Month 10
(February)

East Suffolk and North Essex NHS Foundation Trust

Integrated Performance Report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors

Glossary

January 2026

ACP	Advanced Clinical Practitioner	FFT	Friends and Family Test	OPA	Outpatient Appointment
ADoN	Associate Director of Nursing	FYE	Full Year Effect	OPAT	Outpatient Parenteral Antimicrobial Therapy
ADOS	Autism Diagnostic Observation Schedule	GIRFT	Getting It Right First Time	PALS	Patient Advice and Liaison Service
AECU	Ambulatory Emergency Care Unit	GSH	Green Surgical Hub	PDC	Public Dividend Capital
AF	Accountability Framework	HCSW	Health Care Support Worker	PFI	Private Finance Initiative
ALoS	Average length of Stay	HRBP	HR Business Partner	PHSO	Parliamentary and Health Service Ombudsman
AMSDEC	Acute Medical Same Day Emergency Care	HSMR+	Hospital Standardised Mortality Ratio plus	POD	People & Organisational Development Committee
ANS	Autism	HVLC	High Volume Low Complexity	PSII	Patient Safety Incident Investigation
APC	Admitted Patient Care	I&E	Income & Expenditure	PSR	Patient Safety Response
ASD	Autism Spectrum Disorder	ICB	Integrated Care Board	PTL	Patient Tracking List
BAU	Business as Usual	ICE	Intergrated Clinical Environment	QEH	Queen Elizabeth Hospital
BI'	Best Interests	ICU	Intensive Care Unit	REG	Registrar
CAELR	Cardiac Arrest	IES	Ipswich & East Suffolk	RN	Registered Nurse
CDC	Community Diagnostic Centres	IH	Ipswich Hospital	RTT	Referral to Treatment
CDEL	Capital Departmental Expenditure Limit	IPC	Infection Prevention & Control	SAS	Specialty & Specialist doctor
CDG	Clinical Delivery Group	IPR	Integrated Performance Report	SBL	Saving Babies Lives
CH	Colchester Hospital	IQVIA	Staff Survey Contractor	SDEC	Same Day Emergency Care
CHPPD	Care hours per patient day	IV	Intravenous	SHMI	Summary Hospital Mortality Indicator
CIP	Cost Improvement Plan	LD	Learning Disabilities	SMR+	Standardised Mortality Ratio plus
CNST	Clinical Negligence Scheme for Trusts	LFPSE	Learn from Patient Safety Events	SMS	Short Message Service
COPD	Chronic obstructive pulmonary disease	LLOS	Long length of stay	SNCT	Safer Nursing Care Tool
CT'	Control Target	LMNS	Local Maternity and Neonatal System	SOP	Standard Operating Procedure
CUSUM	Cumulative Sum	LOS	Length of Stay	SPC	Statistical Process Control
CWT	Cancer waiting times	LPA	lasting Power of Attorney	STAR	Site Transformation and Redesign (Clacton)
CYP	Children & Young People	M&M	Morbidity & Mortality	T&O	Trauma & Orthopaedics
DDON	Deputy Director Of Nursing	MADE	Multi Agency Discharge Event	TCI	Appointment Booked (To Come In)
DM01	Diagnostics Waiting Times and Activity	MBRRACE	Mothers & Babies: Reducing Risk Audits & Confidential Enquiries	TVN	Tissue Viability Nurse
DoLS	Deprivation of Liberty	MCA	Mental Capacity Act	UCRS	Urgent Community Response Standards
ECDS	Emergency Care Data Set	MDT	Multidisciplinary Team	UEC	Urgent & Emergency Care
ECG	Electrocardiogram	MNSI	Maternity & Newborn Safety Investigations	UECC	Urgent & Emergency Care Centre
ED	Emergency Department	MRI	Magnetic Resonance Imaging	UTC	Urgent Treatment Centre
EDI	Equality, Diversity & Inclusion	MSEFT	Mid & South Essex Foundation Trust	VLAD	Variable Life Adjusted Display
EEAST	East of England Ambulance Service	NDD	Neurodevelopmental disorder	VTE	Venous thromboembolism
ELR	Early Learning Review	NEE	North East Essex	VTELR	Venous thromboembolism
EMC	Executive Management Committee	NHSE	NHS England	VW	Virtual Wards
ENT	Ear Nose & Throat	NMAAC	Nursing, Midwifery & Allied Health Prof Advisory Committee	WSH	West Suffolk Hospital
ER	Employee Relations	NOF	NHS Oversight Framework	WTB	Working Towards Bronze
ERF	Elective Recovery Fund	NOUS	Non-obstetric ultrasounds	WTE	Whole Time Equivalent
ESR	Electronic Staff Record	NSS	National Staff Survey	YTD	Year to Date
ETOC	Enhanced therapeutic observations	OH	Occupational Health		
F&F	Friends and Family Test	OLM	Oracle Learning Management		

Introduction

January 2026

This month's performance report provides detail of the January 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. Q2 data has now been published (11 December 2025). This is only the second set of national data published. Overall, the Trust's rank has improved to 82 (86) out of 134 acute providers. Further detail about this publication and the Trust's performance is detailed in subsequent slides.

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 December performance took place at the beginning of February.

Summary Performance: Trends & Hotspots

January 2026

	Areas of Improvement	Areas requiring further work
QUALITY 	**Quality** • Improved position for the Patient Safety Metrics - Expected volume of incidents received with a reduction in harm levels, improved timeliness of duty of candour and improved closure timeframes. • Complaint response compliance improving, as well as overdue complaints reducing.	**Mortality** • A significant percentage of trust activity was rejected by Hospital Episode Statistics because the wrong gender field was selected during the EpicEPR launch. A bespoke report has been requested from Dr Foster. • There was an increase in SDEC deaths in January. The median age at death was 78 years, 45% were aged 80 years+. Admitted activity mortality was within normal seasonal limits. • Perinatal discharge activity requires focus as gestation is commonly mis-recorded for fetal losses. • Clinical coding staff have asked doctors to ensure that the patient history is relevant and current owing to the impact it has on coding. **Quality** • Infection prevention and control improvement workstreams established and in place. Impact of operational pressures (overcrowding) and seasonal rise in infections impacts ability to effectively reduce risk of transmission, however additional measures in place for emergency presentations to identify risk and take preventative action has minimised this impact. A rise in antimicrobial organisms is having a clinical impact, with risk mitigation actions in place.
PERFORMANCE 	• Improvements in 4 hours standard and 12 hours waits seen in Ipswich across the last 3 months. • Colchester SDEC and Ipswich AECU operating 24/7. • Challenges to offload ambulances continued, revised reporting on Corridor Care available across both sites since Epic go-live. • Increase in patients over 65 weeks largely due to MSE patients, continued improvement in those patients waiting over 52 weeks. • Improvement in Activity levels following the planned reductions – still some areas where improvements are slower to return. • Improvement month on month for Cancer. - validation still needed for January position. • Improvement in diagnostics for January and plans for February and March on track.	• The Trust achieved 74.5% performance against the A&E 4-hour standard in December with Actions in place to improve to 78% for March 26. • EMC approved new Clinically Ready To Proceed Standard and transfer process launched following extensive clinical engagement. • Focus Pediatric 4 hour waits at Ipswich site with meetings between MACIES and W&C on improvement areas and focus with Pediatric UECC. • Continued focus on reducing the 62-day backlog and improving the diagnostic element of the pathways timelines. • Returning to pre go-live activity for some specialities with CEO led meetings being held. • Validation of PTLs and key work queues. • Focus with clinical colleagues on reducing both the triaging referrals and outcoming work queues to get to doing todays work today.

Summary Performance: Trends & Hotspots

January 2026

	Areas of Improvement	Areas requiring further work
FINANCE 	• 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 and indicates a downward trend in agency usage. • 2026/27 and medium-term planning submissions have been submitted on time for 12/2/26 deadline. This including 3-year finance plans (4 year for capital), 3-year workforce plans, and 3-year activity and performance plans, alongside an integrated medium-term plan template and 5-year narrative plan.	• The Trust reported a deficit of £3.0m for January. Overspends on expenditure have been partially mitigated by increases in income. The cumulative position has increased to £13.7m. This is behind plan by £11.8m. • 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. £25.1m year to date of cost improvement plans have been delivered for the year, against a target of £35.3m. • Capital expenditure has cumulatively underspent against CDEL by £22.2m at the end of January. The main drivers of this underspend were Building for Better Care (£8.3m) and Estates & Facilities (£9.0m).
WORKFORCE 	• The Trust is at -81.5 wte variance to plan across all the workforce (across agency, bank and substantive). • The Trust is reporting 5.3% 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. • The Trust is reporting a 5.64% voluntary turnover rate which is ahead of target • **National Staff Survey (NSS)** – The initial staff survey results have been released and work is underway to share these across divisions to work up action plans and interventions based upon analysis of the results for this year. 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 required. • Reverse Mentoring Programme Cohort 4 is due to draw to a close in February. Learnings will be taken from the closing session and disseminated to all managers.	• The Retention Team is currently holding listening sessions in 3 departments across both sites to gather information about staff experience that feeds into a report for the commissioning management team. • New Staff are invited to 1-, 3-and 6-month review meetings as part of new starter programme gaining insight into their early experience working at the Trust. Feedback is shared with HRBP's to support with divisional improvements • EDI Training Portfolio - Training dates are being refreshed for 2026 and will be available via Staff Experience tab on the staff intranet. The EDI team has continued to support on EDI related concerns and requests for bespoke EDI intervention sessions. • Sexual Safety Charter Framework - Arrangements underway to implement the new e-learning module of Sexual Safety in Healthcare training which will be available to all staff via OLM/ESR. Relevant leads are continuing to implement outstanding actions added to the national framework and progress updates to EMC and POD Committee will be scheduled on a regular basis. • Gender Pay Gap 2024/25 Annual Report has been reviewed by POD Committee and submitted to Board for approval. • Following a good response to a staff survey relating to speech impairment support, the ESNEFT Stammer Support Group has been established with good uptake at the first support session in January. A work plan for support in the workplace is being drawn up based on participant requirements.

Summary Performance - Accountability Framework and DAMs

January 2026

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.

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' occuring 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

2025/26 reporting – Month 9

This report summarises the month 9 (2025/2026) performance reported in the Accountability Framework (AF). The December performance accountability meetings took place on the 3rd and 4th of February.

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	2	↓	4	3	↓
Responsive	3	3	→	3	2	↓	2	3	↑	2	2	→	2	2	→
Safe	2	2	→	2	1	↓	2	1	↓	2	2	→	3	4	↑
Effective	3	3	→	2	2	→	3	2	↓	2	3	↑	3	3	→
Well-Led	2	1	↓	2	2	→	2	2	→	2	2	→	2	2	→
Use of Resources	1	1	→	1	1	→	1	1	→	2	1	↓	1	1	→
Aggregated AF Score	2	1	↓	2	1	↓	2	1	↓	2	2	→	2	2	→

Summary Divisional Performance

- Cancer and Diagnostics, Medicine & Community IES and Medicine and Community NEE scored 1 in month (Inadequate)
- Surgical Division and Women and Children maintained a score of 2. (Requires Improvement).

Corporate performance

	Communications			Estates & Facilities			Faculty of Education			Finance & Information Services			Governance			Human Resources			ICT			Medical Director			Nursing			Operations			Research & Innovation		
Well-Led	3	3	→	2	2	→	3	3	→	3	3	→	3	3	→	3	3	→	3	2	↓	3	3	→	2	3	↑	3	3	→	3	3	→
Use of Resources	4	4	→	2	1	↓	4	4	→	3	3	→	2	2	→	3	3	→	2	2	→	2	3	↑	2	2	→	2	3	↑	3	4	↑
Aggregated AF Score	3	3	→	2	2	→	3	3	→	3	3	→	3	3	→	3	3	→	3	2	↓	3	3	→	2	3	↑	3	3	→	3	3	→

Summary Corporate CDG Performance

- Estates & Facilities remained at a 2 in month (Requires Improvement).
- ICT declined from a 3 to a 2 in month (Requires Improvement).
- Nursing improved from a 2 to a 3 in month (Good)
- All other corporate CDGs maintained a score of 3 (Good).

Score Rating	1 Inadequate	2 Requires Improvement	3 Good	4 Outstanding

Quality: Trends & Hotspots

January 2026

Mortality	Target	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
12-mth rolling HSMR	100	111.5	110.0	108.6	108.7	108.1	TBC
SHMI	1	1.07	1.07	1.07	1.07	TBC	TBC

Incidents & Complaints	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Total incidents reported	-	3,042	3,058	3,003	3,252	2,993	3,256
Never Events	0	0	1	0	0	1	0
Mixed Sex Accommodation Breaches	0	206	206	70	44	34	31
Total complaints reported	-	97	110	133	88	89	109
Overdue Complaints	0	1	1	7	10	13	6
Complaint Response Compliance	95%	97.2%	100.0%	98.1%	93.0%	91.9%	95.6%
Total PALs Enquiries	-	366	567	815	633	482	573
Duty of Candour (Initial)	100%	91.2%	85.1%	90.5%	87.3%	78.6%	92.2%

Infection Control	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
C.Diff	0	16	17	12	9	13	16
MRSA	0	0	2	0	0	1	2
MSSA	0	4	6	3	10	1	7
E.Coli	0	16	7	11	9	9	22

Harm Free Care	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
VTE Risk Assessments	95%	65.71%	63.30%	N/R	94.74%	N/R	N/R
Total falls (acute)	-	199	203	186	178	192	228
Serious Harm falls	0	0	3	3	5	2	1
Category 3 Pressure Ulcers	0	16	10	19	35	12	24
Category 4 Pressure Ulcers	0	0	0	1	0	1	2

FFT	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
F&F: Inpatients % Recommending	90%	93.2%	90.5%	N/R	93.9%	94.2%	93.1%
F&F: A&E % Recommending	90%	87.5%	85.4%	78.6%	73.7%	79.0%	79.7%
F&F: Day Case % Recommending	90%	97.35%	95.25%	97.44%	83.33%	94.59%	94.68%
F&F: Birth % Recommending	90%	90.0%	83.3%	N/R	100.0%	100.0%	100.0%
F&F: Post Natal Ward % Recommending	90%	80.0%	100.0%	50.0%	N/R	100.0%	N/R
F&F: Antenatal % Recommending	90%	85.7%	100.0%	100.0%	100.0%	88.9%	33.3%

Areas of Improvement

Quality

- Duty of Candour has improved by 12% over the period.
- Ongoing improvements in the mix sex accommodation due to ongoing work in Brantham assessment unit.

Areas requiring further work

Mortality

- A significant percentage of trust activity was rejected by Hospital Episode Statistics because the wrong gender field was selected during the Epic launch. A bespoke report has been requested from Dr Foster.
- There was an increase in SDEC deaths in January. The median age at death was 78 years, 45% were aged 80 years+. Admitted activity mortality was within normal seasonal limits.
- Perinatal discharge activity requires focus as gestation is commonly mis-recorded for fetal losses.
- Clinical coding staff have asked doctors to ensure that the patient history is relevant and current owing to the impact it has on coding.

Quality

- IPC improvement workstreams ongoing.
- Sustained increase in the number of complaints raised since November. Ongoing work to return to pre Epic compliance with response times.
- Falls increased as expected in line with previous years, however year on year improvement continues against national standards.
- Increased number of pressure ulcers, with a continued quality improvement programme in place. Harm free study days planned to restart from March, with recruitment ongoing.
- FFT Antenatal - This was 3 patients, with 2 negative experiences. The PREM system is being explored as it captures a better patient journey without multiple assessments of experience, planned for next FY.

Spotlight Report

January 2026

Mortality Trend Data – All inpatients and ED attenders

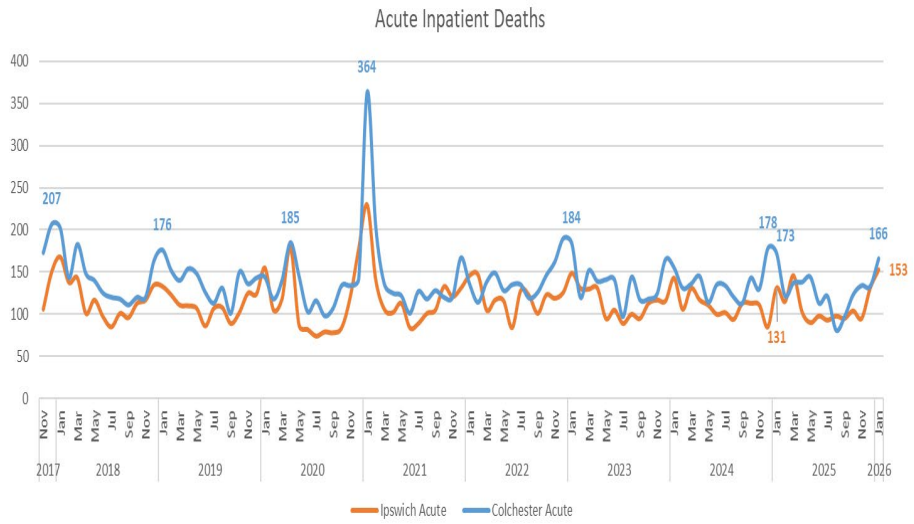
January 2026

319 Acute inpatient deaths

(264 in December):

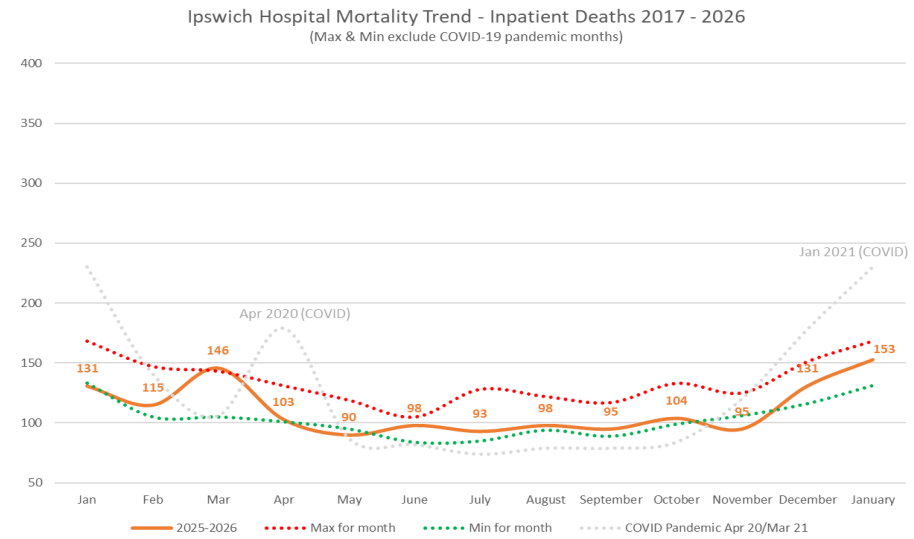
- **Ipswich 153 – within seasonal 'norm'**
- **Colchester 166 – within seasonal 'norm'**

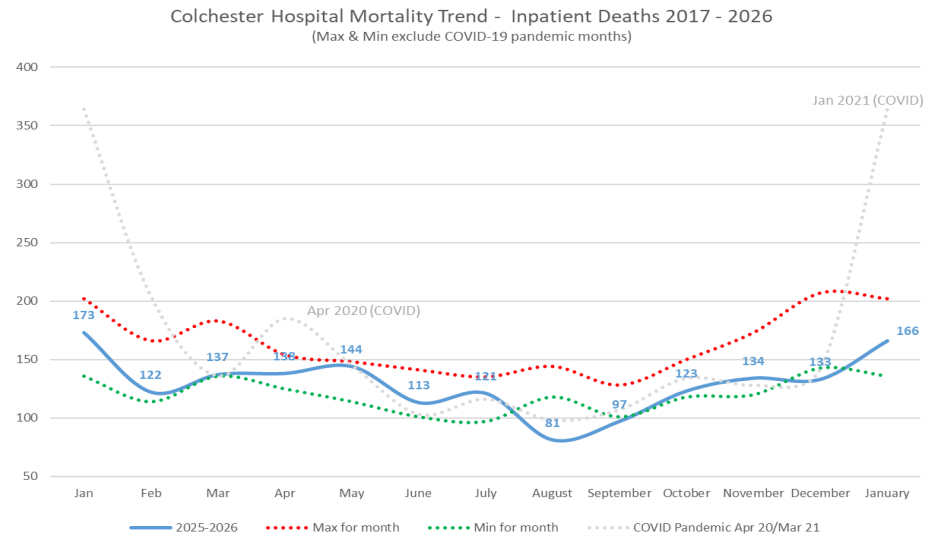
56 deaths in SDEC (31 in December)



IP = inpatient SDEC=same day emergency care	Jan 2026 No. Deaths	Jan 2025 No. deaths	Rolling 12 mths avg
Ips acute IP	153 (131)	131	108
Col acute IP	166 (133)	173	126
Ips SDEC	28 (19)	ED 15	ED 11
Col SDEC	28 (12)	ED 21	ED 14
E Suffolk Comm	2 (2)		
NE Essex Comm	4 (7)		
Virtual ward	0 (0)		

Figure in brackets = previous month





Spotlight Report

January 2026

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

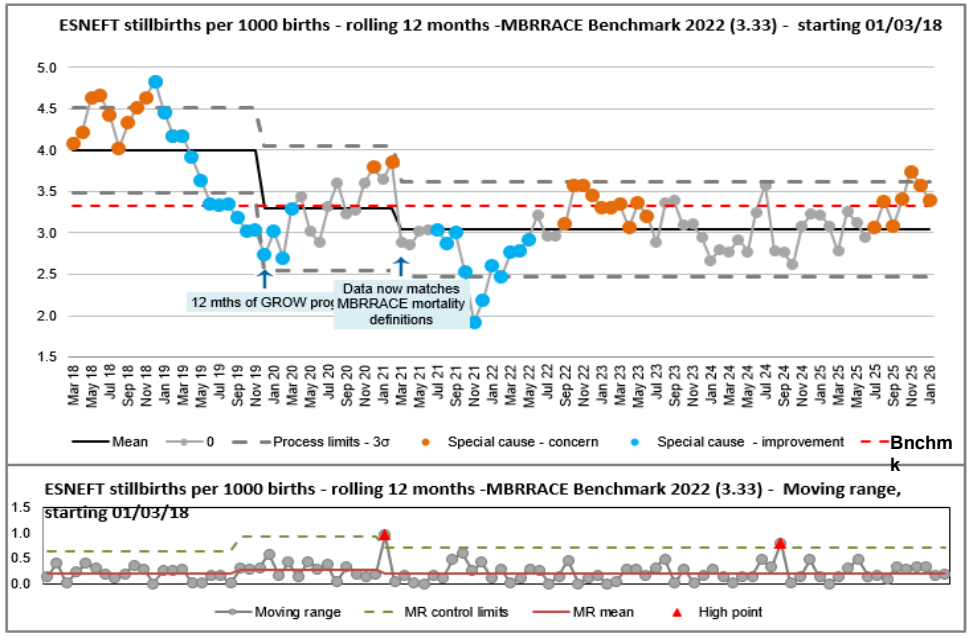
Summary 12 mths to January 2026

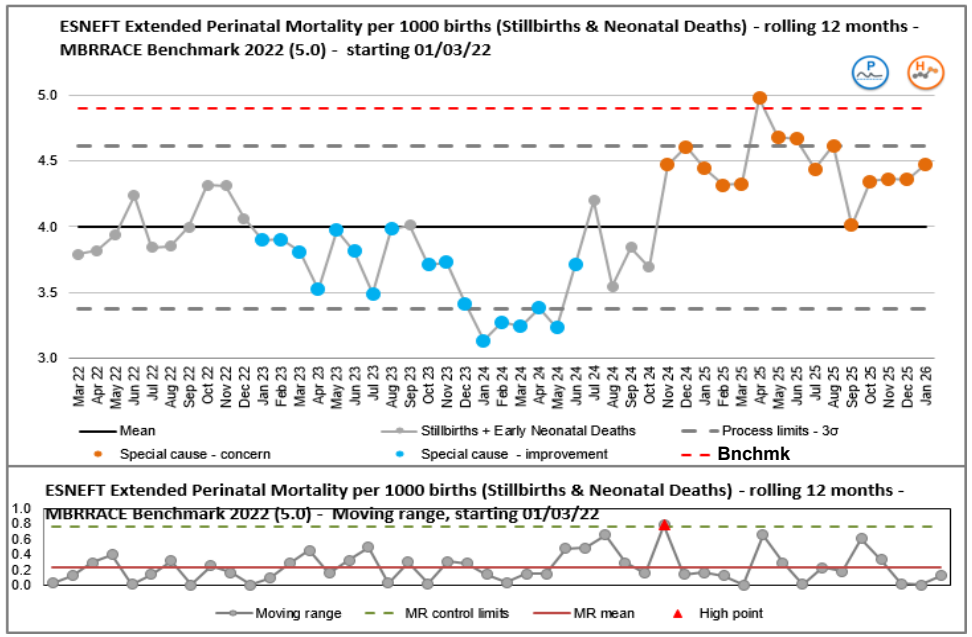
- **Stillbirths/1,000 births ¤ 3.4**

  2023 MBRRACE* benchmark 3.3

- **Extended perinatal mortality 4.5/1,000 births**

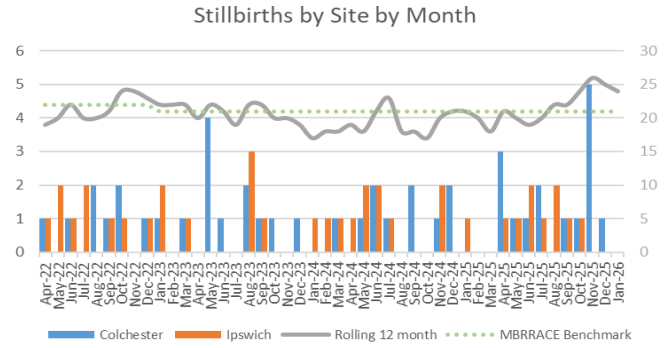
  2023 MBRRACE* benchmark 4.9





12 months to January 2026

Metric – Benchmark reflects rates for England (MBRRACE 2023)	Benchmark	Ips	Col
Stillbirths¤	3.3	2.6	4.1
Extended Perinatal Mortality¤ (stillbirths and neonatal deaths up to 28 days following delivery)	4.9	3.3	5.6



It is likely that the Trust will be an outlier for stillbirths in 2025.

Although the Trust is within the 2023 MBRRACE benchmark for Extended perinatal mortality, the SPC chart is signalling special cause variation as there were 5 infant deaths in November 2025. There were no concerns raised for four of the cases; one case is receiving additional scrutiny to determine if clinical care impacted outcome.

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

¤excludes terminations of pregnancy and births <24+0 weeks gestational age

Spotlight Report

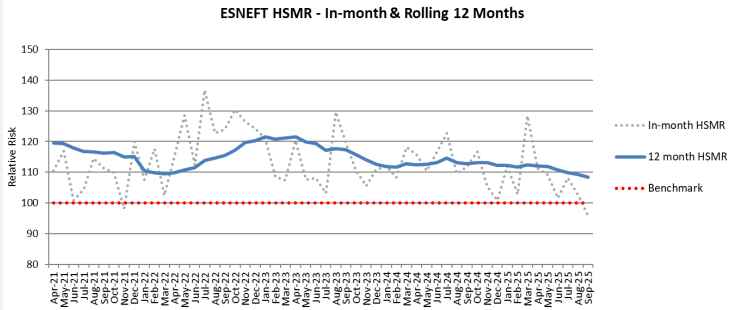
January 2026

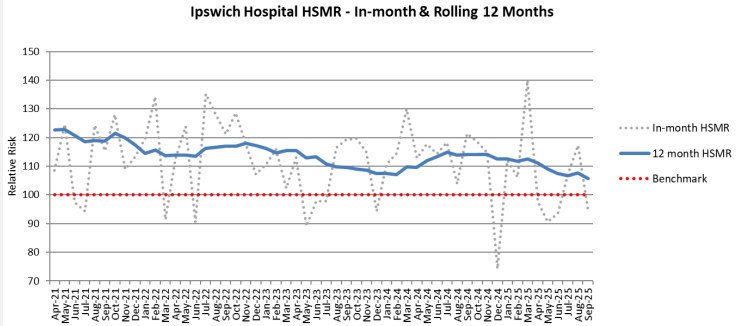
Mortality Ratios - Data Source DF Intelligence (Telstra Health)

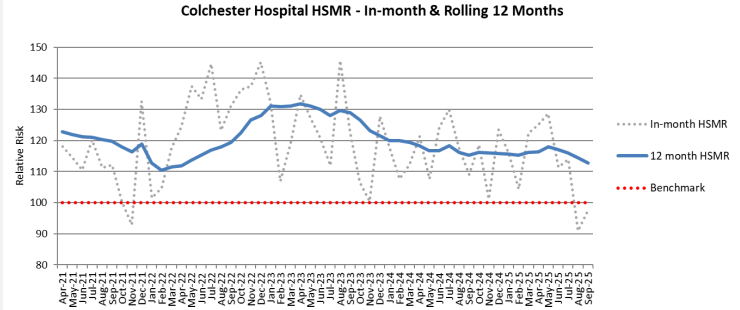
Summary

No October data available

- **ESNEFT 12-mth HSMR+ to September 2025, 108.1, 'higher than expected'**
- **ESNEFT 12-mth all-diagnoses (SMR+) to September 2025, 107.6, 'higher than expected'**







Dr Foster Summary – 12 months to Sept 2025 – updated*

Sep 2025 - 12 month rolling data except where specified	ESNEFT	IPS	COL
HSMR+ in-month	93.5	95.7	93.9
HSMR+	▼ 108.1	▲ 106.6	▼ 112.7
HSMR+ Lower confidence limit	▼ 103.8 Outlier	▲ 100.1 Outlier	▼ 106.8 Outlier
HSMR+ with emergency cases removed	▼ 109.3 Outlier	▲ 106.6 Outlier	▼ 114.9 Outlier
HSMR+ Death rate (nat. ➤3.7%) (emergency cases removed)	▼ 3.5%	▼ 3.2%	➤ 4.3%
All diagnosis groups (SMR)	▼ 107.6	▲ 106.3	▼ 109.8
Lower confidence limit (all)	▼ 103.7 Outlier	▲ 100.5 Outlier	▼ 104.6 Outlier
SMR+ with emergency cases removed	▼ 108.4 Outlier	▲ 106.3 Outlier	▼ 112.5 Outlier

***Issues with data submission following EpicEPR launch**

85% of October data has not been accepted by NHSE

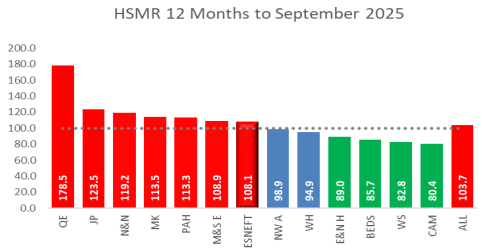
Following the EpicEPR launch, issues were identified with valid healthcare resource group (HRG) codes attributed to the finished consultant episode. There are have been a significant number of uncoded episodes due to an issue with gender/sex flowing to the commissioning data set. The issue has now been fixed, and the team is still working on how we get the data back to 2 October uploaded as the team is hoping this will be resolved shortly.

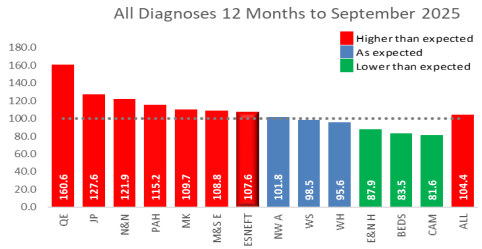
Weekend/Weekday HSMR Admissions

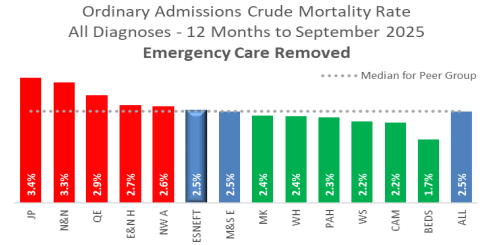
In the 12 months to September 2025, both weekday and weekend ESNEFT HSMR emergency admissions were 'higher than expected'. Only Ipswich Hospital weekday admissions were 'as expected'.

National & Regional Peer Group

The Trust's mortality ratios are currently 'higher than expected'. The region is currently regarded as being 'higher than expected'. Many peer trusts have significant volumes of uncoded spells, particularly West Suffolk (26% discharges) and QEH (35% discharges), so the data should be used with caution.







