

**Trust Board of Directors**

**Report Summary**

<b>Date of meeting:</b> 7 May 2026	
<b>Title of Document:</b> Integrated Performance Report (IPR) Month 12 (March) 2025/26	
<b>To be presented by:</b> Chief Financial Officer (Interim)	<b>Author:</b> Deputy Finance Manager with relevant Executive Directors
<b>1. Status:</b> <b>For Approval/Assurance/<u>Discussion</u>/Information</b>	
<b>2. Purpose:</b> This report provides an overview of the Trust's performance in March 2026 across the domains of Quality, Performance, Finance and Workforce.	
Relates to:	
Strategic Objective	<p>Include the relevant objective/all –</p> <ul style="list-style-type: none"> <li>• <b>Improving health:</b> not just treating illness, moving from treatment to prevention.</li> <li>• <b>Joined up care:</b> integration and community-based delivery.</li> <li>• <b>Excellent care:</b> improved outcomes, increasing personalisation and co-production.</li> <li>• <b>Developing staff:</b> supporting our teams and building for the future.</li> <li>• <b>Using technology to improve care:</b> digital, technology and innovation – shifting from analogue to digital care.</li> </ul>
Operational performance	<p>The report provides oversight of the Trust's progress in delivering operational performance objectives for 25/26. National objectives and priorities are set out in the <b>25/26 priorities and operational planning guidance</b>.</p> <p>Oversight is provided for acute performance in urgent care, inpatients, cancer, diagnostics, RTT &amp; recovery. Through this monitoring, areas of excellence and those that require improvement are highlighted (allowing action to be taken where appropriate), supporting overall delivery and performance.</p>
Quality and equality impact	<p>The report provides an overview of the Trusts quality objectives and key actions for 25/26. Equality impacts are considered across all Quality areas, and Health Inequalities are reported through this report on a regular basis.</p> <p>Quality: The board is cautious when it comes to quality and places the principle of "no harm" at the heart of the decision. It is prepared to accept some risk if the benefits are justifiable and the potential for mitigation is strong.</p>
Legal, Regulatory, Audit	<p>The report outlines how the Trust intends to meet or surpass the national NHS objectives confirmed by NHS England for 2025/26. Currently, through the NHS Oversight Framework the performance of providers is reviewed and monitored by SNEE ICB and ultimately NHS England.</p>
Finance	<p>Living within the budget allocated, reducing waste and improving productivity is one of the national priorities for 25/26. This report sets out how the Trust is working to deliver a balanced net system financial position for 2025/26, reducing</p>

	agency expenditure as far as possible (minimum reduction of 30% to current spending) and to close the activity / WTE gap against pre-Covid levels.
Governance	The report confirms the key performance indicators and targets that the Trust will monitor and measure to ensure delivery of its objectives as well as highlighting performance in reported domains. It also confirms the actions and governance that exists to monitor and maintain high performance.
NHS policy/public consultation	The report has been formulated with reference to all national guidance for 2025/26, such as national NHS objectives confirmed in the 25/26 priorities and operational planning guidance published by NHS England and the NHS Oversight Framework.
Accreditation/Inspection	Many aspects of the performance covered by the report are subject to wider scrutiny and review: such as internal and external audit of the Trust's financial performance and controls and systems, and the report subject matter is reviewed with each Executive SRO on a monthly basis.
Anchor institutions	N/A
ICS/ICB/Alliance	The Trust's performance ultimately feeds into the wider SNEE ICS reported performance (across all domains quality, workforce, finance and operations). During 2025/26 NHS England will assess performance at a system level in the first instance as part of the NHS Oversight Framework (NOF).
Board Assurance Framework (BAF) Risk	BAF2 - Financial performance – value and sustainability. BAF3 - Insufficient capital resources to progress investments. BAF4 - Quality assurance mechanisms regarding the quality and safety of patient services. BAF5 - Workforce – recruitment and retention. BAF6 - Sustainable delivery of elective performance. BAF6A - Sustainable delivery of emergency care performance targets. BAF7 - Estates development and capital equipment. BAF9 - Transformation.
Other	N/A
<p><b>3. Summary:</b></p> <p>This Integrated Performance Report (IPR) for month 12 (March 2026) outlines the Trust's key performance indicators for Quality, Operational, Finance and Workforce domains and provides analysis at primarily an overall organisational level, though for some areas there is discussion of performance by site (notably mortality and A&amp;E access).</p> <p>The report contains summary slides for each of the reports' key domains along with commentary on areas that have shown improvement and those that require further focus and attention.</p> <p>The report also summarises key performance headlines, for divisions and corporate CDGs against the Accountability Framework. Divisional Accountability Meetings for February took place at the beginning of April.</p>	
<p><b>4. Recommendations / Actions</b></p> <p>The Board is asked to note the Trust's performance</p>	

This report applies the *What? / So What? / What Next?* methodology to support a clear, structured and outcome-focused assessment of Trust-level performance data.

