	-	-		
<b>YTD CIP variance to plan</b>	0	(2,400)	(3,149)	(3,448)	(5,470)	(6,695)	(6,105)		
<b>Forecast CIP FYE Variance to Plan</b>	0	(21,511)	(18,379)	(17,121)	(16,828)	(16,441)	(14,348)		
<b>Capital</b>									
Capital	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25		
<b>Capital variance (in month)</b>		5,645	3,179	1,188	1,946	1,332	(248)		
<b>Capital variance (YTD)</b>		5,645	8,824	10,012	11,958	13,290	13,042		
<i>*(Overspend)/Underspend</i>									
<b>Balance Sheet</b>									
Balance Sheet	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25		
<b>Cash YTD</b>		48,938	26,893	23,522	31,007	27,906	20,453		

## Performance against Control Total

Deficit

**£7.6m**

Performance against CT for the year to date

Behind Plan

Deterioration of £2.3m in the month

### Monthly Performance against Control Total

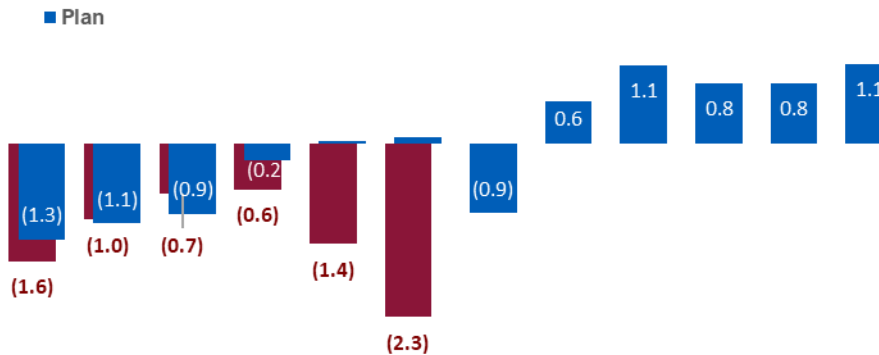
The Trust has a financial control total (CT) set by NHSE which informs the Trust financial plan for the year. For 2025/26 the target is to achieve a break-even position or better. The planned delivery of this target is not profiled evenly across the year. Deficits have been planned in early months as CIP schemes are expected to deliver more as the year progresses (including EPIC efficiencies).

When measuring financial performance against this control total certain items are excluded, e.g. capital donations, impact of PFI UK GAAP and impairments.

After adjusting for these items, the Trust's plan for September was a small surplus of £0.1m. The Trust failed to meet this CT for the month (an adverse variance of £2.4m).

### Monthly Adjusted Financial Performance

Compared to Plan



### In Month

The Trust incurred a deficit of £2.4m for September. Overspends on expenditure have been partly mitigated by increases in income.

	Plan £000	Actual £000	Fav/(Adv) £000
<b>I&amp;E Overview (September)</b>			
Income	101,655	100,768	(887)
Pay	(59,581)	(61,710)	(2,129)
Non Pay	(38,353)	(39,761)	(1,408)
Non Operating	(1,440)	(1,465)	(25)
<b>Surplus / (Deficit)</b>	<b>2,281</b>	<b>(2,167)</b>	<b>(4,448)</b>
Less: Impairments	-	-	-
Less: Other Non CT Items	(2,190)	(172)	2,018
<b>Adjusted financial performance</b>	<b>91</b>	<b>(2,339)</b>	<b>(2,430)</b>

### Year to Date

The cumulative position has moved to a deficit £7.6m. This is behind plan by £4.2m.

	Plan £000	Actual £000	Fav/(Adv) £000
<b>I&amp;E Overview (YTD)</b>			
Income	600,158	608,476	8,318
Pay	(359,360)	(369,000)	(9,640)
Non Pay	(232,278)	(237,522)	(5,244)
Non Operating	(9,488)	(9,532)	(44)
<b>Surplus / (Deficit)</b>	<b>(968)</b>	<b>(7,578)</b>	<b>(6,610)</b>
Less: Impairments	-	-	-
Less: Other Non CT Items	(2,439)	(2)	2,437
<b>Adjusted financial performance</b>	<b>(3,407)</b>	<b>(7,580)</b>	<b>(4,173)</b>

## Adjusted Forecast

# £6.4m

Adverse to CT for the full year

-----  
 A deterioration of £1.1m compared to last month  
 -----

**The Trust remains confident that it will achieve a balanced revenue position for the year but absolutely recognises that to do so recovery plans need to go even further than currently developed.**

## Base Forecast

Due to the timing of this report the base forecast remains as at month 5. However, the month 6 performance was worse than forecast at month 5 and therefore the overall forecast has deteriorated from an outturn deficit of £21.5m to a deficit of £23.1m. Crucially, this is before any corrective action or risk assessment, and this is not where the Trust expects to be at the end of the year.

## Non-Recurrent Benefits in the YTD Position

It is important to note that there are material unplanned benefits which have mitigated the adverse variance to Month 6. These are primarily related to the prior year (either accruals not required or 'settling up' of income, i.e. excluded drugs). These sum to a benefit of **circa £5.8m**. This is an increase of £2m against month 5 as a further £2m of prior year opportunity has been identified. This figure is in excess of the normal level of such movements expected as 'business as usual', e.g. through monthly reviews of GRNIs.

There are no known similar benefits expected for the remainder of the year although a detailed review of accruals made in relation to 2024/25 (£6m balance remaining) is ongoing to ensure only necessary accruals are being maintained. A full review of accruals prior to 24/25 was undertaken last year and the few accruals remaining here are confirmed as required.

## Cost Control Actions

As reported last month, because of the current financial position and the base forecast the Trust has taken a number of central measures to improve the Trust's revenue run-rate. The estimated impact of the cost control actions approved by EMC is a reduction in the forecast of circa £11.4m. These reductions are not expected to take full effect until month 7 onwards.