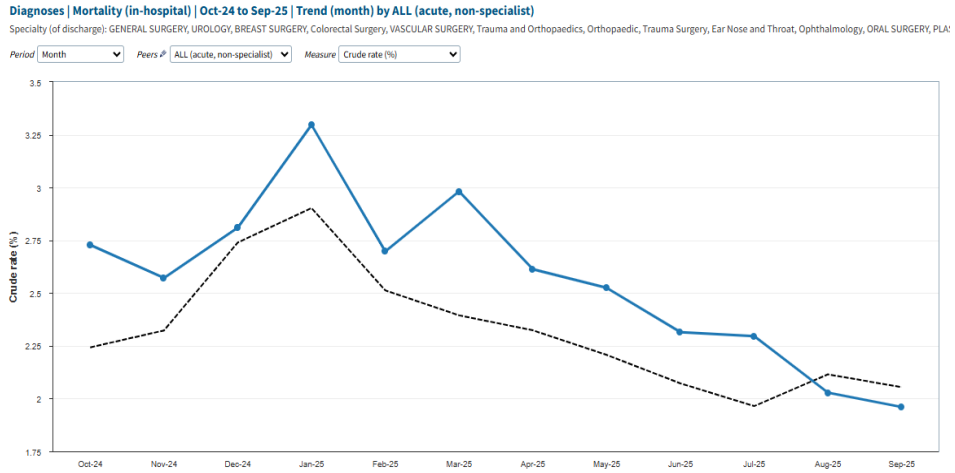
Spotlight Report

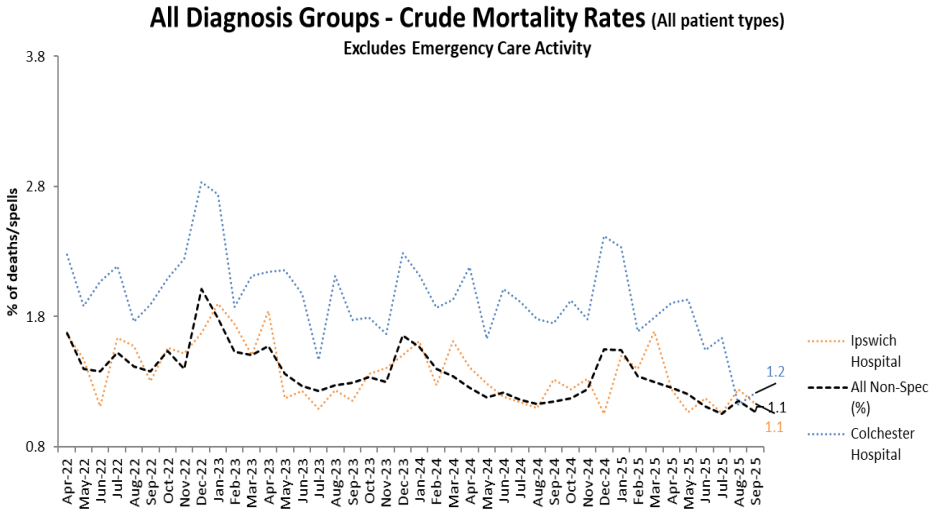
January 2026

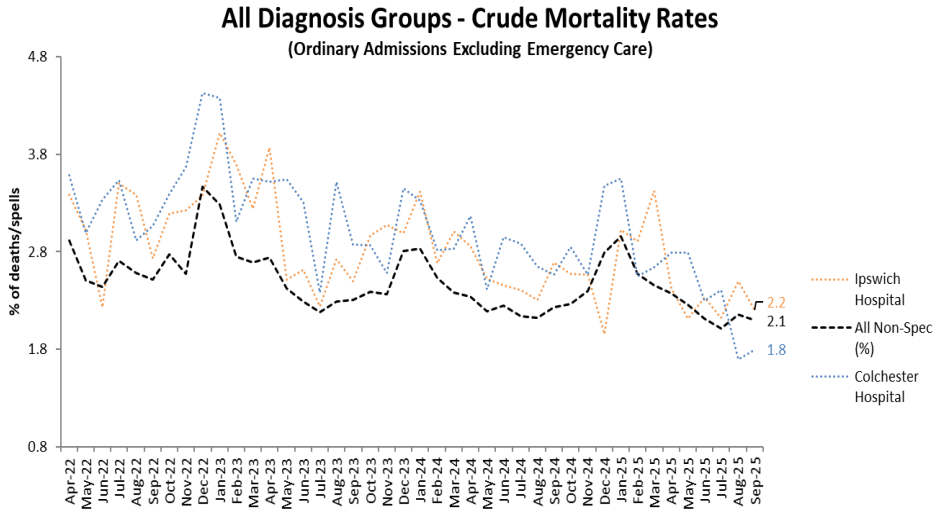
Crude Mortality Rates

- **For the last 2 months, ESNEFT's crude mortality rate for ordinary admissions has been below the national rate.**
- **For September 2025, ESNEFT mortality for ordinary admissions was 2.0% compared to a national rate of 2.1%**
- **Colchester acute 1.8%**
- **Ipswich acute 2.2%**

Crude mortality rate for all diagnosis groups, ordinary admissions (same day care removed)





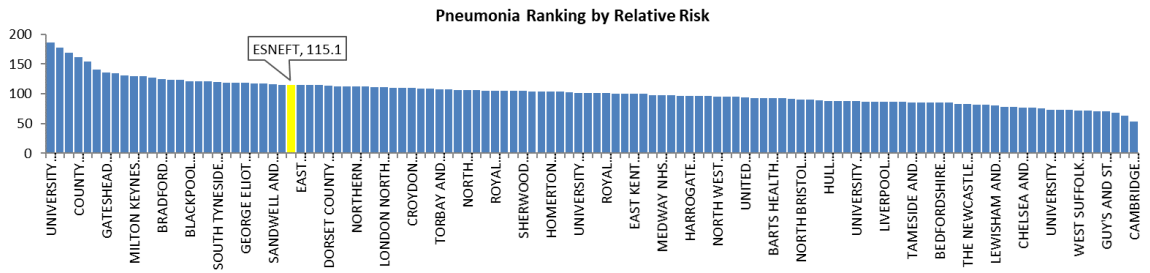


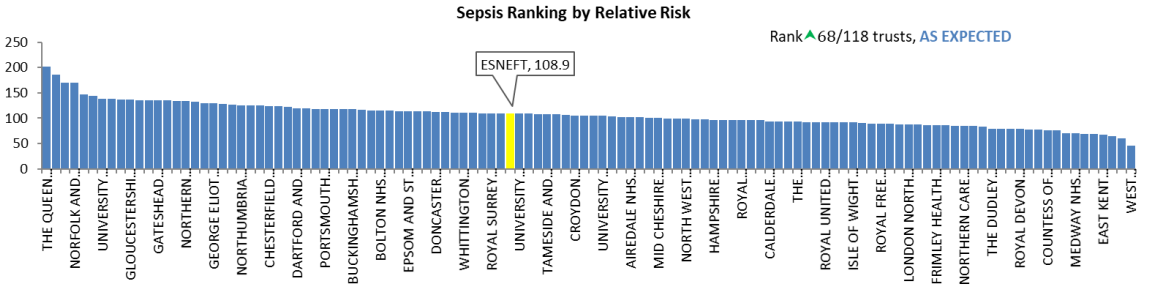
Spotlight Report

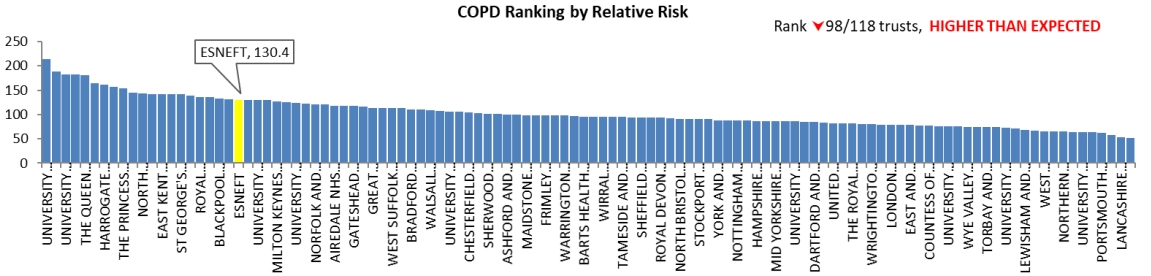
January 2026

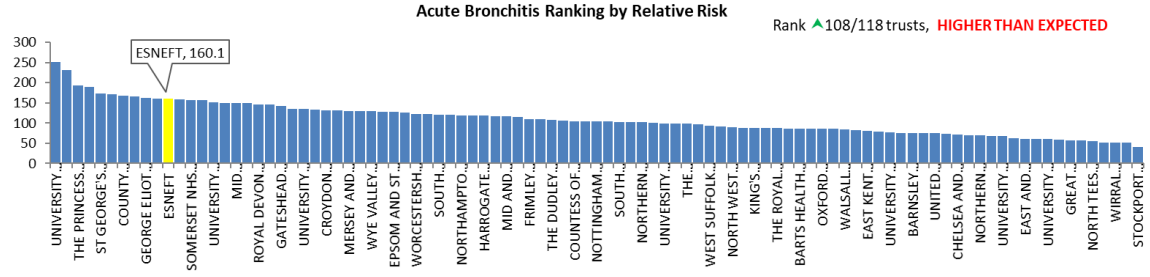
High Risk Conditions – Source Dr Foster Results to August 2025 (lag applied)

- **3 of the 4 high risk groups are showing 'higher than expected'.**



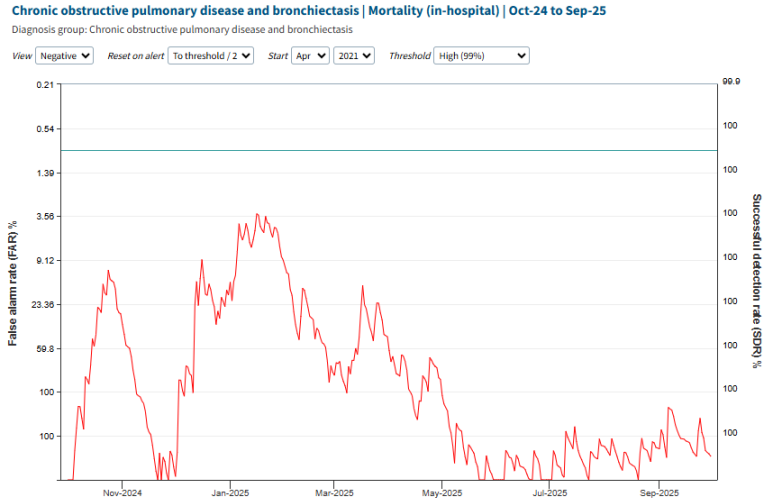






A review this year of pneumonia cases overseen by the AMD for Patient Safety did not identify any significant issues in care.

Performance within the COPD group has slipped since 2023/4. The CUSUM chart below indicates that a peak in activity in Jan/Feb 2025 resolved without triggering. This group has always struggled with diagnostic accuracy on admission.



Analysis of the acute bronchitis group indicates that other acute trusts do not code as many cases to this this group as ESNEFT. Within the group, 67% cases are coded to 'unspecified acute lower respiratory infection'. This may account for poor benchmarked performance. Additional analysis has been requested from Dr Foster.

Spotlight Report

January 2026

Learning from Deaths meeting February 2026

Summary

- **In the case of complex patients being treated by many specialties, the lead consultant is responsible for care coordination, communication with the patient/family and advance care planning.**
- **Patients who lack capacity sometimes experience care delays owing to uncertainty about MCA, DoLS and Best Interests.**

Cancer and Diagnostics – Biannual Report – ADoN

The case of a complex patient was presented, involving many specialties including cancer, urology, gastroenterology, upper GI and palliative care. Patient care was discussed local M&M meetings prior to this presentation. The patient experienced a number of delays during an 18-day admission. Various treatment options were considered until the patient became too unstable and palliative care was started. Topics discussed included:

- The fact that the lead consultant is responsible for coordinating care, even if the patient is not under them for specialty treatment.
- The importance of recognising complexity and opening a dialogue with all relevant specialties.
- The importance of speaking to colleagues and not relying solely on EpicEPR consults and notes.
- Failure to communicate key aspects of care with the patient and family, including prognosis, which meant the patient was not able to die in their preferred place of care.
- In the case of urgency, any trained staff member should be able to refer a patient to a specialty consultant.

A meeting will take place with the Deputy Chief Medical Officer to discuss the possibility of initiating a complex patient/ethical care team.

Learning Disabilities and Autism – LD&ANS

- The focus of the presentation was mental capacity assessment (MCA), Deprivation of Liberty Safeguards (DoLS), Best Interests meetings and lasting power of attorney (LPA).
- Some staff find the process to be confusing. Forms are time-consuming however DoLS paperwork is determined nationally- ongoing training and support is being offered.
- If it is a complex decision such as surgery, then it is good practice to involve carers, other family etc.
- Mental capacity is time and decision specific and blanket lack of capacity is not valid under MCA.
- It is essential not to delay patient care and treatment owing to uncertainty about MCA and BI – the LD&ANS can help staff navigate the system.

Spotlight Report

January 2026

Learning from Deaths meeting February 2026

- **Second case identified by the coroner where pressure area care fell short of required standards – funding for new TVN agreed.**

- **EpicEPR has improved timely access to health records for clinical coders, making best use of their time, but documentation is not being kept up to date and relevant.**

Prevention of Future Deaths Notice – Head of Patient Safety

- The patient, cared for initially in the community, was suspected of having sepsis, secondary to infected pressure ulcers. The patient's spouse noted that the care plan had not always been followed.
- The patient was admitted, but the pressure ulcer deteriorated to a category 4.
- Concerns were raised regarding the absence of embedded Tissue Viability Nurses and a Tissue Viability Service within community hospital wards. Evidence was given that concerns had been escalated, and that individual clinical workarounds (including blocking transfers) had been used to manage risk.
- Funding was approved to appoint a 0.6wte in Medicine and Community Services, NE Essex.
- The Coroner accepted that causative failures in care had been addressed.

Clinical Coding

- The Site Clinical Coding Manager for Colchester advised that EpicEPR had significantly improved timely access to health records, however areas needing more focus includes updates 'problem' lists. EpicEPR brings forwards data from previous attendances, and it is essential that this information is updated as conditions are treated and/or resolve.
- The quality of elective documentation, particularly operation notes, can be variable. As well as impacting patient care, the move to PbR (payment by results) rather than block contract means that gaps in clinical documentation could impact accurate remuneration for procedures.
- Teams are encouraged to work with their local clinical coding contacts to ensure that EpicEPR documentation is relevant, accurate and timely.

Spotlight Report

January 2026

Learning from Deaths Dashboard

Trust	ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18)
Org Code	432
Month	November
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
Deaths within 30 days of discharge will be included where a concern has been raised.

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				Review compliance	Overall Grade
					The extent to which care contributed to death												
					Definitely ↓	Strong Evidence ↓	Probably ↓	Possibly ↓	Slight evidence ↓	Unavoidable ↓							
Financial Year	Month	Total Deaths	Total Deaths Reviewed	Deaths likelihood > 50% contributed to death	1	2	3	4	5	6	LD Deaths	No. deaths subject to case record review	No. reviews returned	% Case record reviews completed	No. case record reviews outstanding	% deaths reviewed	% reviewed deaths with significant harm
2024-25	January	358	47	1	0	0	1	1	5	40	4	31	31	100%	0	13%	2%
2024-25	February	269	30	0	0	0	0	2	1	27	5	18	18	100%	0	11%	0%
2024-25	March	322	35	0	0	0	0	0	1	35	1	24	22	92%	2	11%	0%
2025-26	April	278	37	1	0	1	0	0	4	32	1	26	22	85%	4	13%	3%
2025-26	May	274	28	0	0	0	0	2	3	23	0	16	14	88%	2	10%	0%
2025-26	June	238	28	0	0	0	0	1	2	25	3	20	17	85%	3	12%	0%
2025-26	July	244	33	0	0	0	0	0	1	32	1	22	20	91%	2	14%	0%
2025-26	August	208	25	0	0	0	0	1	2	21	4	19	15	79%	4	12%	0%
2025-26	September	215	37	0	0	0	0	3	4	30	3	15	13	87%	2	17%	0%
2025-26	October	268	46	0	0	0	0	0	5	41	3	24	23	96%	1	17%	0%
2025-26	November	279	36	2	0	0	2	5	3	27	6	29	18	62%	11	13%	6%
2025-26	December	308	12	0	0	0	0	1	2	9	6	24	12	50%	12	4%	0%

Spotlight Report

January 2026

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-five wards included:

Bronze – 37%

Silver - 32%

Gold – 4%

Working towards Bronze – 27%

Focus EpicEPR: Accrediting Care at ESNEFT (ACE) results for wards visited in Q2 & Q3;

	Ward	D'Arcy	Waldgringfield	Somersham	ED CH	ED IH	Aldham	Brantham	Birch
Standards	Individualised Care	Silver	Bronze	Silver	Silver	Bronze	WTB	Bronze	Bronze
	Dignity and Respect	Silver	Silver	Silver	WTB	Silver	WTB	Bronze	Silver
	Safeguarding, Complex Health and Consent	Silver	WTB	Silver	Gold	Silver	WTB	Silver	WTB
	Leadership , Education and People	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	WTB
	Harm Free Care	WTB	Bronze	WTB	Bronze	WTB	Bronze	Bronze	WTB
	Delivering Safe Care	WTB	Silver	Bronze	Silver	Bronze	Silver	Silver	WTB
	Nutrition and Hydration	WTB	Silver	Silver	Bronze	Silver	Bronze	Bronze	Bronze
	Clinical Governance	Bronze	Silver	Silver	Bronze	WTB	WTB	Silver	Bronze
	Infection Prevention and Control & Environment Safety	Bronze	Bronze	Silver	WTB	WTB	WTB	Silver	Bronze
Overall		Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Silver	Bronze

Accrediting care at ESNEFT

NHS East Suffolk and North Essex NHS Foundation Trust

Spotlight Report

January 2026

Accrediting Care at ESNEFT (ACE)

Summary

The ACE team have now completed 30 visits in total since the programme was launched in May 2024. This includes 6 return visits. The team are pleased to end 2025 with no 'working towards bronze' wards. It was also a great opportunity to visit both Emergency Departments in the year.

The team are preparing the programme and visit schedule for 2026, which will include more return visits and plans to visit Maternity/Paediatrics and Community Hospitals

Data from all wards since inception of programme

	Ward→	Haughley	EAU	Peldon	Wash brook	Martle sham	Brightli ngsea	West Bergholt	Shotley	Stanway	Stow upland	Layer Marney	Birch	Grundis burgh	Needham	Stour	East horpe	Deben ham	Nayland	D'Arcy	Waldg ringfield	Somer sham	ED CH	ED IH	Aldham	Brant ham
Standards	Individualised Care	Bronze	Bronze	Bronze	Silver	Silver	Bronze	Silver	Gold	Silver	Silver	Bronze	Bronze	WTB	Bronze	Silver	Gold	Silver	Bronze	Silver	Bronze	Silver	Silver	Bronze	WTB	Bronze
	Dignity and Respect	WTB	WTB	WTB	Bronze	Silver	Silver	Silver	Silver	Bronze	Bronze	WTB	Silver	Bronze	Bronze	Bronze	WTB	WTB	WTB	Silver	Silver	Silver	WTB	Silver	WTB	Bronze
	Safeguarding, Complex Health and Consent	Silver	Gold	WTB	Silver	WTB	Silver	WTB	Bronze	WTB	Gold	Gold	WTB	Silver	Silver	Gold	WTB	Silver	Silver	Silver	WTB	Silver	Gold	Silver	WTB	Silver
	Leadership , Education and People	Silver	Bronze	Bronze	Silver	Silver	WTB	Bronze	Silver	Bronze	Bronze	Silver	WTB	WTB	Bronze	Silver	Silver	Bronze	Silver	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver
	Harm Free Care	Silver	WTB	WTB	WTB	Bronze	Bronze	WTB	Silver	Bronze	WTB	Bronze	WTB	WTB	WTB	WTB	Bronze	WTB	WTB	WTB	Bronze	WTB	Bronze	WTB	Bronze	Bronze
	Delivering Safe Care	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	WTB	WTB	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	WTB	Silver	Bronze	Silver	Bronze	Silver	Silver
	Nutrition and Hydration	Gold	WTB	WTB	Silver	WTB	WTB	WTB	Silver	Bronze	Bronze	WTB	Bronze	Bronze	WTB	Bronze	WTB	Bronze	WTB	WTB	Silver	Silver	Bronze	Silver	Bronze	Bronze
	Clinical Governance	Silver	Bronze	Silver	Silver	WTB	Bronze	WTB	Silver	Silver	Bronze	Silver	Bronze	WTB	WTB	Bronze	Silver	Silver	Bronze	Bronze	Silver	Silver	Bronze	WTB	WTB	Silver
	Infection Prevention and Control & Environment Safety	Silver	Silver	Bronze	Bronze	Silver	Bronze	Gold	Silver	Bronze	WTB	Bronze	Bronze	WTB	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	WTB	WTB	WTB	Silver
	Overall	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Silver

Standard	Most common grading achieved from data so far
Individualised care	Bronze
Dignity and Respect	Tie WTB and Silver
Safeguarding, Complex Health and Consent	Silver
Leadership , Education and People	Silver
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

NHS East Suffolk and North Essex NHS Foundation Trust

Spotlight Report

January 2026

Health Inequalities – CYP Asthma Outreach Project

Focussing on children & young people in our deprived areas; to increase and promote good asthma care and management – Progress to date:

	CO15	IP1/IP2
Primary Care	**Ranworth- engagement completed** • 47 High Risk CYP Identified • 39 CYP Asthma Practitioner reviews offered • 17 home visits. • 9 Clinics • 39 CYP seen to date • 8 DNA **Old Road: completed** • 16 seen • 4 DNA **St James nearly completed** • follow up clinics Feb 2026 **Ranworth phase 2** • 33 Identified for 2026 • Currently triaging for clinic and telephone appointments. • Home visits being offered to support high risk DNA's. **North Clacton Practice- Engagement Initiated**	**Cardinal Medical Practice – Engagement completed** • 49 High Risk CYP Identified • 20 appointments offered • 14 Pts seen • 2 DNA, 4 cancelled on the day **Burlington Primary Care: Declined engagement** **Hawthorn Drive Surgery: Clinics started Dec '25** • 65 CYP identified, 35 high risk, 30 TBS by AP • 7 seen so far, 7 scheduled 28/01 • Possibility of school clinics being explored **Barrack Lane Medical Practice – Engagement Initiated**
Asthma Friendly Schools	• 10 out of 10 CO15 schools contacted. Engagement challenging. • 10 schools offered Tier 1 Training • 3 tier 1 sessions completed • SEN Specialist school clinic completed	• Engagement challenging • 11 out of 22 IP1/IP2 schools AFS engaged • 11 schools offered Tier 1 Training • 2 Tier 1 Training Sessions completed
Education and Engagement	• 5 Asthma Awareness Events held • 1 Asthma Awareness Event Scheduled for Sept-25 • Pharmacist Asthma Training – November '25 • SNEE GP Federation Asthma Training – Dec '25 • Tier 3 Training Day –March 2026	• 3 Asthma Awareness Events held • Pharmacist Asthma Training – November '25 • SNEE GP Federation Asthma Training – Dec '25 • Tier 3 Training Day – Dec '25

Spotlight Report

January 2026

Health Inequalities – CYP Asthma Outreach Project

Asthma KPIs				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Increase in number of Asthma Management Plans in place	Number of Asthma Management Plans in place from GP High Risk register (meeting criteria)	The no. of patients that have been given an Asthma Plan since the beginning of the project - cumulative	CO15	0	5	8	21	27	33	42	59	59	59
			IP1	n/a	n/a	n/a	8	13	14	14	14	21	25
Reduction in prescriptions once Asthma plan is in place (6 month review)	A reduction in high prescription levels: 6 or more inhalers/2 or more steroid prescriptions.	Target: 25% reduction RAG: R: 0% or increase A: 1-24% G: 25% or more	CO15 Steroid	n/a	n/a	n/a	n/a	79%	88%	88%	90%	91%	93%
			CO15 SABA	n/a	n/a	n/a	n/a	89%	87%	87%	84%	86%	88%
			IP1 Steroid	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
			IP1 SABA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

*Ipswich data not yet available as commenced after CO15

Spotlight Report

January 2026

Patient Safety – Incident Reporting

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

There were a total of 3,256 (2,993) incidents reported in January. 1,735 of these incidents were Patient Safety related.

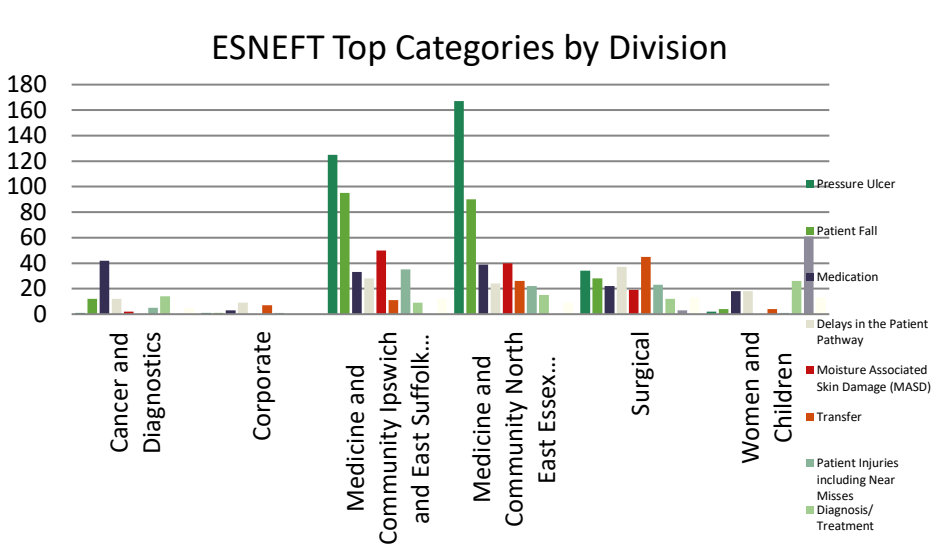
The highest reported category was Pressure Ulcer damage with 330 (305) incidents reported, 5 of which were severe harm, with 4 being within both Suffolk and NEE Community and 1 other recorded on Tiptree Ward. There were 87 moderate harm incidents.

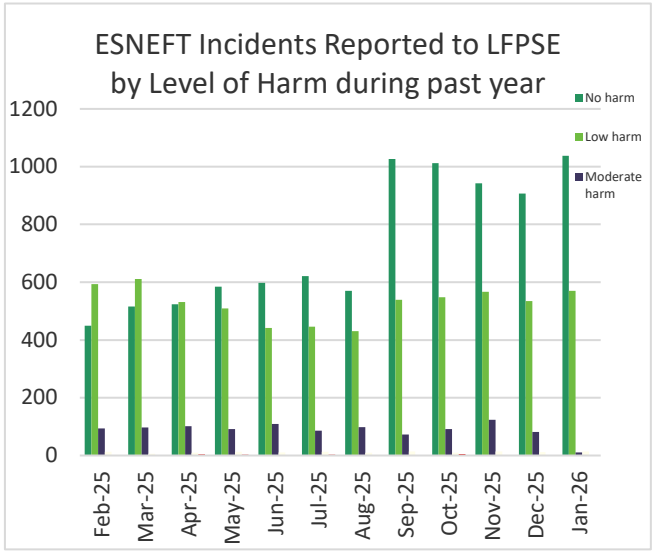
The 2nd highest reported category was Patient Falls with there being 230 (197) incidents reported with 1 reported as severe harm on Copford Ward which was a witness fall. A further 7 were reported as moderate of which 4 were unwitnessed.

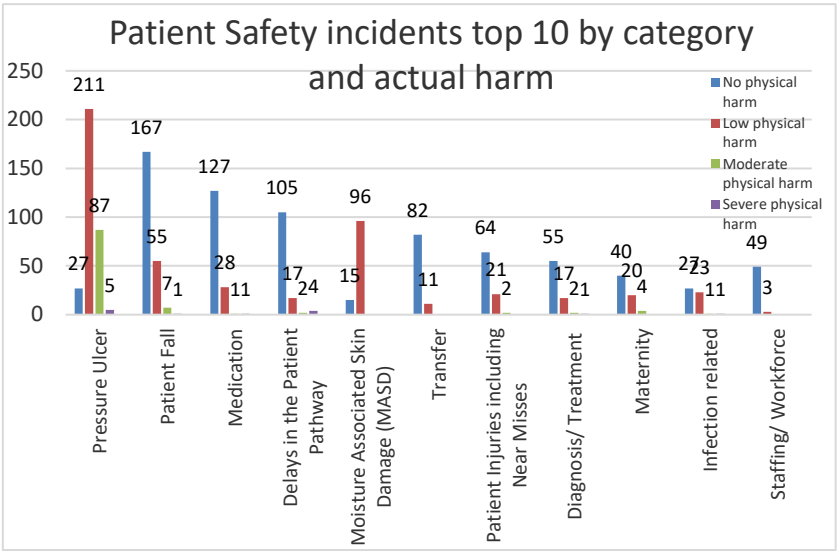
The 3rd highest reported category was Medication with 157 (129) incidents. 1 was reported as severe harm on Brantham Ward. 1 more was reported as moderate harm with the remainder being low and no harm.

Division	DatixWeb	DCIQ	Total
Surgical	3	411	**414**
Corporate	44	273	**317**
MACIES	4	237	**241**
MACNEE	3	235	**238**
Cancer and Diagnostics	1	112	**113**
Women & Children	0	31	**31**
Total	**55**	**1,299**	**1,354**

The Surgical division have the highest number of overdue incidents with 414.







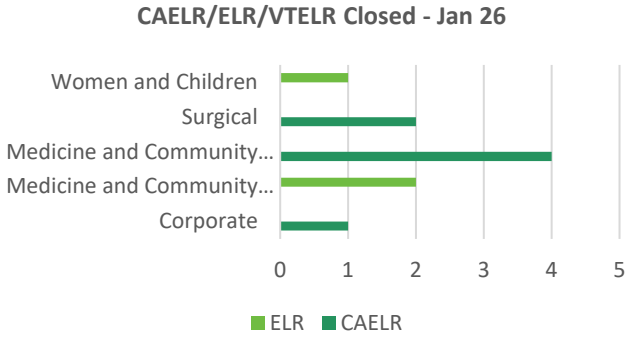
Spotlight Report

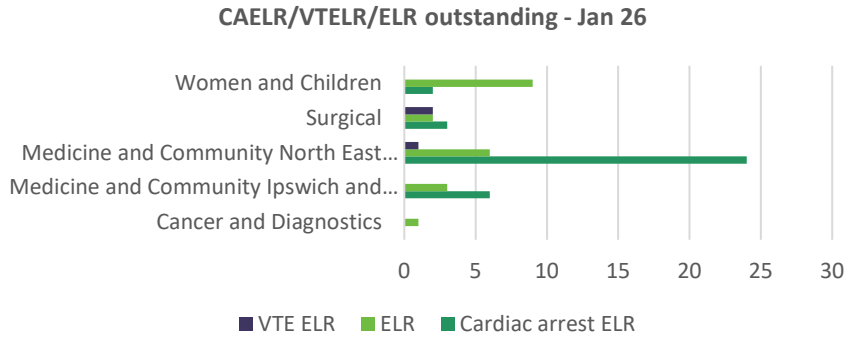
January 2026

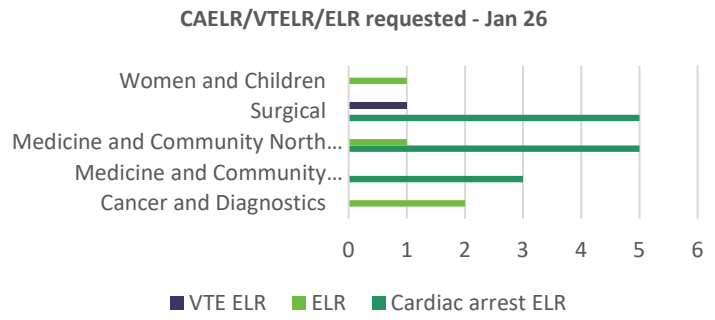
Patient Safety – Early Learning Reviews, Never Events, Patient Safety Reviews & Patient Safety Incident Investigations

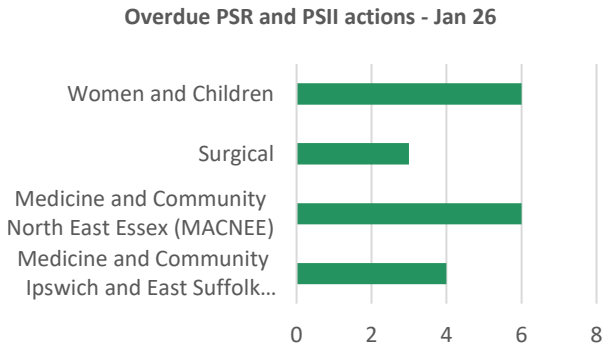
Early Learning Review (ELR), Cardiac Arrest (CAELR), Venous thromboembolism (VTELR), Patient Safety Review (PSR), Patient Safety Incident Investigations (PSII)

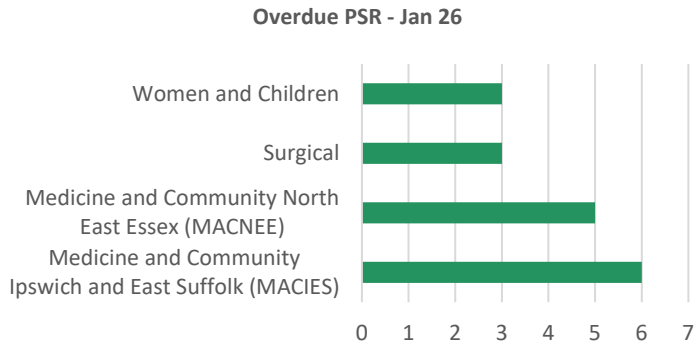
- 7 CAELR's and 3 ELR's were closed in January 2026.
- 35 CAELR's, 21 ELR's and 3 VTELR are currently outstanding in January 2026.
- 0 PSR's were requested in January 2026
- 1 overdue PSR was completed in January 2026 for cancer and Diagnostics
- 0 PSII was declared in January 2026.
- 26 moderate harm and 2 severe harm incidents of ESNEFT acquired pressure damage were reported in January 2026.
- 1 full care gap analysis was requested in January 2026











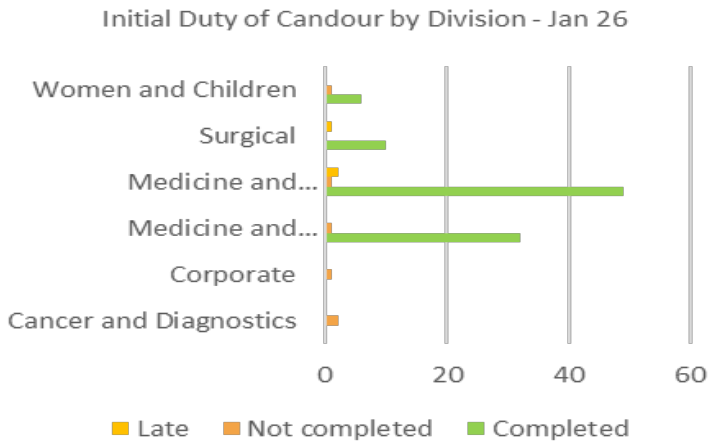
Spotlight Report

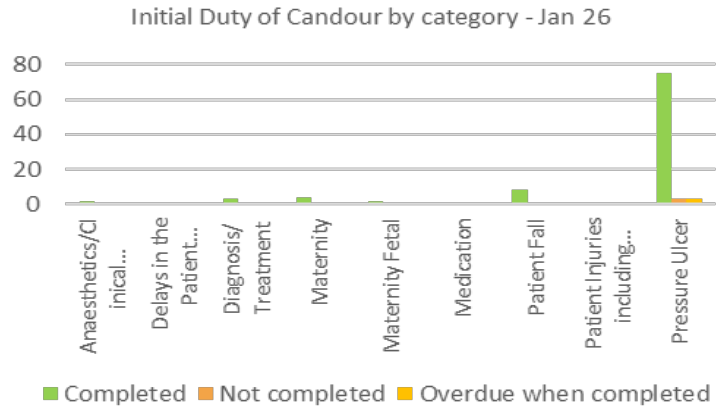
January 2026

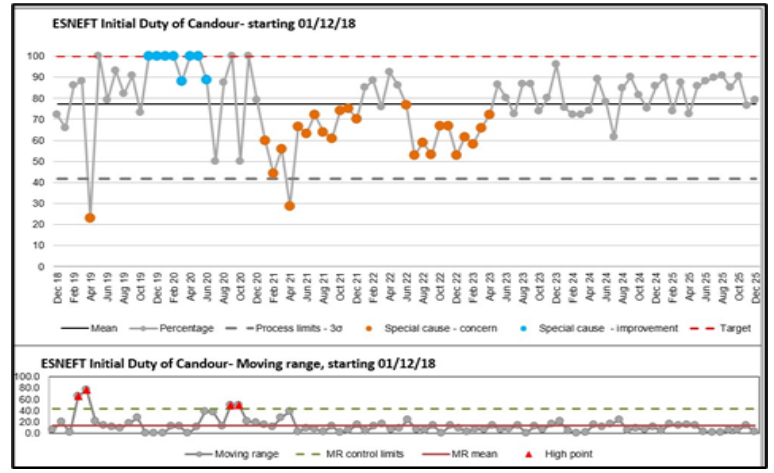
Patient Safety – Duty of Candour

While initial compliance showed a moderate increase in compliance to 91%, post Duty of Candour **follow-ups** were completed in 100% of cases, ensuring patients and families received timely and effective feedback.