### **1. What? (The Facts & Data)**

This section defines the situation, focusing on facts, key performance indicators (KPIs), and outcomes.

**Focus:** What happened? What are the key metrics? What is the data telling us?

### **2. So What? (The Analysis & Significance)**

This is the core of the report. It explains *why* the "What" matters, linking data to impact and strategy.

**Focus:** Why is this event/data relevant? What are the implications for strategy? What risks or opportunities does it reveal?

### **3. What next? (Action & Next Steps)**

This section outlines future action based on the analysis. It demonstrates forward-thinking and leadership.

**Focus:** What lessons are taken forward? How do we prevent negative outcomes? What is the plan / trajectory to recover any adverse performance?



### Quality Commentary

Quarter 3 showed the impact of EPIC implementation with pressures in the acute emergency pathway and some delays in discharge pathways during stabilisation phase. Whilst some challenges were experienced there was improved visibility of patient discharge pathways and internal treatment pathways which has facilitated improvement work, identifying key areas of focus.

Additional inpatient capacity was mobilised at the end of Q3 to alleviate some pressures and this extended in Q4.

The HCAI rates remained above trajectory in Q3 resulting in benchmarking in the poorest quartile among provider trusts. The trajectories for IPC are cumulative and will therefore not change the patient safety rating in Q4. Workstreams to improve across all HCAs have been established.

### Performance Commentary

Quarter 3 saw a period of challenge during the post EPR stabilisation period with operational performance mixed. Some standards showed an improving trend but not at a level compliant with the trust submitted plan, whilst others were impacted by the activity reduction to support EPR familiarisation. Emergency care performance remained below national standards, though mitigation actions and recovery plans were put in place to improve performance for Q4 compliance. Cancer and Elective care performance were below the national standards, mitigated through the 60-day activity stabilisation plan during the implementation of EPIC with further mitigation and recovery plans for Q4. The Trust has maintained active recovery plans for challenged standards with clear executive ownership and expected improvement in NOF performance in the next publication. In order to improve sustainably we are strengthening our internal and system plans to front door pathways, internal flow and discharge processes.

### Finance Commentary

The Trust delivered a domain score of 2 for the Finance and Productivity domain in Quarter 3, maintaining the score achieved in Quarter 2. An implied productivity level of 5.9% meant that the Trust was in the highest quartile of performance. The metrics for planned surplus / deficit and variance YTD to that plan are combined to create a single finance score (they are essentially worth ½ a metric each). The Trust has a planned revenue breakeven position (and that will not change across the year) and so achieves the best score (1) but at M9 the Trust reported an £8m adverse variance to plan (a cumulative actual deficit of £10.7m), and therefore achieved a score of 'only' 3. It is worth stressing that any actual deficit reported by an organisation triggers a financial override in the NOF and means that an overall segment of 1 or 2 is not achievable. At the end of Quarter 4 a revenue deficit of £4.1m has been reported. This is an improvement on Q3 but will still trigger the financial override, but given the deficit % of turnover is now much lower it could see the metric score improve to a 2.

### Workforce Commentary

Quarter 3 saw no significant change in sickness absence reporting and no change in staff engagement score as set out in the staff survey. The trust has maintained its focus on reducing sickness absence through a holistic approach to supporting staff to feel well at work. This includes mental and physical health support through occupational health and well-being support, enhanced support for managers, a focus on return-to-work interviews and clear regular oversight. A department level leadership focussed approach to reviewing staff feedback from the survey has been adopted, individual service level survey reports have been created, and line managers have been provided with a briefing to support conversations with staff.

## Quality Summary

\*Yellow highlighted metrics are also reported on the NOF, though the methodology may be different.

