



Integrated Performance Report

East Suffolk and North Essex NHS Foundation Trust
Board of Directors

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A&G	Advice & Guidance	GAAP	Generally Accepted Accounting Practice	PE	Pulmonary Embolism
AAR	After Action Review	GIRFT	Getting It Right First Time	PFD	Prevention of Future Death
AECU	Ambulatory Emergency Care Unit	GP	Primary care doctor	PFI	Private Finance Initiative
AF	Accountability Framework	HCSW	Health Care Support Worker	PMRT	Perinatal Mortality Review Team
ASD	Autism Spectrum Disorder	HLH	Haemophagocytic Lymphohistiocytosis	PPE	Personal Protective Equipment
ATAIN	Avoiding Term Admissions Into Neonatal Units	HOHA	Healthcare Onset Healthcare Associated	PPH	Postpartum haemorrhage
BAPM	British Association of Perinatal Medicine	HVLC	High Volume Low Complexity	PPI	Proton pump inhibitors
BMI	Body Mass Index	ICB	Integrated Care Board	PQOM	Perinatal Quality Oversight Model
BP	Blood Pressure	ICPLDL	Integrated Care Plan for Last Days of Life	PSII	Patient Safety Incident Investigation
CAELR	Cardiac Arrest	IES	Ipswich & East Suffolk	PSIRF	Patient Safety Incident Response Framework
CAR-T	Chimeric Antigen Receptor T-cell	IH	Ipswich Hospital	PSR	Patient Safety Response
CCF	Congestive cardiac failure	IMT	Internal medicine training	PTL	Patient Tracking List
CCU	Critical Care Unit	IP	Inpatients	QPS	Quality & Patient Safety Committee
CDC	Community Diagnostic Centres	IP&C	Infection Prevention & Control	RN	Registered Nurse
CDEL	Capital Departmental Expenditure Limit	IPC	Infection Prevention & Control	RTT	Referral to Treatment
CDG	Clinical Delivery Group	KPI	Key Performance Indicator	SAFER	Seen, Aim, Flow, Discharge, and Recovery
CGH	Colchester General Hospital	LCSC	Lower segment Caesarean section	SAU	Surgical Assessment Unit
CH	Colchester Hospital	LeDeR	Learning Disabilities Mortality Review	SDEC	Same Day Emergency Care
CHPPD	Care hours per patient day	LFPSE	Learn from Patient Safety Events	SHMI	Summary Hospital Mortality Indicator
CIP	Cost Improvement Plan	LIN	Local Intelligence Network	SJR	Structured Judgement Review
CNST	Clinical Negligence Scheme for Trusts	LLOS	Long length of stay	SLT	Senior Leadership Team
COHA	Community Onset Healthcare Associated	LPA	lasting Power of Attorney	SNCT	Safer Nursing Care Tool
CPE	Carbapenemase-producing Enterobacteriaceae	M&M	Morbidity & Mortality	SPC	Statistical Process Control
CQC	Care Quality Commission	MBRRACE	Mothers & Babies: Reducing Risk Audits & Confidential Enquiries	SPoA	Single Point of Access
CYP	Children & Young People	MCA	Mental Capacity Act	SSI	Surgical Site Infection
D&C	Demand & Capacity	MDT	Multidisciplinary Team	STAR	Site Transformation and Redesign (Clacton)
DAM	Divisional Accountability Meeting	MNSI	Maternity & Newborn Safety Investigations	STT	Scientific, Therapeutic and Technical Staff
DCIQ	Datix Cloud IQ	MSE	Mid and South Essex Foundation Trust	T&O	Trauma & Orthopaedics
DM01	Diagnostics Waiting Times and Activity	MSK	Musculoskeletal	TB	Tuberculosis
DoLs	Deprivation of Liberty	N/A	Not applicable	UCLH	University College Hospital London
EAU	Emergency Assessment Unit	NEE	North East Essex	UCRS	Urgent Community Response Standards
ECHO	Echocardiogram	NHSE	NHS England	UEC	Urgent & Emergency Care
ED	Emergency Department	NMAAC	Nursing, Midwifery & Allied Health Prof Advisory Committee	UECC	Urgent & Emergency Care Centre
EEAST	East of England Ambulance Service	NNU	Neonatal Unit	UKHSA	UK Health Security Agency
ELR	Early Learning Review	NOF	NHS Oversight Framework	UTC	Urgent Treatment Centre
EMC	Executive Management Committee	NSS	National Staff Survey	VTE	Venous thromboembolism
ENT	Ear Nose & Throat	OPAT	Outpatient Parenteral Antimicrobial Therapy	VELR	Venous thromboembolism
EoE	East of England	P&FC	Performance and Finance Committee	VW	Virtual Wards
EOL	End of Life	PALS	Patient Advice and Liaison Service	W&C	Women's & Children's
EPUT	Essex Partnership University NHS Foundation Trust	PARTNER	Pregnancy Risk assessment and decision support	WGS	Whole Genome Sequencing
ERF	Elective Recovery Fund	PCR	Polymerase Chain Reaction	YTD	Year to Date
FFT	Friends and Family Test	PDC	Public Dividend Capital		

This month's performance report provides detail of the March 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 updated for 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.

In 25/26 only providers are allocated to a segment, and ICBs will be subject to segmentation from 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 17 March 2026 NOF, including its scope and scoring methodology, should potentially impact on its own performance management tool (the AF) and its wider reporting. Q3 data has now been published. This is only the third set of national data published. Overall, the Trust's rank has deteriorated to 102 (82) out of 134 acute providers. Further detail about this publication and the Trust's performance is detailed in subsequent slides.

In March 2026 it was agreed that the format of this report would be updated to use the What? So What? What Next? Methodology to enhance clarity and use a more action orientated approach to reporting.

What? 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?

So What? 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?

What Next? 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?

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 review February performance took on the 1st and the 14th of April for Clinical and 13th of April for Corporate.

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 September 2025.

Aggregated AF Score Classification Explained

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

2025/26 reporting – Month 11

This report summarises the month 11 (2025/2026) performance reported in the Accountability Framework (AF). The February performance accountability meetings took place on the 1st and the 14th of April for Clinical and 13th of April for Corporate.

Clinical divisions performance

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

Summary Divisional Performance

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

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	4	↑		3	3	→		3	3	→		4	4	→		2	3	↑		3	3	→		3	3	→		3	3	→		2	4	↑	
Use of Resources	4	4	→		1	1	→		3	3	→		3	3	→		3	4	↑		3	3	→		3	4	↑		2	2	→		3	2	↓		2	4	↑		3	3	→	
Aggregated AF Score	3	3	→		2	2	→		3	3	→		3	3	→		3	3	→		3	3	→		3	3	→		3	3	→		3	3	→		3	3	→		3	3	→	

Summary Corporate CDG Performance

Estates & Facilities remained at a 2 in month (Requires Improvement).
All other corporate CDGs maintained a score of 3 (Good).

Score Rating	1 Inadequate	2 Requires Improvement	3 Good	4 Outstanding
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NOF Publication												
REF	Metric	Metric Score - Q1	Metric Score - Q2	Metric Score - Q3	Metric score Q2-3 movement	Q1 - Q3 Score trend	Provider value - Q1	Provider value - Q2	Provider value - Q3	Provider value Q2-3 movement	Q1 - Q3 Value trend	Basis
Access to Services												
AS1	Percentage of cases where a patient is waiting 18 weeks or less for elective treatment	3.38	3.52	3.72	0.20		56.51%	56.46%	54.00%	-2.46%		Last month in period
AS2	Difference between planned and actual 18 weeks performance	1.00	1.00	3.35	2.35		1.42%	0.91%	-4.14%	-5.05%		Last month in period
AS3	Percentage of patients waiting over 52 weeks for elective treatment	3.45	3.43	3.39	-0.04		3.44%	3.23%	2.52%	-0.71%		Last month in period
AS4	Percentage of patients waiting over 52 weeks for community services	3.38	3.07	2.74	-0.33		7.97%	4.90%	1.42%	-3.48%		Last month in period
AS5	Percentage of patients with cancer diagnosed or ruled out within 28 days of an urgent referral	3.35	3.32	3.79	0.47		73.73%	72.62%	66.62%	-6.00%		3 month average
AS6	Percentage of patients treated for cancer within 62 days of referral	2.96	2.67	3.27	0.60		68.74%	68.75%	65.03%	-3.66%		3 month average
AS7	Percentage of emergency department attendances admitted, transferred or discharged within 4 hours	2.10	2.74	2.73	-0.01		77.60%	74.00%	72.78%	-1.22%		3 month average
AS8	Percentage of emergency department attendances spending over 12 hours in the department	3.04	3.06	2.06	-1.00		12.11%	11.63%	6.67%	-5.02%		3 month average
Effectiveness and experience of care												
EE1	Urgent Community Response 2-hour performance	1.76	2.10	2.27	0.17		88.68%	85.86%	83.73%	-2.13%		3 month average
EE2	Summary Hospital Level Mortality Indicator	2.00	2.00	2.00	0.00							Rolling 12-month
EE3	Average number of days from discharge ready date to actual discharge date (including zero days)	1.34	1.63	3.67	2.04		0.32	0.42	1.62	1.20		Last month in period
EE4	CQC inpatient survey satisfaction rate	2.00	2.00	2.00	0.00							Annual publication
Patient Safety												
PS1	NHS Staff Survey - raising concerns sub-score	2.89	2.89	2.89	0.00		6.34	6.34	6.34	0.00		Annual
PS3	Number of MRSA bacteraemia cases (12 months)	3.01	3.40	3.44	0.04		4.00	6.00	6.00	0.00		12-month rolling
PS4	Proportion of C. difficile infections versus threshold (12 months)	3.23	3.40	3.37	-0.03		1.29	1.34	1.34	0.00		12-month rolling/ threshold
PS5	Proportion of E. coli bacteraemia versus threshold (12 months)	2.92	3.30	3.24	-0.06		1.17	1.27	1.24	-0.03		12-month rolling/ threshold
People and workforce												
Pw1	Sickness absence rate	1.49	1.38	1.50	0.12		4.05%	4.45%	4.45%	0.00%		3 month average
Pw2	NHS staff survey engagement theme score	2.85	2.85	2.85	0.00		6.80	6.80	6.80	0.00		Annual
Finance and productivity												
FP1	Planned surplus/deficit	1.00	1.00	1.00	0.00		0.00	0.00	0.00	0.00		Annual Plan
FP2	Variance year-to-date to financial plan	1.00	3.00	3.00	0.00		0.01	-0.69	-0.87	-0.18		Year to date
FP3	Implied productivity level	3.68	1.52	1.47	-0.05		5.83%	5.90%	5.90%	0.00		In-year figure to latest month vs same period in previous
Total metric score		44.72	44.55	49.05								
Average metric score		2.48	2.47	2.73								

- **ESNEFTs overall segment has deteriorated to a 4.** The average metric score has deteriorated from 2.47 to 2.73.
- The Trust's rank has deteriorated to 102 (82) out of 134 acute providers nationally (both in terms of segment and average metric score).
- The financial override remains in place, meaning that the Trust was not able to score higher than a 3.
- Domain scores do not inform the overall average score/segment per se. They are for information and provide an aggregated assessment of how an organisation is performing in those individual areas. Acknowledging this, the poorest performing domains are: **Access to services** and **Patient Safety**.