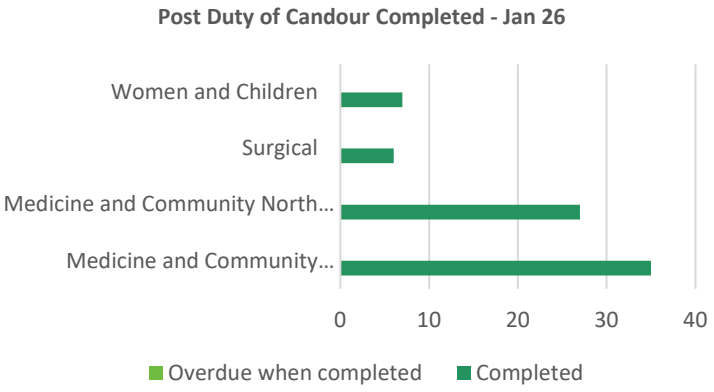
Initial Duty of Candour compliance for January 2026 is 91% (79%)

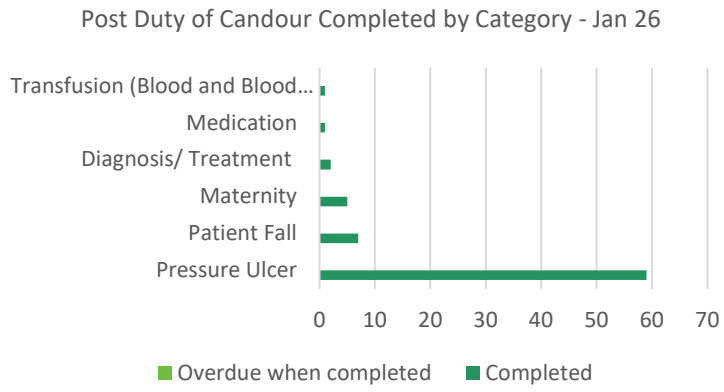


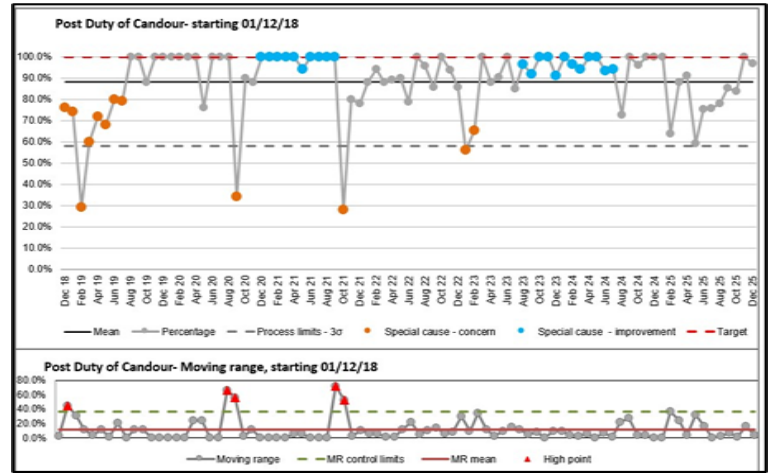




Post Duty of Candour compliance for January 2026 is 100% (97%)



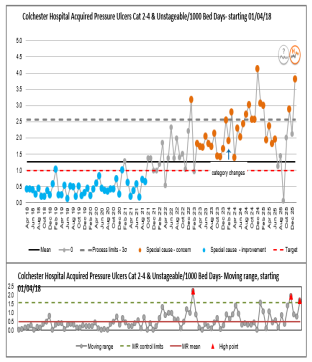


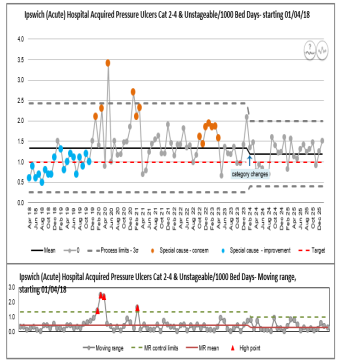


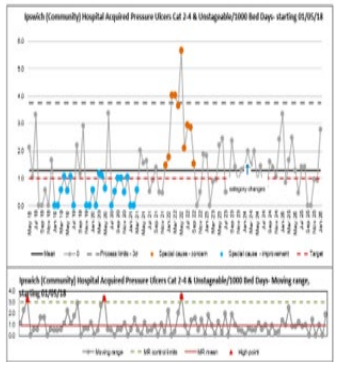
Spotlight Report

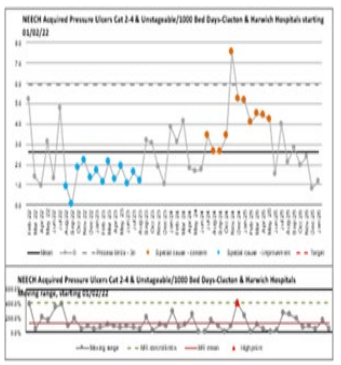
January 2026

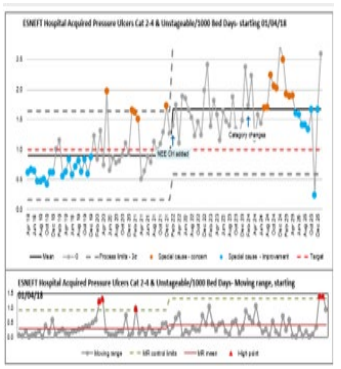
Patient Safety – Tissue Viability

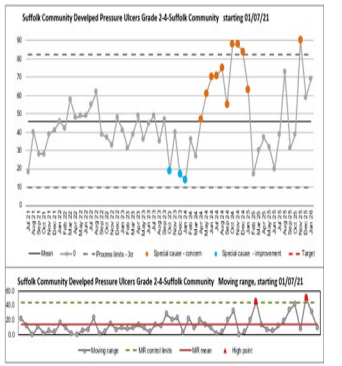


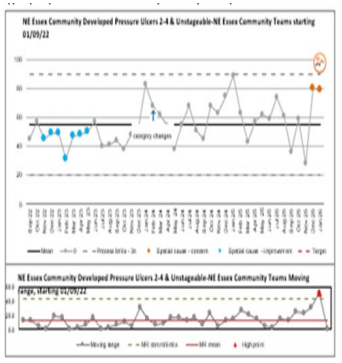












Colchester Acute		
Cat 2	32	61
Cat 3	5	11
Cat 4	1	1
Prev. & in-mth total	83	73
Rate per 1,000 bed days	**1.95**	**3.69**

Ipswich Acute		
Cat 2	18	20
Cat 3	6	8
Cat 4	0	1
Prev. & in-mth total	24	29
Rate per 1,000 bed days	**1.26**	**1.52**

Ipswich Community Hospital		
Cat 2	1	2
Cat 3	0	4
Cat 4	0	0
Prev. & in-mth total	1	6
Rate per 1,000 bed days	**0.93**	**2.79**

Essex Community Hospital		
Cat 2	1	2
Cat 3	1	1
Cat 4	0	0
Prev. & in-mth total	2	3
Rate per 1,000 bed days	**0.80**	**1.18**

ESNEFT		
Cat 2	52	85
Cat 3	12	24
Cat 4	1	2
Prev. & in-mth total	65	111
Rate per 1,000 bed days	**1.66**	**2.59**

Suffolk Community Teams		
Cat 2	46	43
Cat 3	11	24
Cat 4	2	2
Prev. & in-mth total	59	69

Essex Community Teams		
Cat 2	40	40
Cat 3	37	37
Cat 4	3	2
Prev. & in-mth total	80	79

Service Commentary

Pressure Ulcer rates have risen this month, primarily across Colchester Hospital and notably category 2 pressure damage. 65.57% of these were from MACNEE division which has had an increase in patient stays.

Two patients who developed category 4 pressure damage were noted to be in their end stages of life; this likely impacted the deterioration to their skin.

A 72 - hour validation process has been implemented within ESNEFT, therefore incidences are validated quicker than they have been previously, this is also considered to be a reason for increased in numbers reported, we no longer have incidents awaiting validation when the IPSE is composed.

Nationally we are in quartile three with 0.91%, putting us slightly above the mean of 0.85% we have reduced from 0.98% in the previous year and will continue to strive to reduce.

Spotlight Report

January 2026

Patient Safety – Falls

Falls Monthly Numbers

	CH	IH	Suffolk	NEECS	Acute Total	Community Total	ESNEFT Total
Jan 24	86	108	13	15	194	28	222
Jan 25	107	92	18	11	199	29	228
Jan 26	98	100	19	12	198	31	229

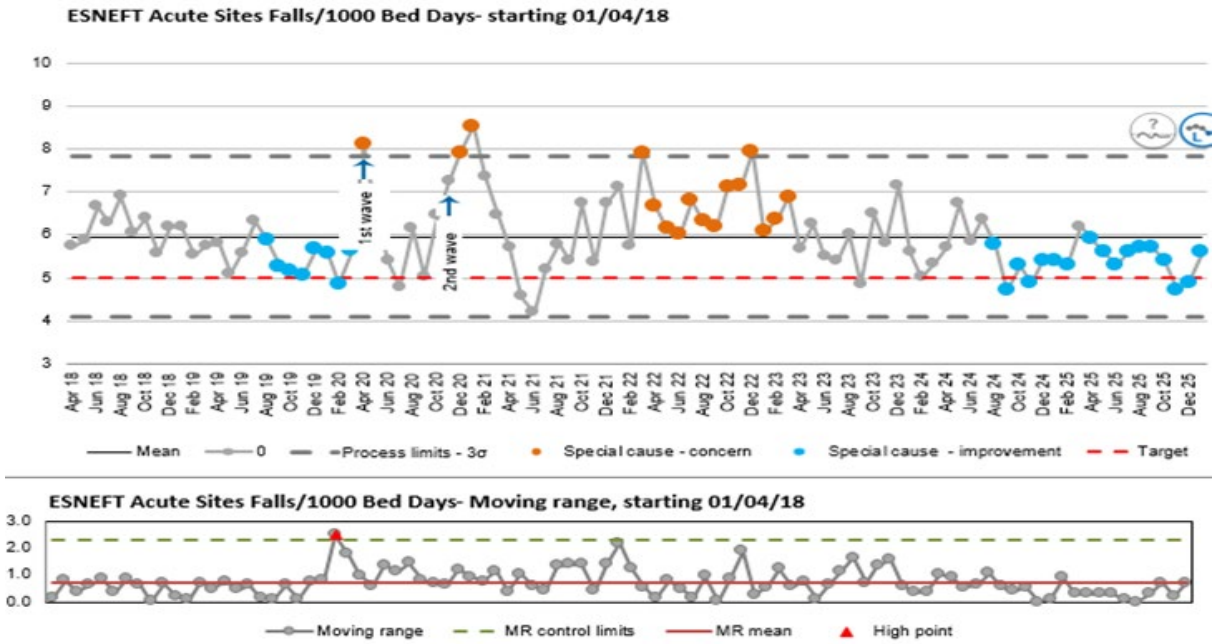
Falls per 1,000 Bed Days (Acute)

	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
Jan-25	5.8	5.1	8.6	4.7	5.5	5.4	5.6	6.7
Oct-25	5.6	5.2	7.9	7.5	5.7	5.4	5.6	5.2
Nov-25	5.3	5.1	10.1	3.8	5.4	5.2	5.5	5.4
Dec-25	5.5	4.4	6.1	3.5	4.9	4.9	5.5	5.3
Jan-26	5.5	5.7	8.9	4.7	5.7	5.6	5.5	5.4

The falls bed day data continues to be estimated due to changes within EpicEPR. Based on this data, ESNEFT achieved it's stretch target of 5.5 falls per 1,000 bed days across the acute sites.

The team continue to work with the Clinical Informaticist to ensure the falls risk assessment is user friendly, taking feedback from ward teams and moving forward with changes to help in practice. The team are looking to add the post falls flowsheet in to the admission navigator and change the order of risk assessments in the navigator help staff achieve compliance and plan safe care.

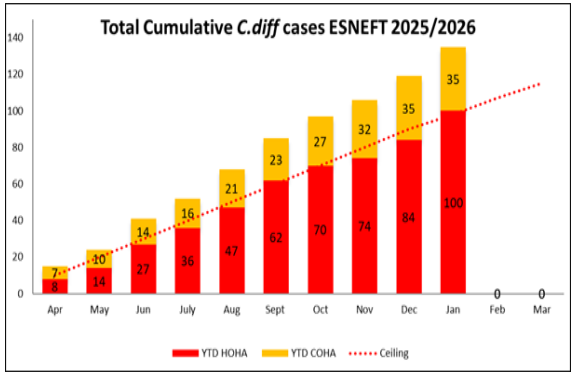
In relation to this month's focus, end of life care, the Falls Team advisee staff to ensure falls risks are considered, particularly with the risk of terminal agitation

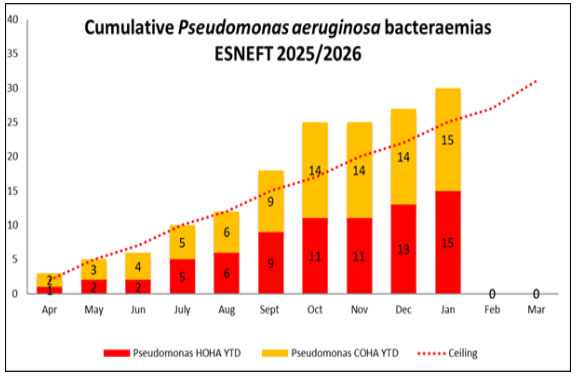


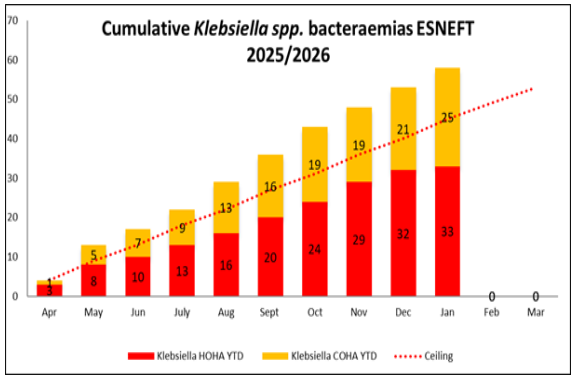
Spotlight Report

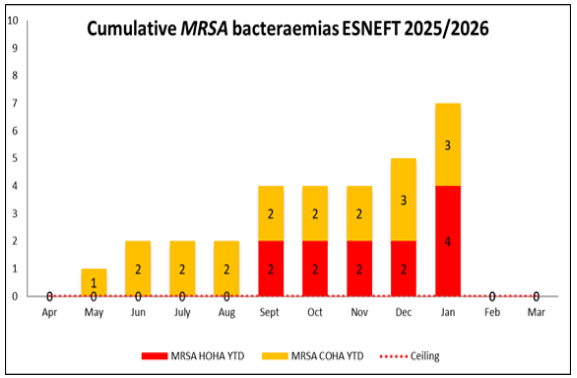
January 2026

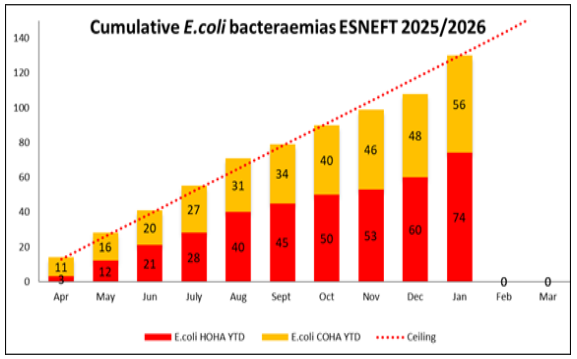
Patient Safety – Infection Prevention and Control – HCAI figures











Infection	ESNEFT total for Jan	Category	Trajectory	Total HOHA/ COHA for year	Total for year to date	EofE bench mark
C diff	16	16 HOHA	115	100 HOHA 35 COHA	135	Above trajectory
MRSAb	2	2 HOHA	0	4 HOHA 3 COHA	7	Above trajectory
E Coli	22	14 HOHA 8 COHA	124	74 HOHA 56 COHA	130	Above trajectory
Kleb Spp	5	1 HOHA 4 COHA	47	33 HOHA 25 COHA	58	Above trajectory
Pseudo A	3	2 HOHA 1 COHA	29	15 HOHA 15 COHA	30	Above trajectory
MSSAb	7	4 HOHA 3 COHA	NA	39 HOHA 15 COHA	54	Above trajectory

Spotlight Report

January 2026

Patient Safety – Infection Prevention and Control Focus

Outbreaks and Clusters

Neonatal Unit – Ipswich. Enerobacter cluster: 7 screens, x2 clinical sample. On going IMT. Environmental plans for sink replacements and additional cleaning of high-risk items including incubators. Full action plan in place.

C diff - Colchester. Increased numbers with possible links with ribotyping in some areas. Further investigations underway – key learning to date includes delay in isolation, delay in sending samples, increased Noro virus prevalence (possible identification of more colonisation cases). Links possible in admission areas with increased operational pressures and boarding a possible issue with transmission. Inconsistent cleaning standards in some areas Action plan and focus in place to improve areas of concern including join IPC/Facilities plans.

MRSAb – Colchester. Increased cases both linked with vascular access devices. IV workstream in place with ANTT a focus. Plan for introduction of new cannula and roll out of practice refresh and education (April 2026).

CPE cluster Grundisburgh Ward Ipswich – 11 cases (to date 13th Feb). Ward closed to admissions and IMT planned. Estates and cleaning review undertaken. IPC support with practice and management.

Noro virus – Both sites have reported a rise in cases in line with regional and national picture. Transmission within wards, managed B-bay closures and additional cleaning with focus on IPC practice.

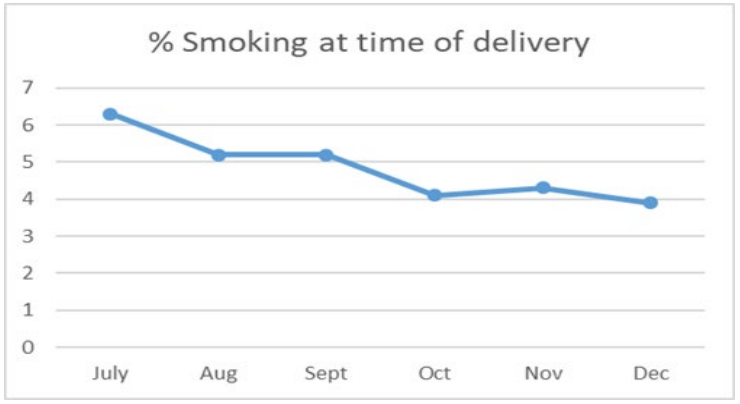
Influenza – Reducing numbers of cases. POC rapid testing remain in place in both EDs.

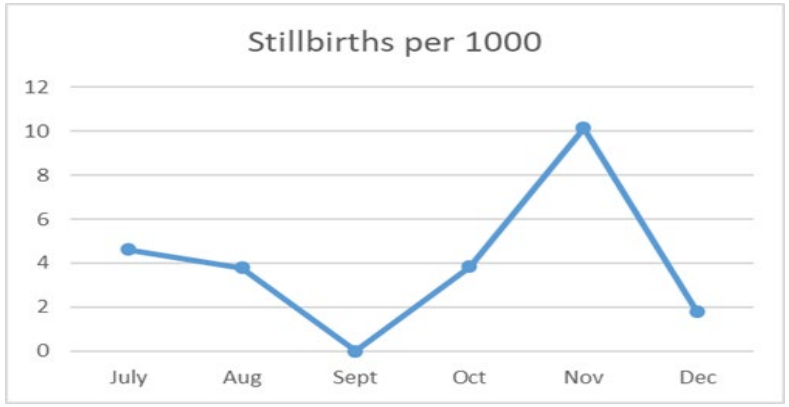
TB – Increased cases via ED Colchester over the last few months. Recent cases (Jan) MDR. Contact tracing of staff and patients undertaken. Key learning around assessment of patients for signs/symptoms and risk factors.

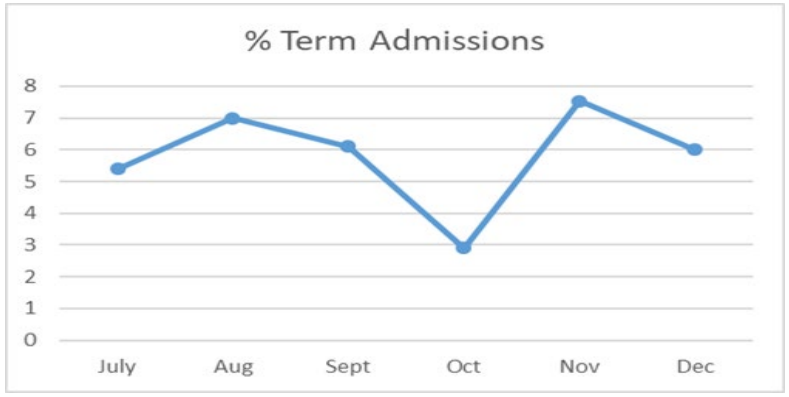
Spotlight Report

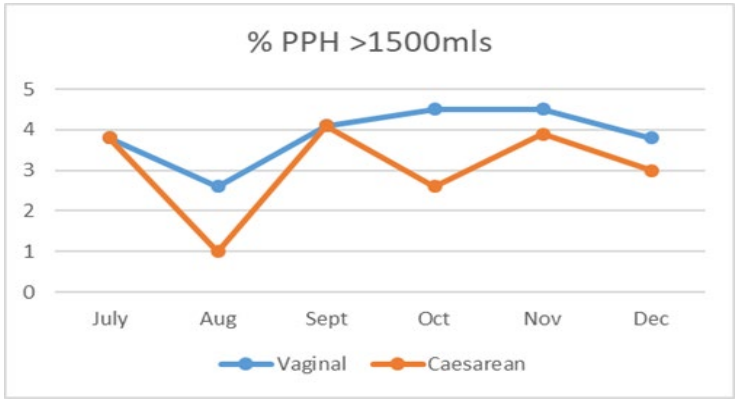
January 2026

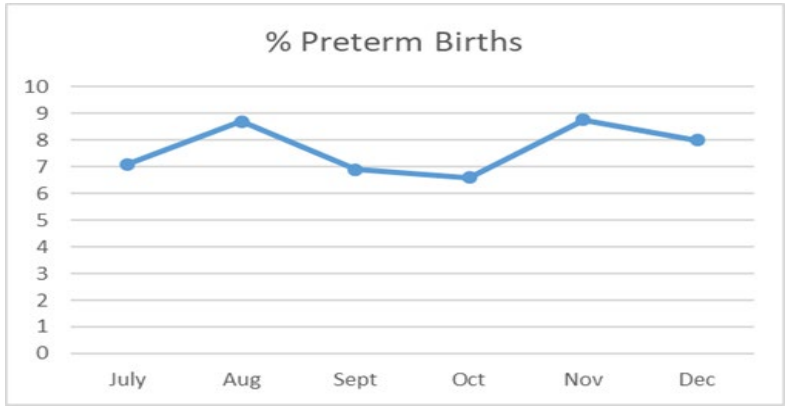
Patient Safety – Maternity Dashboard, SBL and CNST updates

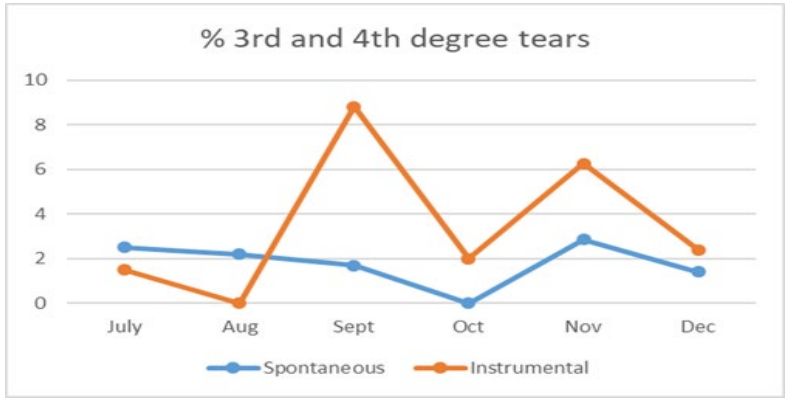












Data has been pulled from EpicEPR which is still being tested for data quality.

Stillbirth rates per 1,000 births have reduced in December to a rate of 1.81 per 1,000 and a rolling rate of 3.58 which is just above the national UK average of 3.54. November rates appear to be common cause variation, however we will continue to monitor this closely.

Preterm births remain over the national aim of 6%, which the PARTNER trial aims to improve, as well as monthly optimisation meetings to identify any learning and improvements required.

ATAIN is generally higher than the nation aim of <6%. A deep dive has been undertaken regarding respiratory admissions, which is due to be presented at audit half day on the 13th Feb. A DMT led task in finish group is underway and has developed a report and action plan for improvement.

Spotlight Report

January 2026

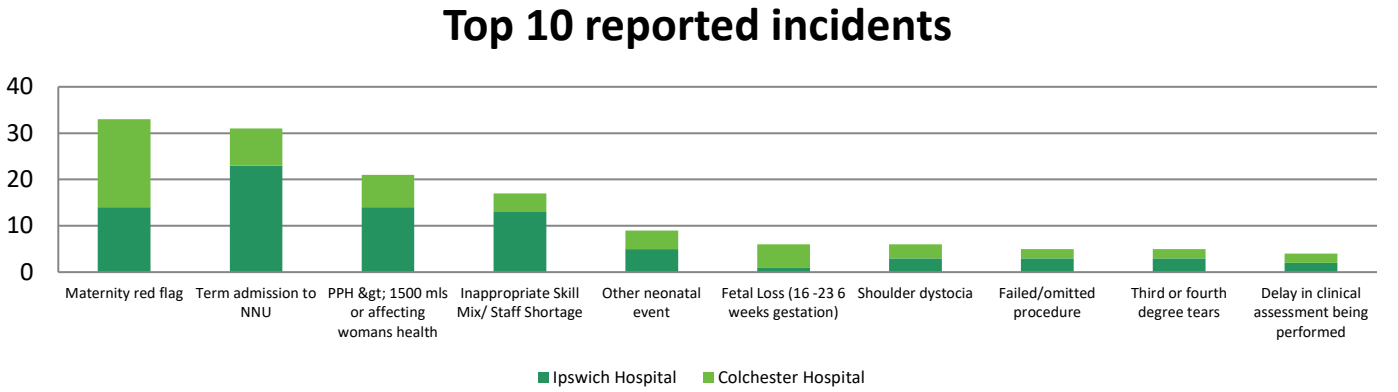
Patient Safety – Maternity Dashboard, SBL and CNST updates

Risk and Governance Update for Maternity

PSII
Number of new declared – 0
Currently open – 1
PSR
Number of new declared – 1
Currently open - 4
ELR
Number of new declared – 4
MNSI
Number of new declared – 3
Currently open – 2*
Completed – 0
**1 referral rejected*

Complaints
New – 9
Callback compliance – 78%
(2 breached)
Response compliance – 75%
(1 breached)

Risk Register
New risks – 0
Closed risks – 0



Learning from complaints

The midwife's we had who were student midwife and midwife were great and really helped throughout my whole experience. Once I got to the postnatal ward I felt a little forgotten and asked numerous staff the same question all for them to go and find out and never come back.

ID	Type	Location - Ward / Dept / Team	Description	Outcome code		Lessons learned
11528	Medium	Delivery Suite (Col)	Admissions & Discharges	Concerns raised following birth reflections meeting regarding difficult labour and delivery experience.	Partially upheld	Staff did not recognise that patient was uncomfortable with self-medicating. IV syntocinon infusion was not connected resulting in it pooling on floor. All staff reminded that self-administration is optional, and that some women may prefer staff-administered medication. The midwife appropriately reported the IV error to the safety team and this was fully investigated. Training issues following this investigation have been addressed
11310	Medium	Orwell Ward	Communications	Patient has concerns over patient care, professionalism of midwives and lack of diagnosis of baby.	Partially upheld	Remind staff that personal mobile phones must not be used during clinical care, and to reinforce the need to always remain professional and attentive. Although not part of the NHS fetal anomaly screening programme the talipes could be seen on the scan. This will be fed this back to the sonographer involved as an important learning opportunity.

Spotlight Report

January 2026

Patient Safety – Maternity Dashboard, SBL and CNST updates

SA1 - Complete	SA2 - Complete	SA3 - Complete	SA4 - Complete	SA5 - Complete
• Compliant • Paper approved at Trust CNST meeting in Dec 25 and with the LMNS	• Compliant • Approved at Trust CNST meeting Nov 25 and with the LMNS	• Compliant • Paper approved at Trust CNST meeting in Dec 25 and with the LMNS	• Compliant • Action plan in place for Tiers 1&3 neonatal workforce and monitored through risk register • Paper approved at Trust CNST meeting Nov 25 and with the LMNS	• Compliant • Paper approved at Trust CNST meeting Nov 25 and with the LMNS
SA6 - Complete	**SA7 - Complete**	**SA8 – Complete**	**SA9 - Complete**	**SA10 - Complete**
• Compliant • Q2 report LMNS validated 94% implementation • Paper approved at Trust CNST meeting Nov 25 and with the LMNS	• Compliant • Paper approved at Trust CNST meeting Nov 25 and with the LMNS	• Compliant • Paper approved at Trust CNST meeting in Dec 25 and with the LMNS	• Compliant • Paper approved at Trust CNST meeting in Dec 25 and with the LMNS	• Compliant • Paper approved at Trust CNST meeting in Dec 25 and with the LMNS

Spotlight Report

January 2026

Patient Experience

Executive Summary

The Trust received a much higher number of new complaints in January 2026, compared to the previous month, with 109 in January compared to 89 in December 2025. There is no theme to the increase in new complaints and appears to follow the historical trend of a busier hospitals across winter resulting in more complaints. Despite the increase in new complaints being received, the compliance rate, for replying on time to complaints, has improved from 92% in December to 96% for this month, which is above the Trust target of 95%.

The compliance rate for completing courtesy calls (at the start of the complaint process), has dipped under the target of 95% and was 94% in January 2026. This was caused by a couple of calls being completed 24 hours after the target time (three working days). Following a brief drop in December 2025 (when 482 enquiries were logged), the Trust has seen another month where more than 550 PALS enquires has been logged. This means four of the last five months the Trust has exceeded 550 - in January 2026 a total of 573 new PALS were recorded. The surgical Division (with 230 enquiries) had twice more than the next highest Division (Woman & Children had 107). Communication and appointment issues, remain the main reason for patients contacting PALS.

Learning from Complaints

Complaint about emergency medical care at Ipswich

- Concern raised about initial ECG misinterpreted by doctor and patient was not correctly prioritised until second ECG was reviewed. Outcomes from investigation shows that a reflective discussion has happened with the Minor Injury Practitioner who apologised. Also arranged for Clinical Educator for the Emergency Department to have supervised time with all Minor Injury Practitioners to assist with all aspects of triage and to embed the escalation process for interventions.

Ombudsman Update

Update for January 2026

- The Trust still receives communication from the Ombudsman in relation to complaints that have been handled across the Trust. In January 2026 four pieces of correspondence were received. One of these letters related to the Ombudsman requesting a formal update on an ongoing complaint. The remaining three enquiries were the Ombudsman requesting copies of the complaint file, along with copies of the patients' medical records.