Metrics	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
12-mth rolling HSMR	100	113.0	111.5	110.0	108.6	108.7	108.1						
SHMI	1	1.08	1.07	1.07	1.07	1.07	1.07	1.07					
Total incidents reported	-	3,168	3,347	3,231	3,402	3,042	3,058	3,003	3,252	2,993	3,256	2,915	3,348
Never Events	0	0	0	1	1	0	1	0	0	1	0	0	0
Mixed Sex Accommodation Breaches	0	500	423	305	267	206	206	70	44	34	31	28	7
Total complaints reported	-	101	109	117	116	97	110	133	88	89	109	132	151
Overdue Complaints	0	0	0	0	0	1	1	7	10	13	6	10	4
Complaint Response Compliance	95%	99.1%	98.0%	95.4%	97.5%	97.2%	100.0%	98.1%	93.0%	91.9%	95.6%	90.7%	94.3%
Total PALs Enquiries	-	369	331	349	319	366	567	815	633	482	573	570	589
Duty of Candour (Initial)	100%	72.5%	85.9%	86.4%	95.5%	91.2%	85.1%	90.5%	87.3%	78.6%	93.2%	83.5%	87.2%
C.Diff	0	15	9	17	11	16	17	12	9	13	16	8	12
MRSA	0	0	1	1	0	0	2	0	0	1	2	2	0
MSSA	0	2	9	4	8	4	6	3	10	1	7	4	4
E.Coli	0	14	14	13	14	16	7	11	9	9	22	11	27
VTE Risk Assessments	95%	71.98%	76.13%	68.75%	75.64%	65.71%	63.30%	N/R	94.74%	70.00%	83.33%	38.10%	57.89%
Total falls (acute)	-	224	215	185	196	199	203	186	178	192	228	165	216
Serious Harm falls	0	1	1	3	4	0	3	3	5	2	1	1	5
Cat 3 Pressure Ulcers (acute & community hospital)	0	18	14	17	17	16	11	19	34	12	26	28	41
Cat 4 Pressure Ulcers (acute & community hospital)	0	2	1	1	0	0	0	1	0	1	1	1	0
F&F: Inpatients % Recommending	90%	91.9%	92.6%	92.9%	94.8%	93.2%	90.5%	N/R	93.9%	94.2%	93.1%	93.3%	93.6%
F&F: A&E % Recommending	90%	87.8%	86.3%	87.4%	86.6%	87.5%	85.4%	78.6%	73.7%	79.0%	79.7%	78.7%	85.5%
F&F: Day Case % Recommending	90%	96.9%	95.1%	96.0%	97.6%	97.4%	95.3%	97.4%	83.3%	94.6%	94.7%	96.2%	96.8%
F&F: Birth % Recommending	90%	100.0%	90.0%	100.0%	100.0%	90.0%	83.3%	N/R	100.0%	100.0%	100.0%	100.0%	100.0%
F&F: Post Natal Ward % Recommending	90%	100.0%	88.9%	88.9%	100.0%	80.0%	100.0%	50.0%	N/R	100.0%	N/R	100.0%	100.0%
F&F: Antenatal % Recommending	90%	100.0%	90.9%	50.0%	84.6%	85.7%	100.0%	100.0%	100.0%	88.9%	33.3%	83.3%	100.0%

### What went well?

Patient experience – improvements seen in F&F scores for A&E and antenatal care in March. Achievement of complaint responses within the agreed timeframe is also improving following the challenges experienced post Epic implementation where all clinical time was diverted to front line support care.

The pathway changes at Ipswich hospital for emergency medical admissions has also achieved the desired outcome of significantly reducing mixed sex accommodation breaches. Timelier step down from critical care has contributed to the lower number reported in March.

Safer staffing - there is an overall trend in RN fill rates since the latter part of Q3 despite the need to open additional inpatient capacity. An in-month dip in RN Day-Fill was noted otherwise the trend has been sustained. The number of areas with an average Fill Rate below 95% is also reducing.

### Areas requiring further work – What?

Infection Prevention and control – the cumulative trajectories for each of the mandatory surveillance HCAs were breached at year end as anticipated. Whilst there is variation in the number of cases reported month by month, March did show a rise in cases of C Diff and E.coli. The infection control committee has endorsed the 4 programmes of work to reduce HCAs and will oversee effectiveness. The trajectories for 26/27 have not been shared at the time of this report.