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 HCAI's 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: What? So What? What Next?

March 2026

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.

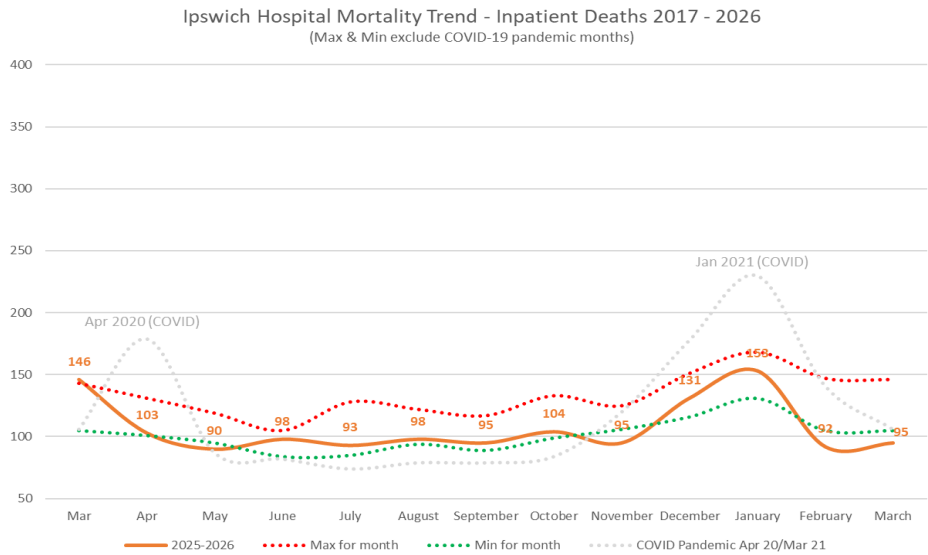
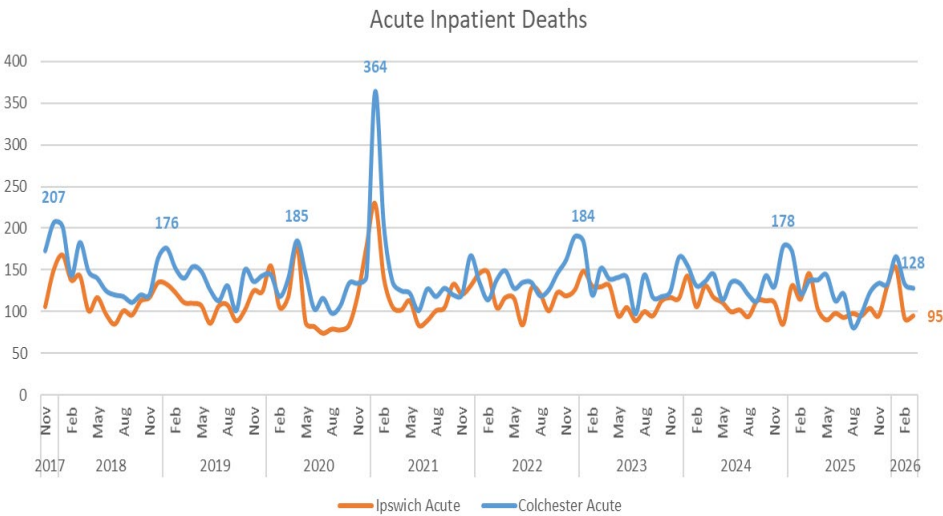
Areas requiring further work – What?
Infection Prevention and control – the cumulative trajectories for each of the mandatory surveillance HCAI's were breached at year end as anticipated. Whilst there is variation in the number of cases reported month by month, March did show a rise in cases of C Diff and E.coli. The infection control committee has endorsed the 4 programmes of work to reduce HCAI's 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 19th 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 weakest quartile for provider trusts. Higher rates will impact the NOF rating for the patient safety domain. HCAI's 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.

Mortality Trend Data – All inpatients and ED attenders

March 2026

223 acute inpatient deaths (225 in February):

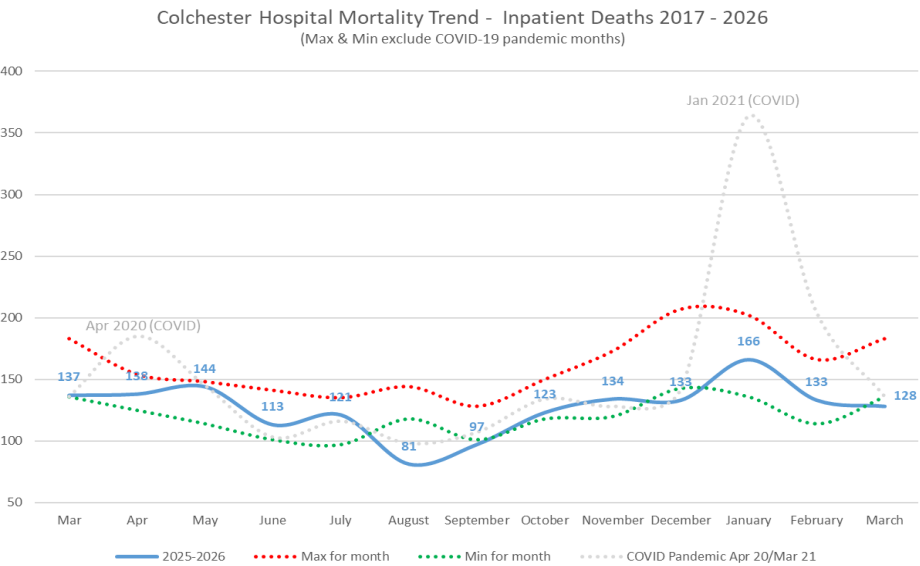
- Ipswich 95 – below seasonal ‘norm’
- Colchester 128 – below seasonal ‘norm’
- 25 deaths in SDEC (25 in February)



IP = inpatient SDEC=same day emergency care	Mar 2026 No. Deaths	Mar 2025 No. deaths	Rolling 12 mths avg
Ips acute IP	95 (92)	146	104
Col acute IP*	128 (133)	137	126
Ips SDEC	11 (15)	ED 13	ED 12
Col SDEC	14 (10)	ED 13	ED 14
E Suffolk Comm	2 (2)		
NE Essex Comm	6 (7)		
Virtual ward	2 (0)		

*Includes ESEOC

Figure in brackets = previous month



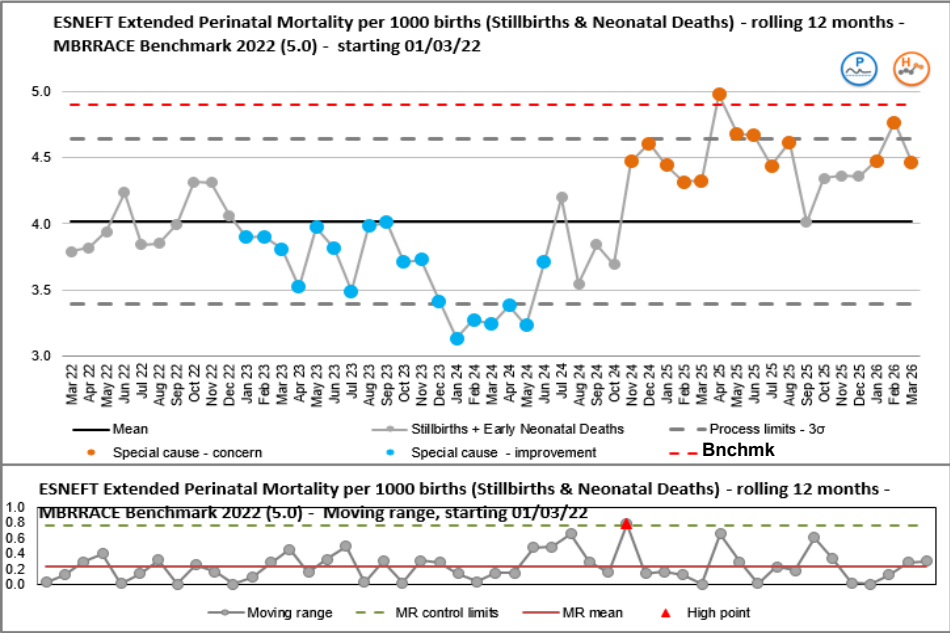
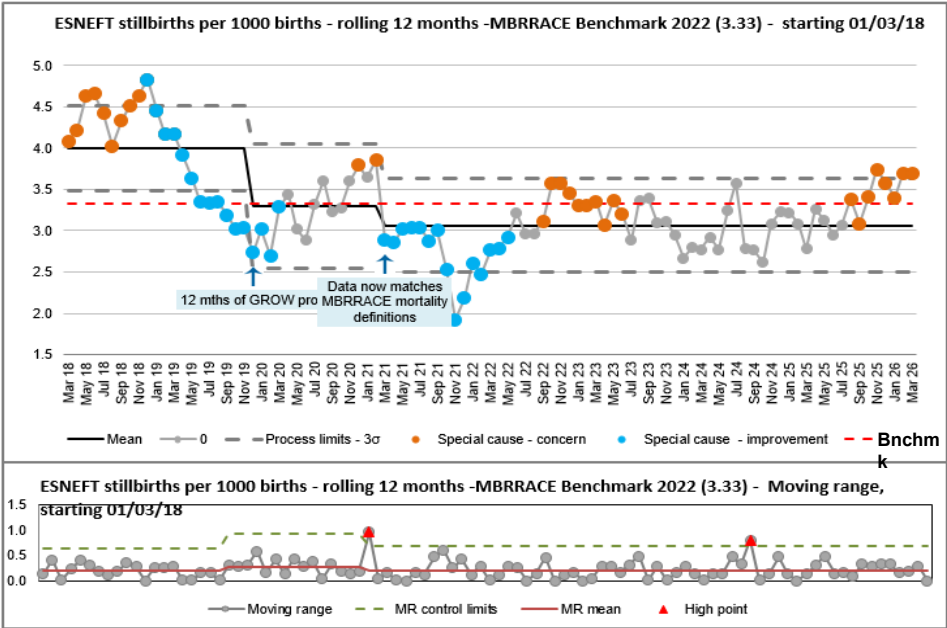
Mortality Trend Data – Stillbirths & Perinatal Mortality