Reopened complaints

One complaint needed to be formally reopened

- The Trust had 14 complaints that have been subject to a further review, with one of these being caused by the first reply not properly addressing the questions raised. The reasons for the additional reviews are that four complainants requested to meet with the investigating teams. Three other complainants supplied additional concerns to be reviewed, four complainants disputed our information, and the final two reopened complaints resulted from feedback being received from the PHSO.

PALS Update

8 PALS enquiries needed to be converted to complaints

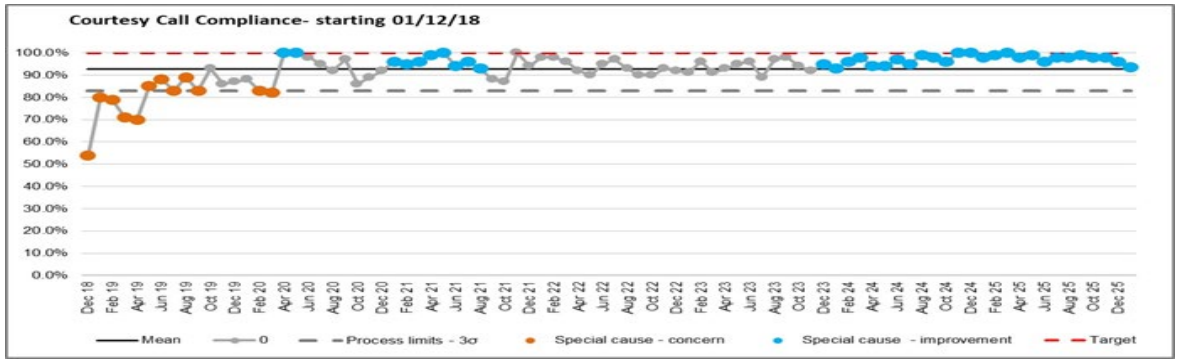
- Across January 2026 the Trust saw a return to recent high numbers of new PALS enquiries being recorded, with 573 new enquiries logged for January. The introduction of EpicEPR, and the PALS team using MyChart, is helping to resolve enquiries - and the team are trying to encourage people to sign up for MyChart. The overall busy nature of both hospitals across winter has resulted in many people seeking assistance from PALS during the start of 2026.

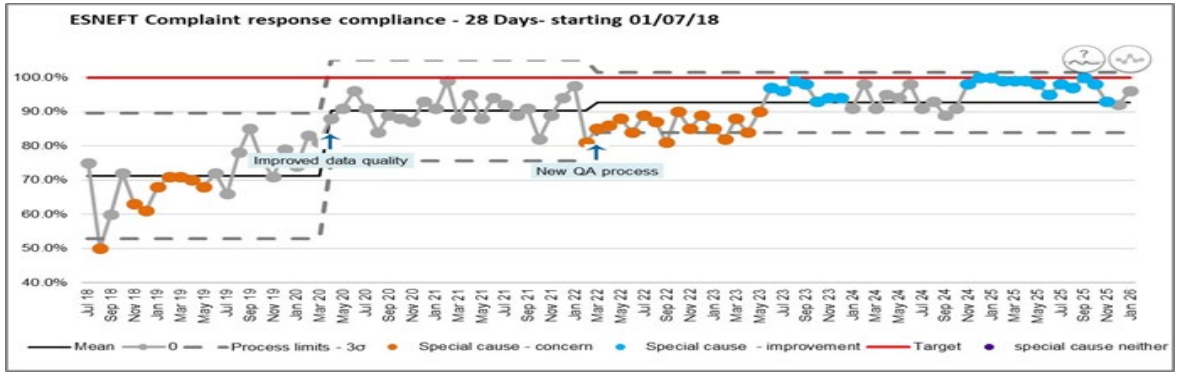
Spotlight Report

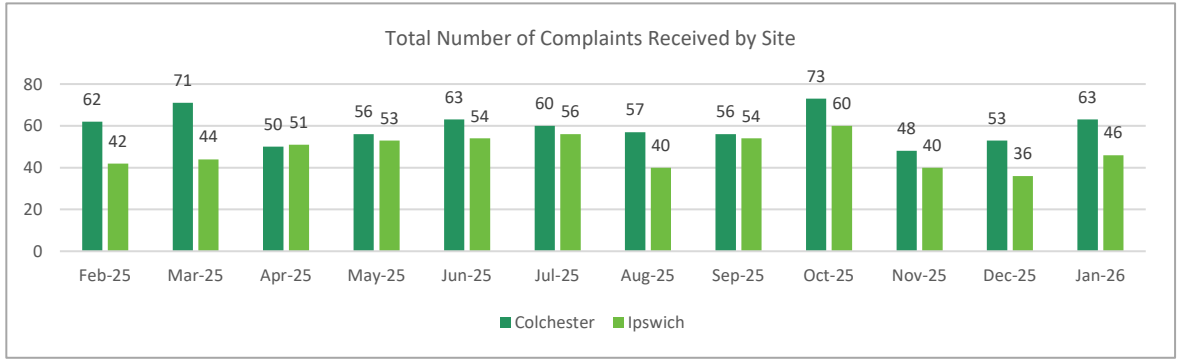
January 2026

Patient Experience

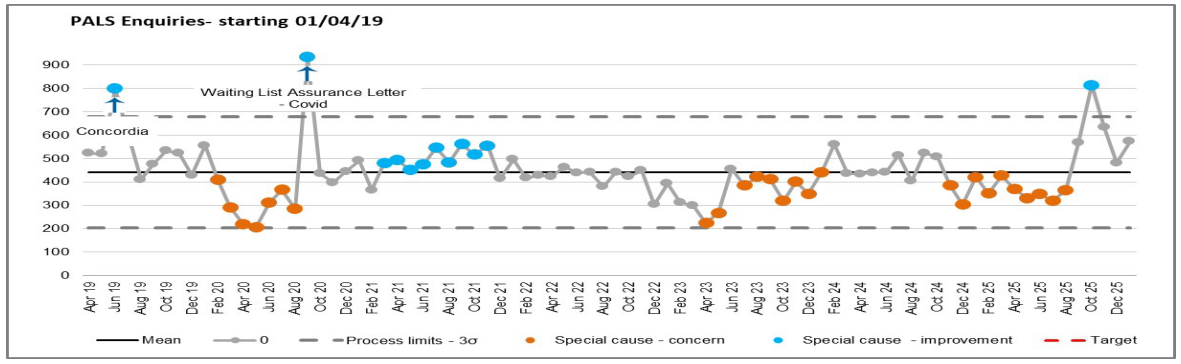
Complaints

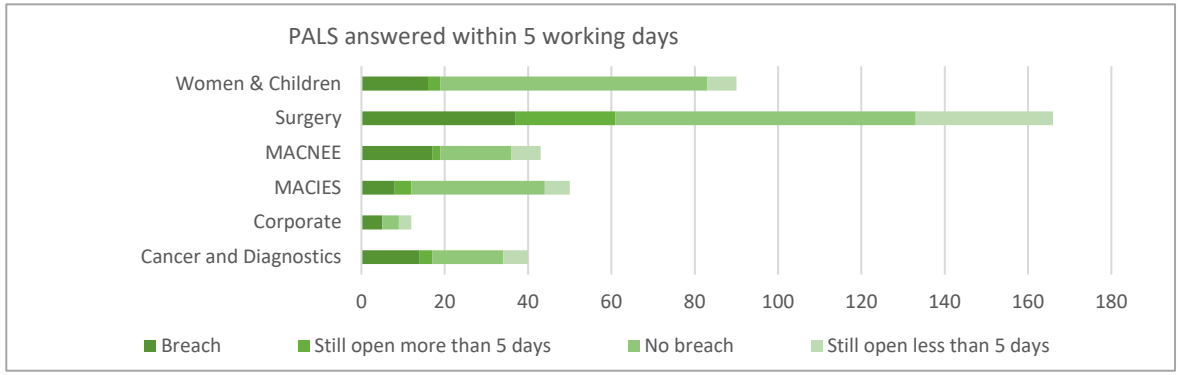


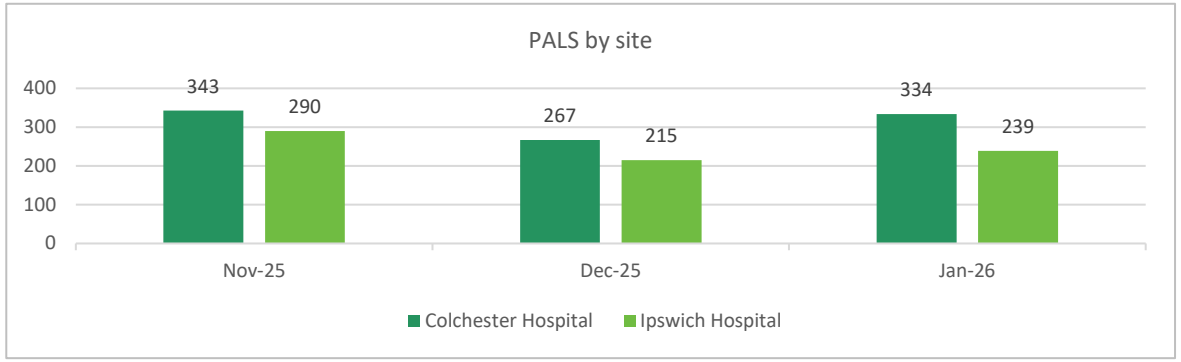




PALS



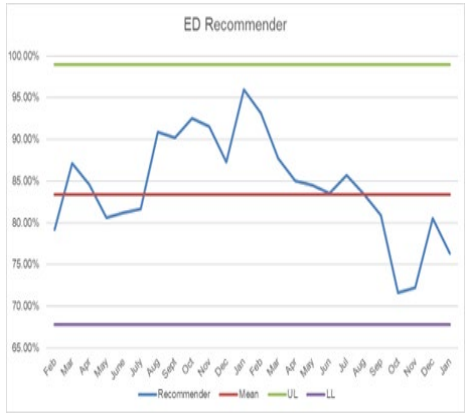


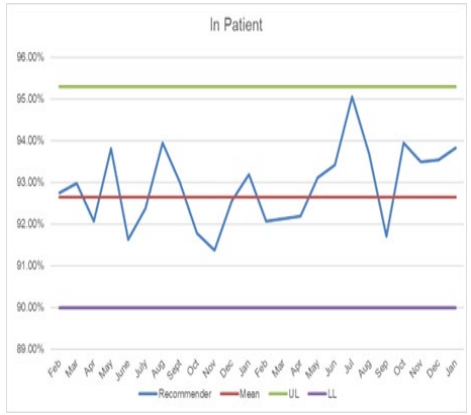


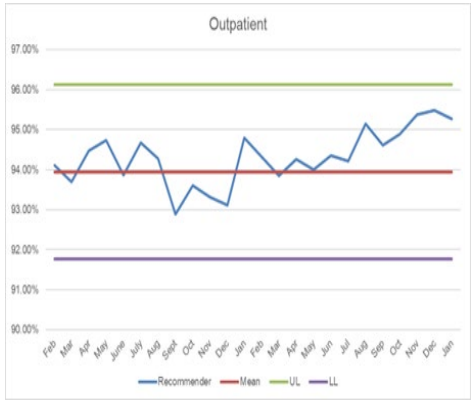
Spotlight Report

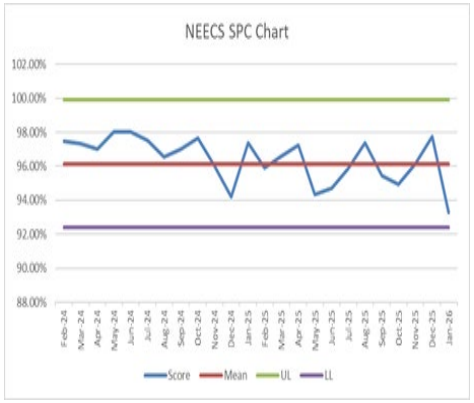
January 2026

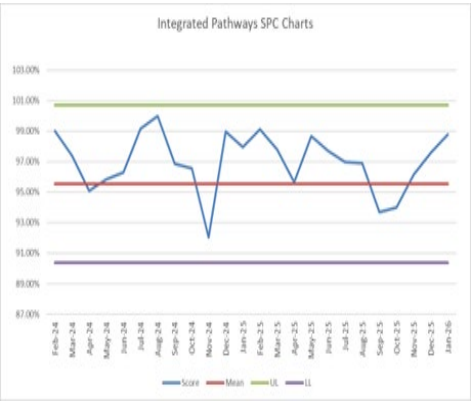
Patient Experience – Friends & Family



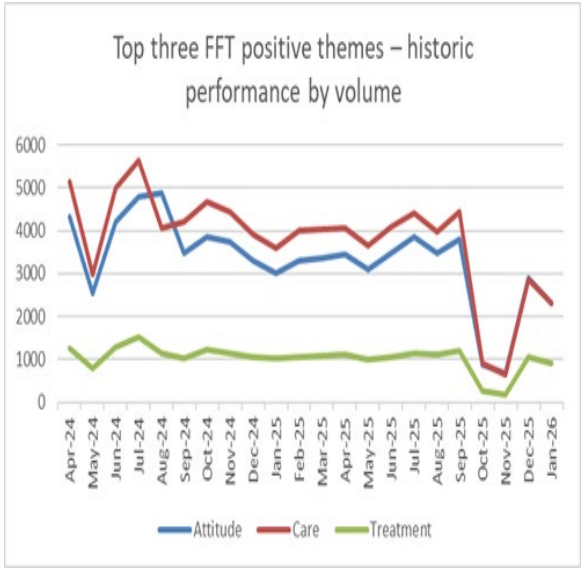


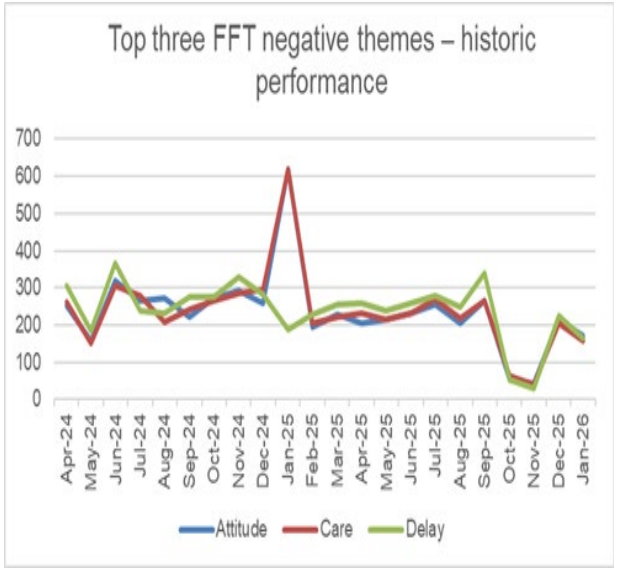




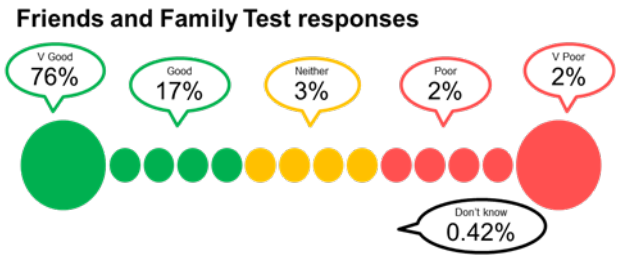


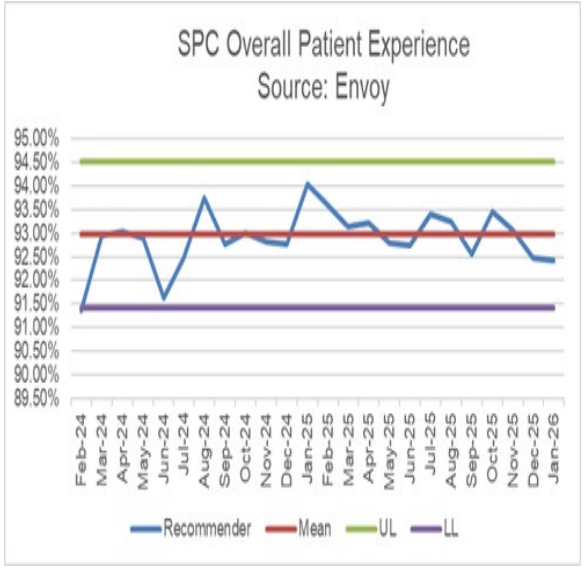
Top themes from Friends and Family for negative and positive comments for the month





FFT Response	Ipswich	Colchester
Very good/Good	93.0%	90.4%
Poor/Very poor	3.5%	6.3%
Neither good nor poor	3.4%	3.3%

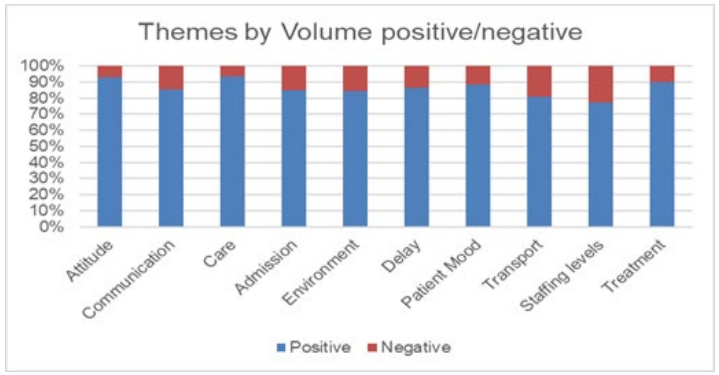


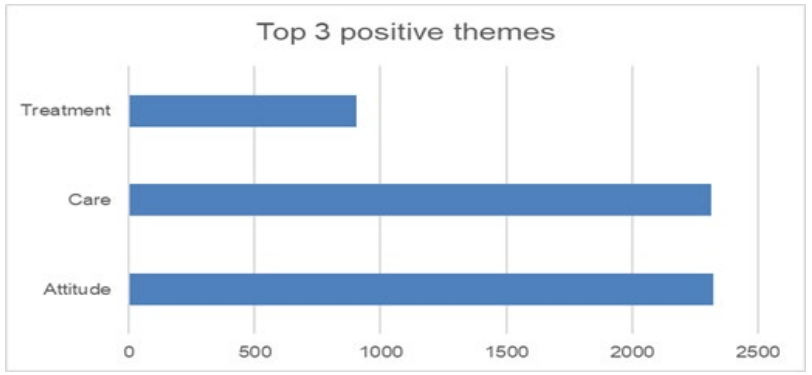


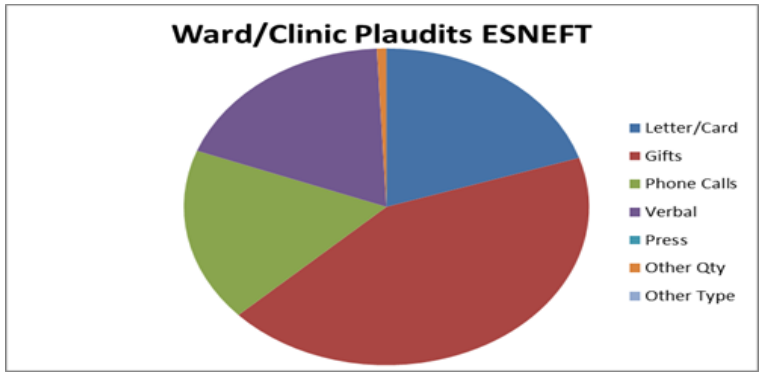
Spotlight Report

January 2026

Patient Experience – Friends & Family







There were **395** plaudits sent in to wards and clinics for ESNEFT.

Top 3 negative themes in month

Staffing – Patients commenting on areas being understaffed, both clinical and administration

Communication – Patients are saying lack of communication regarding treatment and waiting times has a negative impact on their overall experience.

Admission – Waiting times for admission to wards and waiting in ED for a bed to become available and comments referring to waiting/admission for minor procedures and diagnostics.

Online Feedback

Framlingham Ward Ipswich - We would like to thank all of the staff for taking such brilliant care of our little girl. We felt like part of their team as they included us in everything.

St Osyths Priory Ward - Excellent care, frame is helping me to walk. House keeping staff are wonderful. No issues. If poorly again, I would ask for Clacton Hospital

Bluebird Lodge - Thankyou for taking such good care of me during my stay. I found all the staff very pleasant, they always found time for a quick chat and a smile for me. Everywhere is lovely and clean and the food is excellent with lots of choice.

Oncology Services Ipswich- As always the nurses in oncology were extremely busy but took care to make sure patients were fine, very important when everyone is a cancer patient. Improvement - more staff as nurses often go several hours between breaks due to the volume of patients

AMSDEC Ipswich - Lovely staff taking great care of patients. AMSDEC enabled me to have a number of tests and go home at the end of the day rather than being admitted. Excellent service, thank you!

Levington Ward - Care overall very good, waiting for discharge drugs took time and conflicting information from doctors on discharge.

Foot Surgery - Pre surgery appointment at the foot clinic. The staff were lovely, what a happy crew they are despite the heating not working properly

Performance: Trends & Hotspots

January 2026

Emergency Care	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
A&E: Total Wait - 4 Hour Performance	77.7%	75.0%	71.8%	70.1%	73.3%	74.9%	74.5%
A&E: Time to initial assessment	-	81.0%	76.4%	29.8%	34.6%	36.0%	34.1%
ESNEFT Mental health Attendances	-	387	342	368	369	298	276

Inpatients	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
ESNEFT Total Spells	-	18,452	19,841	13,950	15,354	15,737	16,136
ESNEFT Daily average LLOS patients	-	176	177	187	259	222	182

Cancer	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Cancer: 62-day wait performance	78.9%	65.1%	70.7%	58.7%	63.6%	71.4%	70.0%
Cancer: 28 Day Faster Diagnosis Standard	80.8%	74.9%	72.3%	70.5%	65.3%	68.3%	68.3%

Diagnostics	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Diagnostics: % Patients waiting 6 weeks or longer	5%	12.4%	13.13%	23.20%	26.50%	27.9%	21.9%

RTT	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
RTT: Incomplete pathway >65 weeks	0%	0.01%	0.01%	0.01%	0.00%	0.00%	0.07%
RTT: Incomplete pathway >52 weeks	3.5%	3.19%	3.23%	3.33%	3.25%	2.52%	2.22%

Areas of Improvement

- Improvements in 4 hours standard and 12 hours waits seen across Ipswich site and sustained at Colchester
- Despite Critical Incident reductions in Ambulance Handover times being seen late Jan and continuing into February.
- Improvement in Activity levels following the planned reductions – still some areas where improvements are slower to return.
- Improvement month on month for Cancer – these figures still unvalidated for the month.
- Continued improvement for diagnostics
- Elective Focus with Elective Roadshows, speciality Deep Dives, tactical weekly and Turbo rooms all to support validation and education with a dedicated focus on data quality i.e. duplicate referrals, appts with no next steps and DNA appts. This supported the reduction of the total waiting list size.

Areas requiring further work

- The Trust achieved 74.5% performance against the A&E 4-hour standard in January, focused improvements to 76% in February and 78% in March.
- Inpatient and frailty taskforce to Work following Taskforce Improvements being developed into UECC resilience and improvement plans for 2026/27 to support Medium Term Plan delivery.
- The Trust is in Tier 2 regional oversight for UECC with monthly meetings plans share with Performance and Finance Committee and region.
- Continued focus on reducing the 62-day backlog and improving the diagnostic element of the pathways timelines.
- Returning to pre go live activity across some specialities such as surgery, Medicine and NEE and Medicine and IES.
- Validation of PTLs and key work queues – external support from February onwards with external validators.
- Focus with clinical colleagues on reducing both the triaging referrals and outcoming work queues to get to doing todays work today.

** The target is the Trust's local target and trajectory submitted to NHSE, as identified for May 2025.*

Performance: Executive Summary

January 2026

	Performance Measure	Trust Agreed plan	Reporting Month ESNEFT	Reporting Month CoI	Reporting Month Ips	Trend ESNEFT	Trend CoI	Trend Ips
Emergency Department	Four hour standard (Whole Economy)	77.7%	74.5%	74.4%	74.7%	(0.5%)	(0.6%)	(0.2%)
	Time to initial assessment - 95th pct	Not in Trust Submitted plan	124	148	62	43	39	19
	Time to initial assessment- percentage within 15 minutes (new measures)	Not in Trust Submitted plan	34.1%	36.3%	31.9%	(1.9%)	(2.0%)	(1.9%)
	Time to treatment - median time in department	Not in Trust Submitted plan	43	29	101	4	3	13
	Average (mean) time in department- non-admitted patients (new measure)	Not in Trust Submitted plan	241	252	264	21	22	26
	Average (mean) time in department- admitted patients (new measure)	Not in Trust Submitted plan	860	828	906	178	156	207
	Patients spending more than 12 hours in A&E	846	2,048	1,197	851	536	222	314
	Proportion of ambulance handovers within 15 minutes (new measure)	Not in Trust Submitted plan	7.4%	6.0%	9.3%	(4.5%)	(3.3%)	(5.9%)
Cancer	% Patients seen within 2 weeks from urgent GP referral	Not in Trust Submitted plan	66.7%			(6.8%)		
	% patients meeting 28 day faster diagnosis	80.8%	68.3%			(0.1%)		
	% patients waiting no more than 62 days for treatment	78.9%	70.0%			(1.8%)		
Diagnostics	% patients waiting 6 weeks or more for a diagnostic test	Not in Trust Submitted plan	21.9%			(6.0%)		
	Diagnostic waiting list	Not in Trust Submitted plan	20,055			394		
RTT	% of incomplete pathways within 18 weeks	59.4%	54.1%			0.1%		
	Total RTT waiting list (open pathways)	85,594	90,802			(1,901)		
	Total 52+ weeks waiters	1,267	2,016			(321)		
	% of RTT waiting list at 52+ weeks	1.5%	2.2%			(0.3%)		
	Total 65+ weeks waiters	0	61			25		
	% of RTT waiting list at 65+ weeks	0.0%	0.07%			0.03%		

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.

Urgent and Emergency Care: Emergency performance has seen sustained improvements seen since EpicEPR Stabilisation. The Ipswich site showed a 12% improvement over January 2025. Ambulance Handover times have improved in February following the Critical Incident and the ability to close inbound and outbound corridors at times but remain pressured. Focus remains on UEC plans for non-admitted, type 3 and paediatric performance improvements. A wider UEC Resilience and Improvement Programme led by the Directors of Operations to work on patient flow, discharge, left shift, frailty, seasonality and workforce resilience aims to provide sustainable improvements for 2026/2027.

Elective, Cancer and Diagnostics: Performance across most metrics saw an improvement against the revised trajectories for January and continues to see that improving trend in February. Focus remains on cancer pathways and improving time to diagnosis as well as treating patients in a backlog position and for Elective and diagnostics pathways. The focus remains on the validation and improving the 18-week performance to achieve the end of March target position. The Cancer and Elective Medium Term 2-year plan developed in 2025, will continue to be followed to support improvements for 26/27, with a particular focus on optimising all capacity in line with GIRFT recommendations etc.

Performance: Comparison to revised trajectories

January 2026

Revised trajectories were calculated part way through January and agreed at last Committee.

The Managing Director has met with the Divisional Director for UEC at Ipswich site the divisional management team and DDON for Women and Children's division to request plans to improve Paediatric waits in UEC including appointment of a new Clinical Lead for Ipswich UECC, recruitment to Paediatric specialist trained ACPs and improved pathways for direct to Children's Assessment Unit.

Revised trajectories were calculated part way through January and agreed at last Committee. This slide summarises the month end position of these.

Of the 11 revised trajectories, 8 showed a better position than trajectory by end of January:

- Ambulance - Average handover delays
- UEC % Type 1 patients 12h or more
- RTT Patients waiting 52w
- RTT Total patients waiting
- RTT 18w performance
- Cancer 28 Day Faster Diagnosis Standard
- Cancer 62 Day Combined
- Diagnostics % 6w+

There were 3 metrics which ended January in a worse position:

- UEC 4hr performance
- UEC Paediatric 4hr performance
- Cancer 31d standard

				Revised trajectory			Actuals			Variance			Comparison		
Area	Specific	Direction	Current	Jan-26	Feb-26	Mar-26	Jan-26	Feb-26	Mar-26	Jan-26	Feb-26	Mar-26	Jan-26	Feb-26	Mar-26
UEC	Ambulance - Average handover delays	Down is good	01:41:02	01:41:02	01:13:01	00:45:00	01:29:02			00:12:00			Better		
UEC	4hr performance	Up is good	74.6%	74.6%	76.0%	78.4%	74.5%			(0.1%)			Worse		
UEC	% Type 1 patients 12h or more	Down is good	20.8%	20.8%	15.8%	12.9%	18.0%			(2.8%)			Better		
UEC	Paediatric 4hr	Up is good	85.9%	85.9%	86.4%	92.1%	85.4%			(0.5%)			Worse		
RTT	Patients waiting 52w	Down is good	2,168	2,168	1,670	839	2,016			(152)			Better		
RTT	Total patients waiting	Down is good	92,748	92,790	92,950	93,013	90,802			(1,988)			Better		
RTT	18w performance	Up is good	54.0%	54.0%	54.0%	54.1%	54.1%			0.1%			Better		
Cancer	28 Day Faster Diagnosis Standard	Up is good	65.3%	65.3%	68.3%	74.0%	68.3%			3.0%			Better		
Cancer	62 Day Combined	Up is good	63.6%	63.6%	66.6%	70.0%	70.0%			6.4%			Better		
Cancer	31 Day standard	Up is good	90.3%	90.3%	90.3%	90.3%	81.6%			(8.7%)			Worse		
DM01	% 6w+	Down is good	27.9%	27.2%	20.2%	10.0%	21.9%			(5.3%)			Better		

Provider Table Rank	Elective proportion within 18 weeks	Elective proportion over 52 Weeks	Cancer Faster Diagnosis	Cancer 62 Day Combined	Diagnostics Proportion waiting over 6 weeks	A&E 4 Hour Performance	A&E 12 Hour Performance
January 26	54% 107(118)	2.5% 91 (118)	68.3% 111(119)	71.7% 65(119)	27.9% 77(118)	74.5% 29(118)	15.1% 75(118)
December 25	54.3 106(118)	3.2% 103(118)	65.3% 111(119)	6.6% 97(119)	26.4% 80(117)	74.9 37(1118)	11.1% 60(118)

Performance: Urgent Care

January 2026

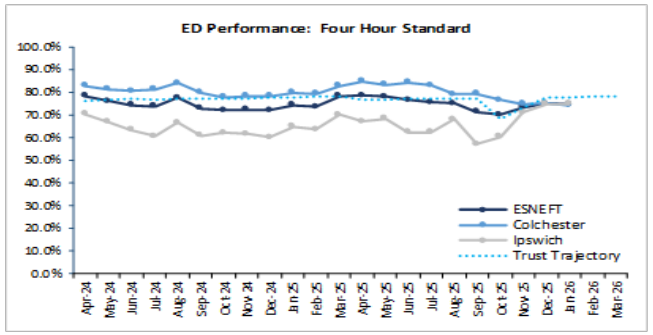
Whole Economy performance for ESNEFT in month declined by 0.47% and was below the national standard of 78% in January 26. Local performance was above both National and Regional average. Colchester performance declined by 0.6% and Ipswich performance declined by 0.2%. Overall, ESNEFT attendances decreased by 59 (0.2%) with Colchester attendances decreasing by 1.0% and Ipswich attendances increasing by 1.2%.

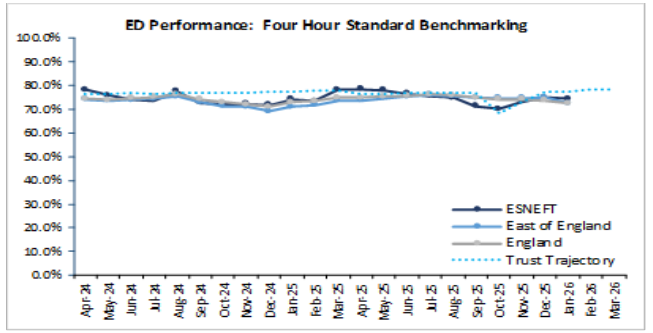
4-hour standard- ESNEFT whole economy
74.5%
↓ vs 74.95% last month
**includes Clacton and Harwich*

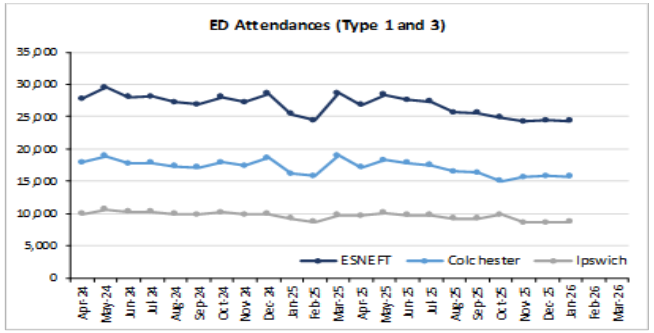
4-hour standard- Colchester
74.4%
↓ vs 75.0% last month

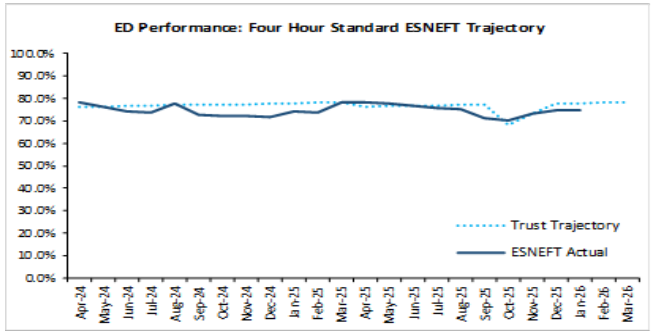
4-hour standard- Ipswich
74.7%
↓ vs 74.8% last month

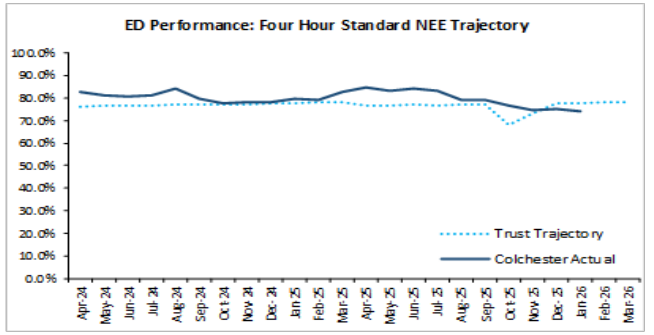
Attendances - ESNEFT
24,344
↓ vs 24,403 last month

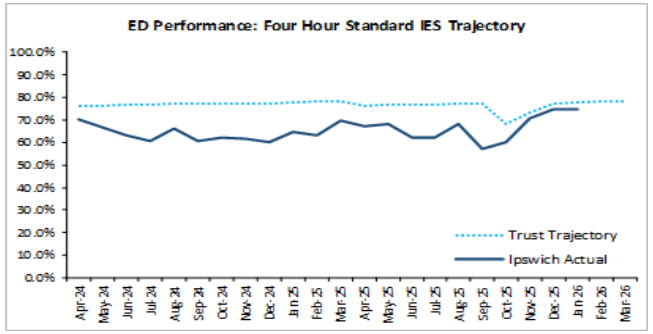












Colchester

4-hour performance saw a slight decline in January. The Emergency Department was still very challenged with 12-hour waits. Exit block from the department meant that it was challenging to see and treat patients in a timely manner, due to overcrowding.