Harm free care – the overall numbers of developed pressure ulcers (grade 2, 3 and 4) remained static, however, there was a rise in category 3 pressure ulcers reported at the Colchester hospital site. There is ongoing improvement work relating to cumulative impact of 'long lie time' on ambulance trollies and ED trollies to identify high risk earlier. Additional preventative equipment has also been purchased and is in place.

VTE compliance has shown high variability particularly since the implementation of Epic. A new VTE assessment build was therefore embedded in Epic on 19<sup>th</sup> March which now alerts clinicians via a yellow indicator in the Storyboard when the VTE assessment has not been completed. The workflow has been updated to be make completion quicker and simpler. Further validation is required on reporting which is already underway.

### So What?

SHMI reporting as a 12 month rolling data was 1.0682 'as expected for ESNEFT with Colchester 1.10 and Ipswich 1.00 as expected against a national average of 1.00 and range of 0.7188 – 1.3408 to September 2025. The loss of SDEC activity to the emergency care data set will result in a significant increase in SHMI values for Colchester Hospital and ESNEFT overall once incorporated into the national submission. Whilst SHMI is not an absolute measure of quality, additional assurance around care pathways will be provided by ensuring that high clinical coding standards are maintained, investigation of alerts issued by external providers and by continued scrutiny of clinical care by the Medical Examiner service.

Not meeting constitutional standards adversely impacts patient care and experience and we have further opportunity to reduce harm events.

Infection prevention and control – regional benchmarking shows that ESNEFT is reporting rates in the poorest quartile for provider trusts. Higher rates will impact the NOF rating for the patient safety domain. HCAs impact care and treatment for patients, increasing length of stay and patient outcomes. Overcrowded clinical areas (including care in corridors) increases the risk of transmission and negatively impacts timely isolation. Both Colchester and Ipswich hospital sites have limited ward side room capacity and Colchester ED has limited isolation facilities in the Majors department.

Care in corridor spaces also negatively impacts patient experience and emergency pathway delays have contributed to a rise in developed pressure ulcers.

Workforce is a key enabler to delivery of safe care; clinical outcomes are impacted where skill mix and fill rates are not achieved. This has been acknowledged in the annual skill acuity review and actions are in place to improve.

## What next?

The quality objectives for 26/27 will emphasise clinical outcomes for patients including reducing harm events (harm free care metrics), elimination of corridor care and a focus on improving care and support for patients living with frailty.

The Fundamentals of Care Board will oversee the improvement work that has been established to address some of the root causes of challenges identified in quality metrics and regulatory reviews. Sustained focus will continue on IPC and care environment, achieving appropriate nurse fill rates and nurse leadership development, ensuring essential care requirements are met, including care for people with vulnerabilities and MH care needs.

To further enhance the scrutiny and learning from patient deaths a central multidisciplinary structured judgement review group will be established by end of Q2. This group will also contribute a clinical sense check to external alerts and mortality data metrics as well as provide additional assurance as to the objectivity of reviews.

With the further embedding of Epic into clinical practice, there will also be a focus on supporting clinical teams to understand how best to access and use data for continuous improvement across the trust. Data dashboards for high priority areas such as utilisation of the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) tool are already in place and increasingly used to target support to teams where use is low.

There will be a review of the quality metrics presented in the quality summary dashboard to better align with updated regional and national reporting, including the regional quality scorecard and revised NOF for quality and safety. It is anticipated that the national quality strategy will be published by the end of Q1, when available quality priorities and metrics will be revisited to ensure congruence.

## Performance Summary

\*Yellow highlighted metrics are also reported on the NOF, though the methodology may be different.

