

Trust Board of Directors

Report Summary

Date of meeting: Thursday 8 th January 2026	
Title of Document: Integrated Performance Report (IPR) Month 8 (November) 2025/26	
To be presented by: Director of Finance	Author: Deputy Finance Manager with relevant Executive Directors
1. Status: For Approval/Assurance/ <u>Discussion</u> /Information	
2. Purpose: This report provides an overview of the Trust's performance in November 2025 across the domains of Quality, Performance, Finance and Workforce.	
Relates to:	
Strategic Objective	Keep people in control of their health; Lead the integration of care; Develop our centers of excellence; Support and develop our staff; Drive technology enabled care
Operational performance	The report provides oversight of the Trust's progress in delivering operational performance objectives for 25/26. National objectives and priorities are set out in the 25/26 priorities and operational planning guidance . Oversight is provided for acute performance in urgent care, inpatients, cancer, diagnostics, RTT & recovery. Through this monitoring, areas of excellence and those that require improvement are highlighted (allowing action to be taken where appropriate), supporting overall delivery and performance.
Quality and equality impact	The report provides an overview of the Trusts quality objectives and key actions for 25/26. Equality impacts are considered across all Quality areas, and Health Inequalities are reported through this report on a regular basis. Quality: The board is cautious when it comes to quality and places the principle of "no harm" at the heart of the decision. It is prepared to accept some risk if the benefits are justifiable and the potential for mitigation is strong.
Legal, Regulatory, Audit	The report outlines how the Trust intends to meet or surpass the national NHS objectives confirmed by NHS England for 2025/26. Currently, through the NHS Oversight Framework the performance of providers is reviewed and monitored by SNEE ICB and ultimately NHS England.
Finance	Living within the budget allocated, reducing waste and improving productivity is one of the national priorities for 25/26. This report sets out how the Trust is working to deliver a balanced net system financial position for 2025/26, reducing agency expenditure as far as possible (minimum reduction of 30% to current spending) and to close the activity / WTE

	gap against pre-Covid levels.
Governance	The report confirms the key performance indicators and targets that the Trust will monitor and measure to ensure delivery of its objectives as well as highlighting performance in reported domains. It also confirms the actions and governance that exists to monitor and maintain high performance.
NHS policy/public consultation	The report has been formulated with reference to all national guidance for 2025/26, such as national NHS objectives confirmed in the 25/26 priorities and operational planning guidance published by NHS England and the NHS Oversight Framework.
Accreditation/Inspection	Many aspects of the performance covered by the report are subject to wider scrutiny and review: such as internal and external audit of the Trust's financial performance and controls and systems, and the report subject matter is reviewed with each Executive SRO on a monthly basis.
Anchor institutions	N/A
ICS/ICB/Alliance	The Trust's performance ultimately feeds into the wider SNEE ICS reported performance (across all domains quality, workforce, finance and operations). During 2025/26 NHS England will assess performance at a system level in the first instance as part of the NHS Oversight Framework (NOF).
Board Assurance Framework (BAF) Risk	BAF2 - Financial performance – value and sustainability. BAF3 - Insufficient capital resources to progress investments. BAF4 - Quality assurance mechanisms regarding the quality and safety of patient services. BAF5 - Workforce – recruitment and retention. BAF6 - Sustainable delivery of elective performance. BAF6A - Sustainable delivery of emergency care performance targets. BAF7 - Estates development and capital equipment. BAF9 - Transformation.
Other	N/A
<p>3. Summary:</p> <p>This Integrated Performance Report (IPR) for month 8 (November) outlines the Trust's key performance indicators for Quality, Operational, Finance and Workforce domains and provides analysis at primarily an overall organisational level, though for some areas there is discussion of performance by site (notably mortality and A&E access). The Trust's post COVID-19 recovery progress is included as part of the operational commentary and analysis.</p> <p>The report contains summary slides for each of the reports' key domains. This includes "trends and hotspots", along with commentary on areas that have shown improvement in June and those that require further focus and attention.</p> <p>The report also summarises key performance headlines, for divisions and corporate CDGs against the Accountability Framework. Divisional Accountability Meetings to discuss Divisional Accountability to review November took place on the 2nd and 3rd of December. Corporate divisions AF meetings were cancelled.</p>	

Key points to note this month include:

NHS Oversight Framework (national Q2 publication):

- **ESNEFTs overall segment has remained at a 3.** The average metric score has improved marginally from 2.48 to 2.47.
- The Trust's rank has improved to **82 (86) out of 134 acute providers** nationally (both in terms of segment and average metric score)
- The financial override is now applicable, meaning that the Trust was not able to score higher than a 3.
- Domain scores do not inform the overall average score/segment per se. They are for information and provide an aggregated assessment of how an organisation is performing in those individual areas. Acknowledging this, the poorest performing domains are: Access to services & Patient Safety.