## Adjusted forecast

Once the cost control actions are allowed for, along with the financial recovery plans (FRP) of clinical divisions that have been developed in parallel and other 'risks and opportunities' that exist, the position projected is an adverse variance to control total of £6.4m.

The Trust recognises therefore that further action still is required to bring the position back to plan. This involves further improvement in the FRPs produced by clinical divisions.

Risks and opportunities will continue to be assessed and monitored as the year progresses.

Bank Above Ceiling  
**£2.8m**

Bank is cumulatively over the ceiling

Agency Above Ceiling  
**£1.8m**

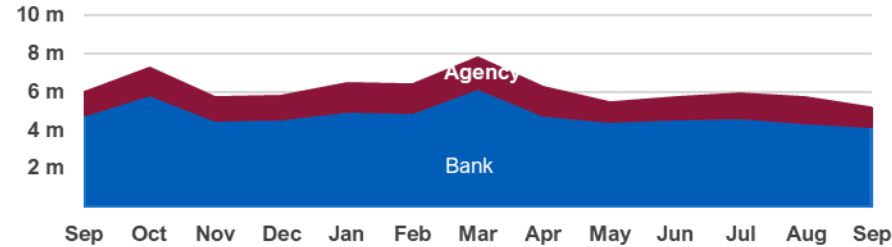
Agency is cumulatively over the ceiling

## Temporary Pay Expenditure

Bank expenditure is the most significant element of temporary pay expenditure.

### Temporary Pay Trend

Expenditure over the last 13 months



## Bank Expenditure

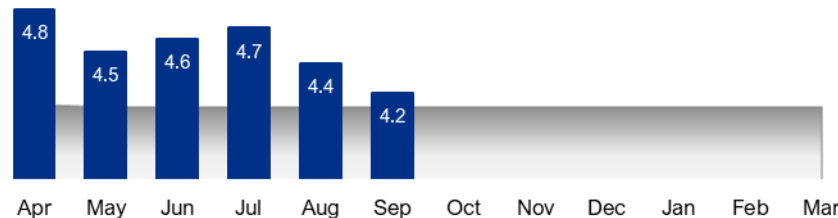
Bank expenditure accounted for 7.4% of all pay costs (year to date). Nursing are the staff group most reliant on bank, with bank making up 10.5% of nursing costs.

## Bank Ceiling

Bank costs in September were £4.2m which is lower than August but this cost has been mitigated by the unwinding of accruals (£0.2m). Cumulatively the Trust has now exceeded the bank ceiling by £2.8m (£27.2m v £24.4m).

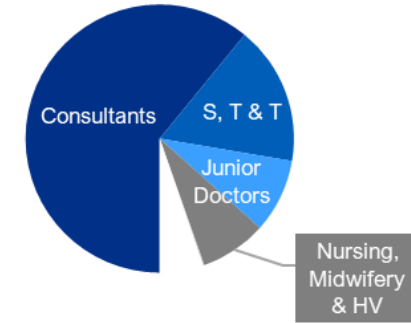
### Monthly Bank Expenditure (£m)

Compared to ceiling



## Agency Expenditure

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.

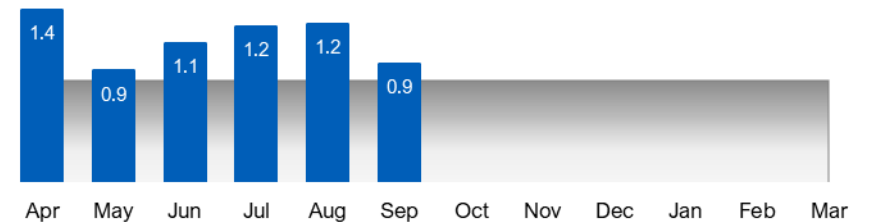


## Agency Ceiling

Agency costs in September were £0.9m. As for bank this cost has been mitigated by the release of unrequired accruals (£0.2m). Before this benefit the monthly costs were consistent with July and remains above the 25/26 ceiling set for the Trust. Cumulatively the Trust has now exceeded the agency ceiling by £1.8m (£6.7m v £4.9m).

### Monthly Agency Expenditure (£m)

Compared to ceiling



## Cost Improvement Programme (CIP)

Under Delivery

**£6.1m**

-----  
Actual delivery of £4m in the month

### In Month

£4m of cost improvement plans were delivered in September against a target of £3.5m

### Year To Date

£12m year to date of cost improvement plans have been delivered for the year, against a target of £18.2m.

	Plan £000	Actual £000	Over/(Under) £000	%
<b>CIP Delivery (YTD)</b>				
Cancer and Diagnostics	2,856	1,396	(1,460)	(51%)
Medicine and Community IES	3,015	1,761	(1,253)	(42%)
Medicine and Community NEE	2,742	1,396	(1,346)	(49%)
Surgical Services	4,332	2,365	(1,967)	(45%)
Women's and Children's Services	1,927	587	(1,340)	(70%)
<b>Total Operations</b>	<b>14,871</b>	<b>7,506</b>	<b>(7,366)</b>	<b>(50%)</b>
Estates & Facilities	2,017	739	(1,278)	(63%)
Corporate Services	1,261	1,436	175	14%
Other Non Divisional	-	2,363	2,363	100%
<b>Total Trust</b>	<b>18,150</b>	<b>12,044</b>	<b>(6,105)</b>	<b>(34%)</b>

Unused reserves have been recognised in the Trust's CIP delivery this month for the first time (under 'Other Non-Divisional'). These are largely non-recurrent savings and are believed to bring the Trust's reporting in line with that of other Trust's locally.

### Steps being taken to close the gap include:

- Assessment of divisional financial recovery plans / enhanced run rate reviews
- Additional controls to be put in place
- Implementation of Model Health opportunities for improvement
- Enhanced oversight with fortnightly meetings, director led with DMTs and executive colleagues.