Ipswich

4-hour performance remained static between December and January however there continues to be a steady improvement in type 1 performance and a slight decline in type 3 performance with >12% improvement compared to the same months last year.

The focus in Q4 is to improve upon paediatric UTC 4-hour performance for which action plans are in place.

Performance: Urgent Care - Ambulances

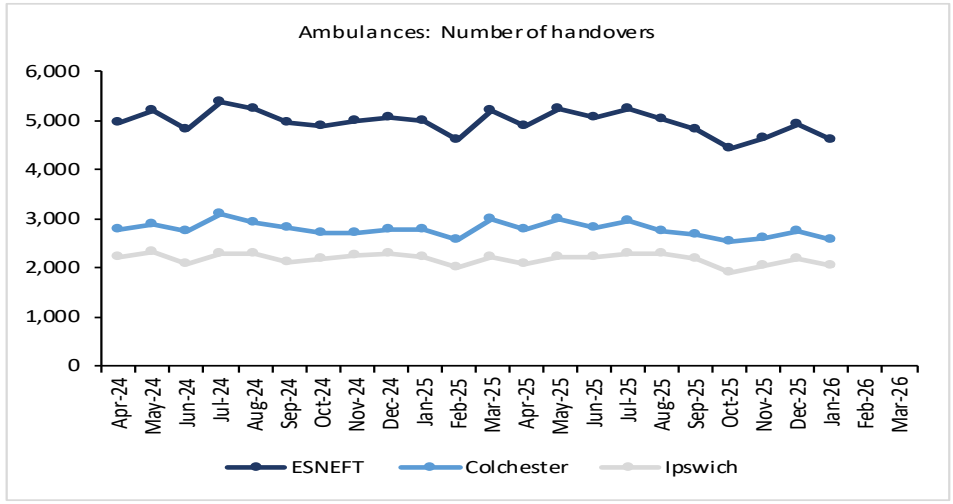
January 2026

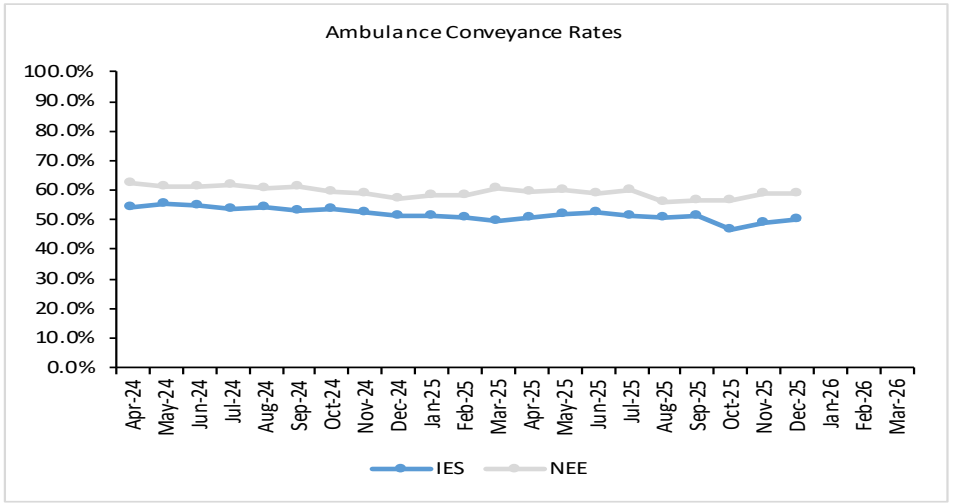
The number of ambulance handovers decreased in January for ESNEFT by 6.3%, with the number at Colchester decreasing by 5.7% and decreasing by 7.0% at Ipswich.

Number of handovers - ESNEFT
4,614
🡻 vs 4,923 last month

Number of handovers - Colchester
2,586
🡻 vs 2,742 last month

Number of handovers - Ipswich
2,028
🡻 vs 2,181 last month





**Ambulance conveyance rates not yet available for January

Colchester

There have been good improvements in the number of patients who are being brought directly to SDEC from EEAST, which is ensuring that patients receive the right care in the right place. UCRS has seen good activity levels and low rejection rates which will have supported the decrease in number of handovers. Focussed work is planned with EEAST and UCRS to explore what more can be done for End-of-Life patients to be supported within the community.

Ipswich

Ambulance arrivals decreased in January with EEAST reporting positive conveyance rates and the use of the ‘Hear and Treat’ service. Work is ongoing to ensure that patients suitable for ‘Fit to Sit' are moved through the appropriate initial assessment area quickly to release crews. Work is on-going in the community to ensure patients are treated closer to home through the UCR service where appropriate with schemes looking at increasing capacity being explored and enacted.

Performance: Urgent Care - Ambulances

January 2026

ESNEFT performance for handovers within 15 minutes decreased by 4.5% in month. At Colchester, the proportion of patients handed over within 15 mins decreased by 3.3% and at Ipswich it decreased by 5.9%. Overall, the number of handovers between 15 and 30 minutes decreased by 9.8%, between 30 and 60 minutes increased by 0.2%, and the number handed over after 60 minutes increased by 14.1%.

Handovers within 15 minutes - **ESNEFT**
7.4%
↓ vs 11.9% last month

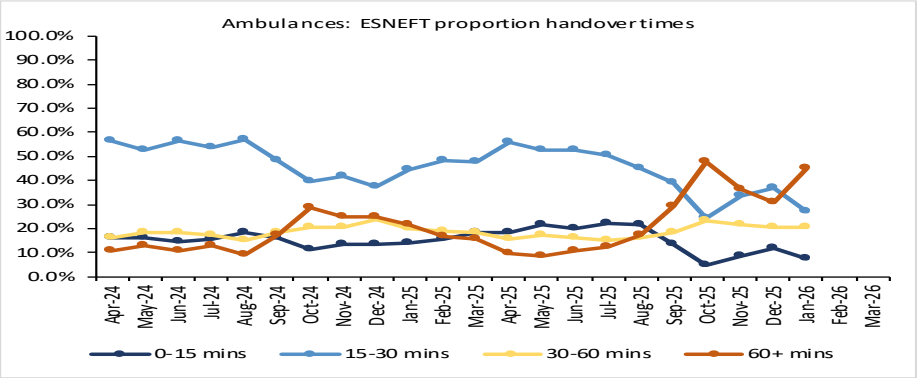
Handovers within 15 minutes – **Colchester**
6.0%
↓ vs 9.3% last month

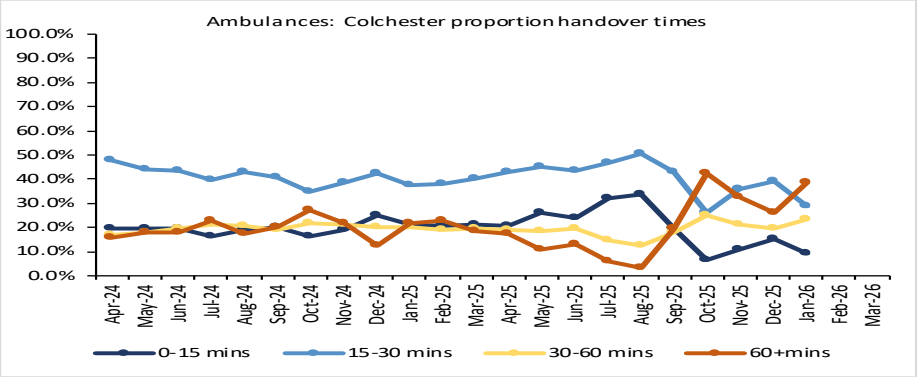
Handovers within 15 minutes - **Ipswich**
9.3%
↓ vs 15.2% last month

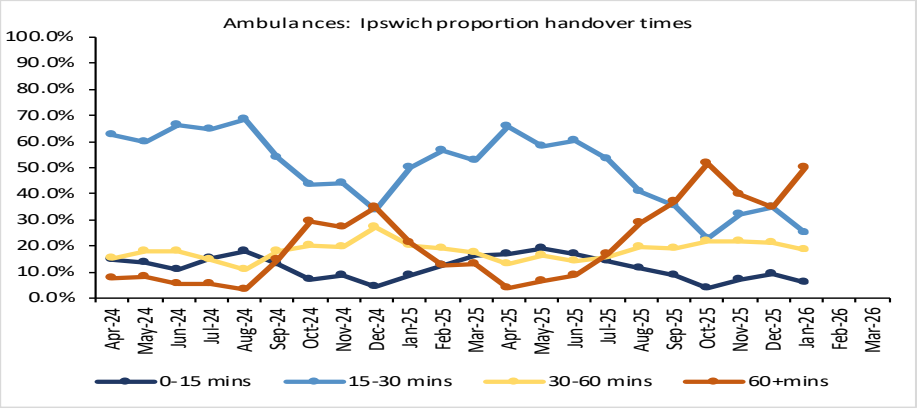
Handovers within 15 – 30 minutes - **ESNEFT**
26.8%
↓ vs 36.6% last month

Handovers within 30 – 60 minutes - **ESNEFT**
20.7%
↑ vs 20.5% last month

Handovers over 60 minutes - **ESNEFT**
45.1%
↑ vs 31.0% last month







Colchester

Sustained exit block and 12-hour waits has meant that timely ambulance offloads have been challenged. All internal temporary escalation space has been fully utilised, alongside alternative pathways from the front door.

Even at times of peak pressure, the department continues to ensure that 'In and Out' processes are maintained to ensure that patients are still assessed in a timely manner. The work of the patient flow taskforce is anticipated to support a reduced length of stay which will in turn improve average time to handover.

Ipswich

Ambulance handover performance has been significantly impacted by exit block from the department. Lack of movement from majors does not allow for timely offloads.

The emergency department is working innovatively with the acute frailty team, use of inbound and outbound corridor care and the discharge lounge to manage movement internally as much as possible. The work of the patient flow taskforce is anticipated to support a reduced length of stay which will in turn improve average time to handover.

Performance: Urgent Care – Time in Department

January 2026

Overall, the time to initial assessment in ED declined, with the number of patients assessed within 15 minutes decreasing by 1.9%. Colchester decreased by 2.0% and Ipswich decreased by 1.9%. Average time in department for admitted patients increased by 178 minutes and increased by 21 minutes for non-admitted patients. The number of patients staying in the department for 12 hours increased by 35.4% compared to the previous month.

Time to initial assessment (% patients within 15 mins)
34.1%
↓ vs 36.0% last month

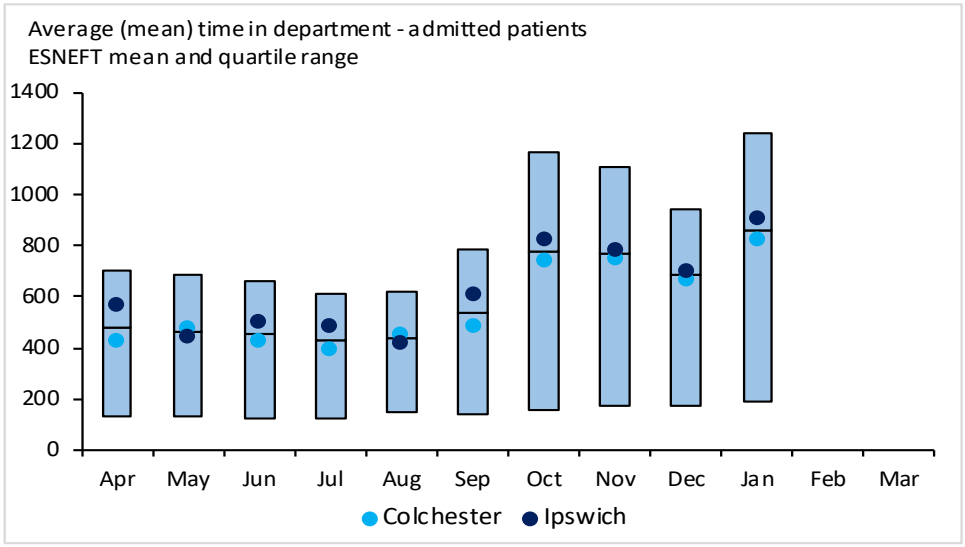
Time to initial assessment: (95pct)
124 min
↑ vs 81 min last month

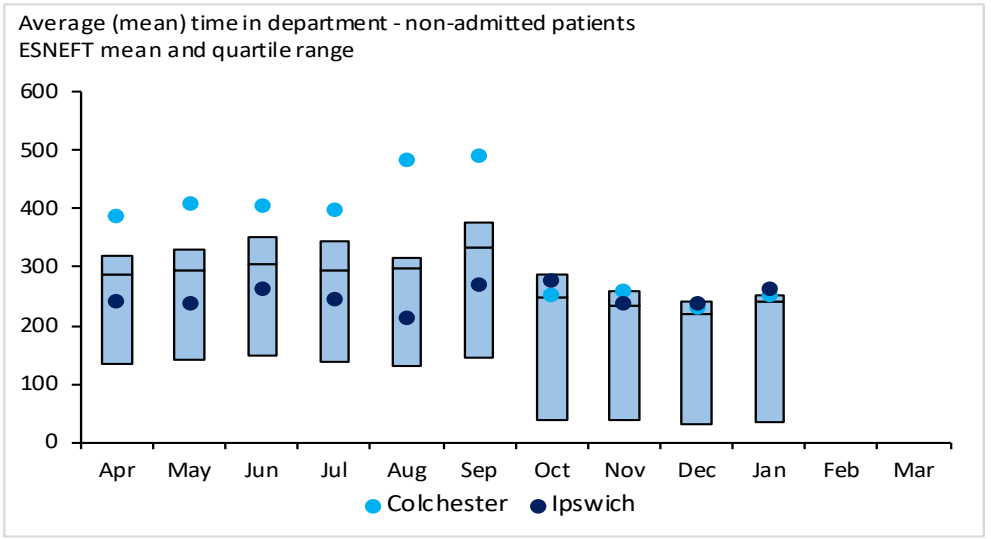
Average time in dept – non-admitted
241 min
↑ vs 220 min last month

Average time in dept – admitted
860 min
↑ vs 682 min last month

Time to treatment – median time in dept. (60 mins)
43 min
↑ vs 39 min last month

12-hour patients
2,048
↑ vs 1,512 last month





Colchester

A considerable increase in 12-hour wait performance directly influences time to initial assessment and average time in department. Due to high acuity of patients, and lack of physical space, this has meant that these metrics have not improved. In times of extreme pressure it is ensured that patient safety is prioritised with nursing teams regularly checking on patients on the back of ambulances and 'In and Out' processes are maintained.

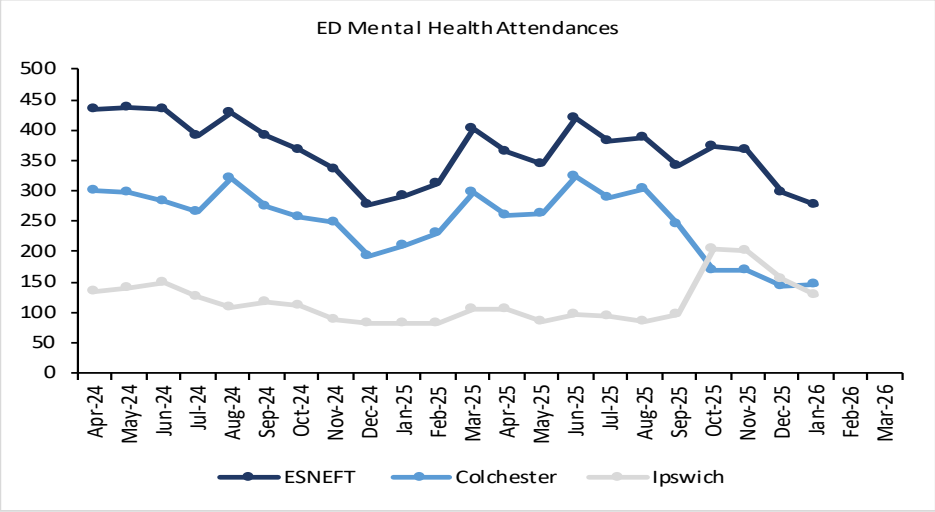
Ipswich

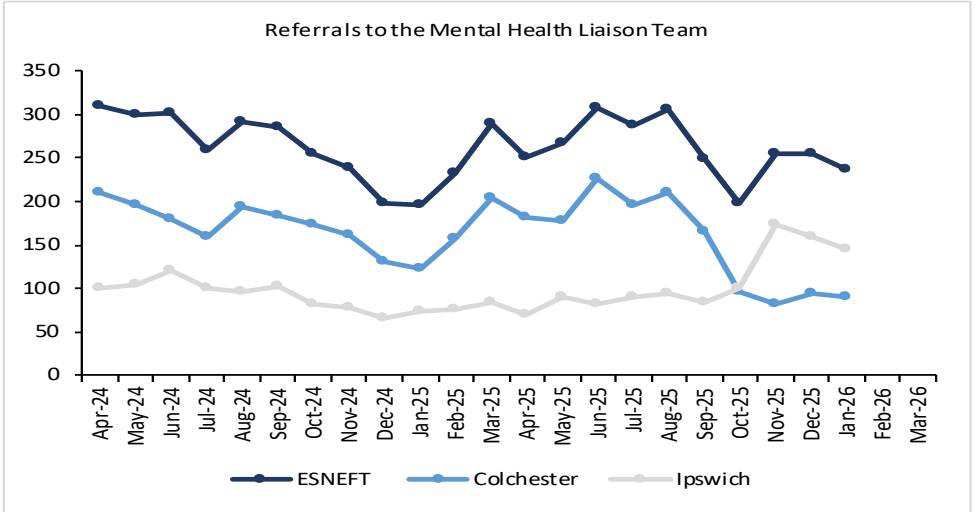
Bed waits in the emergency department created by exit block are creating a longer length of stay. There are significantly more patients in the emergency department which increases pressure on clinical colleagues and support services. The focus continues to be on reducing non-admitted time in department with strategies in place for February.

Performance: Urgent Care – Mental Health

January 2026

Mental Health ED attendances have decreased by 7.4% across ESNEFT compared with last month. In Colchester attendances increased by 2.1% and in Ipswich attendances decreased by 16.2%. Mental Health referrals decreased by 6.7% across ESNEFT, with Colchester decreasing by 3.2% and Ipswich decreasing by 8.8%.





MH attendances - Colchester
147
🡅 vs 144 last month

MH attendances - Ipswich
129
🡇 **v**s 154 last month

MHLT referrals - Colchester
91
🡇 **v**s 94 last month

MHLT referrals - Ipswich
146
🡇 **v**s 160 last month

Service Commentary

There appears to be a decreasing trend of referrals to MHLT which requires better understanding to determine if this is factual or due to EpicEPR access difficulties by partner Trusts. The number of referrals to MHLT in Ipswich are higher than the number of attendances which may be due to ward referrals being included in this figure; this requires more work to understand as well as if ward-based referrals are reducing as a result of ESNEFT MH posts.

Both EPUT and NSFT are developing plans for diversion from ED settings to enable more appropriate environments for individuals in crisis. The use of the MHA reduced in January, but numbers appear to be increasing in February.

Performance: Admissions

January 2026

Total spells increased by 2.5% in month for ESNEFT. Emergencies decreased by 3.2% and non-electives increased by 2.4%. Elective spells increased by 6.2% compared to last month. Compared with the same period 24/25, elective activity has decreased by 7.0%, emergencies have decreased by 37.3% and non-electives have increased by 6.5%. 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).

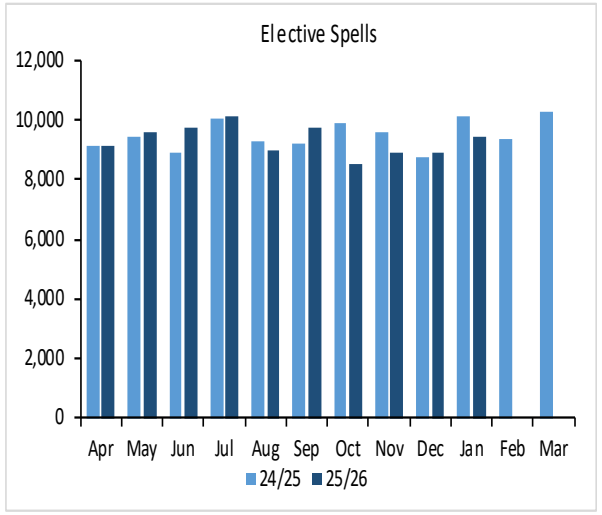
Elective spells
9,433
↑ vs 8,884 last month

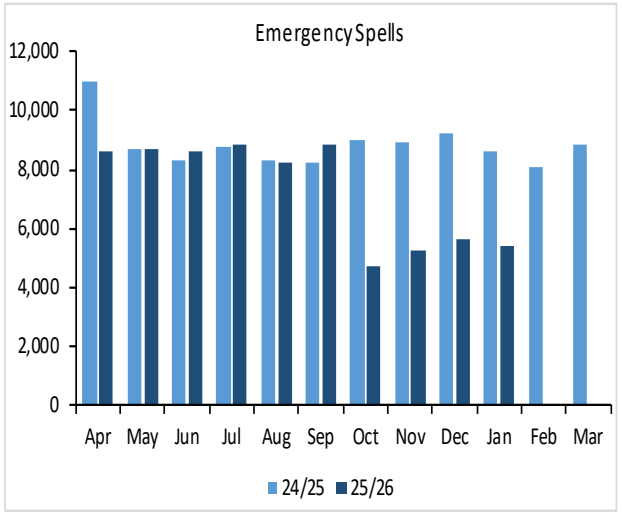
Emergency spells
5,425
↓ vs 5,605 last month

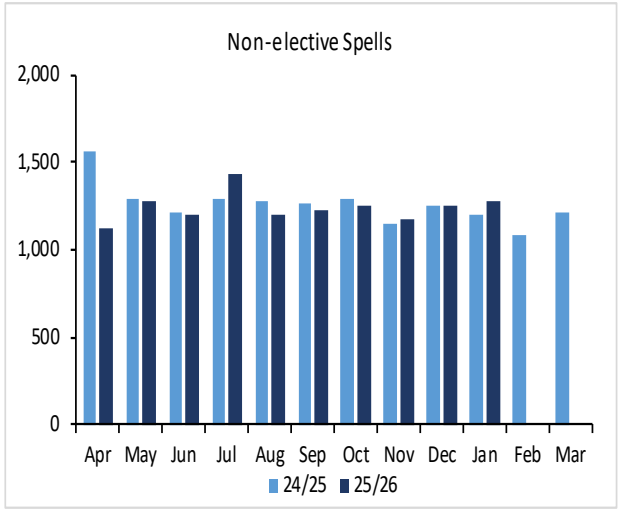
Non-elective spells
1,278
↑ vs 1,248 last month

Total spells
16,136
↑ vs 15,737 last month

***Emergency admissions now excludes patients seen in a SDEC area. These are now Type 5 emergency activity and do not count as emergency admissions.*







Colchester

Additional capacity came online in month via the Frailty assessment Unit and Boxted. The bed base was challenged due to high acuity; increased attends and reduced capacity due to IPC. MADE events have taken place and learning is being taken forward; as well as optimising EpicEPR opportunities to maintain flow and capacity.

Ipswich

The hospital continued to utilise temporary escalation beds which opened in October including the Stroke gym and Aldeburgh Hospital's 9 additional beds. Waveney remains open as a medical escalation ward which is at 28 patients. MACIES has devised a de-escalation plan to enact when appropriate.

There was a reduction in emergency spells following a challenging time with respiratory conditions in December.

Performance: Inpatients

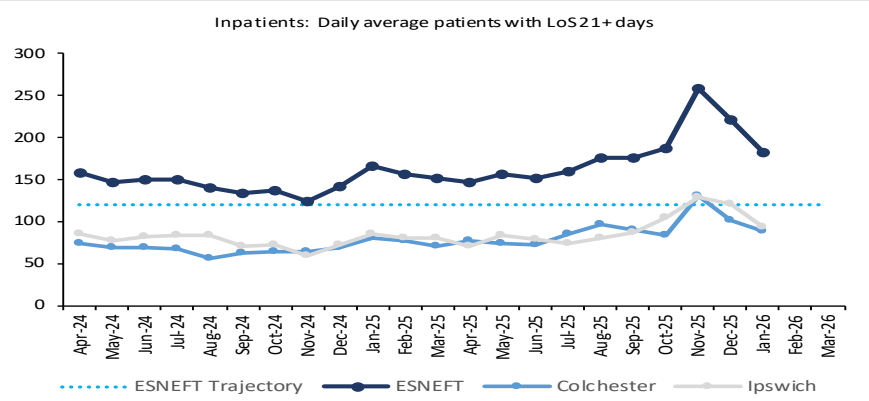
January 2026

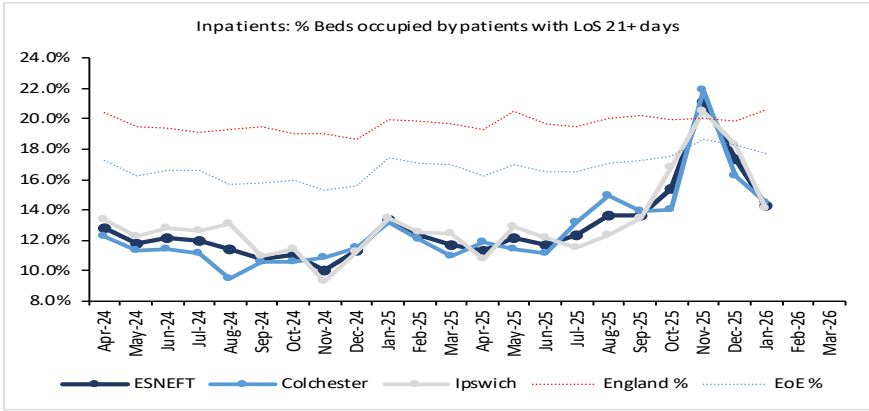
The average number of long length of stay (21+ days) patients across ESNEFT decreased by 40 in month and is 62 patients above the trajectory. Colchester decreased by 13 patients and Ipswich decreased by 27 patient.

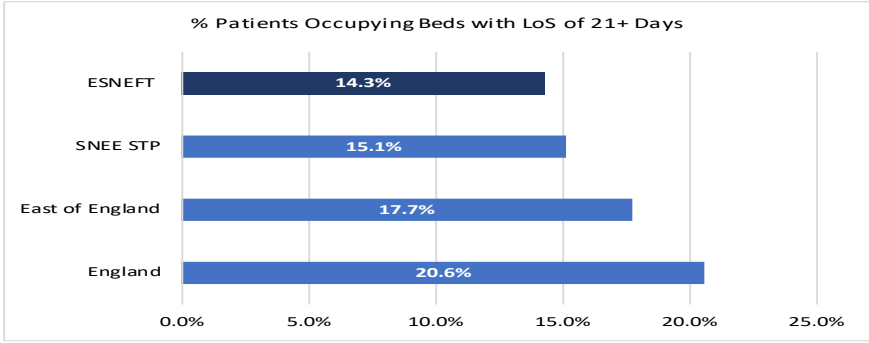
ESNEFT – Daily average LLOS patients
182
🡻 vs 222 last month

Colchester – Daily average LLOS patients
89
🡻 vs 102 last month

Ipswich – Daily average LLOS patients
93
🡻 vs 120 last month







Colchester

Colchester saw positive movement in relation to patients being discharged on all pathways.

Recovery to Home Beds and step-down beds available at Ramsey Care Home were better utilised which are particularly helpful for Pathway 2 and patients that have been in hospital over 21 days. There has also been good flow out of the community hospitals and Great Tey Ward.

Ipswich

Although January was challenging due to infection-related bed closures, the Ipswich site continued to improve length of stay.

Weekly ‘Time to Care’ MDTs maintained a strong focus, and discharge pathways improved across both community hospitals and the acute site.

Performance: Medically Fit for Discharge (MFFD)

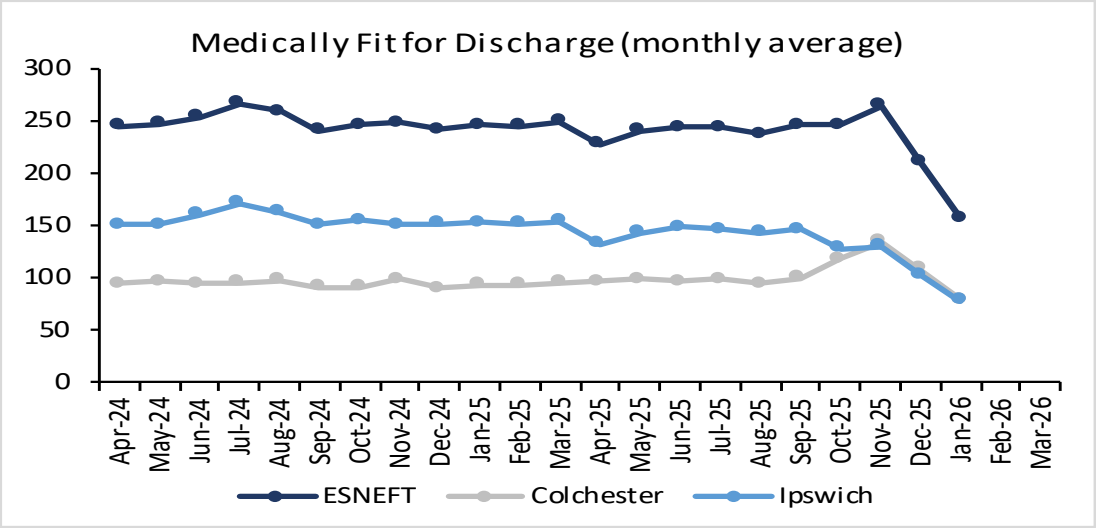
January 2026

The average number of medically fit for discharge patients has decreased by 25.6% in month for ESNEFT. Colchester decreased by 26.9% and Ipswich decreased by 24.3%.

Medically fit discharges - ESNEFT
157
🡻 vs 211 last month

Medically fit discharges - Colchester
79
🡻 vs 108 last month

Medically fit discharges - Ipswich
78
🡻 vs 103 last month



Colchester

The Trust was in a critical incident and business continuity through the majority of January which led to large numbers of people being released from BAU work to focus on discharges. System wide, there was support available to facilitate discharges across all pathways as quickly as possible. Additional capacity for step-down beds at Ramsey aided this and there was an increased discharge profile over weekend periods. This was supported by having additional clinicians available on Saturdays and Sundays in order to support discharges.

Ipswich

During January's critical incident and business continuity period, the Trust secured increased community capacity. Additional support plans were developed and implemented in key areas, including discharge and medical treatment planning, to improve patient flow, facilitate unblocking delays in the patient journey and decompressing the quantity of medically fit patients in the Trust.

Performance: Cancer

January 2026

ESNEFT performance in month declined by 6.8% for two week waits and declined by 1.8% for 62 day first treatments. The 28 day faster diagnosis rate declined by 0.1% compared to the month before and is below ESNEFT's internal trajectory to meet 80.8% in month.