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

Provisional Data

Summary 12 mths to March 2026

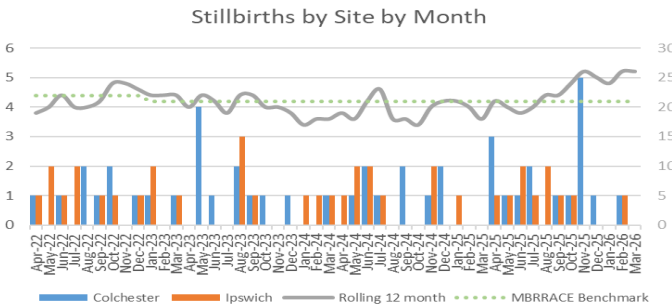
- Stillbirths/1,000 births ^a 3.7
- 2023 MBRRACE* benchmark 3.3
- Extended perinatal mortality 4.5/1,000 births ^a
- 2023 MBRRACE* benchmark 4.9



12 months to March 2026			
Metric – Benchmark reflects rates for England (MBRRACE 2023)	Benchmark	Ips	Col
Stillbirths ^a	3.3	2.9	4.4
Extended Perinatal Mortality ^a (stillbirths and neonatal deaths up to 28 days following delivery)	4.9	3.3	5.5

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

The stillbirth SPC chart is signalling special cause variation owing, in part, to 5 stillbirths in November 2025. There were no concerns raised for four of the cases but in one case there were issues which may have affected outcome. Actions have been taken.



Based on ESNEFT births activity, 12-month stillbirth numbers need to be below 21 in order to remain within national benchmarks for 2023. By site for the 12 months to March 2026, Ipswich had 10 stillbirths and Colchester had 16.

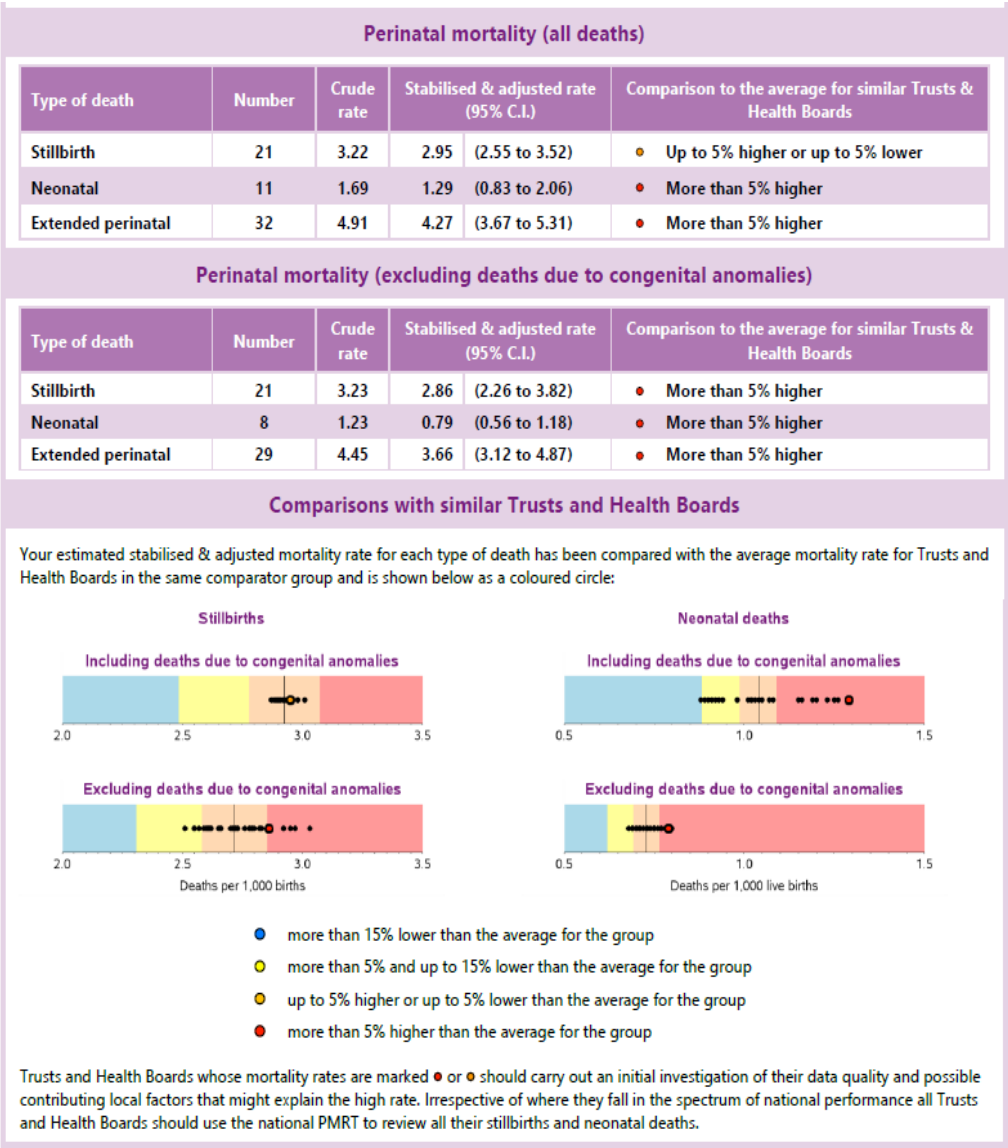
^aMothers and Babies: Reducing Risks through Audits and Confidential Enquiries

^aexcludes terminations of pregnancy and births <24⁺0 weeks gestational age

Perinatal Mortality

The 2024 report identified that stillbirth rates were rated ‘average’/marginally higher than average (with exclusion of congenital abnormalities); but that neonatal deaths (and therefore extended perinatal* deaths) were rated more than 5% higher than similar Trusts and Health Boards.

2024 ESNEFT MBRRACE Perinatal Mortality Report Summary



*Extended perinatal death:
A stillbirth or neonatal death.

Stillbirths

The 2024 MBRRACE report identified that for stillbirths, the Trust was rated “average for similar Trusts & Health Boards”, and marginally above average where deaths associated with congenital abnormalities were removed. Trend data demonstrated a stable position for both stillbirth numbers and rates.

Key themes identified include:

- Maternal risk factors: Higher rates associated with BMI >35, maternal age 36–40, deprivation and Asian ethnicity
- Improvement in term outcomes - **stillbirths ≥37 weeks have reduced to the lowest level in five years, likely reflecting improved clinical pathways such as earlier induction**
- Smoking: No longer a prominent contributing factor, indicating positive impact of the smoke-free pathway

Cause of death: Approximately 50% remain unexplained, often where post-mortem was declined.

Care review findings show:

- 86% of cases had no care issues or issues unlikely to affect outcome prior to death
- 14% identified potential care-related factors, with no cases where care was likely to have changed the outcome
- Highest rates occurred in deprived households where multiple risk factors were evident (BMI, smoking, social complexity etc.)
- Only a small proportion of cases identified care issues that

Perinatal Mortality

ESNEFT’s perinatal mortality position reflects population risk and case complexity rather than systemic failure, with no consistent themes identified to suggest underlying safety concerns.

While perinatal mortality rates require continued focus, there is clear evidence of learning, improvement, and targeted action to address the key drivers of variation.

2024 ESNEFT MBRRACE Perinatal Mortality Report Summary

Neonatal Deaths (deaths within 28 days of birth)

There was an increase in the number of neonatal deaths from 5 in 2023 to 11 in 2024. This resulted in a stabilised adjusted rate of 1.29 per 1,000 live births, compared to a peer group average of 1.04. The Trust’s overall position was reported as “outside the expected range.”

Good progress has been made with the “Saving Babies’ Lives” care bundle as of March 2026, with an enhanced Continuity of Care model already established at Ipswich being implemented at Colchester. These align with national approaches associated with improved outcomes. The key areas identified for further focus in 2026 are improving ‘Right Place of Birth’ for extremely preterm infants and strengthening optimisation of preterm care pathways. These are recognised national priorities and are likely to have the greatest impact on reducing neonatal mortality going forward.