## Cash Flow

Cash Balance

# £20.5m

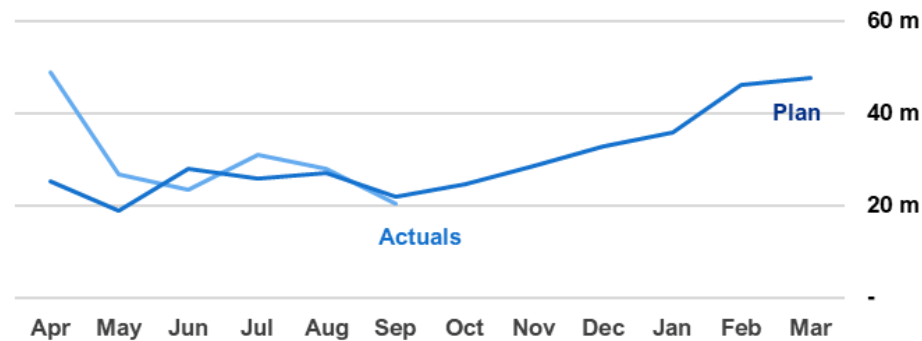
Less than plan by £1.4m

### Cash Balance

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.

### Monthly Cash Balances

Compared to Plan (with Forecast)



### Opening Balance v Movement in Receivables

In the Trust plan it was assumed that ERF owing to the Trust for 24/25 would not be paid until later in the new year (as had happened in prior years). However, ERF was fully paid in March (£18.3m). At the point of payment it was too late to adjust the Trust plan and therefore two lines in the cashflow have material underlying variances which effectively offset each other. These lines are 'Cash at start of period' and 'Movement in Receivables'.

### Cash Management Actions

The Trust's cash balance is now requiring more active management of creditor payments to ensure liquidity is maintained throughout the month. This is because in the month, at its nadir the cash level could be as low as circa £4m.

Statement of Cash Flows (Summary)	Plan £000	Actual £000	Fav/(Adv) £000
<b>Cash Flows from Operating Activities</b>			
Surplus/(deficit) from operations	8,520	1,954	(6,566)
<b>Non-cash items in operating surplus/(deficit)</b>			
Depreciation and amortisation	20,848	17,252	(3,596)
Impairment losses/(reversals)	-	-	-
Capital donations (cash and non-cash)	(2,261)	(55)	2,206
Movement in Receivables	12,495	(16,130)	(28,625)
Movement in Inventories	-	(1,416)	(1,416)
Movement in Payables	1,733	(237)	(1,970)
Movement in Other liabilities	2	4,489	4,487
Movement in Provisions	(142)	(1,232)	(1,090)
Tax (paid) / received	-	1,329	1,329
<b>Net Cash (Outflow) from operating</b>	<b>41,195</b>	<b>5,954</b>	<b>(35,241)</b>
<b>Cash Flows from Investing Activities</b>			
Interest received	648	1,245	597
Purchase of Capital Assets	(59,103)	(35,785)	23,318
Proceeds from Sales of Assets	-	70	70
Donations to purchase Assets	2,261	-	(2,261)
PFI lifecycle prepayments	(834)	(835)	(1)
<b>Net Cash (Outflow) from investing</b>	<b>(57,028)</b>	<b>(35,305)</b>	<b>21,723</b>
<b>Cash Flows from Financing Activities</b>			
Public dividend capital received	3,250	998	(2,252)
Loans repayments	(631)	(638)	(7)
Capital lease and PFI payments	(5,175)	(4,268)	907
Interest paid including leases and PFI	(1,068)	(1,165)	(97)
PDC dividend (paid)/refunded	(7,781)	(7,300)	481
<b>Net Cash (Outflow) from financing</b>	<b>(11,405)</b>	<b>(12,373)</b>	<b>(968)</b>
<b>Net increase / (decrease) in cash</b>	<b>(27,238)</b>	<b>(41,724)</b>	<b>(14,486)</b>
Cash at start of period	49,136	62,176	13,040
<b>Cash at end of period</b>	<b>21,898</b>	<b>20,453</b>	<b>(1,445)</b>

## Capital Expenditure

Behind CDEL

# £13m

A small reduction (£0.3m) of the underspend compared to last month

Underspends on a range of schemes, the most significant being Building for Better Care projects (£7.4m)

Following a request from NHSE, the Trust has requested £13.5m of brokerage into 26/27 in relation to constitutional standards funding.

### Full Year

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).

	Plan	Actual	Fav / (adv)
Capital Expenditure (YTD)	£000	£000	£000
Medical Equipment	1,349	932	417
ICT	1,129	401	728
Estates & Facilities	4,497	2,155	2,342
Building for Better Care	16,467	9,086	7,381
Schemes	5,022	2,039	2,983
Financing (PFI, ROU and leases)	2,175	1,247	928
<b>Total Capital Programme</b>	<b>30,639</b>	<b>15,861</b>	<b>14,778</b>
<b>Other Adjustments</b>			
PFI Lifecycle Costs	-	-	-
PFI Residual Interest	378	378	-
Disposals	-	(471)	471
Donated	(2,261)	(54)	(2,207)
<b>Capital Expenditure</b>	<b>28,756</b>	<b>15,714</b>	<b>13,042</b>
<b>CDEL</b>	<b>28,756</b>	<b>28,756</b>	<b>-</b>
<b>Performance against CDEL</b>	<b>-</b>	<b>13,042</b>	<b>13,042</b>

### Drivers of Underspend

The capital programme is underspent across a range of schemes including:

- Building for Better Care (£7.4m), especially Clacton STAR (£4m) and Colchester Endoscopy (£1.8m), caused by delays in works,
- Right of Use leases (£0.8m) caused by delays in validating rent reviews,
- Estates and Facilities (£2.3m); maternity lifts is the most significant underspend (£0.3m).
- Other Schemes (£3m) includes CT Enabling (£1.7m) and C-Arm Replacement (£1.9m) underspend,

### Additional Capital Allocations

As approved by the Performance and Finance committee last month, the Trust has now notified SNEE ICB of its decision to 'reject' the capital incentive funding of £11.8m because it is not cash backed, and efforts to find a workable solution that would not harm the Trust's liquidity had been exhausted.