Two week wait performance
66.7%
vs 73.5% last month

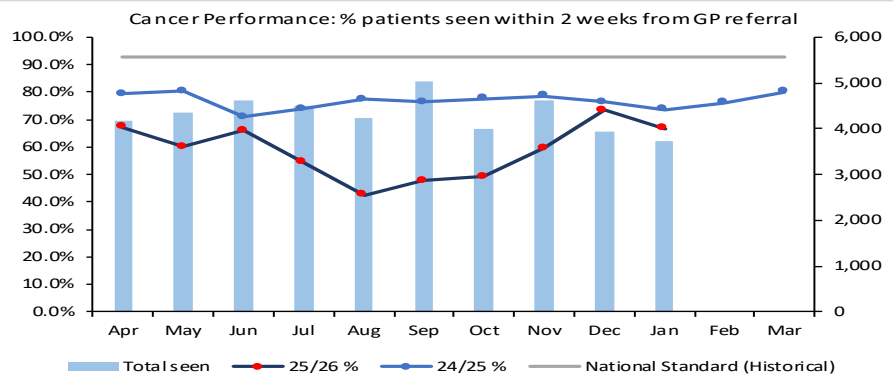
62-day wait performance
70.0%
vs 71.74% last month

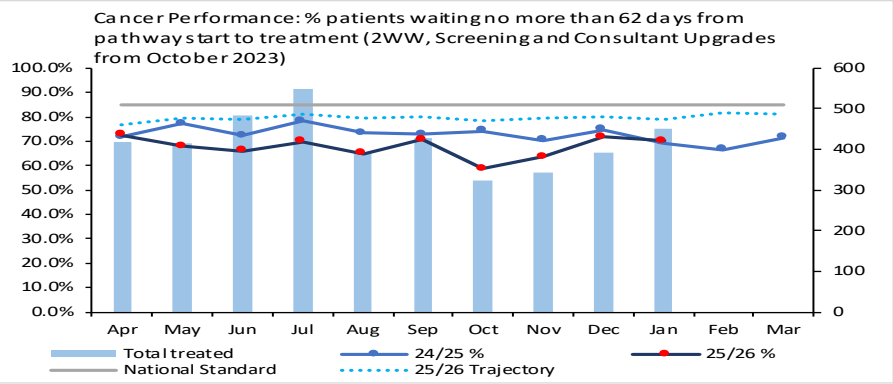
28-day faster day diagnosis performance
68.3%
vs 68.3% last month

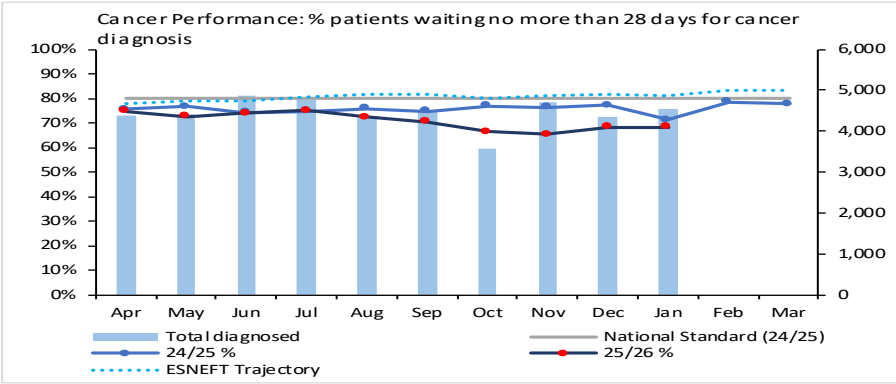
Patients treated at 63+ days
644
vs 849 last month

Patients treated at 104+ days
65
vs 47 last month

62-day PTL size
5,153
vs 5,279 last month







**January 26 are *unvalidated and will be updated accordingly.*

Service Commentary

January's performance was below the predicted position mainly due to the impact of the Critical Incident at the start of the month alongside, longer delays for booking and high levels of both staff and patient sickness.

As per previous months, the performance shown will be slightly different to what is upload to the 'Cancer Waits' dashboard as teams are still experiencing data quality challenges between the EpicEPR dashboard and what is required for CWT. Positively, this is improving each month.

Despite the challenges, most tumour sites have retained previous performance with some improving in month.

Colorectal continues to see improvements, although is still an outlier nationally.

62-day performance is impacted by colorectal who have 28 breaches and only 16 treatments and Lung with 21 breaches out of 48 total treatments.

Overall treatment numbers remain higher than plan and still one of the highest of any Trust in England.

The backlog continues to reduce by around 1% a week which will increase FDS breach numbers. The overall PTL size remains static in month.

The focus for February and March will be to reduce the backlog and deliver on the revised trajectory.

Performance: Diagnostics

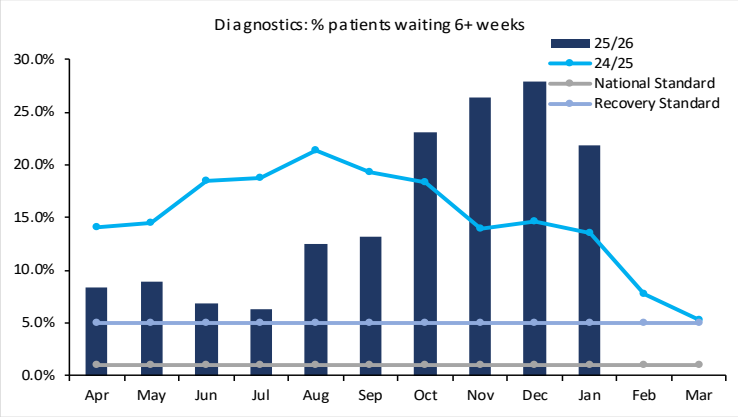
January 2026

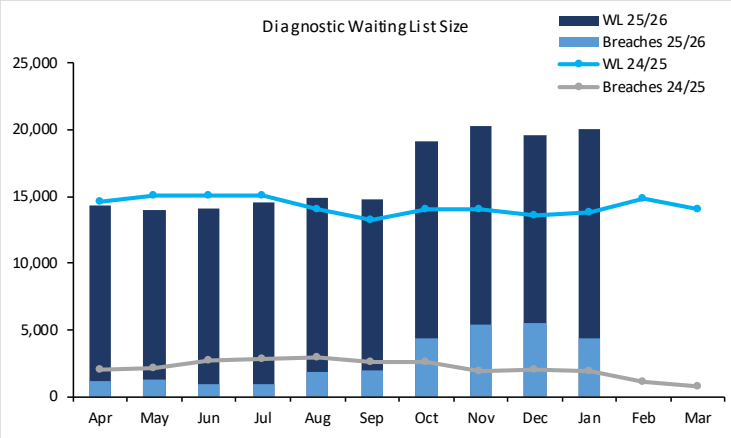
6 week performance improved by 6.0% in month. The number of 6 week breaches decreased by 1,102 with the waiting list increasing by 394 (2.0%). Ipswich currently holds the greatest proportion of the breaches at 74.7%. Of the Ipswich breaches, non-obstetric ultrasound constitute 48.2% of the site total. At Colchester non-obstetric ultrasound account for the greatest proportion of breaches (34.9%).

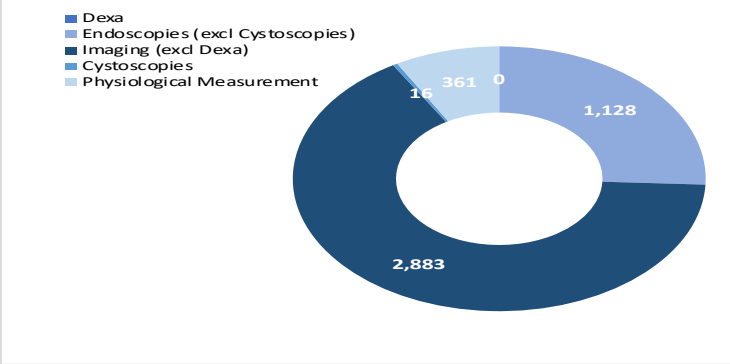
% patients waiting > 6 weeks
21.9%
vs 27.9% last month

DM01 6-week breaches
4,388
vs 5,490 last month

DM01 Waiting List
20,055
vs 19,661 last month







Service Commentary

The total DM01 waiting list increased in January with continued high levels of referrals into NOUS.

The focus has continued to be on clearance of the longest waiting DM01 patients which is evident from the reduction in 13+ waits moving from a PTL with 5.44% waiting over 13 weeks to 2.44%. Areas with longest waits remain across Endoscopy, MRI and NOUS.

However, performance has improved with a reduction in 6 week breaches of 1,102 patients.

ESNEFT have requested support from Primary Care regarding the significant increase in NOUS referrals across NEE. There has been a 100% increase seen since ICE implementation.

Data cleanse and recovery within medical imaging in January resulted in CT meeting 94.4% and improvements in MRI and NOUS. Additional activity planned for NOUS in February and March aims to further improve the position to 90%. MRI remains a risk with a tender process in place for an additional scanner to support the Ipswich site.

Echo performance in January improved with teams utilising CDC capacity across both sites and locum support in Ipswich for complex patients. Six patients remain over 13 weeks, however there is an expectation of no patients over 13 weeks from the end of January.

Endoscopy remains an area of focus with additional capacity in place in January and February to support improvement.

Performance: RTT

January 2026

Performance against the 18 week standard improved by 0.05% in month. Performance is below the national average and below the regional average for December. The proportion of patients waiting 65 weeks or more increased by 0.03% and the proportion of patients waiting 52 weeks or more decreased by 0.30%.**

Open pathways within 18 weeks - ESNEFT

↑ **54.06%**

vs 54.01% last month

Open pathways within 18 weeks – National **

60.5%

65+ week waits - ESNEFT

0.07%

↑ vs 0.00% last month

65+ week waits - National

0.1%

52+ week waits - ESNEFT

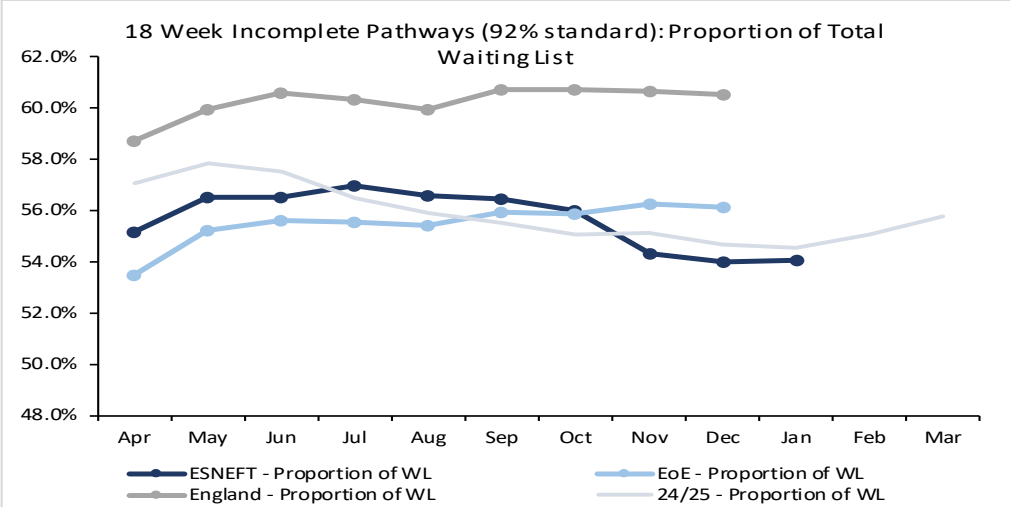
2.22%

↓ vs 2.52% last month

52+ week waits - National

2.0%

**National reporting is one month in arrears.



**National reporting is one month in arrears

Service Commentary

18-week performance in January remained off plan. Positively, the total waiting list size reduced by 1,672 patients. The ESNEFT waiting list had reduction in both over and under 18 weeks.

52+ week performance improved in January with ESNEFT on track to meet 1% target by March 2026.

Supporting MSEFT has resulted in increased numbers of patients over 52 weeks on the PTL. Moving into February and March, this will become more prominent.

ESNEFT ended January with 65 patients over 65 weeks. This was broken down as 59 MSEFT to ESEOC patients, 1 WSH to ESEOC patient and 5 ESNEFT patients. Of the 5 ESNEFT patients, 3 breaches were due to patient cancellation along with 2 patients who cancelled TCIs due to be being unwell, both of which are redated into February.

Focus on RTT performance has heightened in January with a revised plan to meet end of March targets. Services with the largest opportunity to improve are General Surgery, ENT, T&O, Dermatology and Ophthalmology. Each service are working on stretch plans to deliver improvements in February and March.

Performance: Recovery

January 2026

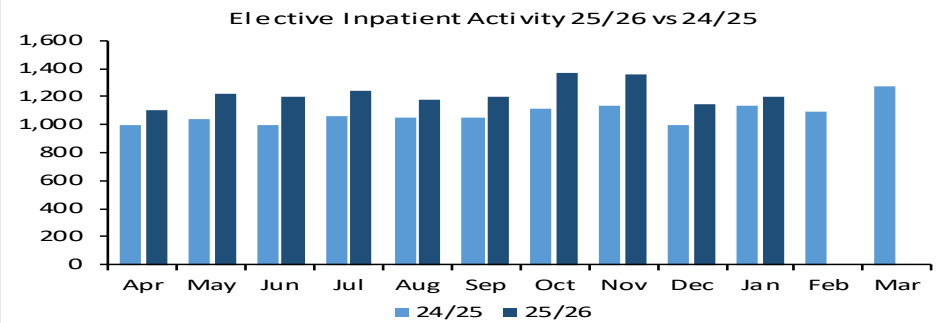
Elective inpatient activity increased by 4.6% in month, with day case activity increasing by 6.4%. Outpatient first attendances increased by 11.7% while follow-ups increased by 8.9%.

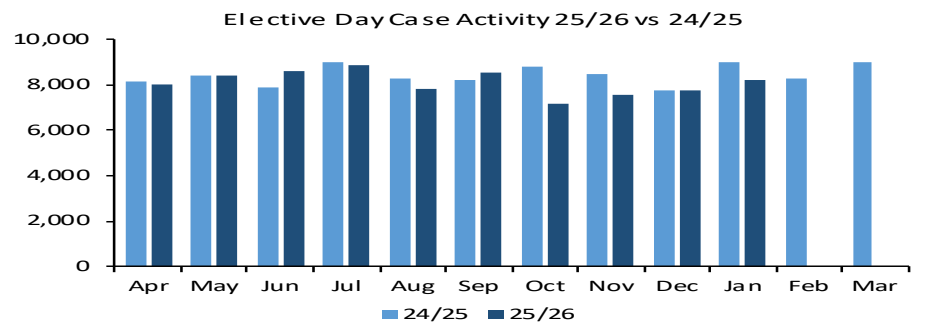
Elective inpatients
1,195
↑ vs 1,142 last month

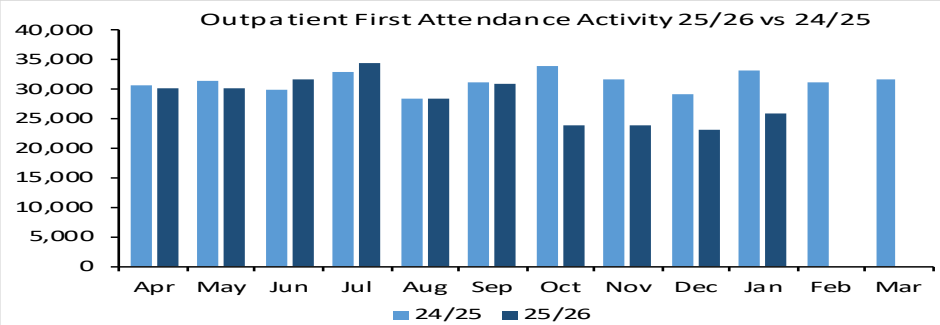
Elective daycase
8,238
↑ vs 7,742 last month

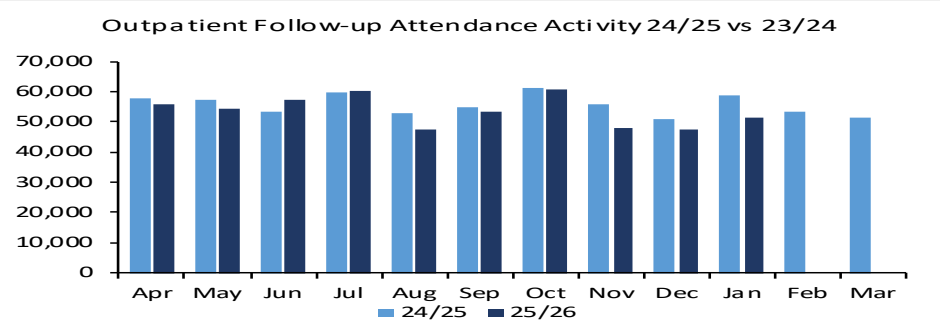
Outpatient First Appt
25,880
↑ vs 23,167 last month

Outpatient F/U Appt
51,650
↑ vs 47,430 last month









Theatre

Both daycase and inpatient spells increased in January. Average cases per 4-hour list are lower this year than last. Most site/specialities have seen a decrease compared to last year with further reductions notable since EpicEPR go-live. The number of 4-hour sessions used is greater this year than last, as expected given the increases in T&O capacity (ESEOC) and GSH.

Patient numbers are below plan on the Ipswich site with the exception of ENT and Oral Surgery. Across the Colchester site, numbers are lower than plan in Ophthalmology, T&O and Vascular. Gynaecology is ahead of plan in Colchester.

Outpatient Activity

Activity increased in January across Outpatient 1st appointment, follow up and procedure domains. However, there are further opportunities with work continuing on outpatient templates to support increased activity levels.

Unreconciled outcomes continues to be an area of challenge in the organisation with EPR leads, supported by Medical Director, working with clinical teams to improve the position.

Performance: RTT Recovery

January 2026

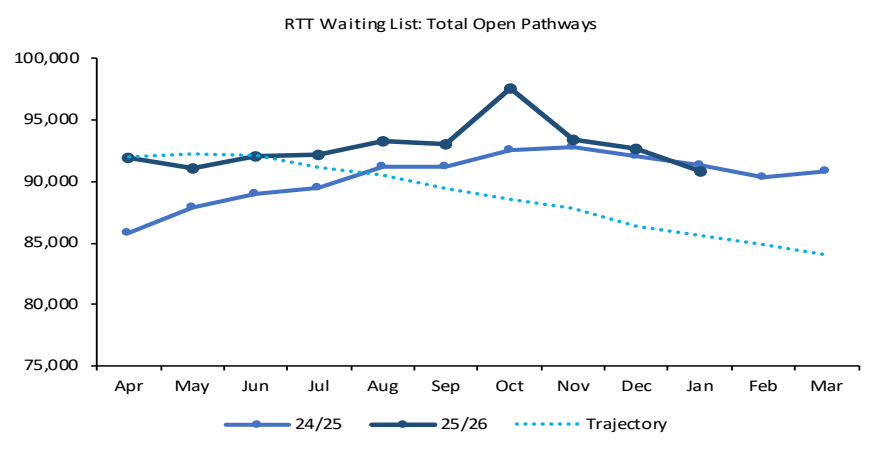
The ESNEFT RTT waiting list has decreased by 2.1%, and is above the trajectory set for the month by 5,208.

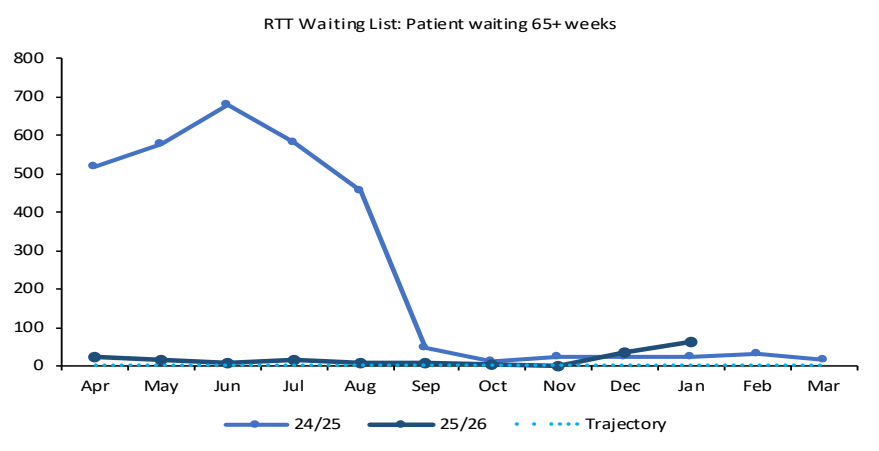
Patients waiting 65 weeks or more increased by 25 to 61. At Ipswich the 65+ cohort increased by 1 patient, while at Colchester the cohort increased by 24 patients. The number of patients waiting 52 or more weeks decreased by 321 to 2,016. At Ipswich, the number of 52+ week waiters decreased by 179 and at Colchester the number decreased by 143.

RTT open pathways
90,802
↓ vs 92,703 last month

65+ week waiters
61
↑ vs 36 last month

52+ week waiters
2,016
↓ vs 2,337 last month





Service Commentary

There was continued reduction in the RTT waiting list size in January with ongoing validation across the PTL.

A Validation Sprint continues in Q4 with the percentage validated also on an upward trajectory.

MyChart validation is now BAU for non-admitted patients with further roll out planned across admitted pathways to improve contact with patients. In addition, SMS contacts are to be re-implemented from February to support those patients without MyChart.

Further support has been secured from an internal validation provider in February and March.

65+ week breach increases have been driven by supporting MSEFT with long waiting patients through ESEOC. This support is to continue through February and March.

All services with patients in the March 52+ week cohort have trajectories in place to ensure 1st OPAs are complete before 28th February 2026 allowing time for treatment and diagnostics to meet their plan for 52 weeks by March 2026.

52+ week wait ‘Sprint’ Bids have been agreed across a number of specialties to help boost 52+ week and RTT performance in the final quarter of the year.

Performance: Virtual Wards – excluding OPAT

January 2026

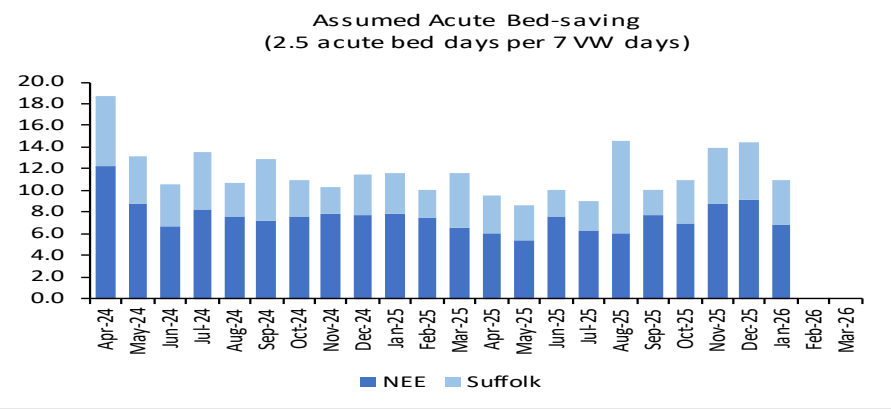
Excluding OPAT, virtual ward occupancy decreased by 9.4% compared to the month before. Average length of stay decreased by 1.2 days and the assumed bed saving on ESNEFT acute sites decreased by 3.5 to 11.0.

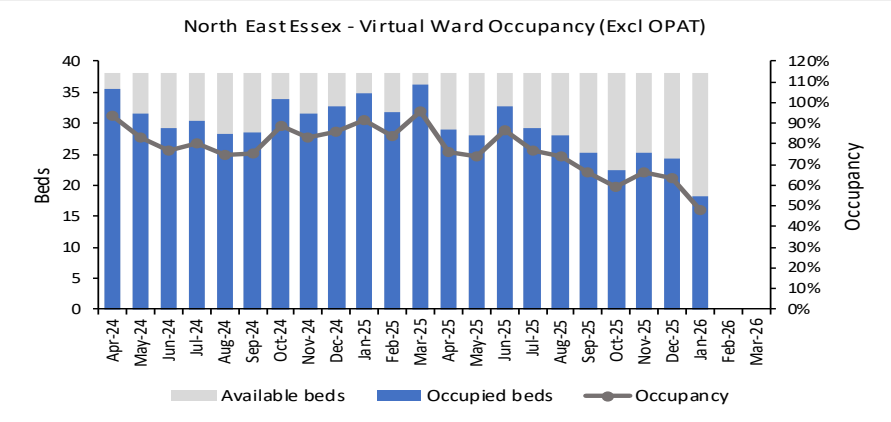
Virtual Ward occupancy
47.1%
↓ vs 56.5% last month

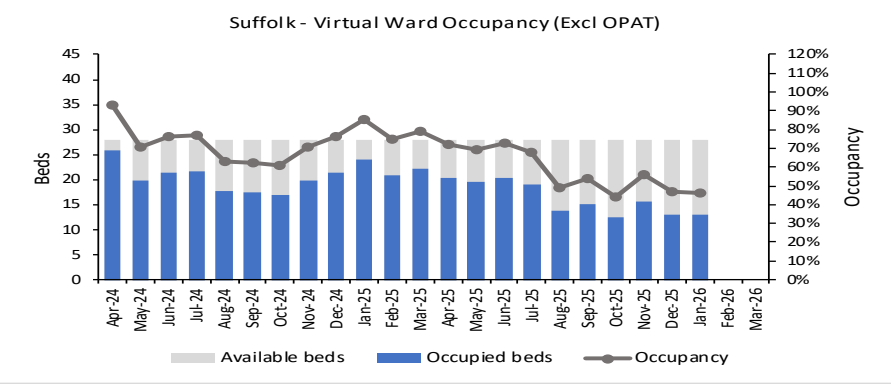
Virtual Ward ALoS
3.50
↓ vs 4.70 last month

Virtual Ward – assumed acute bed saving**
11.0
↓ vs 14.5 last month

**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.







Service Commentary

Work is ongoing to develop better reporting for Virtual Wards as the Trust moves through to the Hospital at Home Model and consideration is being given to moving this to the new community service report.

The utilisation percentage is currently affected by the suspension of the medical pathway in IES (utilisation of available capacity is routinely in excess of 90%) and full capacity will be re-established when the expanded focus on frailty is completed.

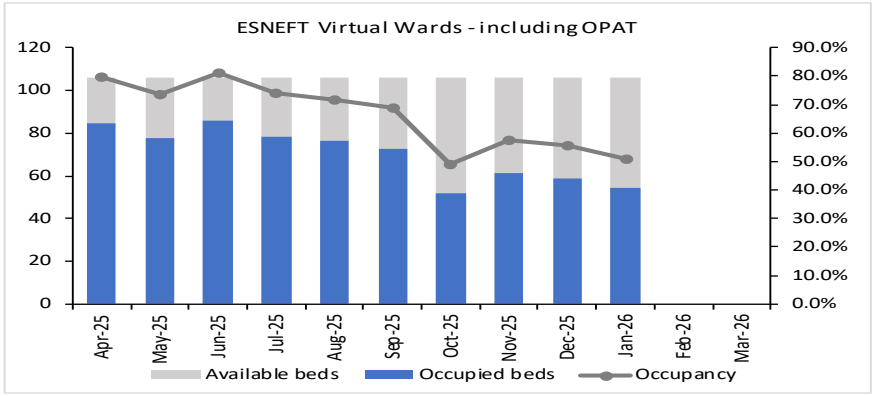
LOS for both areas' frailty pathways remains strong at around 3.5 days (largely step-up provision) and there has been good improvement in both respiratory pathways from just over 6 days to 3.3 (step-down provision).

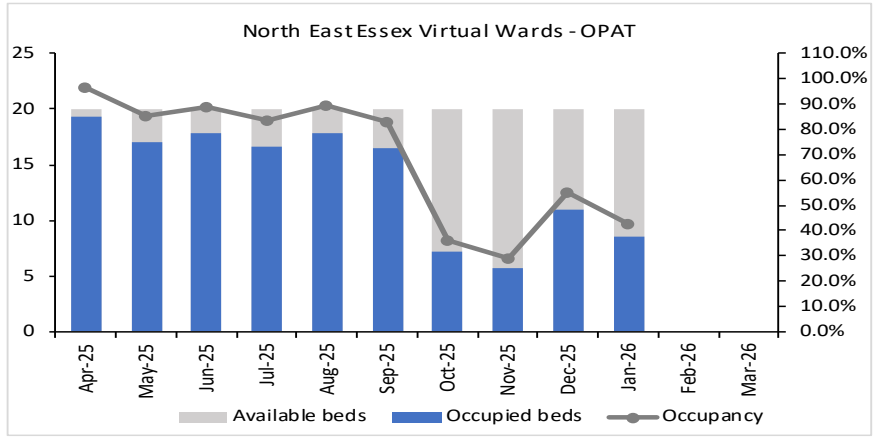
Performance: Virtual Wards – including OPAT

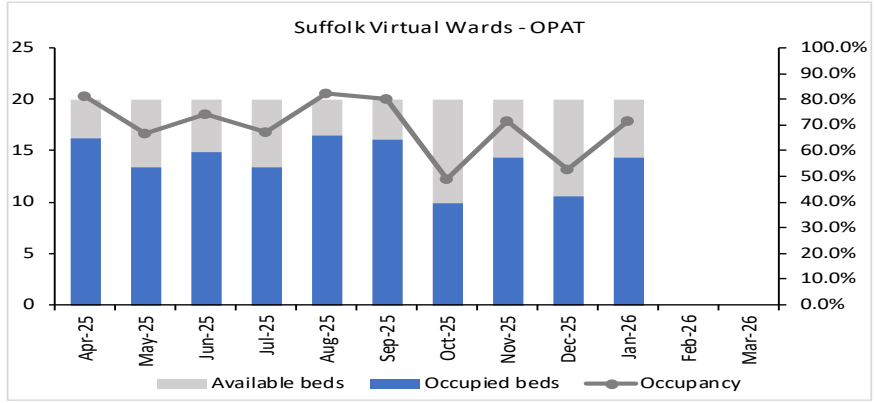
January 2026

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%.







Service Commentary

January saw Virtual Wards formally move under the Urgent and Emergency Care CDG.

A full-service review was started in December, which uncovered that a temporary suspension of Medical VW was required due to staffing numbers. To ensure that capacity was maintained, a temporary increase to the Frailty VW was agreed to 24 beds. The Medical VW will formally re-launch on 23rd Feb. Due to the turnover of step-up patients on the Frailty VW, the occupancy numbers are not always well reflected as a percentage of overall 'occupancy'.

Performance: Corridor Care - Colchester

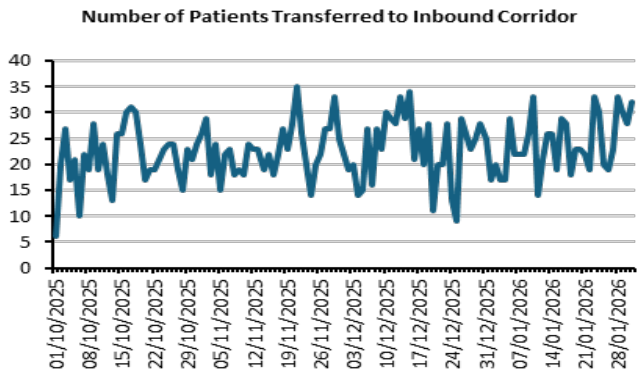
January 2026

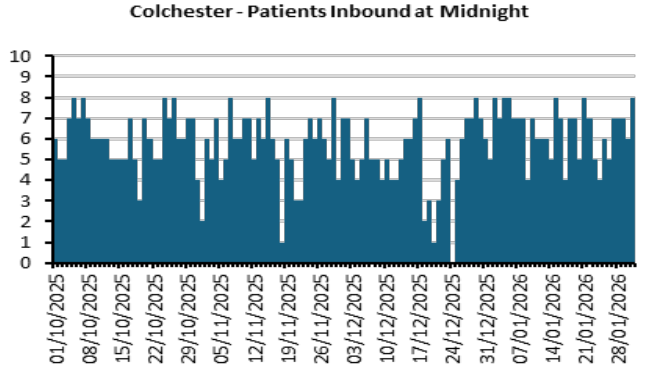
Service Commentary

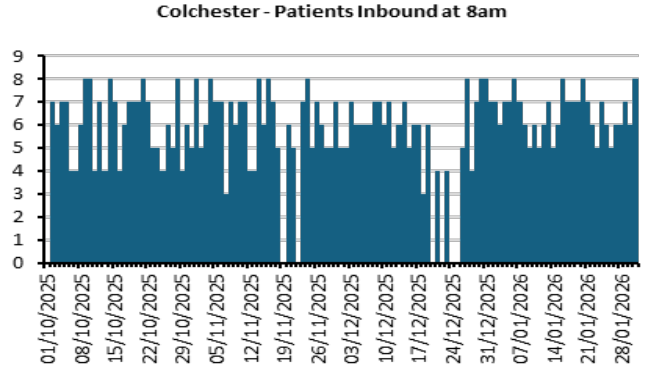
Due to significant exit block from the department, there has been an increase in both inbound and outbound utilisation. Corridor safety questionnaires are being well utilised to ensure that appropriate patients are placed in temporary escalation space.

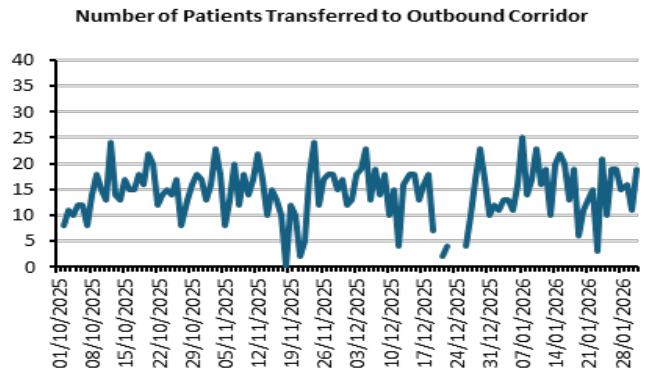
A quality assurance nurse has been introduced who ensures that every patient is reviewed to ensure quality care is provided and maintained to patients in temporary escalation spaces.