Case Review

- Approximately 60% of cases identified no care issues affecting outcome, and where issues were identified, these were case-specific rather than indicative of a recurring pattern.
- A significant proportion of deaths occurred in very high-risk groups, particularly extreme preterm infants (<27 weeks gestation), which accounted for over half of preterm-related deaths
- 64% of deaths were in preterm babies, consistent with known national risk patterns
- 27% were related to congenital anomalies, lower than the previous year, indicating a shift in case mix rather than an increase driven by anomalies
- A number of cases involved complex or unavoidable clinical scenarios, including placental abruption, extreme prematurity, and rapidly progressing labour where full optimisation was not possible
- Some deaths occurred following transfer to tertiary centres. Case review indicated that transfers were generally appropriate and reflected clinical complexity. In a small number of cases, care factors relating to optimisation and timing of transfer were identified, which have informed actions.

Key learning themes included:

- Recognition and optimisation of preterm labour
- Use of appropriate translation services
- Improved documentation and delivery of neonatal resuscitation
- Importance of face-to-face postnatal review for early identification of deterioration

Key Drivers of Variation

- Higher acuity and complexity of cases (particularly extreme prematurity)
- Normal fluctuation associated with small numbers
- No consistent or recurring theme indicating a systemic safety concern.

Mortality Ratios – Dr Foster

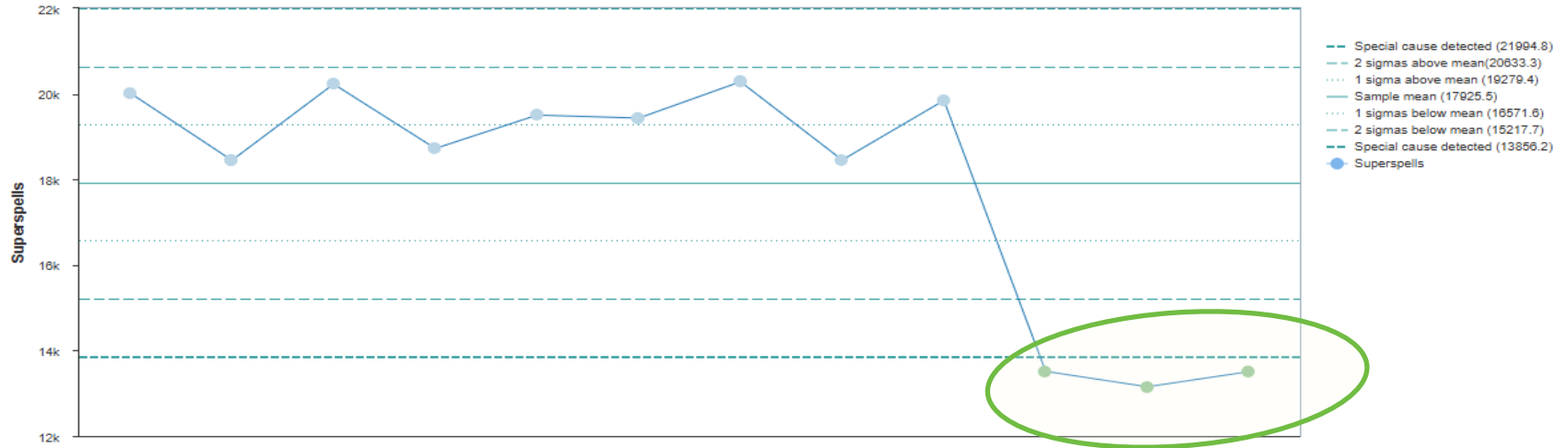
Summary

Continuing issues with incomplete data submission following the launch of EpicEPR mean that reporting is not possible. Teams are working to supply retrospective corrections via bulk uploads.

All admitted spells dropped from an average of 19,000 to 13,000 and ordinary admissions from 10,500 to 4,400. A proportion of this activity relates to SDEC being moved to the emergency care dataset, per national rules; however, a further issue has been identified whereby patients transferring from SDEC to a ward are being classed by EpicEPR algorithms as an outpatient, removing them from mortality models and other inpatient reporting mechanisms. Resolution may take a while.

Diagnoses | Mortality (in-hospital) | Jan 2025 - Dec 2025 | Trend (month)

Period Measure Additional measure



Diagnoses | Mortality (in-hospital) | Jan 2025 - Dec 2025 | Trend (month)

Patient classification: Ordinary

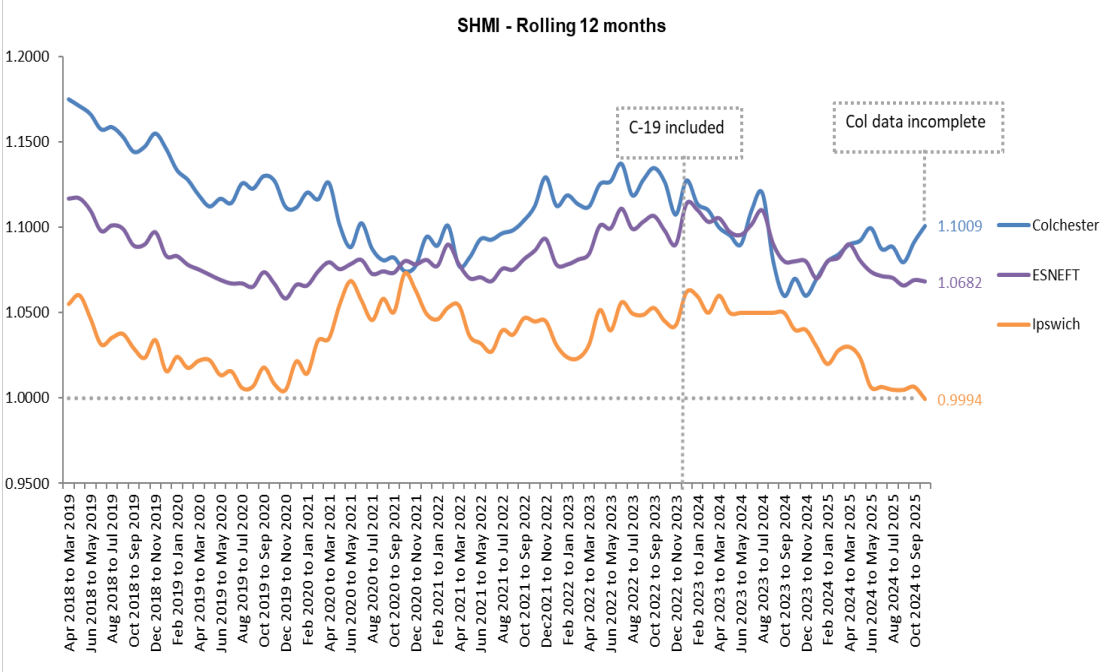
Period Measure Additional measure



Mortality Ratios - SHMI (includes deaths within 30 days of discharge)

- 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.
- ESNEFT SHMI to October 2025 was 1.0682 ‘as expected’
- Colchester 1.10 as expected
- Ipswich 1.00 as expected

Colchester Acute	Deaths	Discharges	Rate
Nov-24	210	6,214	3.5%
Dec-24	243	6,446	3.9%
Jan-25	271	5,930	4.8%
Feb-25	184	5,693	3.3%
Mar-25	208	6,325	3.4%
Apr-25	202	6,067	3.4%
May-25	200	6,247	3.3%
Jun-25	165	6,093	2.8%
Jul-25	195	6,392	3.1%
Aug-25	142	5,975	2.4%
Sep-25	178	6,448	2.8%
Oct-25	186	3,938	5.0%
Ipswich Acute			
Nov-24	170	4,410	3.9%
Dec-24	151	4,460	3.4%
Jan-25	209	4,422	4.7%
Feb-25	170	4,010	4.2%
Mar-25	203	4,376	4.6%
Apr-25	158	4,175	3.8%
May-25	129	4,328	3.0%
Jun-25	146	4,250	3.4%
Jul-25	142	4,408	3.2%
Aug-25	138	4,011	3.4%
Sep-25	154	4,245	3.6%
Oct-25	150	3,905	3.8%



Learning from Deaths meeting - April 2026 – Highlights only, owing to industrial action

- **Prevention of Future Deaths notice issued following withdrawal of treatment without reassessment or correct consultation with patient and family.**

Prevention of Future Deaths Notice

- The inquest concluded January 2026
- The patient died at Colchester Hospital from Pulmonary Embolism caused by sepsis arising from Hickman line on a background of complex health conditions. Narrative conclusion – “the transition to end-of-life care and the timing of, and clinical basis for, the withdrawal of active treatment which, in turn, probably impacted the timing of her death.”
- The patient sadly died after the withdrawal of active treatment including IV antibiotics and fluid.
- Communication with the patient and family did not explain or take account of some clinical improvement or of their wishes.
- Trust staff were insufficiently familiar with Trust policies and guidance regarding the relevant considerations involved in the transition from palliative care to end of life care

Actions

- Guidance updated to come in line with previous guidance and documents – Stipulates that discussion must be had with a Consultant or senior resident of suitable experience and recommendation of wider MDT discussion. Potentially reversible deterioration causes must be considered and documented.
- ICPLDL on EpicEPR updated to reflect wording and make it easy to document who it has been discussed with
- EOL policy updated to include recognising dying and ICPLDL
- Update e-learning in near future
- New guidance to be developed for Care in the Last Days of Life
- Training delivered regarding MCA and LPA
- This case was presented at the Gastro M&M, the Colchester Medicine and Care of the Elderly Governance Half Day, and the MDT Whole Trust Half Day.
- Development of a central line/Hickman Line policy

Learning from Deaths Meeting - April 2026 – Highlights only, owing to industrial action

- **The importance of clinical curiosity where patients are failing to respond to treatment was highlighted in a complex case with a high mortality rate.**
- **How therapies staff advocated for a young patient with communication issues, transforming his life.**

MACIES Case Study

- The patient presented with a two-week history of fever, myalgia, fatigue, thirst following a period of ill health and was initially treated for a pneumonia.
- Despite numerous courses of antibiotics, the patient failed to respond – a further blood test indicated a ferritin of *60,000 (normal range 30-400).
- A specialty rheumatology review was requested, where a diagnosis of Haemophagocytic Lymphohistiocytosis (HLH) was made. This is a devastating syndrome with uncontrolled activation of the immune system leading to hyper-inflammation, tissue damage and multi-organ failure. HLH can be triggered by infection (including COVID-19), malignancy, autoimmune/auto-inflammatory disease, pregnancy, therapeutic interventions including some drugs, CAR-T cell therapy and bone marrow transplant).
- Anakinra was given and the patient was transferred to CCU with regular support from UCLH but tragically died following multi-organ failure.
- HLH carries a high mortality (50% at one year) - cytopenia is not always the first or predominant clinical finding.
- Early intervention with corticosteroids is needed as well as a need to balance drug toxicity Recognition of the 3 Fs is key:
 - 1) Fever – persistent and antibiotic resistant
 - 2) Falling blood counts - especially platelets
 - 3) Ferritin - a marker of macrophage activation (and in the HScore values of over 2000 are suggestive of hyper-inflammation).
- Incidence is deemed to be rare c. 130 UK cases p.a. but with a high suspicion of under-diagnosis.
- Teaching slides prepared by rheumatologist have been shared, a warning message will be added to EpicEPR where Ferritin levels are high and a HotSpot will be written.