Following a request from NHS England national team for all organisations to provide updated forecasts on national capital programme expenditure, the Trust has advised that it would like to broker into 26/27 the following amounts by scheme for funding related to the delivery of constitutional standards:

- Ipswich CDC expansion - £4m
- Endoscopy Ipswich - £3.5m
- Paediatric Surgery (Colchester) - £4.5m
- Clacton Ophthalmology - £1.5m

Workforce Metrics	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Areas of Improvement	Areas requiring further work
<b>Vacancy (excluding Agency)</b>	3.50%	4.9%	4.6%	4.9%	4.8%	4.0%	3.6%	<ul style="list-style-type: none"> <li>The vacancy rate has decreased to 3.6% in September from 4% in August. Time to hire parameters have been amended nationally and is now reported from advert live to employment checks complete based on a 3 month rolling basis. The Time to Hire for month 6 based on the new parameters is 48 days. [average 6 days below model hospital comparator Trusts].</li> </ul>	<ul style="list-style-type: none"> <li>There is continued focus on hard to recruit consultant vacancies utilising head-hunters and international recruitment drives.</li> <li>123 HCSW's appointed via the assessment centre – 60 will commence on the apprenticeship pathway. Monthly assessment centres at alternate sites.</li> </ul>
<b>Proportion of temporary staff (Bank &amp; Agency)</b>	-	10.1%	8.9%	9.3%	9.6%	8.9%	8.8%	<ul style="list-style-type: none"> <li>Bitesize training sessions focussed on absence are continuing and the sickness review group continues to meet on a monthly basis and is making good progress. There is a focus on those who have been absent over 3 months as well as complex cases by the ER Team who are targeting progress with OH and managers.</li> </ul>	<ul style="list-style-type: none"> <li>Individual meetings held by Retention Partner for each cohort of the HCSW Apprenticeship Academy to offer support and promote hub. 29 meetings to be held for the September cohort across both sites to take place in October. Feedback from this staff group is reported to the Internal Delivery Strategy &amp; Performance Group</li> </ul>
<b>Sickness</b>	4%	4.1%	4.0%	4.1%	4.4%	4.4%	4.6%	<ul style="list-style-type: none"> <li>The Absence Policy has been updated, and training sessions have been adjusted accordingly. Targeted work focussing on the management of short-term sickness absence is underway. A SOP is being developed in relation to automated processes for informing and guiding managers in relation to both Long term and short-term sickness with a view to minimise short term persistent absence and encourage earlier intervention for Long term absence.</li> </ul>	<ul style="list-style-type: none"> <li>International Nurse pipeline continues. Next cohort October. International Nurse upskilling programme – final cohort 8 to commenced in September. Total 37 commence. Review programme.</li> <li>125 NQN's to commence. 11 with deferred start date due to extended course completion.</li> </ul>
<b>Mandatory Training</b>	90%	93.3%	93.2%	93.7%	93.6%	92.8%	92.1%	<ul style="list-style-type: none"> <li>Mandatory Training has remained above target for 28 consecutive months.</li> <li>To further promote flexible working and team based rostering a case study piece entitled 'How flexible working is improving colleagues' lives' was published in ESNEFT news and added to the intranet this week (13th October). This case study will also feature in the next Pay Services newsletter due to be published next week.</li> </ul>	<ul style="list-style-type: none"> <li>Sickness absence has remained the same this month at 4.57% and was just above the target of 4%. The main reasons for absence were Anxiety, Stress and Depression which is 1.24% of the workforce, followed by Cold, Cough, Flu - Influenza at 0.55%. The total number of employees who have been absent for 3-6 months, and over 6 months, remains steady and on-going targeted work continues by the ER &amp; OH teams, including regular joint meetings discussing ongoing cases.</li> </ul>

Workforce Metrics	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Areas of Improvement	Areas requiring further work
<b>Appraisals</b>	90%	89.6%	89.1%	88.8%	86.1%	85.7%	84.2%	<ul style="list-style-type: none"> <li>Leadership Development training: 1,795 completed/85 soon to complete, plus a further 2,047 attending management bitesize training. Along with 3,659 staff engaging in the suite of EDI training in the last year.</li> <li>National Staff Survey (NSS) – The survey launched on 22 September, and the fieldwork period remains open until 28 November. This year 78% of surveys have been issued as electronic copies. As a thank you for taking the time to complete a survey staff will be issued with a hot drink voucher. As of 17 October, the response rate stood at 21.1%.</li> <li>Ad hoc requests from leaders as part of their development journey will still be run and aligned to one of the experienced facilitators we have within the Trust to provide feedback. We are proposing to teach another cohort of facilitators within the next few months and have asked our current team to recommend any colleagues before we launch a recruitment campaign.</li> <li>'My Career Matters: The amount of career conversations taking place across the Trust has grown to 1,134 conversations up from 1,063. Work has taken place to link the results of career conversations with recruitment so we can target those that are ready soon and ready now with career options. We also have data available for our WRES and WDES reporting for conversations that have taken place to monitor opportunity for all staff. Targeted contact with apprenticeship opportunities delivered both internally and externally will commence as well as targeting employees for leadership development and masterclass signposting.</li> </ul>	<ul style="list-style-type: none"> <li>Turnover rate is 5.45% (a marginal decrease from previous month 5.68%).</li> <li>Management of 61 formal employee relations cases (including disciplinary and grievance) as well as informal cases. 14 cases were closed in September.</li> <li>August's Appraisal compliance rate decreased to 84.2% from 85.7%. The Trust is under target for Appraisals. Bitesize training for appraisals is now being delivered through the Management Masterclasses. Improvements to the offer of a career conversations, management masterclasses have been a focus for the divisions and HR, OD support to improve the quality of the conversations during appraisals.</li> <li>A range of measures to support staff wellbeing continues.</li> <li>As a continuation of the work to promote flexible working, a refresh of our flexible working offering was emailed to senior managers on 4<sup>th</sup> Sept. It highlights access to training and promotes the team rostering programme. This is to precede the flexible working case studies piece to be published at the beginning of October.</li> <li>Supportive 360 Leadership reviews: We do not currently have any open 360 projects and as we introduce Epic, we are pausing the launch of any new ones until the New Year. We already have a project lined up for then which is with the MAC NEE division. This will be run as three cohorts with a total of 337 staff being invited to participate.</li> </ul>
<b>Voluntary Turnover</b>	7%	6.0%	6.2%	5.8%	5.6%	5.7%	5.5%		
<b>Ward Fill Rates (ESNEFT)</b>	95%	88.7%	89.7%	90.9%	91.2%	89.7%	91.5%		
<b>Care Hours Per Patient Day (ESNEFT)</b>	-	7.66	7.13	7.13	7.27	7.02	6.89		
<b>Executive team turnover</b>	-	0	0	0	1	0	0		