Quality & Patient Safety:

- ESNEFT 12-mth HSMR+ to August 2025 was 108.7, 'higher than expected'. Colchester reported 113.4 and Ipswich reported 107.1.
- ESNEFT SHMI to June 2025 was 1.07 'as expected'
- Serious harm falls. There were 5 serious harm falls in November on ESNEFT sites.
- There were 69 reportable pressure ulcers in November. There were 35 (53) grade 2 occurrences, 34 (18) grade 3 cases, and 0 (1) grade 4 cases.
- Complaints. There were 88 (133) complaints in November. This was below the monthly target of 100.
- Infection control. There has been 0 onset healthcare associated MRSA bacteraemia cases reported in November.
- There have been a total of 9 C.difficile cases during November 2025 (the total number of HOHA and COHA cases).
- There have been a total of 5 Klebsiella cases during November 2025 (the total number of HOHA and COHA cases).
- There have been a total of 0 Pseudomonas Aeruginosa cases during November 2025 (the total number of HOHA and COHA cases).
- There have been a total of 9 E.coli cases during November 2025 (the total number of HOHA and COHA cases).

Operational:

- The Trust is currently working through the activity stabilisation period of EpicEPR development. As such, there may be elements of data incompleteness and/or data quality impacts in some metrics. Where possible these have been reviewed and corrected, but some issues may remain.
- A&E 4-hour standard performance for the economy in November was 73.3%, which did not meet the national target of 78% (the Trust internal trajectory of 73.2% was met). NEE delivered a position of 74.6% whilst IES achieved 70.9% (there was a marked improved in performance in Ipswich compared to October).
- November's current RTT position is 54.23%. This is behind the internal trajectory of 57.3%
- 62-day cancer waits for first treatment remain below the internal trajectory of 79.6% at 61.3% (not validated) for November.

- Diagnostic performance for patients waiting over 6 weeks was 26.3% in November; this remains above the national target of 1%. The Trust is working to a target of less than 5% for 2025/2026.
- In terms of recovery, elective inpatient activity decreased by 0.9% in month, with day case activity increasing by 5.2%. Outpatient first attendances decreased by 0.6% while follow-ups decreased by 21.1%.
- The ESNEFT RTT waiting list decreased by 4.0%, and is above the trajectory set for the month by 5,887. Patients waiting 65 weeks or more decreased by 5 to 0. At Ipswich the 65+ cohort decreased by 1 patients, while at Colchester the cohort decreased by 4 patients. The number of patients waiting 52 or more weeks decreased by 209 to 3,044. At Ipswich, the number of 52+ week waiters decreased by 91 and at Colchester the number decreased by 9.
- Excluding OPAT, virtual ward occupancy increased by 8.0% compared to the month before. Average length of stay increased by 0.7 days and the assumed bed saving on ESNEFT acute sites decreased by 3.0 to 13.9.
- Including OPAT, in month Virtual Ward occupancy in North East Essex decreased by 48.8% compared to the previous month, and in Suffolk occupancy decreased by 42.1%. Overall, in ESNEFT, Virtual Ward occupancy decreased by 45.8%.

Finance:

- The Trust incurred a deficit of £1.5m for November, £2m adverse to plan.
- The cumulative position has moved to an actual deficit of £11.6m. This is behind plan by £7.8m.
- Agency expenditure accounted for 1.7% of all pay costs (YTD). Consultants are the staff group most reliant on agency with agency making up 6.3% of consultant costs.
- Bank expenditure accounted for 7.2% of all pay costs (year to date). Nursing are the staff group most reliant on bank with bank making up 10.2% of nursing costs.
- £3.3m of cost improvement plans were delivered in November against a target of £4.3m.
- £18.4m year to date of cost improvement plans have been delivered for the year, against a target of £26.8m.
- The Trust held cash of £27.5m at the end of November, which was £1.1m less than projected in the plan.
- Capital expenditure was underspent against CDEL cumulatively by £18.9m at the end of November, with £23.1m spent against a £43.8m plan. The main programme variances in relate to Building for Better Care (underspend is £12.1m) including Clacton STAR; and Estates & Facilities (underspend of £5.5m); in particular, the backlog programme was £2.1m underspent. Additionally, a business case for new funding of electrical elements (£2.4m) is still awaited.

People & Organisational Development:

- The vacancy rate across the Trust decreased to 3% in November from 3.4% in October.
- Voluntary turnover (rolling 12 months) marginally increased in November from 5.46% to 5.54%.
- Mandatory training compliance was 91.7% in November and has consistently been above target for 30 consecutive months.

- Sickness absence increased in November to 5.11% from 5.1% in October and was just above the Trust target of 4%. There has been an decrease this month in Cold, Cough, Flu - Influenza from 1.01% to 0.79% of the workforce. Staff absence due to anxiety, stress and depression has also increased this month from 1.32% to 1.31% of the workforce. The continued work being undertaken by colleagues in employee relations and well-being teams in supporting staff back to work and addressing early interventions with managers is recognised.
- Equality, Diversity and Inclusion training has restarted however numbers are relatively low.
- There has been an increase in concerns reported to FTSU guardian, ER and EDI teams. As well as the individuals being supported, themes are being discussed at with HR OD leads to explore interventional work.
- The Sexual Safety Charter Framework Self-assessment was completed on the 49 additional actions added to the framework. A report providing the current status of the actions, gap analysis and further actions to take forward to close the gap was shared with EDI operational groups, PODC and EMC where assurance was given. The new NHSE e-learning module on sexual safety will be added to OLM in the near future and will be in addition to the current face to face in-house training provided by ER.
- The Trust has adopted the UNISON Anti-Racism Charter and the associated recommendations will be taken forward as part of the EDI work plan.
- 52 formal ER cases (6 of which have been paused) continue to be carefully managed with 17 opened in month and with 8 cases closed.

4. Recommendations / Actions

The Board is asked to note the Trust's performance