Therapies (morbidity cases) – Specialist Physiotherapist

- The case concerned a young patient where communication had broken down when an environmental change had occurred, leading to inequality in access to interventions, and family-carer breakdown.
- An apprentice SLT worked as an advocate with the patient, carers and family using augmented communication techniques (training, timetables to improve care predictability, coordinated hospital appointments to reduce the number of visits).
- The patient was subsequently able to spend Christmas with their family for the first time in many years and their care ratio was reduced.

Learning from Deaths Meeting - April 2026 – Highlights only, owing to industrial action

- **National PFD themes are similar to those found at ESNEFT.**

National Prevention of Future Deaths (PFD) Summary – Deputy Associate Director of Legal & Governance Services (Solicitor)

The three top national themes for PFDs are incident investigation, communication between specialties and record-keeping.

Investigations according to the coroner are:

- Often not done, with no lessons/shared learning
- Only completed in response to an impending inquest and not to promote learning from a tragic event
- Failing to establish why something happened and prevent recurrence.
- Failing to change practice.

Communication issues include:

- Lack of communication between specialty teams within the same organisation
- Communication across hospitals
- Communication between hospitals and primary care *“Neither the results, nor the discharge summary were sent to the GP in time for the appointment. The inquest heard that the A&E doctor did not know how to share such information with the GP”*

Record-keeping:

- Failure to record the rationale for decision-making
- Inadequate documentation of consent discussions or best interests decisions
- Poor standards of basic record-keeping generally

ESNEFT issues included 7-day provision for dietetics, a case where a GP was unable to pre-alert a sick patient and the case referred to in the presentation on palliation to EoL care.

Mortality Statistics: Total deaths by month

Trust	ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18)			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.						
Org Code	432																
Month	November																
Year	2025-26																
Not all deaths are subject to mandatory review.												Review of mandatory case records				Review compliance	Overall Grade
		Total Deaths	Total Deaths Reviewed	Deaths likelihood > 50% contributed to death	The extent to which care contributed to death						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
Financial Year	Month				Definitely ↓	Strong Evidence ↓	Probably ↓	Possibly ↓	Slight evidence ↓	Unavoidable ↓							
2025-26	April	278	37	1	0	1	0	0	4	32	1	26	22	85%	4	13%	3%
2025-26	May	274	29	0	0	0	0	2	4	23	0	15	15	100%	0	11%	0%
2025-26	June	238	28	0	0	0	0	1	2	25	3	20	17	85%	3	12%	0%
2025-26	July	245	35	0	0	0	0	0	2	33	1	22	21	95%	1	14%	0%
2025-26	August	208	27	0	0	0	0	0	3	22	4	19	17	89%	2	13%	0%
2025-26	September	215	38	0	0	0	0	4	4	30	2	15	14	93%	1	18%	0%
2025-26	October	268	46	0	0	0	0	0	5	41	3	24	23	96%	1	17%	0%
2025-26	November	278	51	2	0	0	2	5	3	41	5	33	25	76%	8	18%	4%
2025-26	December	308	26	0	0	0	0	2	2	22	5	24	20	83%	4	8%	0%
2025-26	January	382	28	0	0	0	0	1	3	21	6	23	15	65%	8	7%	0%
2025-26	February	261	7	0	0	0	0	0	2	5	2	15	5	33%	10	3%	0%

- Governance managers are working with clinical teams to ensure that reviews are returned in a timely manner.
- The new SJR form is allowing learning to be shared across the Trust. Data have been circulated for 2 months now where the reviewer has flagged during 'admission and initial management', ongoing care, perioperative care, or 'end of life care', which team needs to see the commentary. Included categories are:
 - Potential individual performance concern.
 - Learning opportunity (room for improvement)
 - Exemplary practice/process (practice worth sharing)
- The new categories are being used really well by reviewers, and it is helpful to see immediately which specialties and teams need to see the review.
- Many reviewers are also using the last field 'Does this case require further investigation/discussion?' to indicate that more needs to be considered, both corporately and locally.

Accrediting Care at ESNEFT

Data from all wards since inception of programme

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

Bronze – 38%

Silver - 32%

Gold – 4%

Working towards Bronze – 26%

Ward	Haughley	EAU	Peldon	Washbrook	Martlesham	Brightlingsea	West Bergholt	Shotley	Stanway	Stowupland	Layer Marney	Birch	Grundisburgh	Needham	Stour	Easthorpe	Debenham	Nayland	D'Arcy	Waldringfield	Somersham	ED CH	ED IH	Aldham	Brantham	Mersea
Individualised Care	Bronze	Bronze	Bronze	Silver	Silver	Bronze	Silver	Gold	Silver	Silver	Bronze	Bronze	Working towards Bronze	Bronze	Silver	Gold	Silver	Bronze	Bronze	Bronze	Silver	Silver	Bronze	Working towards Bronze	Bronze	Silver
Dignity and Respect	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Silver	Silver	Silver	Silver	Bronze	Bronze	Working towards Bronze	Silver	Bronze	Bronze	Bronze	Working towards Bronze	Working towards Bronze	Working towards Bronze	Working towards Bronze	Silver	Silver	Working towards Bronze	Silver	Working towards Bronze	Bronze	Silver
Safeguarding, Complex Health and Consent	Silver	Gold	Working towards Bronze	Silver	Working towards Bronze	Silver	Working towards Bronze	Bronze	Working towards Bronze	Gold	Gold	Working towards Bronze	Silver	Silver	Gold	Working towards Bronze	Silver	Silver	Silver	Working towards Bronze	Silver	Gold	Silver	Working towards Bronze	Silver	Gold
Leadership, Education and People	Silver	Bronze	Bronze	Silver	Silver	Working towards Bronze	Bronze	Silver	Bronze	Bronze	Silver	Working towards Bronze	Working towards Bronze	Bronze	Silver	Silver	Bronze	Silver	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver
Harm Free Care	Silver	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Bronze	Working towards Bronze	Silver	Bronze	Working towards Bronze	Bronze	Working towards Bronze	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Working towards Bronze	Bronze	Working towards Bronze	Bronze	Bronze	Working towards Bronze
Delivering Safe Care	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Working towards Bronze	Working towards Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Silver	Bronze	Silver	Silver	Bronze
Nutrition and Hydration	Gold	Working towards Bronze	Working towards Bronze	Silver	Working towards Bronze	Working towards Bronze	Working towards Bronze	Silver	Bronze	Bronze	Working towards Bronze	Bronze	Bronze	Working towards Bronze	Bronze	Working towards Bronze	Bronze	Working towards Bronze	Working towards Bronze	Silver	Silver	Bronze	Silver	Bronze	Bronze	Bronze
Clinical Governance	Silver	Bronze	Silver	Silver	Working towards Bronze	Bronze	Working towards Bronze	Silver	Silver	Bronze	Silver	Bronze	Working towards Bronze	Working towards Bronze	Bronze	Silver	Silver	Bronze	Working towards Bronze	Silver	Silver	Bronze	Working towards Bronze	Working towards Bronze	Silver	Bronze
Infection Prevention and Control & Environment Safety	Silver	Silver	Bronze	Bronze	Silver	Bronze	Gold	Silver	Bronze	Working towards Bronze	Bronze	Bronze	Working towards Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Working towards Bronze	Working towards Bronze	Working towards Bronze	Silver	Silver
Overall	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Silver



Accrediting care at ESNEFT

NHS

East Suffolk and
North Essex
NHS Foundation Trust

Accrediting Care at ESNEFT (ACE)

Summary

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

Bronze – 38%

Silver - 32%

Gold – 4%

Working towards Bronze – 26%

Data from all wards since inception of programme

Ward	Previous visit	Revisit	Score change	% increase/decrease	Grading first visit	Grading revisit
EAU	61.0%	64%	3%	5%	Bronze	Bronze
Peldon	69.0%	63%	-6%	-9%	Bronze	Bronze
Brightlingsea	59.0%	64%	5%	8%	Working towards	Bronze
Waveney/ Waldringfield	59.0%	73%	14%	24%	Working towards	Bronze
Darcy	56.5%	68%	12%	21%	Working towards	Bronze
Birch	57.6%	60.60%	3%	5%	Working towards	Bronze
Darcy 3rd visit	68.0%	61.40%	-7%	-10%	Bronze	Bronze

The return visit table details the progress wards are making following an ACE visit, taking into considerations the improvements they are putting into place. With the exception of Peldon and D'Arcy, all wards show a percentage increase in the return visits. This is enabling the team to consider QI approaches to improvements with the engagement and themes collected

We know from the programme that Harm Free Care is an outlier, with the highest number of working towards bronzes.