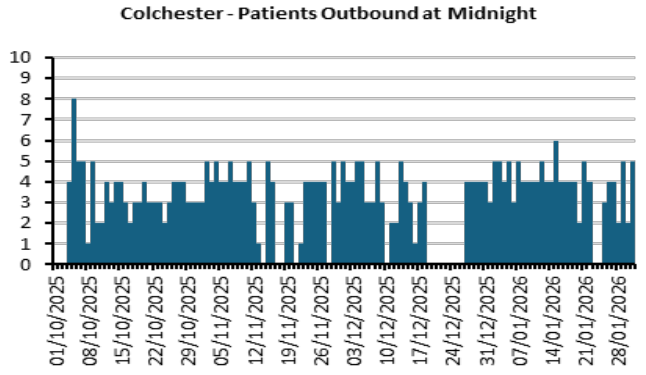
Corridor	Metric	Oct-25	Nov-25	Dec-25	Jan-26
Inbound	Total Patients	660	690	719	741
	ALoS	6:24	5:58	5:27	6:07
	Avg Midnight	6	6	5	6
Outbound	Total Patients	439	427	371	472
	ALoS	5:46	5:18	5:13	5:59
	Avg Midnight	3	4	4	4

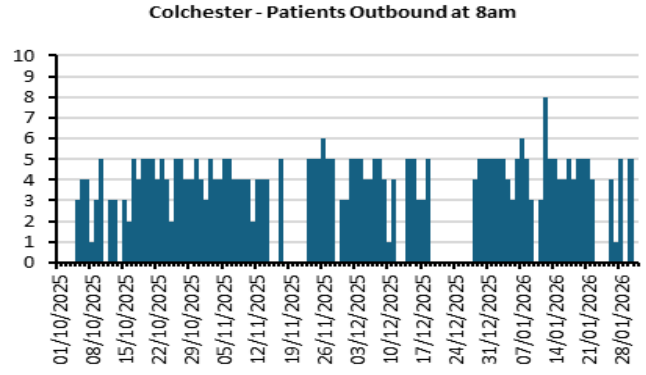












Performance: Corridor Care - Ipswich

January 2026

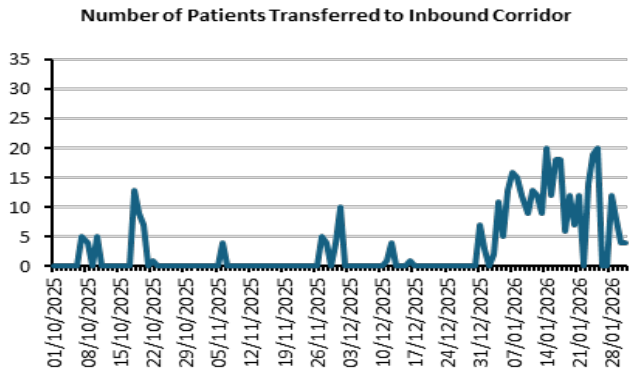
Service Commentary

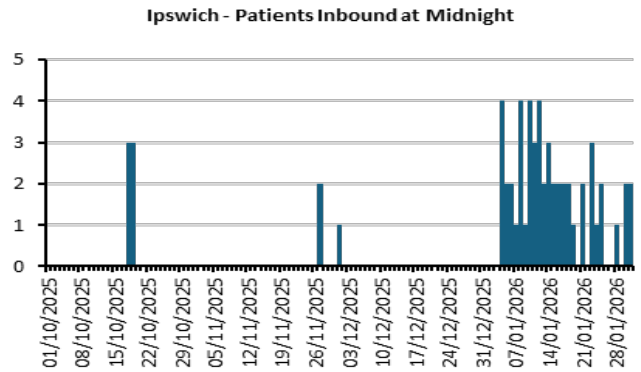
January saw Ipswich open the inbound corridor for up to 4 patients staffed by Trust nurses.

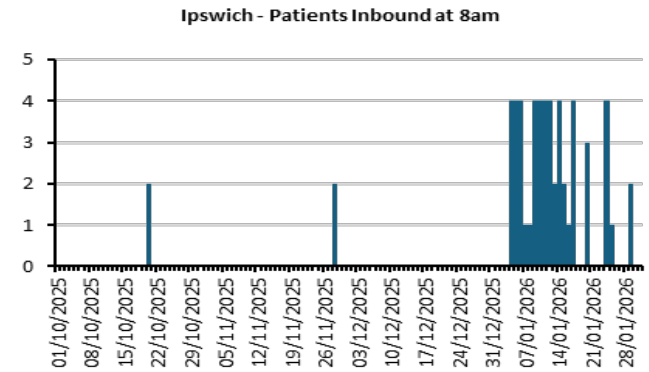
This area has been used consistently to support ambulance offloads in addition to the outbound corridor for those patients who have been seen and are awaiting speciality moves.

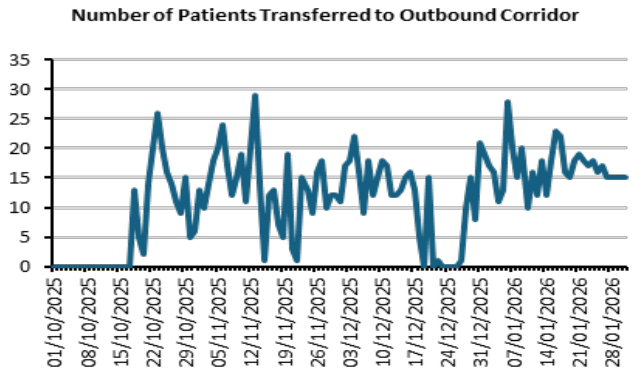
The increased length of stay in both corridor care areas links with the previously mentioned exit block from the department creating longer stays for all admitted patients. It is anticipated that the work of the patient flow taskforce will reduce length of stay and therefore create improved flow out of the emergency department.

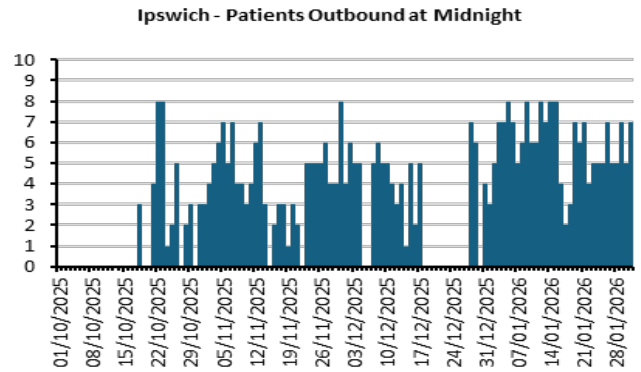
Corridor	Metric	Oct-25	Nov-25	Dec-25	Jan-26
Inbound	Total Patients	44	17	23	306
	ALoS	2:09	1:40	1:23	4:10
	Avg Midnight	3	2	1	2
Outbound	Total Patients	176	402	330	519
	ALoS	6:25	6:35	5:57	8:55
	Avg Midnight	4	4	5	6

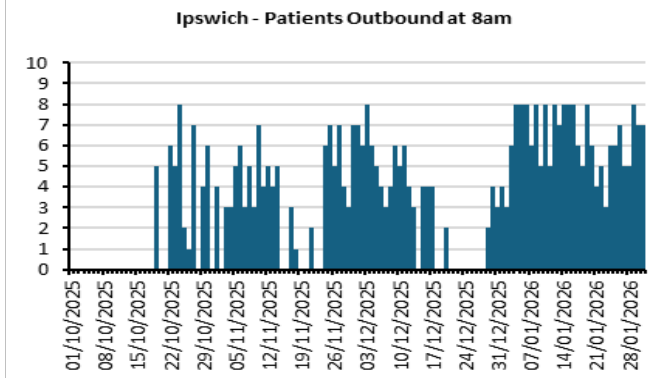












Performance: Boarding Bed Occupancy

January 2026

Service Commentary

The latest Ward Corridor Bed Occupancy data reflects the sustained and significant seasonal pressures experienced throughout January, with both Ipswich and Colchester continuing to rely on corridor spaces as part of escalation capacity. This pattern is consistent with the wider operational constraints highlighted elsewhere in the report, particularly the exit block from inpatient wards and the resulting downstream impact on ED flow and ambulance handover performance.

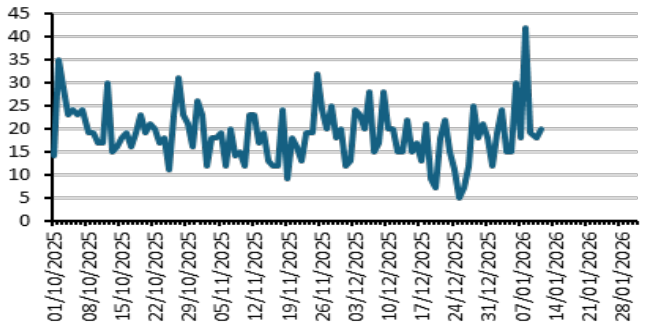
Senior clinical oversight in all corridor care areas has been maintained, including quality assurance checks to ensure appropriate patient placement.

The Patient Flow Taskforce continues to drive actions aimed at reducing length of stay, improving discharge processes, and creating timely ward capacity to minimise reliance on corridor spaces and improve ambulance turnaround times.

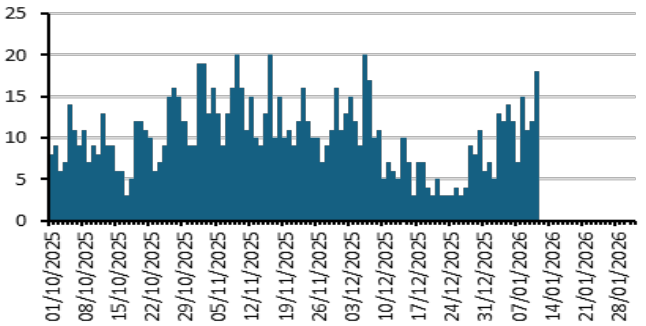
Colchester Site	Oct	Nov	Dec	Jan
Daily Average Stays	20.8	18.0	17.0	20.7
Patients boarded at midnight	9.5	13.0	7.8	11.2
Patients boarded at 8am	9.8	13.5	9.2	12.0
Colchester Site ALoS	10:48	16:36	10:21	12:39

Ipswich Site	Oct	Nov	Dec	Jan
Daily Average Stays	13.1	11.8	12.4	13.8
Patients boarded at midnight	1.7	1.0	1.4	1.2
Patients boarded at 8am	1.9	0.9	1.0	1.6
Ipswich Site ALoS	03:23	02:15	02:02	02:24

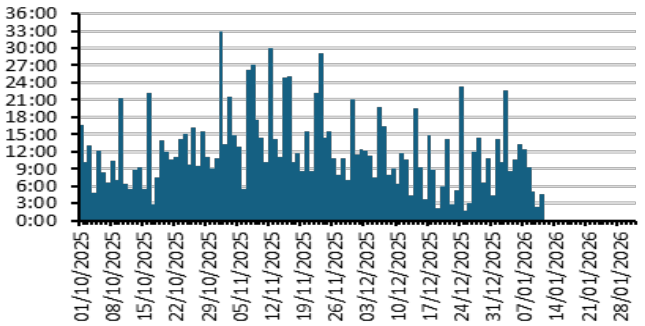
Colchester - Boarding Bed Stays



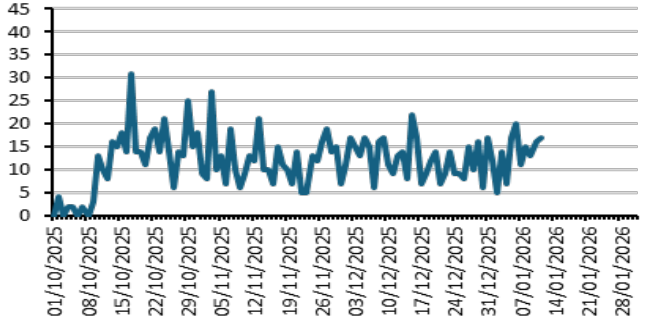
Colchester - Patients Boarded at Midnight



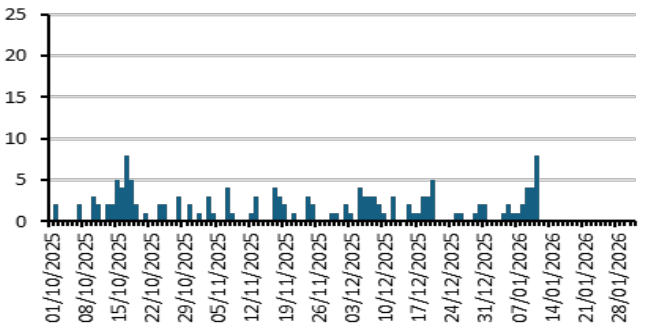
Colchester - Boarding Bed ALoS (hh:mm)



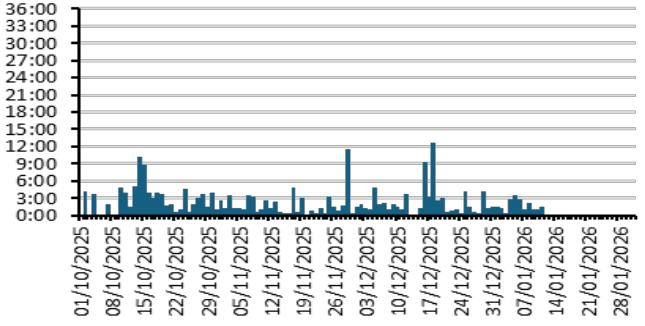
Ipswich - Boarding Bed Stays



Ipswich - Patients Boarded at Midnight



Ipswich - Boarding Beds ALoS (hh:mm)



Performance: Community Paediatric Patients

January 2026

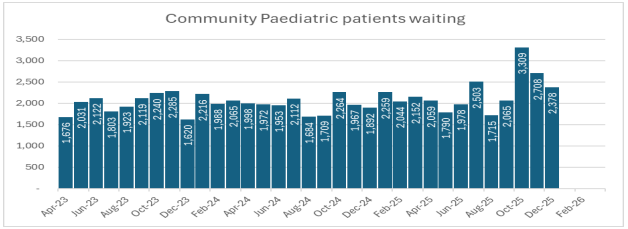
There are 2,257 Community Paediatric patients, including Paediatric Neurology.

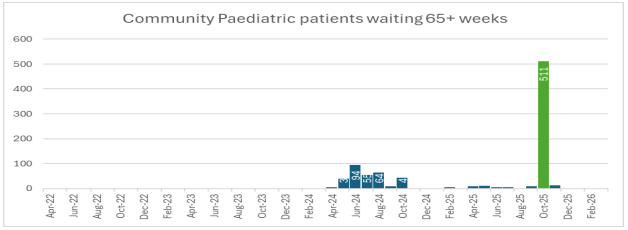
Following a significant rise in patients waiting around go-live, the number of patients waiting has declined following much work to cleanse the impacts of go-live and new ways of working, as well as treatments provided to patients.

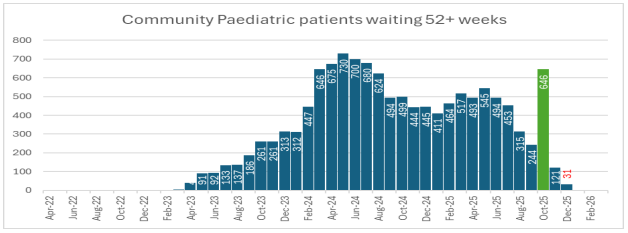
The number of Community Paediatric patients waiting has declined in month and is lower than January 2025.
The number of patients waiting remains higher than it was before go-live, but lower than the peak before go-live.

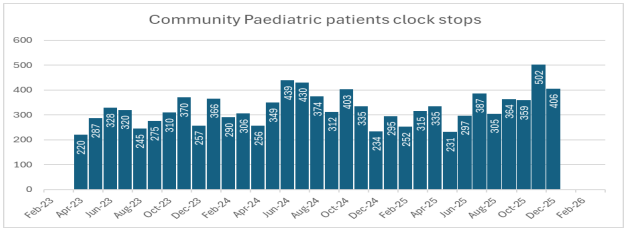
Excluding admin events, the number of treatments provided in January was high at 392 (Jan 24 – 366, Jan 25 – 295), but lower than December's 406.

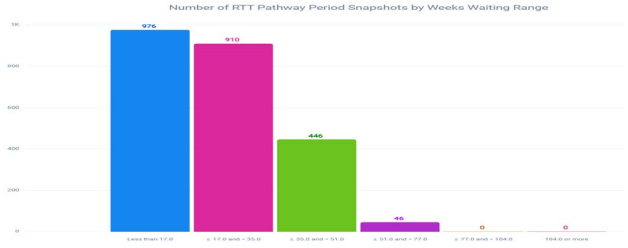
Community Paediatrics has a dedicated patients waiting EpicEPR dashboard to support.





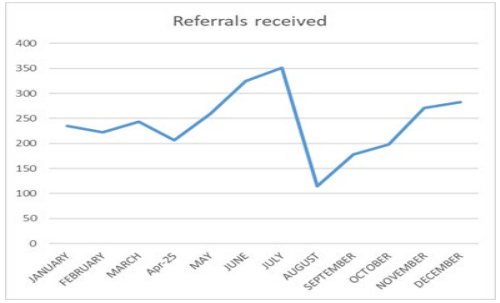






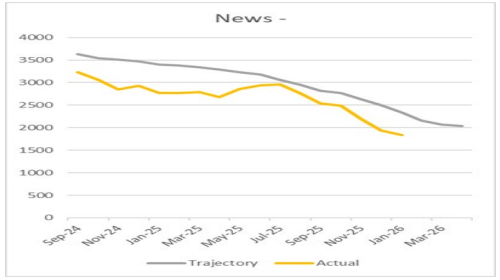
Referral demand

Referral demand includes numbers of ALL referrals received into ESNEFT Community Paedatrics per month and is a total of all NDD (Autism and ADHD) and Neuro-disability referrals for pre and school aged children up to 18. More referrals are received before school holidays and drops during as the majority of referrals received from schools are for the NDD pathway. The average received over last 12 months is at 235 per month. The average number of referrals rejected is 20% (accepted referral average is around 200 per month).



Waiting times for First appointment

While improving wait times, compliance for 65% is challenged due to unexpected ASD nurse resignations, sick leave and unrecruited nurse gaps. A plan is being drawn up to run additional sessions with NHS Bid to close the gap.



ASD (Autism)

There is approximately a 30% conversion rate from New appointment to Referral for ASD assessment (mostly ADOS). An increased waiting list is due to vacancy/capacity issues and increased New appointments. ADOS training planned for ASD nurses and clinical psychologists (anticipated for May 26). An additional part time SALT has been appointed for 1 year from Feb 26. An NHS Bid plan has been approved to insource running an additional 300 ADOS before 31st March 2026.

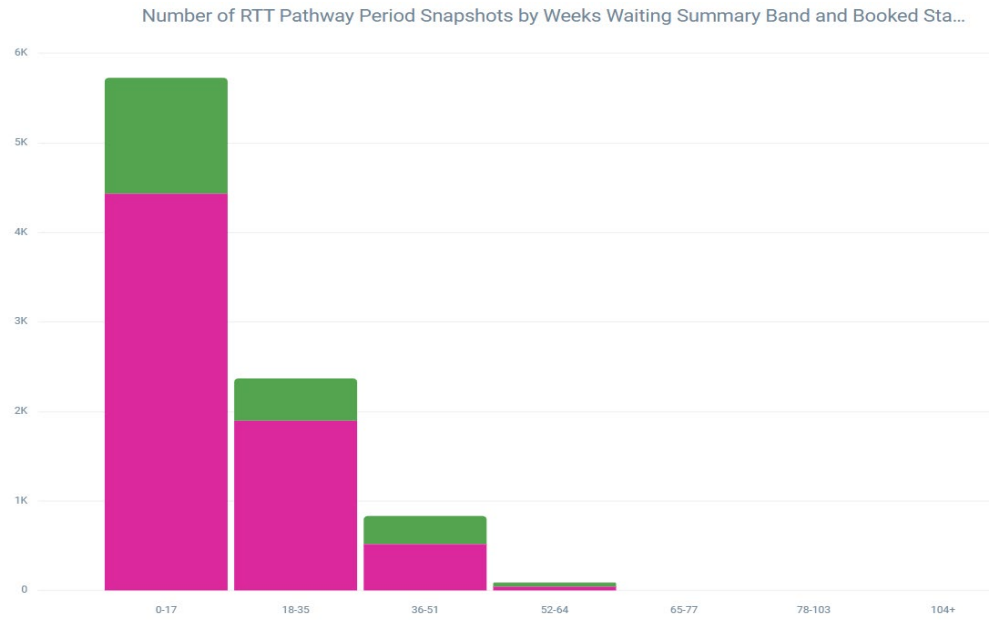
Performance: All RTT Paediatric Patients (Excluding Community Paediatrics)

January 2026

There are 9,060 Paediatric patients waiting in total on RTT pathways, up from 9,013 last month, but down from 9,103 in November (by definition excluding Community Paediatrics).

With 2,263 patients waiting, ENT has the most Paediatric patients waiting on RTT pathways (down from 2,292), followed by Acute Paediatrics with 2,133 (up from 2,080), and Orthopaedics with 983 (down from 1,084)

There are no patients waiting over 65 weeks and 94 patients waiting 52+ weeks, up from 88 last month.



Weeks Waiting Summary Band	0-17	18-35	36-51	52-77	78-89	90-103	104+	Total*
Specialty Combined								
Ear Nose and Throat Service	973	890	376	53	0	0	0	2,292
Paediatrics - Acute	1,812	255	13	0	0	0	0	2,080
T&O Combined	776	255	51	2	0	0	0	1,084
Oral Surgery Service	356	190	184	13	0	0	0	743
Dermatology Service	409	246	76	4	0	0	0	735
Ophthalmology Service	312	149	29	6	0	0	0	496
Urology Service	284	134	34	2	0	0	0	454
Orthodontic Service	330	60	14	2	0	0	0	406
Gynaecology Combined	107	39	26	0	0	0	0	172
None of the above	134	27	4	2	0	0	0	167
Surgery Combined	66	45	7	2	0	0	0	120
Neurology Service	62	28	3	2	0	0	0	95
Rheumatology Service	36	27	4	0	0	0	0	67
Gastroenterology Service	34	17	11	0	0	0	0	62
Cardiology Service	34	6	0	0	0	0	0	40
Total	**5,725**	**2,368**	**832**	**88**	**0**	**0**	**0**	**9,013**

Ipswich

General NEW slots for cardiology consultants have been converted to cardiac NEW slots as waiting list for cardiac appointments continue to grow. A locum general consultant has now started who is going to see overdue patients from general waiting lists as well as new patients.

There has been an increase in rheumatology wait times. A rheumatology consultant has agreed an additional ad hoc clinic in March to manage the longest waiters.

Colchester

Concerns continue within Allergy and Asthma due to CNS vacancies.

New processes for Endocrinology are reducing the wait time from 33 weeks to 19 weeks and continues to reduce (only 1 patient now over 18 weeks and has been booked for February)

Gastro reduced from 35 weeks to 17 weeks due to a great amount of work done by the CNS team.

Respiratory reduced from 40 weeks to 30 weeks and continues to decrease with the support of an SAS and REG. The waiting list will reduce further once a new CNS starts

ENT CYP continues to be an area of focus. The recovery plan outlines a range of actions including

- Additional theatre capacity
- Improving theatre utilisation
- Clinical review/validation f admitted and non admitted PTL
- HVLC rapid lists and
- Additional clinics to bring down non admitted wait times in line with admitted waiting list

Finance and Use of Resources: Trends & Hotspots

January 2026

Revenue	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Performance Against Control Total (YTD)	0	(1,743)	(4,173)	(5,770)	(7,796)	(7,972)	(11,751)
FOT Variance to Plan	0	-	-	-	-	-	-
YTD CIP variance to plan	0	(6,696)	(6,105)	(7,322)	(8,340)	(9,578)	(10,259)
Forecast CIP FYE Variance to Plan	0	(16,441)	(14,348)	(13,822)	(10,980)	(10,806)	(11,011)

Capital	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Capital variance (in month)		1,332	(248)	(30)	5,839	649	2,706
Capital variance (YTD)		13,290	13,042	13,012	18,851	19,500	22,206

(Overspend)/Underspend

Balance Sheet	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Cash YTD		27,906	20,453	28,066	27,537	30,768	22,476

Areas of Improvement

- 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 and indicates a downward trend in agency usage.
- 2026/27 and medium-term planning submissions have been submitted on time for 12/2/26 deadline. This including 3-year finance plans (4 year for capital), 3-year workforce plans, and 3-year activity and performance plans, alongside an integrated medium-term plan template and 5-year narrative plan.

Areas requiring further work

- The Trust reported a deficit of £3.0m for January. Overspends on expenditure have been partially mitigated by increases in income. The cumulative position has increased to £13.7m. This is behind plan by £11.8m.
- 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. £25.1m year to date of cost improvement plans have been delivered for the year, against a target of £35.3m.
- Capital expenditure has cumulatively underspent against CDEL by £22.2m at the end of January. The main drivers of this underspend were Building for Better Care (£8.3m) and Estates & Facilities (£9.0m).

Finance and Use of Resources

January 2026

Performance against Control Total

Deficit

£13.6m

Performance against CT for the year to date

Behind Plan

£11.8m

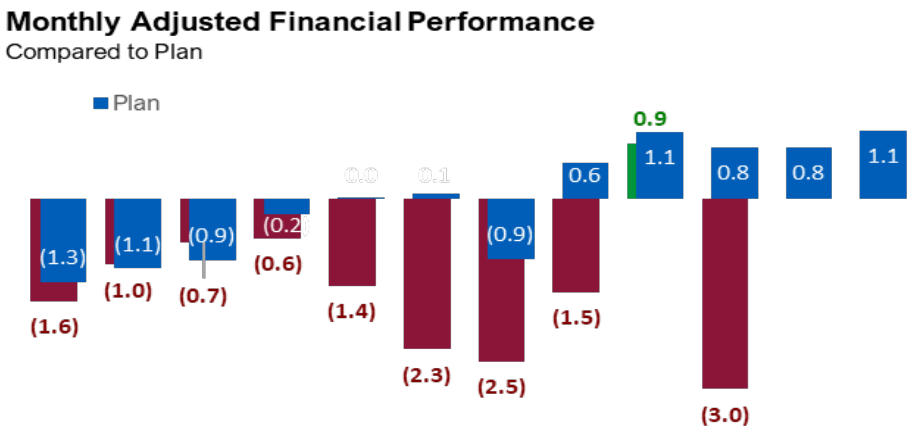
Deterioration of £3.8m in the month

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 January was a surplus of £0.8m. The Trust failed to meet this CT for the month reporting a deficit of £3.0m (an adverse variance of £3.8m).



In Month

The Trust reported a deficit of £3.0m for January. Overspends on expenditure were only partially mitigated by increases in income.

I&E Overview (January)	Plan £000	Actual £000	Fav/(Adv) £000
Income	99,658	104,294	**4,636**
Pay	(59,423)	(62,083)	**(2,660)**
Non Pay	(37,765)	(42,420)	**(4,655)**
Non Operating	(1,456)	(1,514)	**(58)**
Surplus / (Deficit)	**1,014**	**(1,722)**	**(2,736)**
Less: Other Non CT Items	(197)	(1,240)	(1,043)
Adjusted financial performance	**817**	**(2,962)**	**(3,779)**

Year to Date

The cumulative position has increased to £13.7m. This is behind plan by £11.8m.

I&E Overview (YTD)	Plan £000	Actual £000	Fav/(Adv) £000
Income	998,799	1,025,293	**26,494**
Pay	(595,980)	(618,878)	**(22,898)**
Non Pay	(386,224)	(401,950)	**(15,726)**
Non Operating	(15,271)	(15,389)	**(118)**
Surplus / (Deficit)	**1,324**	**(10,925)**	**(12,249)**
Less: Other Non CT Items	(3,219)	(2,721)	498
Adjusted financial performance	**(1,895)**	**(13,646)**	**(11,751)**

Temporary Pay Expenditure

January 2026

Bank Above Ceiling

£3.2m

Bank is cumulatively over the ceiling

Agency Above Ceiling

£1.6m

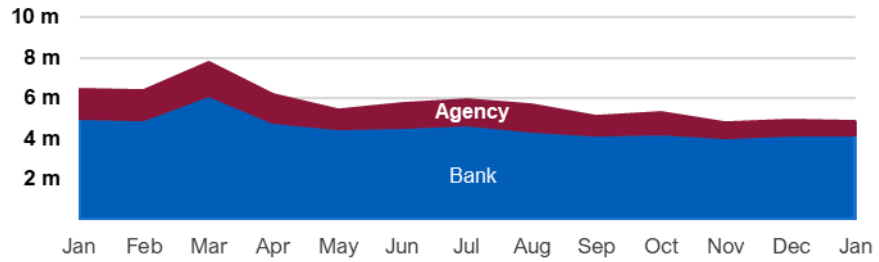
Agency is cumulatively over the ceiling

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

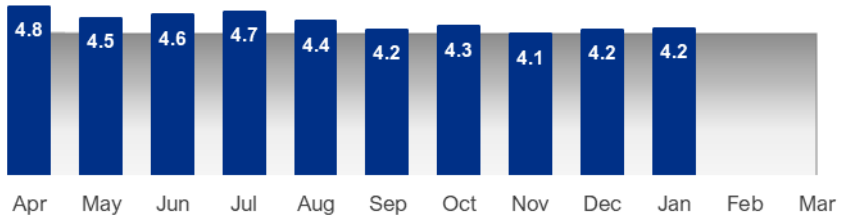
Bank expenditure accounted for 7.1% of all pay costs (year to date). Nursing are the staff group most reliant on bank, with bank making up 9.9% of nursing costs.

Bank Ceiling

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).

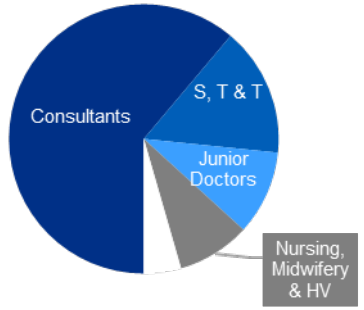
Monthly Bank Expenditure (£m)

Compared to ceiling



Agency Expenditure

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.

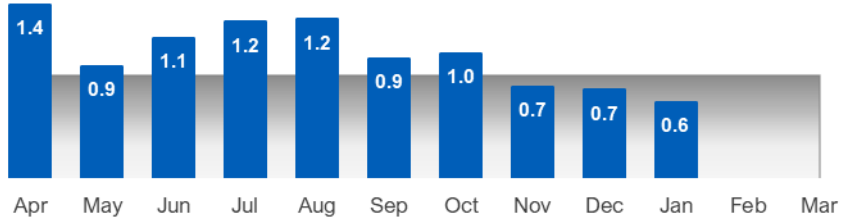


Agency Ceiling

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 and indicates a downward trend in agency usage. However, cumulatively the Trust has still exceeded the agency ceiling by £1.6m (£9.7m v £8.1m).

Monthly Agency Expenditure (£m)

Compared to ceiling



Cost Improvement Programme (CIP)

Under Delivery

£10.3m

Actual delivery of £3.6m in the month against a plan of £4.3m

In Month

£3.6m of cost improvement plans were delivered in January against a target of £4.3m.

Year To Date

£25.1m year to date of cost improvement plans have been delivered for the year, against a target of £35.3m.

	Plan	Actual	Over/(Under)	
CIP Delivery (YTD)	£000	£000	£000	%
Cancer and Diagnostics	5,603	2,372	**(3,231)**	**(58%)**
Medicine and Community IES	5,025	3,190	**(1,835)**	**(37%)**
Medicine and Community NEE	4,916	2,456	**(2,460)**	**(50%)**
Surgical Services	8,367	3,548	**(4,819)**	**(58%)**
Women's and Children's Services	3,742	941	**(2,801)**	**(75%)**
Total Operations	**27,652**	**12,507**	**(15,145)**	**(55%)**
Estates & Facilities	3,976	2,016	**(1,961)**	**(49%)**
Corporate Services	3,694	3,493	**(201)**	**(5%)**
Non Divisional	-	7,048	**7,048**	**100%**
Total Trust	**35,322**	**25,064**	**(10,259)**	**(29%)**

Finance and Use of Resources

January 2026

Cash Flow

Cash Balance

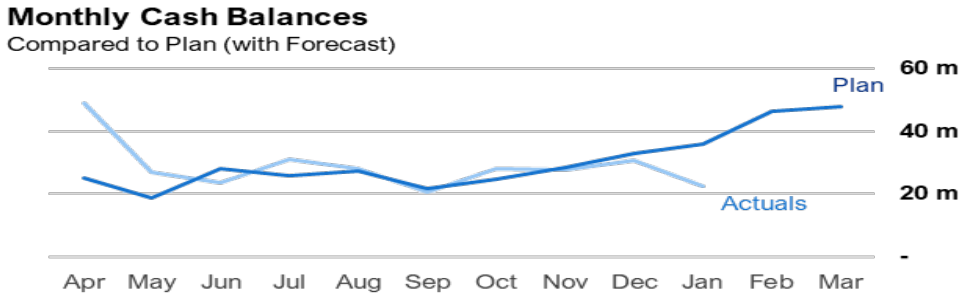
£22.5m

Below plan by £13.4m

The cash shortfall expected from the Trust's deficit I&E position is mitigated by the capital programme underspend.

Cash Balance

The Trust held cash of £22.5m at the end of January; which was £13.4m less than projected in the plan. This significant variance is largely an in-month movement and is because the expected pulldown of PDC was delayed. The PDC transfer has now been confirmed for February, and the cash variance is consequently expected to reduce for next month.



Cash Management Actions

An increasing deficit, increases in receivables (unpaid debtors and accrued income), an increase in the level of payables processed (albeit payables are still less than plan) are all eroding the underlying cash position. These are partially mitigated by capital underspends.

As the underlying cash position worsens tighter payment controls and the seeking of cash support from NHSE may be necessary. The Trust's current cash balance already requires more active management of creditor payments to ensure liquidity is maintained throughout the month. During the month at its nadir the cash level is as low as circa £4m.

Opening Balance v Movement in Receivables

As previously reported, 'Cash at start of period' and 'Movement in Receivables' have material underlying and corresponding variances of £18.3m due to assumptions regarding the timing of ERF payments.