Area	Specific	Direction	Revised trajectory			Actuals			Variance			Comparison		
			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	01:13:01	00:45:00	01:29:02	01:15:41	00:56:10	00:12:00	00:02:40	00:11:10	Better	Worse	Worse
UEC	4hr performance	Up is good	74.6%	76.0%	78.4%	74.5%	75.8%	76.7%	(0.1%)	(0.2%)	(1.7%)	Worse	Worse	Worse
UEC	% Type 1 patients 12h or more	Down is good	20.8%	15.8%	12.9%	15.1%	12.7%	11.0%	(5.7%)	(3.1%)	(1.9%)	Better	Better	Better
UEC	Paediatric 4hr	Up is good	85.9%	86.4%	92.1%	89.7%	91.1%	92.7%	3.8%	4.7%	0.6%	Better	Better	Better
RTT	Patients waiting 52w	Down is good	2,168	1,670	839	2,016	1,293	281	(152)	(377)	(558)	Better	Better	Better
RTT	Total patients waiting	Down is good	92,790	92,950	93,013	90,776	89,252	89,314	(2,014)	(3,698)	(3,699)	Better	Better	Better
RTT	18w performance	Up is good	54.0%	54.0%	54.1%	54.1%	57.1%	60.2%	0.1%	3.1%	6.1%	Better	Better	Better
Cancer	28 Day Faster Diagnosis Standard	Up is good	65.3%	68.3%	74.0%	67.7%	74.9%	76.7%	2.4%	6.6%	2.7%	Better	Better	Better
Cancer	62 Day Combined	Up is good	63.6%	66.6%	70.0%	68.0%	63.5%	66.3%	4.4%	(3.1%)	(3.7%)	Better	Worse	Worse
Cancer	31 Day standard	Up is good	90.3%	90.3%	90.3%	87.6%	93.1%	91.8%	(2.7%)	2.8%	1.5%	Worse	Better	Better
DM01	% 6w+	Down is good	27.2%	20.2%	10.0%	21.9%	15.4%	10.1%	(5.3%)	(4.8%)	0.1%	Better	Better	Worse

### What went well?

Ipswich and East Suffolk Emergency care 4-hour response met the national standards above 78% in both February and March. Colchester and North East Essex has seen month on month improvement since January but remains below the national standard. Performance remains on an improvement trajectory at an ESNEFT level in April month to date.

The Trust saw a reduction in 12-hour ED stays and improved paediatric 4-hour waits in March.

Performance against both RTT incomplete pathways standards (>65 weeks and >52 weeks) achieved the national standards for March.

March performance for 18 weeks % exceeded the plan of 60.1%.

Cancer reporting for March is yet to be finalised, however the expectation is that 28FDS and 31day standards will achieve the national standard, with non-compliance of the 62day standard as we continue to improve the backlog position as per the revised plan.

DM01 planned delivery for end of March was 10% and this was just missed by 0.1% - this remains a significant improvement month on month as we progress towards the national standard of 5% reintroduced for 26/27.

## Areas requiring further work – What?

Emergency care access standards remain below ambition although on an improving month on month delivery for four hours and ambulance handovers. Although, ambulance handovers remain significantly challenged compared to other trusts regionally.

Discharge and flow constraints continue to be the dominant factor affecting front-door performance with significant constraints built during weekend days impacting the start to the week and requiring recovery.

Whilst the Cancer 62day standard has seen an improving position for those patients waiting beyond 62days for treatment, we remain below the national standard across specific tumour sites with variation across pathways and sites which require recovery by tumour site.

Extended polling times and demand for first outpatient appointments and diagnostics are a key factor in longer waiting times across several elective specialties, highlighting a priority area for further analysis and intervention.

Robust and timely validation of PTLs and key work queues, underpinned by focused collaboration with clinical colleagues to reduce referral triage and outcoming backlogs, enabling today's work to be completed today and minimising delays for patients

## So What?

Ambulance Handover performance remains one of Trust's highest operational and reputational risks, directly linked to BAF6A. Current performance levels increase scrutiny from NHSE and system partners under the NHS Oversight Framework.

The current UEC position is stable but not secure: performance is being held/improved through operational and clinical grip and requires additional service improvement and adoption of best practice to ensure improvement meets the 26/27 stretch targets sustainably to provide contingency ahead of seasonal pressures in 26/27.

Reliance on non-recurrent escalation capacity 'Corridor Care' impacts patient experience and will be a key measure as part of the 2026/27 NOF framework as well as new national reporting.

Without focused recovery by tumour site for the Cancer standards the overall improvement will plateau and mask ongoing risk within underperforming pathways. Continued variation increases the likelihood of patients experiencing unwarranted delay to diagnosis and treatment, impacts clinical outcomes, and leaves the Trust exposed to sustained regional and national scrutiny and challenge.

If access to first appointments and diagnostics is not addressed, pressure will continue to build at the front end of pathways, driving longer waits downstream and limiting the effectiveness of recovery actions later in the pathway. This risks further deterioration against RTT and cancer standards, reduced patient experience and can lead to inefficiencies in the use of clinical capacity.