This mainly relates to timely risk assessments. The 2026 programme expanded this standard to include cohort care compliance and falls or pressure damage with avoidable harm. Along with the actions in place to reduce harm following the completion of risk assessments, we should get more triangulation between risk assessing/care planning and harm caused.

The Essential Care study days, launched as part of the Essential Care work stream for the Fundamentals of Care Board, focus' on all elements of harm free care, nutrition and deconditioning.

The divisions are also focussing on risk assessment processes more closely following the move from sample size auditing to all patient auditing. With the significant differences in audit results, work bench reports and dashboards have been designed in Epic, to allow for greater visibility of tasks outstanding. The Trust are seeing early signs or improved compliance.



Accrediting care at ESNEFT

NHS

East Suffolk and
North Essex
NHS Foundation Trust

Accrediting Care at ESNEFT (ACE)

Summary

The ACE programme continues into 2026, with a further visit carried out on D'Arcy and a first time visit for Mersea.

Plans are in place to visit speciality areas this year, including the Children's Ward, Maternity and Community Hospitals. There are also a number of return visits planned for the year ahead.

The data suggests the focus on MCA and DoLs following last years' CQC visits, is starting to have a positive impact on the Safeguarding standard. We are also seeing less working towards bronze in IP&C, following focussed work on this area. Leadership is an overall well achieving standard, suggesting good local processes and Trust resources supporting leadership roles.

Focus EpicEPR: Accrediting Care at ESNEFT (ACE) results for wards visited in Q3 & Q4;

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



Accrediting care at ESNEFT

NHS

East Suffolk and
North Essex
NHS Foundation Trust

Funding has been secured for Two Asthma Outreach Nurses until October 2026 to work across our deprived areas:

Aim/Objectives:

- 1. To reduce asthma admissions and attendances from CYP living in CO15 or IP1 by identifying high risk patients and working with families to better manage asthma
- 2. To reduce high prescription levels of CYP with Asthma in CO15/IP1
- 3. To increase engagement rate with the service by encouraging and supporting families to attend appointments
- 4. To provide education and training to GPs and Schools in the CO15/IP1 areas to improve asthma management and care

Progress to date:

- 1. 115 Asthma Management Plans put in place
- 2. 8 GP practices engaged with – Asthma "high risk" searches conducted and CYP triaged
- 3. 5/12 schools in IP1 engaged with and training delivered in 3 of them
- 4. 9/10 schools in CO15 engaged with and training delivered in 5 of them (200 staff at one training session in SEN school)
- 5. 6-month reviews have commenced and NO children that have engaged with the service have had an ED attendance or admission in that time.

Ref	Activity	Purpose	KPI	Target	Site	Q3 25/26			Q4 25/26		
						Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Asthma6	Targeted (patient group identified by NHS number)	A reduction in medication after Asthma Management Plan put in place	To reduce high prescription levels for C&YP in the cohort by 25%	25% reduction RAG: R: 0% or increase A: 1-24% G: 25% or more	CO15 Steroid	88%	90%	91%	93%	94%	95%
					CO15 SABA	87%	84%	86%	88%	89%	88%
					IP1 Steroid	n/a	n/a	n/a	88%	90%	90%
					IP1 SABA	n/a	n/a	n/a	60%	62%	62%

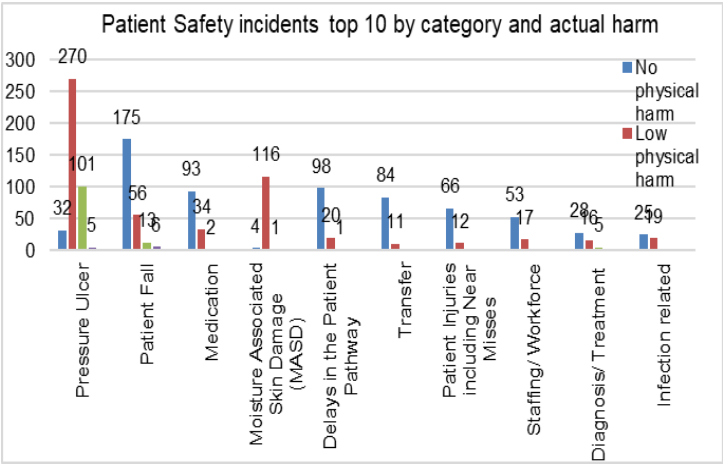
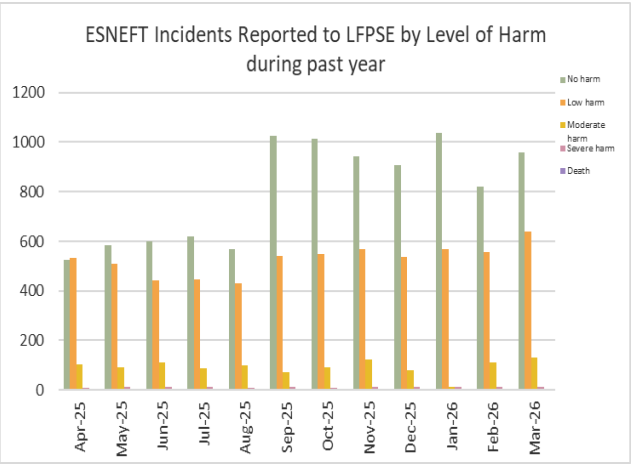
Patient Safety – Incident Reporting

There was an increase in Datix submitted for March. Highest patient related incidents reported continue to be pressure ulcers and falls. There were 40,145 admissions, resulting in a rate of 83.4 There were a total of 3,348 (2,915) incidents reported in March. 1,746 of these incidents were LFPSE reportable Patient Safety related.

The highest reported category was Pressure Ulcer damage with 408 (362) incidents reported, 5 of which were severe harm all of which were reported within both Suffolk and NEE Community. There were 101 moderate harm incidents.

The 2nd highest reported category was Patient Falls with there being 250 (192) incidents reported with 6 reported as severe harm on EAU Colchester, Kesgrave Ward, SAU Colchester, Trinity Ward, Washbrook Ward and at Aldeburgh Hospital with all but one being unwitnessed. A further 13 were reported as moderate of which 10 were unwitnessed.

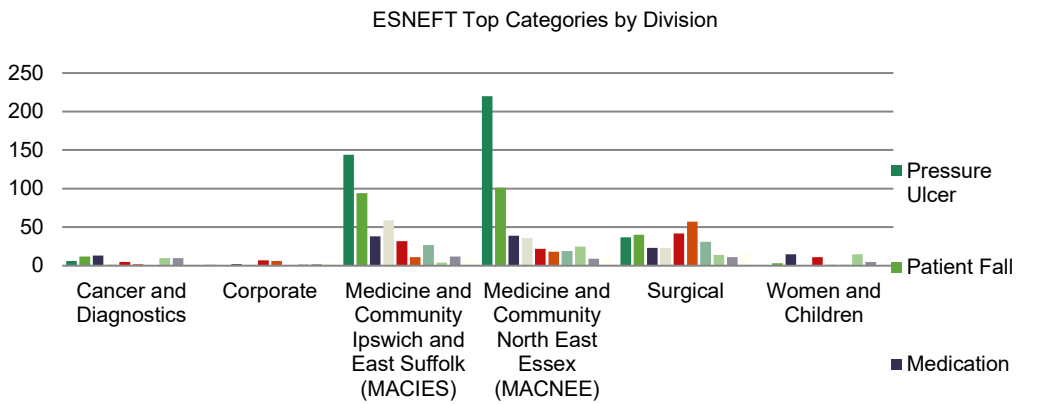
The 3rd highest reported category was Medication with 130 (113) incidents. 1 was reported as Fatal within Colchester Emergency Department. 2 more were reported as moderate harm with the remainder being low and no harm.



Overdue Incidents

The Surgical division have the highest number of overdue incidents with 402.

Division	DatixWeb	DCIQ	Total
Surgical	3	399	402
MACNEE	3	247	250
Corporate	44	163	207
MACIES	4	182	186
Cancer and Diagnostics	1	28	29
Women & Children	0	16	16
Total	55	1,035	1,090



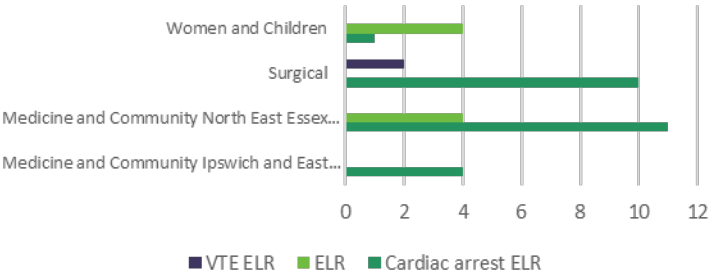
Patient Safety – Early Learning Reviews, Never Events, Patient Safety Reviews & Patient Safety Incident Investigations

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

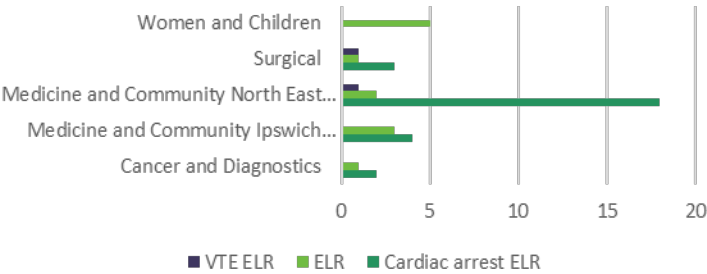
- 26 CAELRs, 8 ELRs and 2 VTE ELRs were closed in March 2026.
- 27 CAELRs, 12 ELRs and 2 VTELR are currently outstanding in March 2026.
- 1 PSR was requested in March 2026 for- Urology Ipswich
- 4 PSRs completed in March 2026, 2 for MACNEE, 1 for Surgical and 1 for MACIES
- 0 PSII was declared in March 2026.