Statement of Cash Flows (Summary)	Plan £000	Actual £000	Fav/(Adv) £000
Cash Flows from Operating Actvities			
Surplus/(deficit) from operations	16,595	4,464	**(12,131)**
Non-cash items in operating surplus/(deficit)			
Depreciation and amortisation	34,762	30,168	**(4,594)**
Impairment losses/(reversals)	-	-	**-**
Capital donations (cash and non-cash)	(2,261)	(2,134)	**127**
Movement in Receivables	10,299	(20,736)	**(31,035)**
Movement in Inventories	-	(1,149)	**(1,149)**
Movement in Payables	(117)	8,780	**8,897**
Movement in Other liabilities	3	3,406	**3,403**
Movement in Provisions	(236)	(1,637)	**(1,401)**
Tax (paid) / received	-	1,654	**1,654**
Net Cash (Outflow) from operating	**59,045**	**22,816**	**(36,229)**
Cash Flows from Investing Activities			
Interest received	1,082	1,800	**718**
Purchase of Capital Assets	(75,004)	(54,110)	**20,894**
Proceeds from Sales of Assets	-	153	**153**
Donations to purchase Assets	2,261	2,000	**(261)**
PFI lifecycle prepayments	(1,394)	(1,397)	**(3)**
Net Cash (Outflow) from investing	**(73,055)**	**(51,554)**	**21,501**
Cash Flows from Financing Activities			
Public dividend capital received	19,883	7,223	**(12,660)**
Loans repayments	(631)	(638)	**(7)**
Capital lease and PFI payments	(8,923)	(8,370)	**553**
Interest paid including leases and PFI	(1,759)	(1,878)	**(119)**
PDC dividend (paid)/refunded	(7,781)	(7,300)	**481**
Net Cash (Outflow) from financing	**789**	**(10,963)**	**(11,752)**
Net increase / (decrease) in cash	**(13,221)**	**(39,700)**	**(26,479)**
Cash at start of period	49,136	62,176	13,040
Cash at end of period	**35,915**	**22,476**	**(13,439)**

Capital Expenditure

Behind CDEL

£22.2m

An increase of £2.7m in the cumulative underspend compared to last month

- - - - - - - - - - - - - - - - - - -

Underspends on a range of schemes, the most significant being Building for Better Care projects (£8.3m)

- - - - - - - - - - - - - - - - - - -

Year To Date

Capital expenditure has cumulatively underspent against CDEL by £22.2m at the end of January, with £34.5m spent against a £56.7m plan.

Capital Expenditure (YTD)	Plan £000	Actual £000	Fav / (adv) £000
Medical Equipment	1,849	1,709	**140**
ICT	4,861	2,116	**2,745**
Estates & Facilities	15,073	6,096	**8,977**
Building for Better Care	24,767	16,428	**8,339**
Schemes	9,143	8,741	**402**
Financing (PFI, ROU and leases)	2,677	1,461	**1,216**
Total Capital Programme	**58,370**	**36,552**	**21,818**
Other Adjustments			
PFI Lifecycle Costs	-	-	**-**
PFI Residual Interest	632	632	**-**
Disposals	-	(516)	**516**
Donated	(2,261)	(2,133)	**(128)**
Capital Expenditure	56,741	34,535	22,206
CDEL	56,741	56,741	-
Performance against CDEL	**-**	**22,206**	**22,206**

Drivers of Underspend

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

Estates & Facilities (underspend £9.0m); in particular, the backlog programme is £2.5m underspent.

Building for Better Care (underspend £8.3m); most material being Clacton STAR with a £4.9m underspend. This is an improved position from last month but a significant amount of catch up is still required on this programme.

Forecast

The current forecast is to achieve plan but there is a significant amount of delivery required to fulfil our capital programme in the remainder of the year, and this carries a risk of underspending against our CDEL.

The internal capital group is meeting weekly with the executive to review the plan and spend being processed towards year-end.

Workforce: Trends & Hotspots

January 2026

Workforce Metrics	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Vacancy (excluding Agency)	3.50%	4.0%	3.6%	3.4%	3.0%	3.7%	3.3%
Proportion of temporary staff (Bank & Agency)	-	8.9%	8.8%	7.9%	7.7%	7.8%	7.7%
Sickness	4%	4.4%	4.6%	5.1%	5.1%	5.4%	5.3%
Mandatory Training	90%	92.8%	92.1%	91.9%	91.7%	92.1%	92.2%

Areas of Improvement

- The vacancy rate has decreased to 3.3% in January from 3.7% in December. 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 43 days [average 12 days below model hospital comparator Trusts].
- 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.
- Targeted work focussing on the management of short-term sickness absence is underway with ER supporting divisions as required. An automated process has been introduced to inform and guide 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
- Sickness absence has decreased this month to 5.3% and was above the target of 4%. The main reasons for absence were Anxiety, Stress and Depression which is 1.20% of the workforce, followed by Cold, Cough, Flu - Influenza at 1.11%. 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 & OH teams, including regular joint meetings discussing ongoing cases.
- Sickness absence relating to MSK and SAD is being reviewed through the lens of EDI to determine whether additional support is needed.
- Mandatory Training has remained above target since March 2021.

Areas requiring further work

- There is continued focus on hard to recruit consultant vacancies utilising head-hunters and international recruitment drives.
- 205 HCSW's appointed via the assessment centre – 120 commence on the apprenticeship pathway. Monthly assessment centres take place at alternate sites.
- Consultant vacancies are currently at 30.2 WTE. 14 consultants are going through on-boarding with recent appointments to Histopathology, Dermatology and Diabetes & Endocrinology.
- Individual meetings held by Retention Partner for each cohort of the HCSW Apprenticeship Academy to offer support and promote hub. Meetings with January cohort to take place in Ipswich in February. Feedback from this staff group is shared with the Internal Delivery Strategy & Performance Group and HRBPs.
- International Nurse pipeline continues. 10 arrived in January, final cohort 25/26 delayed until May 26 due to current vacancies. 11 Newly Qualified Nurses offered from March qualifiers.

Workforce: Trends & Hotspots

January 2026

Workforce Metrics	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Appraisals	90%	85.7%	84.2%	81.2%	81.9%	84.3%	83.1%
Voluntary Turnover	7%	5.7%	5.5%	5.5%	5.5%	5.6%	5.6%
Ward Fill Rates (ESNEFT)	95%	89.7%	91.5%	88.3%	91.4%	89.2%	91.4%
Care Hours Per Patient Day (ESNEFT)	-	7.02	6.89	TBC	TBC	TBC	TBC
Executive team turnover	-	0	0	1	1	2	0

Areas of Improvement

- Leadership Development training: 1,873 completed/ 238 soon to complete, plus a further 291 (YTD) attending management bitesize training. Along with 3,760 staff engaging in the suite of EDI training in the last year.
- Ad hoc requests from leaders as part of their development journey will still be run and aligned to one of the experienced facilitators in the Trust to provide feedback. The Trust is proposing to teach another cohort of facilitators within the next few months and have asked the current team to recommend any colleagues before they launch a recruitment campaign.
- 'My Career Matters: has engaged 1,291 staff across ESNEFT, providing a clear picture of workforce readiness and development needs, with the majority identifying as Ready Soon (36.7%) or Long-Term Ready (32.3%). Analysis of responses has highlighted a strong demand for leadership and management development, digital transformation skills, shadowing opportunities, coaching and mentoring and apprenticeships (*with particular interest in the Emerging and Engaging Leader programmes*). To date, all 'Ready Now' candidates have been contacted by Talent for Care, 30% of respondents are actively being progressed through development pathways and staff are being reviewed for flagship leadership programmes and masterclasses by the internal delivery team. In response to learning from the data, work is underway to streamline the My Career Matters form, introduce automated workflows and clearer accountability, align outcomes to ESR competencies, and develop support materials to ensure a more efficient, transparent, and scalable talent management process.
- A range of measures to support staff wellbeing continues.

Areas requiring further work

- Voluntary turnover rate is 5.64% (a marginal increase from previous month 5.60%). Nursing & Midwifery voluntary turnover is 4.33%, an increase from 4.30% in December and a decrease from 5.34% in January 2025.
- Management of 69 formal employee relations cases (including disciplinary and grievance) as well as informal cases is ongoing. 17 opened in month and with 14 cases closed.
- December's Appraisal compliance rate decreased to 83.1% from 84.3%. The Trust is under target for Appraisals. Bitesize training for appraisals is now being delivered through the Management Masterclasses. Improvements to the offer of career conversations, management masterclasses have been a focus for the divisions and HR, OD support to improve the quality of the conversations during appraisals.
- National Staff Survey (NSS) - The initial staff survey results have been released and work is underway to share these across divisions to work up action plans and interventions based upon analysis of the results for this year. 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 required.
- Supportive 360 Leadership reviews: A piece of work is currently being carried out that sets out a proposal for how the usage of the 360-review tool can be increased with a resulting increase in its impact. Whilst the content of the feedback presented to leaders who have taken part in a 360 and the quality of feedback provided to them is viewed positively, there is some concern in relation to its usage and uptake. Promotion of the 360-feedback tool has been on hold since the launch of Epic. It is proposed that further promotion of the tool and an explanation as to how it fits into wider cultural issues and therefore the impact it is intended to have is required. Given the relatively low levels of usage over recent months further engagement with DMTs to garner their support and commitment will be pursued.

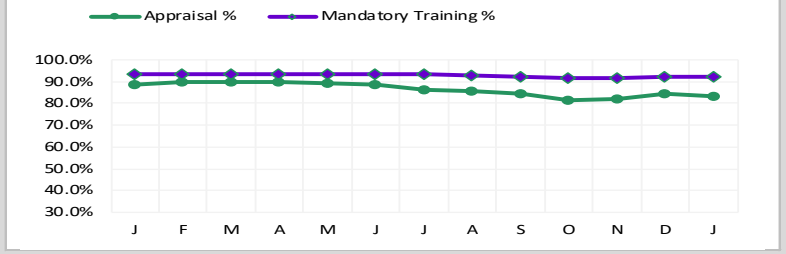
Workforce Dashboard

January 2026

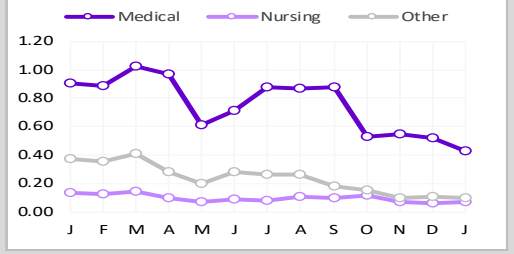
Trust Level

Key Metrics	Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Agency Ceiling	Ward Fill Rate
Performance	3.3%	£4.3m	5.3%	92.2%	83.1%	5.6%	(£1.63m)	91.4%
Target	Budget 11600wte	Budget £614.8m	4.0%	90%	90%	8%	(£8.09m)	95%
Achieved	Contracted 11220wte	Spend £619.1m	5.3%	View portal for detail	83.1 out of 100 staff		(£9.73m)	
Vs Prior Month	↓	↑	↓	↑	↓	↑	↑	↑
Prior Month	3.7%	£4.45m	5.4%	92.1%	84.3%	5.6%	(£1.85m)	89.2%

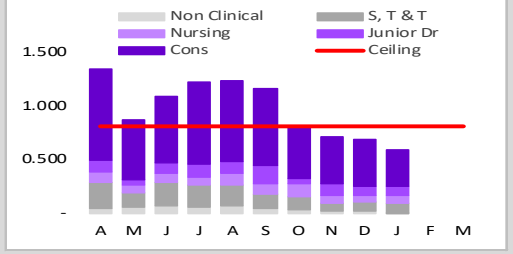
Appraisals & Mandatory Training Compliance %



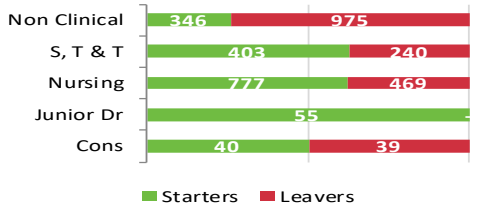
Agency Trends (ex Locum) £m



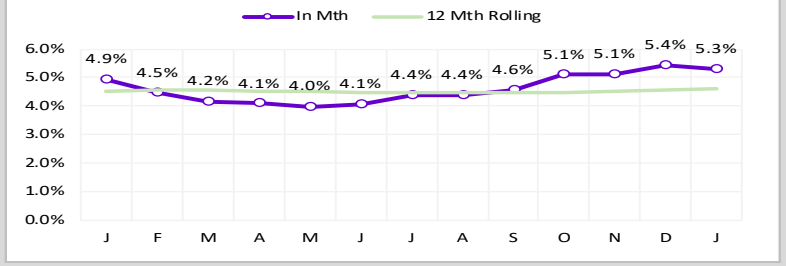
Agency Ceiling £m



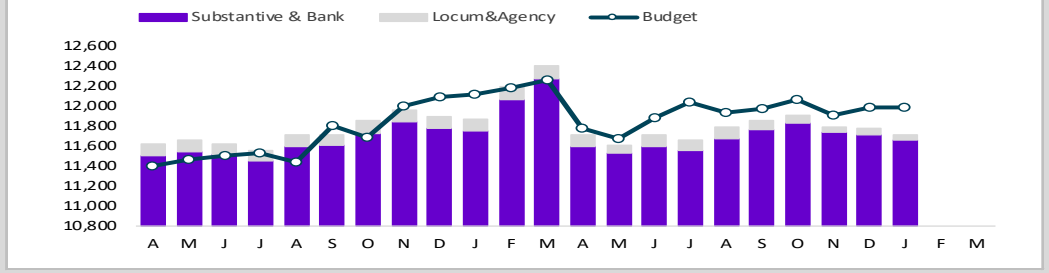
Starter - Leavers (12Mth Rolling) Headcount



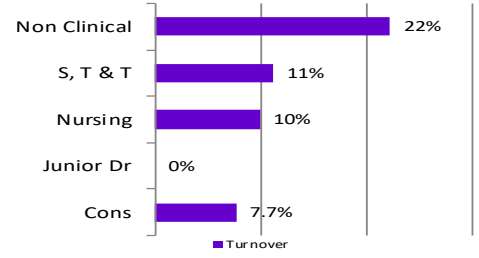
Sickness %



Workforce Trends wte



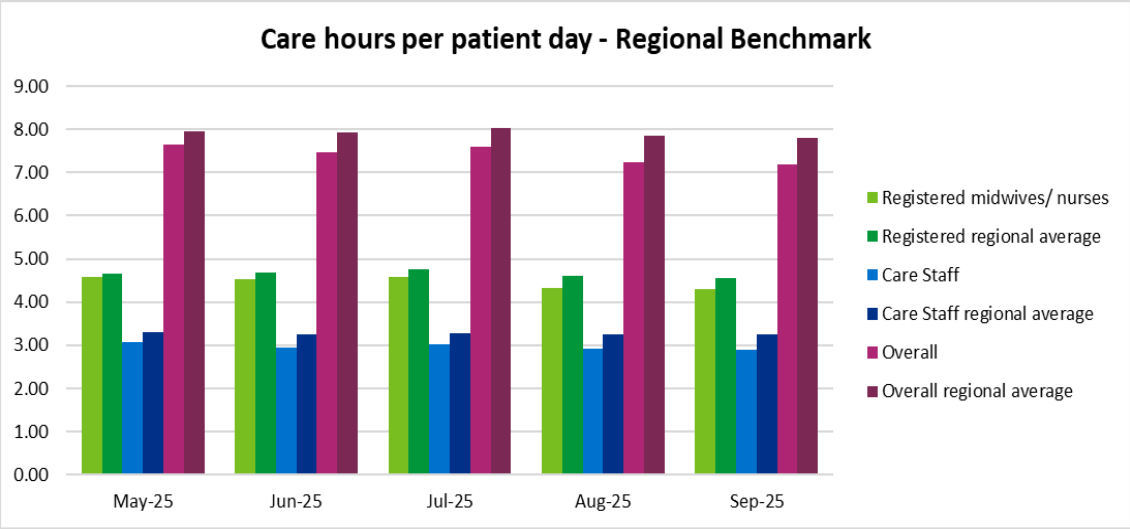
Turnover by Staff Group Headcount

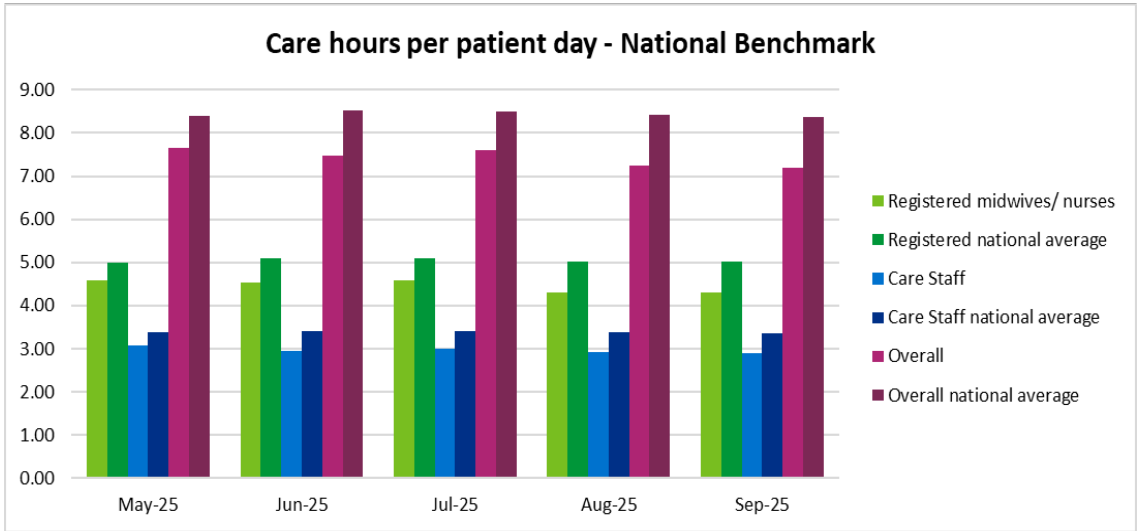


Well-Led - Nursing, Midwifery and AHP Workforce Update - CHPPD

January 2026

Care hours per patient day	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Registered midwives/ nurses	4.58	4.54	4.58	4.32	4.37
Care Staff	3.07	2.94	3.01	2.91	2.92
Overall	**7.66**	**7.48**	**7.59**	**7.23**	**7.29**





Care Hours Per patient Day (CHPPD) **

CHPPD is an NHS England metric calculated by combining the hours of staff on duty in a month in a department and dividing by the average number of patients occupying beds in the department at midnight. It is a key indicator of staffing levels in an NHS organisation but does not directly show whether care is safe, effective or responsive.

ESNEFT'S Registered Nursing & Midwifery, Care Staff (HCSWs) and overall CHPPD consistently falls under both the regional and national average (regional/national data for October is not yet available).

Safer Staffing

The Annual Staffing Review is almost complete utilising the Safer Nursing Care Tool (SNCT) audit data triangulated against patient outcomes and professional judgement. 96 wards/departments have participated in individual meetings to review their nursing budgeted establishments with a recommendations expected to be provided to Board in the next few months.

A Safer Staffing benchmarking self-assessment exercise has been submitted to NHSE for review. There was consensus on the majority of metrics which scored "green". A very small number of elements were deemed by NHSE as "amber" who recommended changes to this monthly Board Integrated Performance report. A revaluation will take place in quarter 4.

International recruitment

There have been significant challenges in placing a number of international nurses into clinical areas at Ipswich hospital. These nurses are being transported to Colchester site to support the newly opened Boxted ward.

Newly registered recruitment

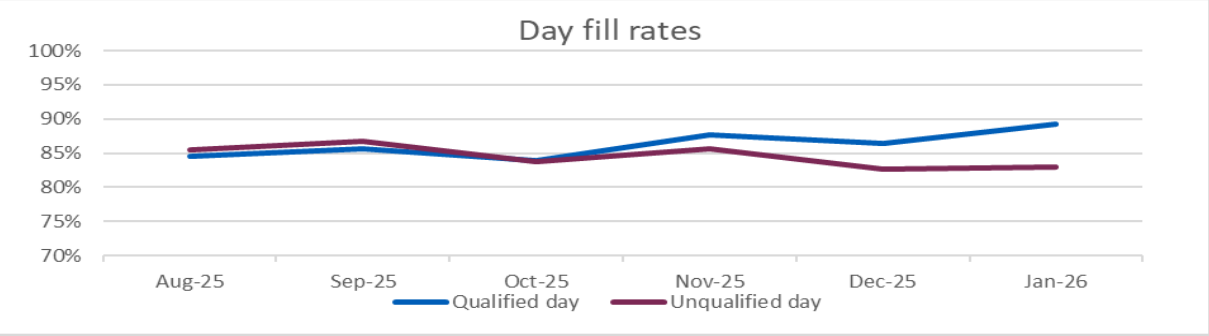
Over 350 adult student nurses have applied to the trust for an RN post when they qualify in the next financial year. 270 of these are external students who have completed their placements at other NHS trusts. A series of recruitment events will be taking place in the next few months.

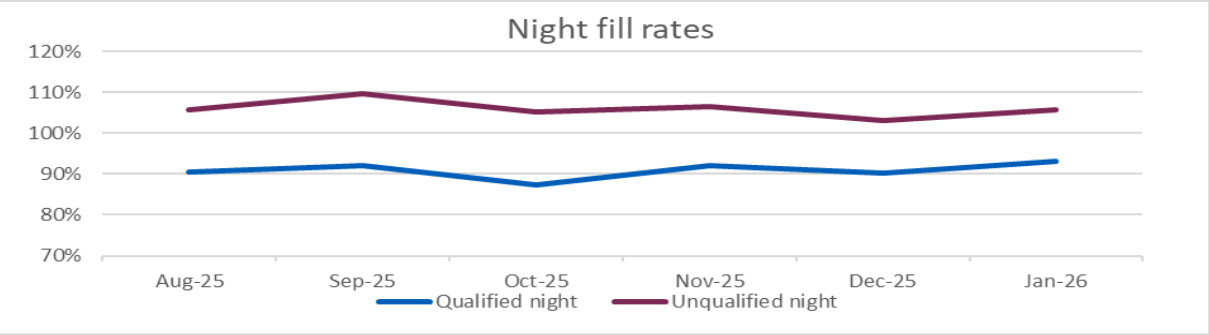
*** The care hours data presented is currently under review: both the Trust's own calculations (ensuring that they are consistent with national guidance; and all appropriate nursing areas are captured). Benchmarking data (both regional and national) is also being scrutinised. The analysis currently excludes Specialist and Mental Health Trusts, but the treatment of community provision / trusts needs further consideration. National data is only available up to September 2025.*

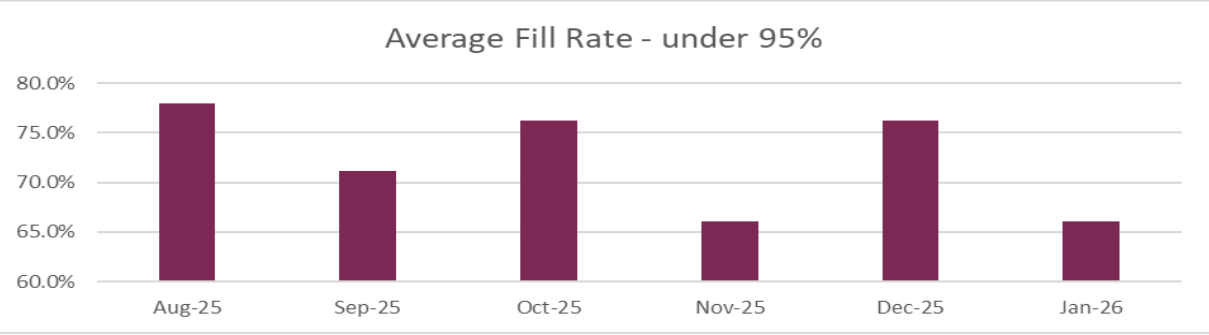
Well-Led - Nursing, Midwifery and AHP Workforce Update – Fill Rates

January 2026

	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Qualified day	84.5%	85.7%	84.0%	87.7%	86.5%	89.2%
Qualified night	90.4%	92.1%	87.5%	92.0%	90.1%	93.0%
Unqualified day	85.5%	86.8%	83.7%	85.6%	82.7%	82.9%
Unqualified night	105.8%	109.6%	105.2%	106.4%	103.2%	105.8%
Overall (average) fill	89.7%	91.5%	88.3%	91.4%	89.2%	91.4%







Fill rates

NHS providers are required to submit data (Nursing, Midwifery and care Staff Staffing Fill Rate Indicator) on staffing levels on a monthly basis via the UNIFY return. The data shows actual vs planned hours (budgeted template vs actual hours worked). This data is published on the ESNEFT website and appears on the NHS Choices website.

Bures model

A decision is awaited regarding expansion of the Bures model at Colchester- expanding the RN pool to fill staffing gaps as well as expansion of the ETOC Service in response to patient demand for 1 to 1 care. The proposal also includes launching an RN pool and ETOC service at Ipswich site.

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. A 12-month review report was presented NMAAC in December with the view to roll out Team rostering across all nursing teams.

Work will be undertaken to compare a number of roster metrics such as net hours, annual leave distribution, additional shifts and unavailability in team rostering wards compared to non team rostering wards/departments.

RAG rules: Less than 80% : Red; 80 - 95%: Amber; 95%+: Green

Well-Led

January 2026

	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26
All Staff													
Headcount	12,872	12,932	12,991	12,589	12,491	12,568	12,579	12,641	12,765	12,734	12,791	12,677	12,656
Establishment (including agency)	11,895	11,971	12,042	11,566	11,533	11,591	11,629	11,623	11,684	11,696	11,659	11,655	11,600
In post	11,261	11,409	11,413	11,004	11,007	11,024	11,076	11,154	11,262	11,302	11,304	11,229	11,220
Vacancy	634	562	628	562	526	567	554	468	422	394	355	426	380
Vacancy %	5.3%	4.7%	5.2%	4.9%	4.6%	4.9%	4.8%	4.0%	3.6%	3.4%	3.0%	3.7%	3.3%
Establishment (excluding agency)	11,895	11,971	12,042	11,566	11,533	11,591	11,629	11,623	11,684	11,696	11,659	11,655	11,600
Vacancy (excluding agency)	634	562	628	562	526	567	554	468	422	394	355	426	380
Vacancy % (excluding agency)	5.3%	4.7%	5.2%	4.9%	4.6%	4.9%	4.8%	4.0%	3.6%	3.4%	3.0%	3.7%	3.3%
Turnover													
[1] Turnover (12 Month)	8.9%	8.9%	12.0%	12.7%	13.2%	12.4%	12.4%	12.4%	12.2%	12.6%	12.8%	13.2%	13.2%
[1] Voluntary Turnover (12 Month)	6.3%	6.4%	6.1%	6.0%	6.2%	5.8%	5.6%	5.7%	5.5%	5.5%	5.5%	5.6%	5.6%
[1] Starters (to Trust)	174	147	119	132	201	141	116	93	233	158	135	47	99
[1] Leavers (from Trust)	107	83	147	187	168	80	93	92	87	131	97	122	72
Sickness													
% In Mth	4.9%	4.5%	4.2%	4.1%	4.0%	4.1%	4.4%	4.4%	4.6%	5.1%	5.1%	5.4%	5.3%
WTE Days Absent In Mth	17,207	14,115	14,667	13,485	13,565	13,468	14,987	14,982	15,321	17,714	17,225	18,878	18,307
Mandatory Training & Appraisal Compliance													
Mandatory Training	93.2%	93.5%	93.2%	93.3%	93.2%	93.7%	93.6%	92.8%	92.1%	91.8%	91.7%	92.1%	92.2%
Appraisal	88.4%	90.0%	89.7%	89.6%	89.1%	88.8%	86.1%	85.7%	84.2%	81.2%	81.9%	84.3%	83.1%
Temporary staffing as a % of spend													
Substantive Pay Spend	52,986	53,036	92,922	55,052	54,843	55,088	55,370	57,306	56,786	58,014	56,636	57,478	57,160
Overtime Pay Spend	134	146	158	201	183	167	137	153	169	173	250	134	120
Bank Pay Spend	5,001	4,969	6,167	4,830	4,499	4,599	4,683	4,409	4,339	4,159	4,053	4,170	4,212
Agency Pay Spend	1,419	1,369	1,580	1,350	875	1,090	1,218	1,238	1,162	802	714	689	592
Total Pay Spend	59,539	59,520	100,828	61,433	60,401	60,943	61,407	63,106	62,455	63,148	61,653	62,471	62,083
Agency & Bank %	10.8%	10.6%	7.7%	10.1%	8.9%	9.3%	9.6%	8.9%	8.8%	7.9%	7.7%	7.8%	7.7%
Agency %	2.4%	2.3%	1.6%	2.2%	1.4%	1.8%	2.0%	2.0%	1.9%	1.3%	1.2%	1.1%	1.0%
Nurse staffing fill rate													
% Filled	86.6%	86.2%	86.0%	88.7%	89.7%	90.9%	91.2%	89.7%	91.5%	88.3%	91.4%	89.2%	91.4%

[1] Excludes training grade junior doctors

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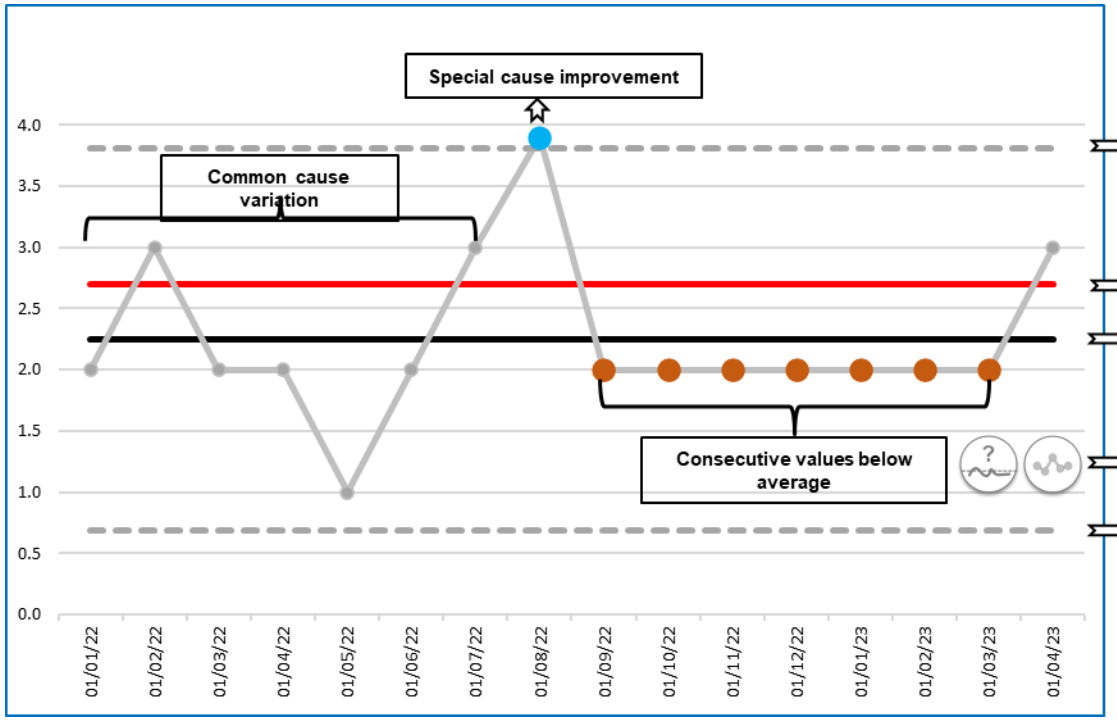
January 2026

	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,502	3,540	3,541	3,546	3,555	3,598	3,581	3,572	3,575	3,588	3,573	3,623	3,681
In post	3,268	3,310	3,309	3,280	3,305	3,297	3,305	3,310	3,351	3,379	3,413	3,426	3,419
Vacancy	235	230	232	266	249	301	277	262	224	209	160	197	261
Vacancy %	6.7%	6.5%	6.5%	7.5%	7.0%	8.4%	7.7%	7.3%	6.3%	5.8%	4.5%	5.4%	7.1%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,628	1,646	1,646	1,671	1,679	1,698	1,703	1,701	1,688	1,683	1,667	1,676	1,716
In post	1,526	1,552	1,552	1,541	1,554	1,545	1,550	1,558	1,599	1,614	1,648	1,654	1,650
Vacancy	102	94	94	130	125	153	153	143	89	69	19	22	67
Vacancy %	6.2%	5.7%	5.7%	7.8%	7.4%	9.0%	9.0%	8.4%	5.3%	4.1%	1.1%	1.3%	3.9%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,465	1,475	1,465	1,477	1,458	1,478	1,471	1,457	1,495	1,492	1,470	1,515	1,571
In post	1,305	1,318	1,323	1,328	1,330	1,336	1,328	1,321	1,346	1,376	1,403	1,386	1,386
Vacancy	159	157	142	149	128	142	144	135	149	116	67	128	185
Vacancy %	10.9%	10.6%	9.7%	10.1%	8.8%	9.6%	9.8%	9.3%	9.9%	7.8%	4.5%	8.5%	11.8%
Consultants													
Establishment (including agency)	556	559	571	565	556	547	555	555	560	567	567	563	562
In post	502	506	503	500	505	502	504	505	512	517	515	514	515
Vacancy	54	53	68	65	51	44	51	49	48	50	51	49	46
Vacancy %	9.8%	9.5%	11.9%	11.5%	9.2%	8.1%	9.2%	8.9%	8.6%	8.9%	9.1%	8.7%	8.2%
Junior Medical													
Establishment (including agency)	857	860	862	858	842	882	914	900	905	915	922	942	925
In post	835	858	842	812	827	828	825	998	895	872	861	875	880
Vacancy	22	2	20	46	15	54	89	(98)	10	43	61	67	45
Vacancy %	2.6%	0.2%	2.3%	5.4%	1.8%	6.1%	9.7%	-10.9%	1.1%	4.7%	6.6%	7.1%	4.9%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,365	2,379	2,384	2,389	2,373	2,414	2,461	2,451	2,436	2,483	2,498	2,500	2,504
In post	2,162	2,198	2,206	2,201	2,197	2,205	2,214	2,230	2,289	2,291	2,316	2,317	2,330
Vacancy	203	181	179	189	176	209	248	220	147	193	182	183	174
Vacancy %	8.6%	7.6%	7.5%	7.9%	7.4%	8.7%	10.1%	9.0%	6.0%	7.8%	7.3%	7.3%	7.0%

[1] Excludes training grade junior doctors

How to read a Statistical Process Control (SPC) Chart

January 2026



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		
H L	H L		F	P	?
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