Without timely validation and clearance of work queues, this could lead to a delay for patients and create further pressure on demand as this is addressed. The delay to embedding "today's work today" increases backlog risk, undermines recovery plans, and places unnecessary strain on both operational and clinical teams.

## What next?

Maintain intensive oversight of UEC performance and Improvement plan, including daily and weekly grip, with rapid escalation of emerging flow risks with clear executive ownership: Apr – Jun 2026

EMC Approval of UEC and Elective and Cancer 2-year plans and programme board refresh: April 2026

Strengthen internal and system working to improve flow, particularly at front-door and discharge pathways. Focus recovery activity on flow and discharge effectiveness, not solely front-door processes, to deliver sustainable improvement: Apr – August 2026

Ensure learning from 2025/26 SVP performance is embedded into 2026/27 SVP plans and revised Capacity plans for 2026/2027: June 2026.

Further embed system working with ICS partners to align performance actions with shared demand and capacity pressures. Engage effectively in the Care Management Service and wider left shift programmes through revised Site Director of Operations structures: April 2026

Review newly released national definitions with Corridor Care reporting to share with Trust Board committees ahead of national publications: May 2026

Board asked to support continued system-level engagement and focus on flow as the primary driver of sustainable recovery.

Maintain the continued oversight of all the Cancer and Elective performance and improvement plans, through the weekly and monthly governance routes such as PTLs: April onwards.

Strengthen internal delivery of the implementation of national best practice such as GIRFT, nationally agreed cancer pathways and standardisation for all Cancer, Elective and diagnostic pathways. Focussed recovery through the Improving Cancer Care, Elective Optimisation and Diagnostic Stewardship: April – August 2026.

Finalisation of the models which set out the internal stretch targets for 26/27 within the 2-year plan to see continued improvement. Stretch targets and models have been provided for services to support planning of recovery for completion and return: May 2026.

Engage with system partners on referral demand work commissioned by the ICB via PA Consultancy to support with a piece of work to understand how we build a credible plan to achieve the 92% RTT standard over the next three years given the ambitious assumptions that are made nationally on referral reduction: April – July 2026.

## Finance Summary

Metrics	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Performance Against Control Total (YTD)	0	(297)	(241)	32	(357)	(1,743)	(4,173)	(5,770)	(7,796)	(7,972)	(11,751)	(4,292)	(4,122)
FOT Variance to Plan	0	-	-	-	-	-	-	-	-	-	-	-	-
YTD CIP variance to plan	0	(2,400)	(3,149)	(3,448)	(5,468)	(6,696)	(6,105)	(7,322)	(8,340)	(9,578)	(10,259)	(10,274)	(9,044)
Forecast CIP FYE Variance to Plan	0	(21,511)	(18,379)	(17,121)	(16,828)	(16,441)	(14,348)	(13,822)	(10,980)	(10,806)	(11,011)	(10,994)	(16,422)
Capital variance (in month)		5,645	3,179	1,188	1,946	1,332	(248)	(30)	5,839	649	2,706	2,304	(21,411)
Capital variance (YTD)		5,645	8,824	10,012	11,958	13,290	13,042	13,012	18,851	19,500	22,206	24,510	3,099
Cash YTD		48,938	26,893	23,522	31,007	27,906	20,453	28,066	27,537	30,768	22,476	45,106	50,911

\*(Overspend)/Underspend

### What went well?

Having agreed a revised financial revenue target with NHSE East of England and the SNEE ICB (the Trust's plan value was not adjusted) of £4.1m revenue deficit, the Trust successfully delivered this position.

The Trust was able to expend a significant amount of capital resource in March, closing its gap to CDEL to £3.1m.

### Areas requiring further work – What?

Even though relative to turnover the Trust's revenue deficit of £4.1m was small (approximately 0.3%), the Trust is expected to deliver revenue balance annually and demonstrate financial sustainability.

Some of the challenge the Trust has faced in terms of its revenue performance, relates to CIP delivery. In 25/26, the Trust delivered £34.9m CIP against a target of £43.9m (79%, a shortfall of circa £10m). Of the £34.9m, there was a material amount of non-recurrent schemes.

Despite significant expenditure in March, the Trust was not able to fully utilise its capital resource / spend to its capital ceiling (CDEL). The effect on 26/27 capital plan is being reviewed.