# Workforce Dashboard

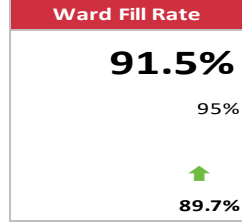
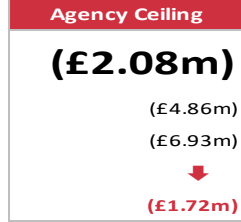
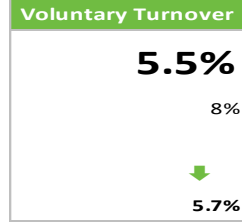
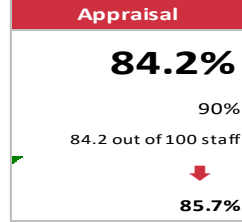
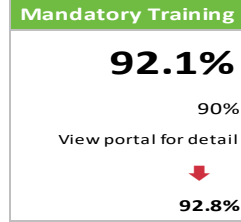
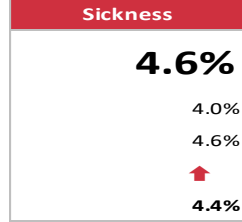
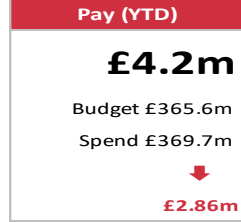
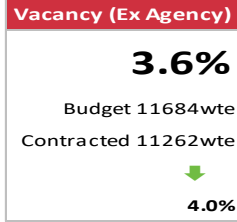
September 2025

## Trust Level

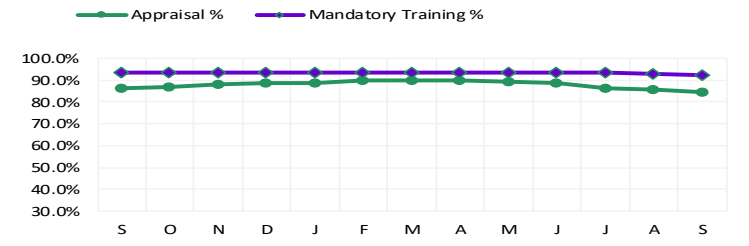
### Key Metrics

#### Performance

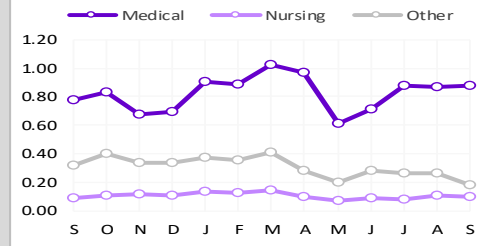
Target  
Achieved  
Vs Prior Month  
Prior Month



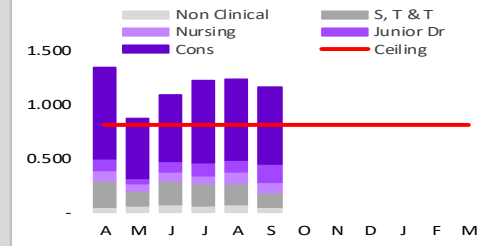
### Appraisals & Mandatory Training Compliance %



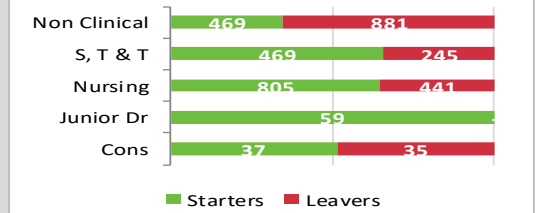
### Agency Trends (ex Locum) £m



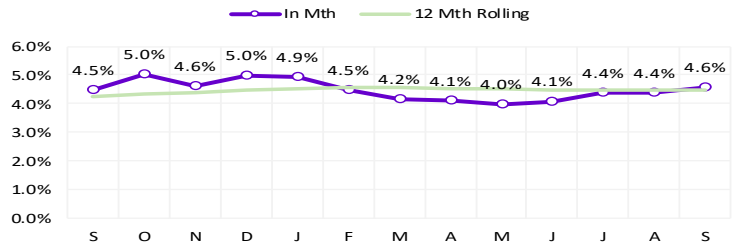
### Agency Ceiling £m



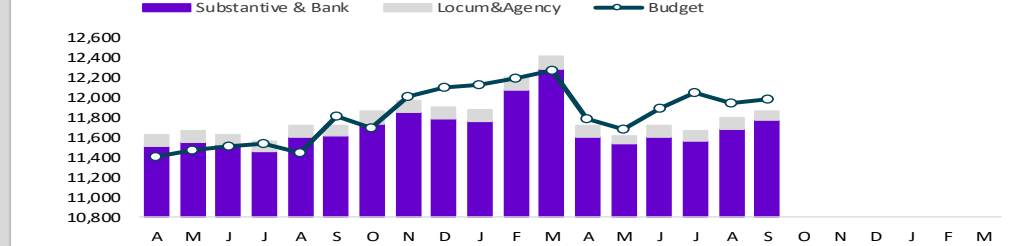
### Starter - Leavers (12Mth Rolling) Headcount