41 moderate harm and 0 severe harm incidents of ESNEFT acquired pressure damage were reported in March 2026.
4 Acute and 1 community full care gap analysis was requested in March 2026

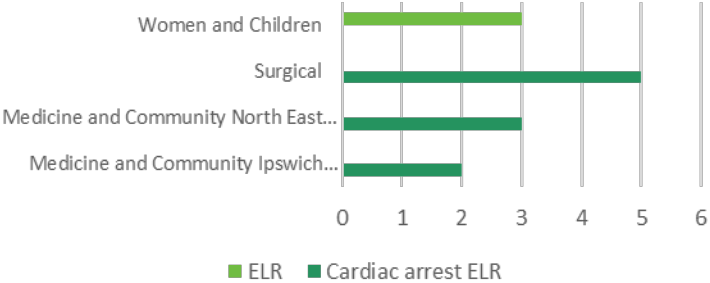
CAELR/ELR/VTELR completed - Mar 26



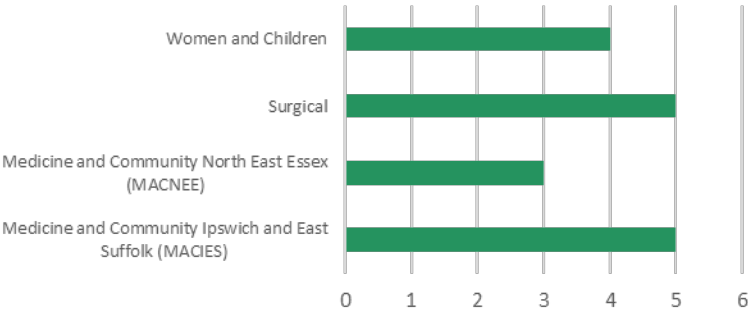
CAELR/VTELR/ELR outstanding - Mar 26



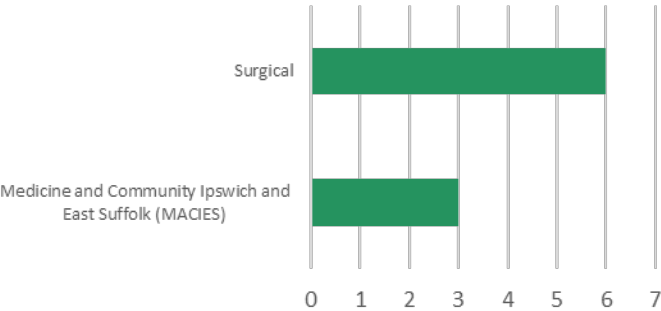
CAELR/VTELR/ELR requested - Mar 26



Overdue PSRs - Mar 26



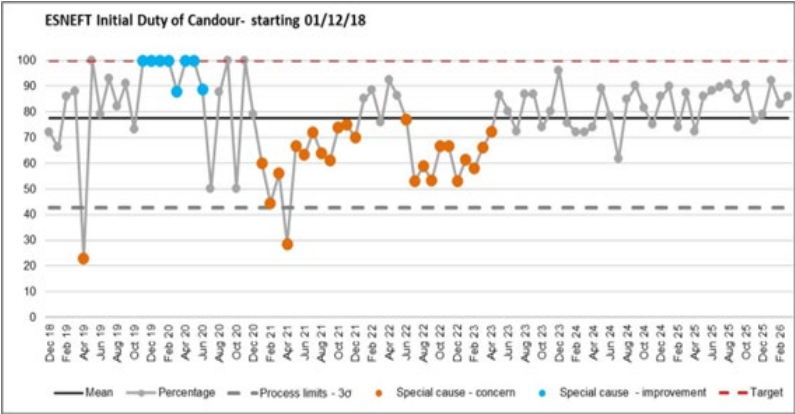
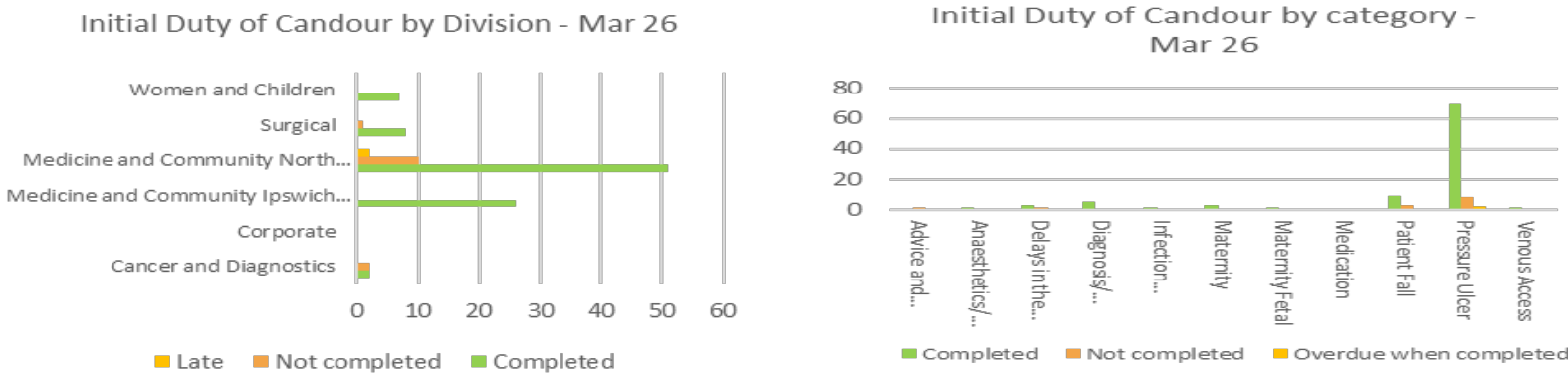
Overdue PSR and PSII actions - Mar 26



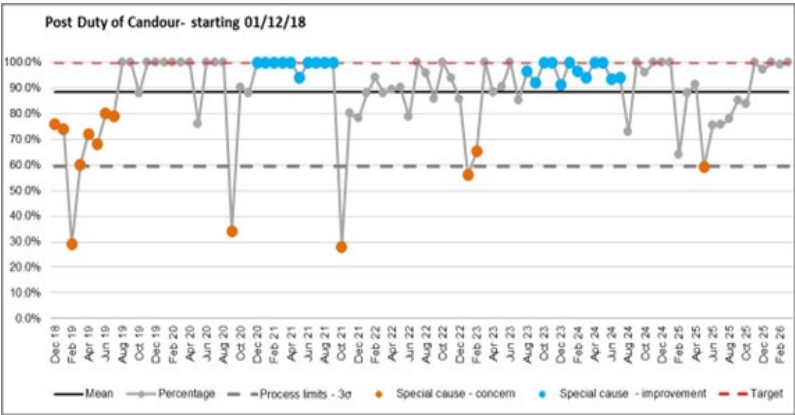
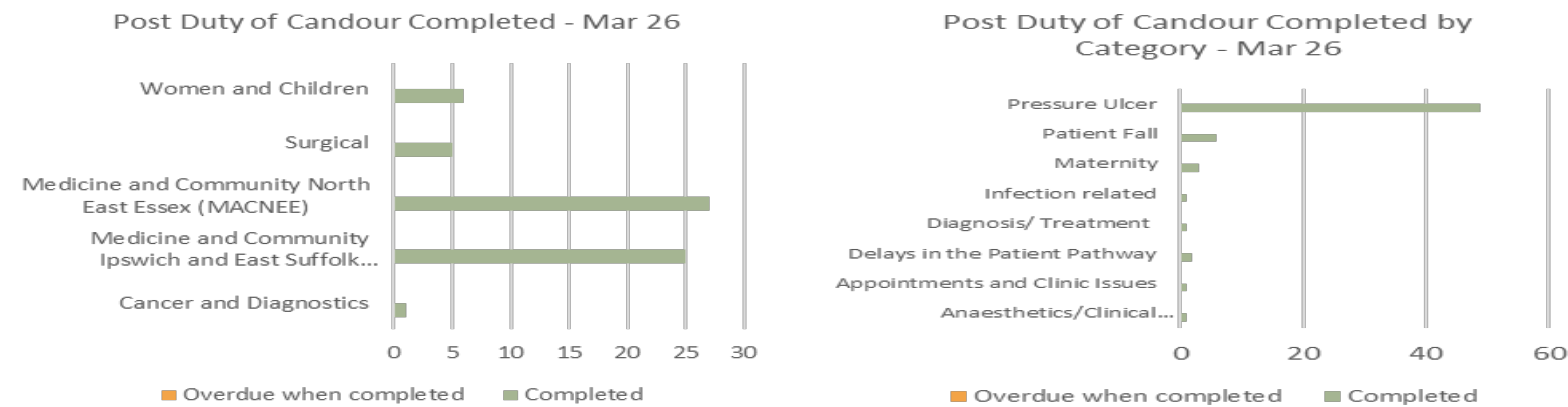
Patient Safety – Duty of Candour

There was a decrease in initial Duty of Candour compliance. Improvements remain over 95% for post Duty of Candour.