Implied productivity is expected to reduce in the latest national assessment. Provisional values show that at M9 YTD 25/26 compared to M9 YTD 24/25 the Trust delivered productivity of 3.9% (1.5% output (activity) and -2.3% input (cost)). This compares to a value of 5.9% at M6.

## So What?

Further to the delivery of the 25/26 position, as previously noted, the underlying revenue position of the Trust is more stretching. The Trust's 25/26 position was supported in part by a number of non-recurrent means (such as revenue incentive and funding monies; and non-recurrent CIP delivery).

The external plan (as part of Medium-Term Planning) and internal budget envelopes have been set for 26/27. The Trust is to deliver a balanced revenue plan. To do this, it will need to close any underlying gaps from 25/26. For example, there will be a requirement to deliver a greater amount of CIP via enhanced recurrent means. There will need to be the mitigation and management of underlying and environmental risks, and cost controls will need to be robust.

The second half of 24/25 and 25/26 have been periods where there has been significant implementation of major strategic initiatives at ESNEFT (such as ESEOC, Green Surgical Hub, Colchester Endoscopy, UTCs, EpicEPR). There is a requirement to further embed the gains of these new developments, reduce associated costs and increase patient repatriation (i.e. outsourcing/insourcing).

Capital Expenditure. There is a requirement to deliver CDEL each year, and the Trust is reviewing its 26/27 capital plan following the final 25/26 position where some schemes were brought forward to bridge the in-year spending position, but where slippage has also been reported on schemes that will now lead to costs occurring in 26/27. Concerted efforts are being made by the appropriate teams especially to introduce additional controls and processes to ensure that capital projects and their associated spend deliver to plan timetables, with slippage minimised as far as possible.

Although a small reduction at M9 is expected, the year-on-year productivity metric performance continues to be positive and exceeds the national 2% expectation. Model Health System analysis, benchmarking packs, and national information will continue to be reviewed to identify any further improvement opportunities.

## What next?

The importance of the Trust achieving revenue balance in 26/27 and beyond is well understood (this unlocks additional autonomy for organisations, notably the ability to apply for advanced Foundation Trust status and the ability to achieve NOF segment 1 or 2 which also brings greater freedom to act / less external scrutiny).

Further to the devolvement of 26/27 targets to divisions and corporate areas, and whilst maintaining divisional accountabilities, there will be a focus on aiding centrally the delivery of quality, operational and productivity gains, alongside divisionally led schemes. The Trust is pooling central resources to enhance capacity to deliver (Service Delivery Unit).

Whilst all CIP schemes will aim to result in divisional benefit and cost reduction, selected schemes will be centrally led with divisional engagement key.

Analysis and information to support the better understanding of financial performance will include: base budget reviews, post project evaluations of capital and revenue cases (based on a de minimis limit), review and update of financial controls and policies, and review of processes with a particular focus on identifying opportunities for automation.

Relatedly, opportunities for further efficiency and productivity will be supported through the continuous review and synthesising of internal data (analytics and EpicEPR) and external information (such as national productivity packs, Model Health System, Advise Inc).

Enhanced workforce planning, roster management and temporary staffing control is key for the control and management of pay expenditure.

Oversight and governance will continue via Divisional Accountability Meetings, with monthly reporting and tracking.

The overarching message within the organisation for 26/27 is that it is a year of stabilisation and consolidation. The Trust now needs to fully embed and deliver the expected impacts and benefits of the major strategic developments that have been implemented over the past couple of years, allied to robust and rigorous cost control to ensure that the Trust's underlying revenue position returns to balance.

## Workforce Summary

\*Yellow highlighted metrics are also reported on the NOF, though the methodology may be different.

Metrics	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Total Absence	4.00%	4.1%	4.0%	4.1%	4.4%	4.4%	4.6%	5.1%	5.1%	5.4%	5.3%	5.1%	4.8%
Vacancy (excluding Agency)	3.50%	4.9%	4.6%	4.9%	4.8%	4.0%	3.6%	3.4%	3.0%	3.7%	3.3%	3.4%	3.4%
Proportion of temporary staff (Bank & Agency)	-	10.1%	8.9%	9.3%	9.6%	8.9%	8.8%	7.9%	7.7%	7.8%	7.7%	8.1%	5.3%
Mandatory Training	90%	93.3%	93.2%	93.7%	93.6%	92.8%	92.1%	91.9%	91.7%	92.1%	92.2%	92.2%	92.6%
Appraisals	90%	89.6%	89.1%	88.8%	86.1%	85.7%	84.2%	81.2%	81.9%	84.3%	83.1%	83.9%	86.2%
Voluntary Turnover	7%	6.0%	6.2%	5.8%	5.6%	5.7%	5.5%	5.5%	5.5%	5.6%	5.6%	5.6%	5.5%
Ward Fill Rates (ESNEFT)	95%	88.7%	89.7%	90.9%	91.2%	89.7%	91.5%	88.3%	91.4%	89.2%	91.4%	91.1%	90.6%
Care Hours Per Patient Day (ESNEFT)	-	7.66	7.13	7.48	7.59	7.23	7.29	7.09	8.44	8.37	8.10	7.29	8.11
Executive team turnover	-	0	0	0	1	0	0	1	1	2	0	0	0