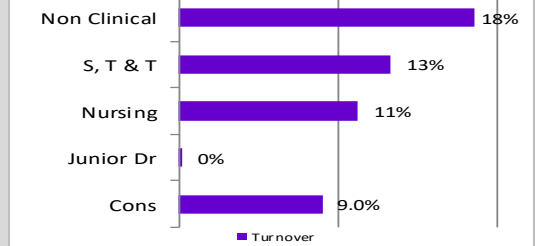
### Sickness %



### Workforce Trends wte

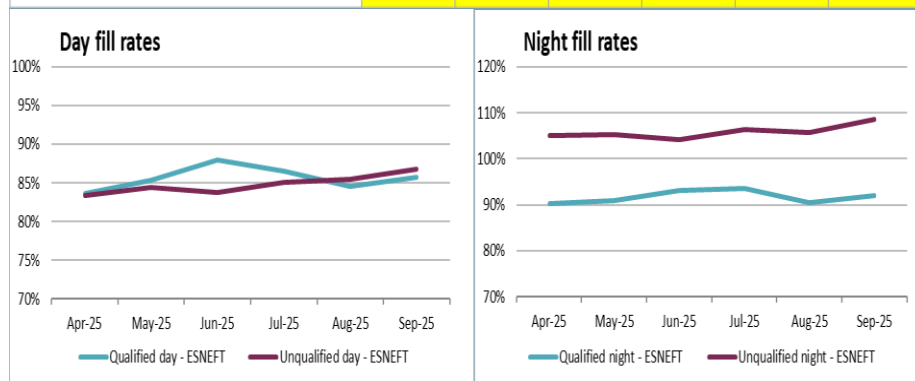


### Turnover by Staff Group Headcount

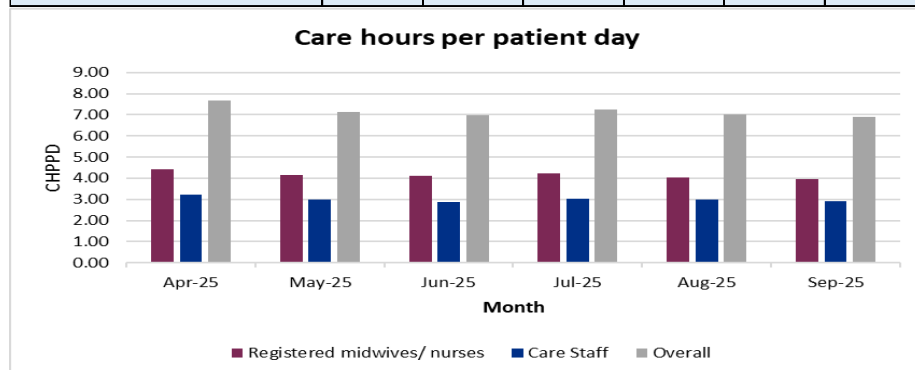


### Fill Rates (including care hours per patient day)

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Qualified day - ESNEFT	83.7%	85.3%	87.9%	86.6%	84.5%	85.7%
Qualified night - ESNEFT	90.2%	90.8%	93.1%	93.6%	90.4%	92.1%
Unqualified day - ESNEFT	83.3%	84.4%	83.8%	85.0%	85.5%	86.8%
Unqualified night - ESNEFT	105.0%	105.2%	104.2%	106.3%	105.8%	109.6%
Overall (average) fill - ESNEFT	88.7%	89.7%	90.9%	91.2%	89.7%	91.5%



Care hours per patient day	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Registered midwives/ nurses	4.44	4.14	4.11	4.24	4.04	3.96
Care Staff	3.22	2.99	2.87	3.03	2.98	2.93
<b>Overall</b>	<b>7.66</b>	<b>7.13</b>	<b>6.99</b>	<b>7.27</b>	<b>7.02</b>	<b>6.89</b>



### Commentary

The Trust publishes monthly data on staffing fill rates for nurses, midwives and care staff via the NHS Choices website. This enables patients and the public to see how hospitals are performing on meeting inpatient safe nursing levels. Safe staffing is discussed twice a day on each site supported by a senior nurse and then discussed at the Trust wide Cross Divisional staffing group.

#### Domestic RN/RM supply

121 new qualified nurses (NQNs) have been offered Band 5 RN posts and are due to commence in October/November 2025.

Pre-registration student numbers commencing on programme this year is likely to be similar to 2024/25 and outline forecasting for the next 5 years indicates a potential shortfall of nursing registrants in the medium term (in line with national trends).

#### International nurse pipeline

As part of seasonal planning, clinical divisions have agreed to over establish on RN budgeted templates to support corridor care, patient boarding and escalation areas. Spend on temporary (bank) staff is currently significant, partly due to additional patient demand, acuity and the higher sickness levels over 3.5% rates in many areas.

Despite high bank spend It has been particularly challenging to place all the SOUP and IENS onboarded and as a consequence the IEN cohorts for January to March 2026 are under review. Expectations are that this bank spend will reduce once new starters are fully onboarded.

#### Professional Advocacy

The Professional Advocacy service continues to work on a triage based response to deliver Restorative Clinical Supervision, as we work towards the National target ratio of 1:20. Current ESNEFT ratio's stand at 1:23 PMA - Midwifery staff, 1:87 PNA - Nursing staff and 1:200 AHP PA - AHP staff. With staff currently attending the course or lined up for cohorts in the new year a steering group is now focussing on next steps. The Professional Advocacy Strategy is awaiting NMAAC approval. Testimonials continue to demonstrate the positive impact on staff as a result of RCS.

### Risks & Mitigating Actions

#### Future RN/RNA workforce planning

A Nursing Workforce Strategy is in early development.

A review of bank use and consideration of bank budgets vs substantive budgets should be considered to reduce spend on temporary staffing alongside the upcoming annual acuity review.

