

Trust Board of Directors

Report Summary

<b>Date of meeting:</b> Thursday 5 <sup>th</sup> March 2026	
<b>Title of Document:</b> Integrated Performance Report (IPR) Month 10 (January) 2025/26	
<b>To be presented by:</b> Chief Financial Officer (Interim)	<b>Author:</b> Deputy Finance Manager with relevant Executive Directors
<b>1. Status:</b> For Approval/Assurance/ <u>Discussion</u> /Information	
<b>2. Purpose:</b> This report provides an overview of the Trust's performance in January 2026 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 <b>25/26 priorities and operational planning guidance</b> . 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

### 3. Summary:

This Integrated Performance Report (IPR) for month 10 (January 2026) outlines the Trust's key performance indicators for Quality, Operational, Finance and Workforce domains and provides analysis at primarily an overall organisational level, though for some areas there is discussion of performance by site (notably mortality and A&E access). The Trust's post COVID-19 recovery progress is included as part of the operational commentary and analysis.

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

The report also summarises key performance headlines, for divisions and corporate CDGs against the Accountability Framework. Divisional Accountability Meetings to discuss Divisional Accountability to review December performance took place at the beginning of February

Key points to note this month include:

### **Quality & Patient Safety:**

- ESNEFT 12-mth HSMR+ to September 2025 was 108.1, 'higher than expected'. Colchester reported 112.7 and Ipswich reported 106.6.
- ESNEFT SHMI to August 2025 was 1.07 'as expected'
- Serious harm falls. There were 1 serious harm falls in January on ESNEFT sites.
- There were 111 (65) reportable pressure ulcers in January. There were 85 (52) grade 2 occurrences, 24 (12) grade 3 cases, and 2 (1) grade 4 cases.
- Complaints. There were 109 (89) complaints in January. This was higher than the monthly target of 100.
- Infection control. There has been 2 onset healthcare associated MRSA bacteraemia cases reported in January.
- There have been a total of 16 C.difficile cases during January 2026 (the total number of HOHA and COHA cases).
- There have been a total of 7 MSSA case during January 2026 (the total number of HOHA and COHA cases).
- There have been a total of 5 Klebsiella cases during January 2026 (the total number of HOHA and COHA cases).
- There have been a total of 3 Pseudomonas Aeruginosa cases during January 2026 (the total number of HOHA and COHA cases).
- There have been a total of 22 E.coli cases during January 2026 (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 ESNEFT economy in January was 74.5%, which did not meet the national target of 78% (the Trust internal trajectory of 77.7% was not met). NEE delivered a position of 74.4% whilst IES achieved 74.7%.
- December's current RTT position is 54.06%. This is behind the internal trajectory of 59.4%
- 62-day cancer waits for first treatment remain below the internal trajectory of 78.9% at 70.0% (not validated) for January.
- Diagnostic performance for patients waiting over 6 weeks was 21.9% in January; this remains above the national target of 1%. The Trust is working to a target of less than 5% for 2025/2026.
- In terms of recovery, elective inpatient activity increased by 4.6% in month, with day case activity increasing by 6.4%. Outpatient first attendances increased by 11.7% while follow-ups decreased by 8.9%.
- The ESNEFT RTT waiting list decreased by 2.1% but is above the trajectory set for the month by 5,208. Patients waiting 65 weeks or more increased by 25 to 61. At Ipswich the 65+ cohort increased by 1 patient, while at Colchester the cohort increased by 24 patients. The number of patients waiting 52 or more weeks decreased by 321 to 2,016.

- Excluding OPAT, virtual ward occupancy decreased by 9.4% compared to the month before. Average length of stay increased by 1.2 days and the assumed bed saving on ESNEFT acute sites decreased by 3.5 to 11.0.
- Including OPAT, in month Virtual Ward occupancy in North East Essex decreased by 14.6% compared to the previous month, and in Suffolk occupancy increased by 7.6%. Overall, in ESNEFT, Virtual Ward occupancy decreased by 4.5%.

#### **Finance:**

- The Trust reported a deficit of £3.0m for January. Overspends on expenditure were only partially mitigated by increases in income.
- The cumulative position has increased to £13.7m. This is behind plan by £11.8m.
- Agency costs in January were £0.6m. This is the third consecutive month that reported agency costs have dipped under the 25/26 ceiling set.
- Agency expenditure accounted for 1.6% of all pay costs (year to date). Consultants are the staff group most reliant on agency with agency making up 5.8% of consultant costs.
- Bank costs in January were £4.2m, slightly above the ceiling target for the month (£4.1m). Cumulatively the Trust has exceeded the bank ceiling by £3.2m (£43.9m v £40.7m).
- £3.6m of cost improvement plans were delivered in January against a target of £4.3m.
- £21.5m year to date of cost improvement plans have been delivered for the year, against a target of £35.3m
- The Trust held cash of £22.5m at the end of January, which was £13.4m less than projected in the plan.
- Capital expenditure has cumulatively underspent against CDEL by £22.2m at the end of January, with £34.5m spent against a £56.7m plan.
- The main programme variances in relate to Building for Better Care (underspend is £8.3m) including Clacton STAR; and Estates & Facilities (underspend of £9.0m); in particular, the backlog programme was £2.5m underspent.

#### **People & Organisational Development:**

- The vacancy rate across the Trust decreased to 3.3% in January from 3.7% in December.
- Voluntary turnover (rolling 12 months) marginally increased in January from 5.6% to 5.65%.
- Mandatory training compliance was 92.2% in January and has consistently been above target since March 2021.
- Sickness absence decreased in January to 5.3% from 5.44% in December which was above the Trust target of 4%. Anxiety, stress and depression has seen a decrease this month from 1.30% to 1.20% 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. This month has seen a marginal increase from 1.10% to 1.11% in absent due to Cold, cough, Flu – Influenza related absences.
- The Gender Pay Gap 2024/25 Annual Report has been reviewed by POD Committee and recommended to Board for approval in February. Findings will be provided to EMC thereafter.

- EDI team is attending regular divisional and team meetings to raise awareness of the Sexual Safety in Healthcare Charter. Assurance reporting to EMC on the progress of actions from the charter framework will commence in April.
- 2026 dates are being firmed up for the portfolio of EDI training provision. These will be available on the Staff Experience intranet page.
- Cohort 4 of the Reverse Mentoring Programme has now completed and learnings will be drawn from a closing session scheduled for 11 February. These will be shared with the EMC in due course.
- National Staff Survey - The initial staff survey results have been released and work is underway to share these across divisions with DMTs and relevant working groups to work up action plans and interventions based upon analysis of the results for this year where concerns have been highlighted by staff. An embargo for the wider sharing of the data is in place until mid-March. An approach has been agreed to be more leader-led focused this year with the results so team leaders are more involved in working with their teams to share the outcomes and work collaboratively to work up solutions to make staff experience more positive in areas where it is require
- Requests from departments for interventional sessions relating to EDI and behavioural framework are continuing to be supported by the EDI and OD team.
- A draft plan of action is underway following a review of recent FTSU case studies by the FTSU, EDI and OD teams
- 69 formal ER cases (7 of which have been paused) continue to be carefully managed with 17 opened in month and with 14 cases closed.

#### **4. Recommendations / Actions**

The Board is asked to note the Trust's performance