### What went well?

The vacancy rate is below the Trust target of 3.5%. The 'smarter support services' review will enable changes within our administrative and clerical staff provision and facilitate delivery against the acuity review. Assessment Centres have been introduced for all Band 2/3 clinical support roles (health care support workers, pharmacy assistants, scientist assistant roles and midwifery support workers) This approach has provided a positive impact on our recruitment and has improved retention across these disciplines.

Mandatory training compliance remains above Trust target.

The Trust has seen an improvement on ward fill rate and care hours per patient days

### Areas requiring further work – What?

1. Further work is required to improve both the quality and quantity of appraisals.

Appraisal season is currently underway [1 April to 31 July 2026] Appraisals will take place for all those in leadership roles Band 7+ during this period. Appraisals for all staff will be completed by October 2026. Following staff engagement, the appraisal form has been updated and simplified, with a focus on the quality of the conversation. Focus remains on our commitment to equality, diversity and inclusion and the addition of feedback-led appraisal questions for leaders.

2. Careful management of nursing recruitment for 2026/7 is underway.

Recruitment is currently taking place for all registered nursing vacancies in line with the acuity review, this includes recruitment to 'Bures Ward.' Initial recruitment events have taken place for all newly qualified nurses who are currently completing their final year degree placements at ESNEFT. Continued focus on bank and agency reductions is required to ensure plan is met. This is being overseen through Divisional Accountability Meetings as well as the Vacancy Control Panel.

### 3. Staff Engagement Score (Staff Survey 2025)

The Trust acknowledges that the Quarter 4 publication of the National Oversight Framework will utilise the 2025 score for staff engagement which deteriorated slightly to 6.58.

#### So What?

Careful management of recruitment continues to be required in order to meet triangulated planning [finance, productivity and workforce] requirements as submitted to NHS England/DHSC. This includes continued focus on reductions required across bank and agency. The Trust continues to utilise its vacancy control panel to approve all vacancies and approved changes in pay and use of bank/agency.

In order to continue to focus on retention, staff engagement and morale; the well-being team launched a programme of support in March to reduce the risk and effects of burnout. This includes a 4 'C' programme spanning; control, contribution, capacity and community.

The overall picture from the staff survey Trust-wide results is one of gradual strengthening over time with fragility under pressure in 2025. This suggests both rising pressure and greater openness among staff in reporting their experience. Staff engagement showed a decline across all three sub themes. Sub-scores for advocacy and involvement are driving this change, suggesting staff remain committed to their work but feel less connected to decisions. Engagement often shifts before retention or performance indicators, which makes it an important early warning signal for the Trust to be aware of.

#### What next?

Feedback from initial staff survey meetings together with a risk-assessed triangulation of factors impacting on morale and engagement is underway. Follow up is taking place through HR Business Partners and the Retention and Culture team.

From a workforce perspective, the Trust is focussing on the quality of appraisal in April. This includes management masterclasses and the implementation the new appraisal documentation.

To improve engagement, we are focussing on supporting all leaders to have conversations with their teams. Leaders are supported by **Quality Improvement methodology**, Organisational Development and Culture workstreams and HRBPs to work through their results to build an action plan where improvements are needed. As part of the leadership pack provided, a framework for teams to enable them to track their areas of focus has been created to provide an audit trail of actions, which we can review corporately to provide support, guidance and intervention where appropriate.

A leader supported approach means:

- Staff get to see the outcomes of their localised survey;
- It will help map year on year progress and to close gaps;
- Acknowledges we aren't there yet but we know where we want to be;
- The 'so what' piece is all about leadership engagement