#### Safer Staffing

Safecare training continues to be offered to streamline use. Staff are advised to attend prior to inputting daily census data. Safecare will continue to inform daily staffing decisions.

Twice yearly SNCT audit data for inpatient wards have been processed for the wards who have submitted, to support the triangulation of professional judgement, tools and patient outcomes to inform the acuity review meetings starting in November. A full establishment review will take place in line with NHSE guidelines.

The new Bures RN pool at Colchester continues to support daily RN staffing gaps though numbers are currently insufficient to make any impact on bank spend and safer staffing requirements. A proposal to expand the service to provide a reliable staffing resource has been submitted to include an RN pool at Ipswich.

The Bures ETOC Service Colchester supports Enhanced Therapeutic Observation & Care (ETOC) for patients who are at risk of harming themselves or others. The qualitative impact on patient care and excellent feedback from all stakeholders has also resulted in a reduction in the use of external security staff.as.

A proposal to expand the ETOC service at Colchester ad implement an ETOC service at Ipswich has been submitted to provide care for all the patients suitable for ETOC across both acute sites. It is anticipated that this will reduce the use of external security to minimal levels.

#### Retention

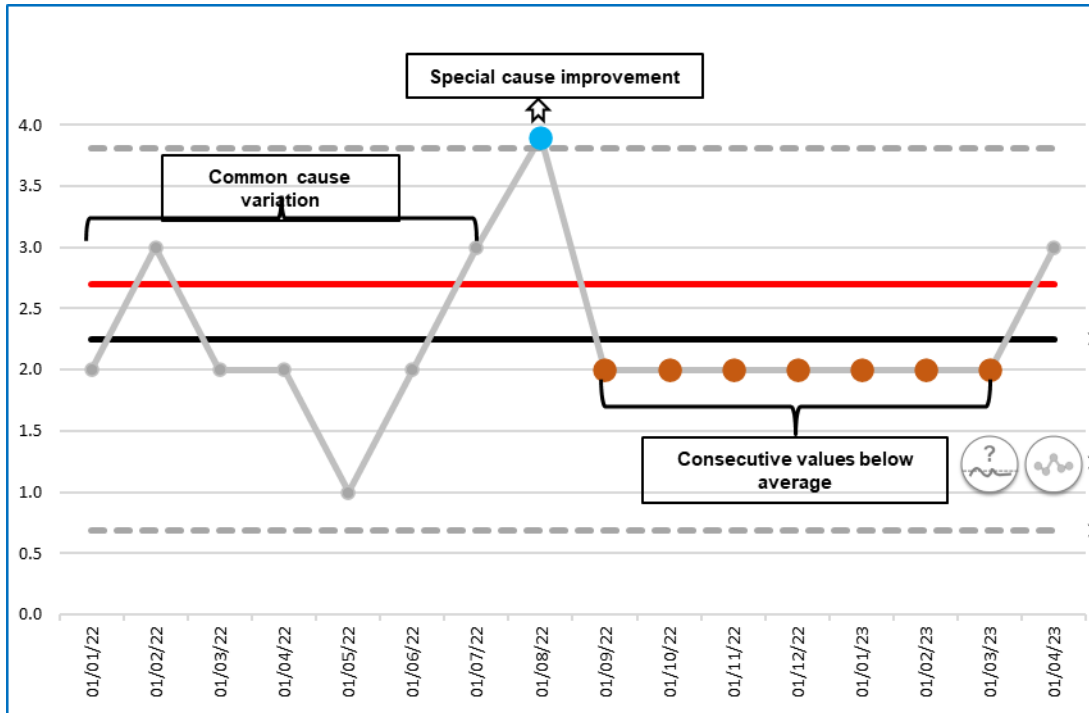
43 wards are now participating in team rostering. Data indicates that there is a reduction in unfilled shifts at the point of roster approval (reducing the number of shifts sent to bank) particularly at weekends. Feedback from staff and managers has been very positive. And 12-month review report will be presented to NMAAC in December with the view to roll out Team rostering across all nursing teams.

	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
<b>All Staff</b>													
Headcount	12,505	12,673	12,760	12,782	12,872	12,932	12,991	12,589	12,491	12,568	12,579	12,641	12,765
Establishment (including agency)	11,638	11,542	11,805	11,877	11,895	11,971	12,042	11,566	11,533	11,591	11,629	11,623	11,684
In post	11,012	11,110	11,214	11,223	11,261	11,409	11,413	11,004	11,007	11,024	11,076	11,154	11,262
Vacancy	626	431	592	654	634	562	628	562	526	567	554	468	422
Vacancy %	5.4%	3.7%	5.0%	5.5%	5.3%	4.7%	5.2%	4.9%	4.6%	4.9%	4.8%	4.0%	3.6%
Establishment (excluding agency)	11,638	11,542	11,805	11,877	11,895	11,971	12,042	11,566	11,533	11,591	11,629	11,623	11,684
Vacancy (excluding agency)	626	431	592	654	634	562	628	562	526	567	554	468	422
Vacancy % (excluding agency)	5.4%	3.7%	5.0%	5.5%	5.3%	4.7%	5.2%	4.9%	4.6%	4.9%	4.8%	4.0%	3.6%
<b>Turnover</b>													
<sup>1</sup> Turnover (12 Month)	9.8%	9.5%	9.2%	9.0%	8.9%	8.9%	12.0%	12.7%	13.2%	12.4%	12.4%	12.4%	12.2%
<sup>1</sup> Voluntary Turnover (12 Month)	7.1%	6.9%	6.6%	6.5%	6.3%	6.4%	6.1%	6.0%	6.2%	5.8%	5.6%	5.7%	5.5%
<sup>1</sup> Starters (to Trust)	210	207	171	105	174	147	119	132	201	141	116	93	233
<sup>1</sup> Leavers (from Trust)	117	125	116	113	107	83	147	187	168	80	93	92	87
<b>Sickness</b>													
% In Mth	4.5%	5.0%	4.6%	5.0%	4.9%	4.5%	4.2%	4.1%	4.0%	4.1%	4.4%	4.4%	4.6%
WTE Days Absent In Mth	14,662	17,119	15,366	17,267	17,207	14,115	14,667	13,485	13,565	13,468	14,987	14,982	15,321
<b>Mandatory Training &amp; Appraisal Compliance</b>													
Mandatory Training	93.3%	93.3%	93.5%	93.4%	93.2%	93.5%	93.2%	93.3%	93.2%	93.7%	93.6%	92.8%	92.1%
Appraisal	86.5%	86.7%	87.8%	88.8%	88.4%	90.0%	89.7%	89.6%	89.1%	88.8%	86.1%	85.7%	84.2%
<b>Temporary staffing as a % of spend</b>													
Substantive Pay Spend	49,546	64,340	53,024	52,373	52,986	53,036	92,922	55,052	54,843	55,088	55,370	57,306	56,786
Overtime Pay Spend	158	197	148	170	134	146	158	201	183	167	137	153	169
Bank Pay Spend	4,790	5,909	4,564	4,636	5,001	4,969	6,167	4,830	4,499	4,599	4,683	4,409	4,339
Agency Pay Spend	1,180	1,339	1,124	1,134	1,419	1,369	1,580	1,350	875	1,090	1,218	1,238	1,162
Total Pay Spend	55,674	71,784	58,859	58,314	59,539	59,520	100,828	61,433	60,401	60,943	61,407	63,106	62,455
Agency & Bank %	10.7%	10.1%	9.7%	9.9%	10.8%	10.6%	7.7%	10.1%	8.9%	9.3%	9.6%	8.9%	8.8%
Agency %	2.1%	1.9%	1.9%	1.9%	2.4%	2.3%	1.6%	2.2%	1.4%	1.8%	2.0%	2.0%	1.9%
<b>Nurse staffing fill rate</b>													
% Filled	88%	86%	88%	85%	87%	86%	86%	89%	90%	91%	91%	90%	92%

<sup>1</sup> Excludes training grade junior doctors

	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
<b>Nursing (Qualified) - excluding Midwives</b>													
Establishment (including agency)	3,349	3,329	3,439	3,496	3,502	3,540	3,541	3,546	3,555	3,598	3,581	3,572	3,575
In post	3,150	3,202	3,258	3,267	3,268	3,310	3,309	3,280	3,305	3,297	3,305	3,310	3,351
Vacancy	199	127	182	229	235	230	232	266	249	301	277	262	224
Vacancy %	5.9%	3.8%	5.3%	6.5%	6.7%	6.5%	6.5%	7.5%	7.0%	8.4%	7.7%	7.3%	6.3%
<b>Nursing (Band 5) - excluding Midwives</b>													
Establishment (including agency)	1,550	1,553	1,604	1,629	1,628	1,646	1,646	1,671	1,679	1,698	1,703	1,701	1,688
In post	1,458	1,498	1,520	1,522	1,526	1,552	1,552	1,541	1,554	1,545	1,550	1,558	1,599
Vacancy	92	56	84	107	102	94	94	130	125	153	153	143	89
Vacancy %	6.0%	3.6%	5.2%	6.6%	6.2%	5.7%	5.7%	7.8%	7.4%	9.0%	9.0%	8.4%	5.3%
<b>Nursing (Band 4)</b>													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Nursing (Apprentice, B2 &amp; B3)</b>													
Establishment (including agency)	1,430	1,445	1,466	1,461	1,465	1,475	1,465	1,477	1,458	1,478	1,471	1,457	1,495
In post	1,288	1,283	1,285	1,296	1,305	1,318	1,323	1,328	1,330	1,336	1,328	1,321	1,346
Vacancy	141	161	182	165	159	157	142	149	128	142	144	135	149
Vacancy %	9.9%	11.2%	12.4%	11.3%	10.9%	10.6%	9.7%	10.1%	8.8%	9.6%	9.8%	9.3%	9.9%
<b>Consultants</b>													
Establishment (including agency)	537	531	558	554	556	559	571	565	556	547	555	555	560
In post	495	497	498	497	502	506	503	500	505	502	504	505	512
Vacancy	42	34	60	57	54	53	68	65	51	44	51	49	48
Vacancy %	7.8%	6.5%	10.8%	10.2%	9.8%	9.5%	11.9%	11.5%	9.2%	8.1%	9.2%	8.9%	8.6%
<b>Junior Medical</b>													
Establishment (including agency)	825	824	847	854	857	860	862	858	842	882	914	900	905
In post	849	838	844	829	835	858	842	812	827	828	825	998	895
Vacancy	(23)	(15)	3	25	22	2	20	46	15	54	89	(98)	10
Vacancy %	-2.8%	-1.8%	0.4%	2.9%	2.6%	0.2%	2.3%	5.4%	1.8%	6.1%	9.7%	-10.9%	1.1%
<b>Scientific, Technical and Therapeutic</b>													
Establishment (including agency)	2,238	2,272	2,363	2,376	2,365	2,379	2,384	2,389	2,373	2,414	2,461	2,451	2,436
In post	2,101	2,133	2,144	2,151	2,162	2,198	2,206	2,201	2,197	2,205	2,214	2,230	2,289
Vacancy	136	140	219	225	203	181	179	189	176	209	248	220	147
Vacancy %	6.1%	6.1%	9.3%	9.5%	8.6%	7.6%	7.5%	7.9%	7.4%	8.7%	10.1%	9.0%	6.0%

<sup>1</sup> Excludes training grade junior doctors



**Upper control limit:** Any data point above this line is an extreme value not expected within the normal variation

**The target:** An achievable target should be set within the control limits

**The mean:** Average score across the recorded time frame

**Assurance & Variation:** See below key

**Lower control limit:** Any data point below this line is an extreme value not expected within the normal variation

Variation		Assurance			
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Common cause with no significant changes	Metric has (F)ailed to meet the target for the last 6 (or more) data points.	Metric has (P)assed the target for the last 6 (or more) data points.	Inconsistent performance against target