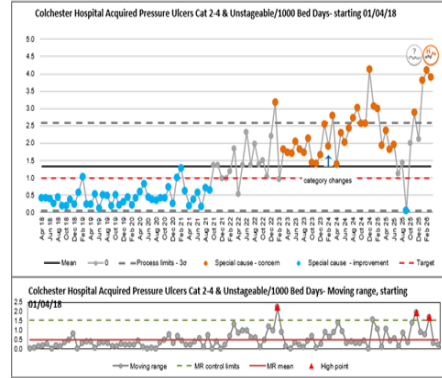
Initial Duty of Candour compliance for March 2026 is 86% (75%)



Post Duty of Candour compliance for March 2026 is 100% (99%)

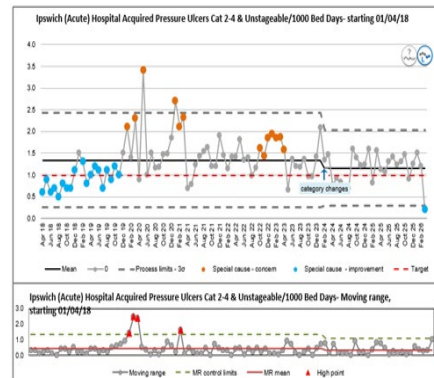


Patient Safety – Tissue Viability



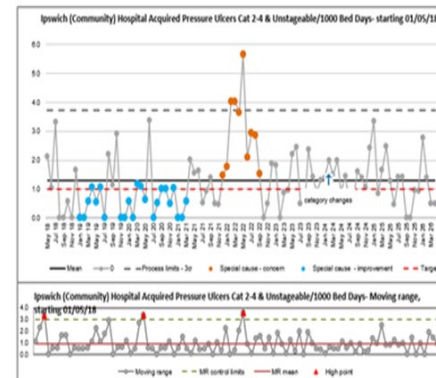
Colchester Acute

Cat 2	55	40
Cat 3	18	33
Cat 4	1	0
Prev. & in-mth total	74	73
Rate per 1,000 bed days	4.18	3.90



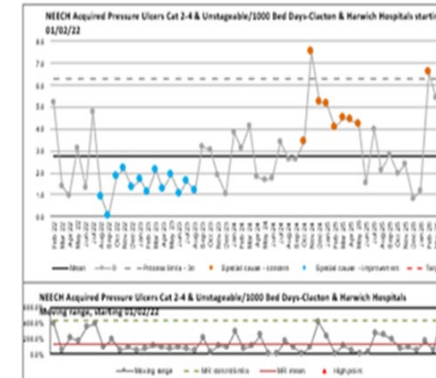
Ipswich Acute

Cat 2	17	17
Cat 3	6	5
Cat 4	0	0
Prev. & in-mth total	23	22
Rate per 1,000 bed days	1.17	0.23



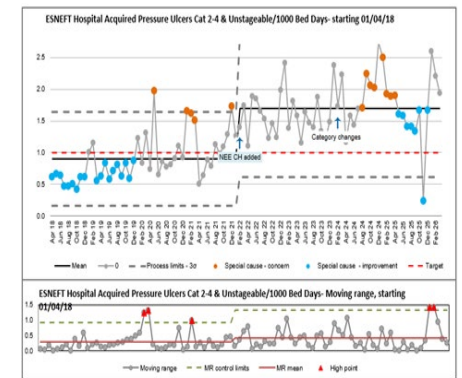
Ipswich Community Hospital

Cat 2	1	2
Cat 3	0	3
Cat 4	0	0
Prev. & in-mth total	1	5
Rate per 1,000 bed days	1.40	0.49



Essex Community Hospital

Cat 2	10	12
Cat 3	4	0
Cat 4	0	0
Prev. & in-mth total	14	12
Rate per 1,000 bed days	6.59	5.46



ESNEFT

Cat 2	83	71
Cat 3	28	41
Cat 4	1	0
Totals	112	112
Rate per 1,000 bed days	2.74	1.94

Service Commentary

Both acute hospitals have seen a reduction in total number of pressure ulcers, however there has been a rise in category 3 pressure ulcers within Colchester Hospital. The Tissue Viability Team have reflected that they have strengthened their validation processes and worked more closely with the community team. They feel this could be having an impact on the categories recorded.

ED have increased the number of Repose mattresses in the department but are still embedding the use of these and timeliness of applying them.

Ongoing work includes the consideration of patients experiencing a long lie (one hour or more on a hard surface) prior to coming into hospital. It could take a week for pressure damage to evolve as a result of this, which should be taken into consideration when validating wounds. This will be incorporated in the mini care gap assessment once further investigation has taken place.

Patient Safety – Falls

Falls Monthly Numbers

	Colchester Hospital	Ipswich Hospital	Suffolk	NEECS	Acute Total	Community Total	ESNEFT Total
Mar-24	100	90	11	19	190	30	220
Mar-25	112	112	11	9	224	20	244
Mar-26	99	93	11	13	192	24	216

Falls per 1,000 Bed Days (Acute)

Falls/1,000 Bed Days						YTD	
	CH Acute	IH Acute	IH Community	NEE CH	ESNEFT	ESNEFT Acute Bed Days	YTD Acute Falls/Bed Days
Mar-24	5.7	5.0	5.5	6.6	5.4	5.3	5.7
Mar-25	6.1	6.4	4.6	3.7	6.0	6.2	5.6
Jan-26	5.5	5.7	8.9	5.1	5.8	5.6	5.5
Feb-26	5.6	4.2	4.3	4.5	4.8	4.8	5.4
Mar-26	5.7	5.8	5.4	5.9	5.7	5.7	5.4

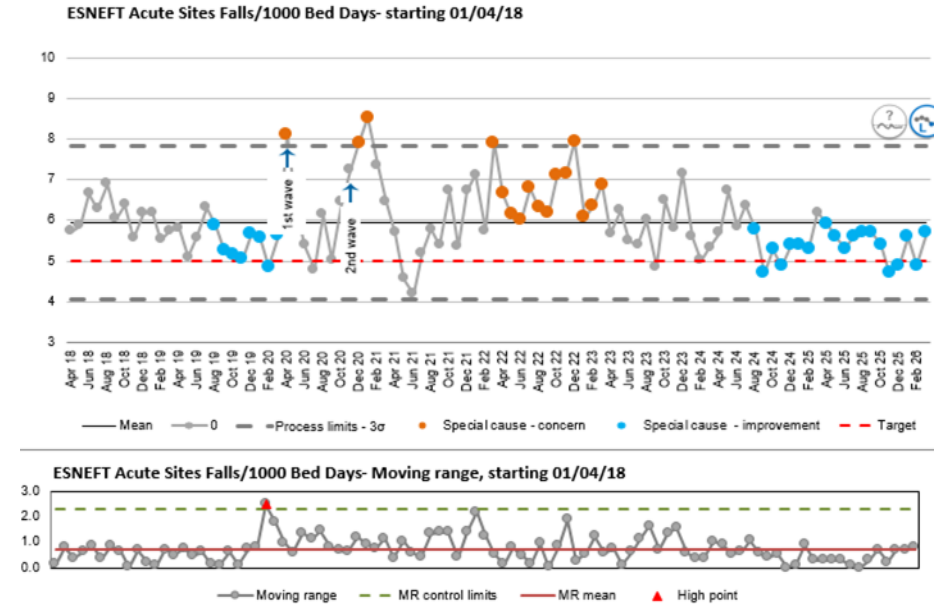
ESNEFT saw an increased in falls in March, which was seen to be a challenging month. Both acute sites saw an increase in their falls per 1,000 bed days, with an increase in harm.

For Colchester and North Essex there were 3 severe harm incidents and 7 moderate harm. For Ipswich and Suffolk Community there were 2 severe harm and 3 moderate harm incidents. These incidents are currently going through the harm free care processes to determine if there are themes and trends. There is a likelihood some harm levels will be reduced at this stage, depending on the investigation and patient outcome. For example, a patient with a small subdural haematoma, with no changes to their plan of care or outcome, including discharge plans, will likely move from moderate harm to low harm following discussion at expert panel.

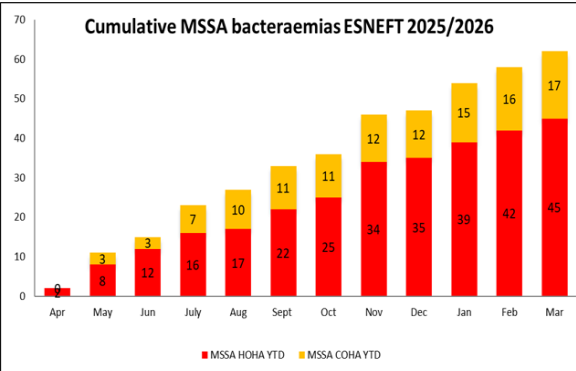
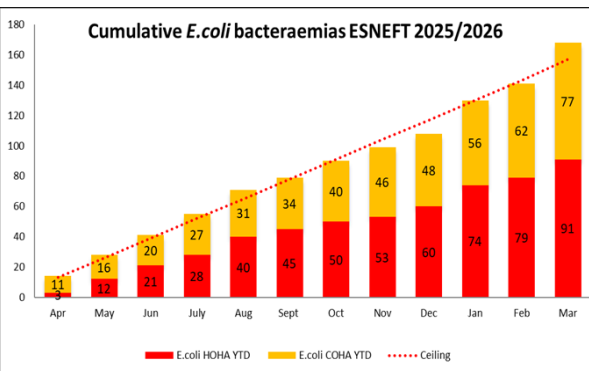
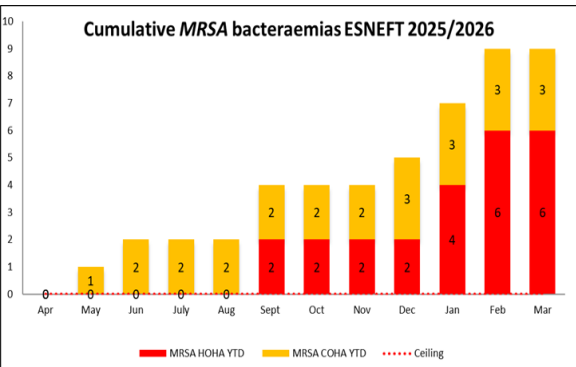
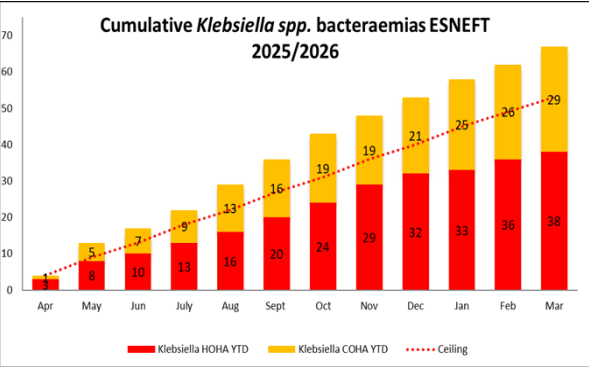
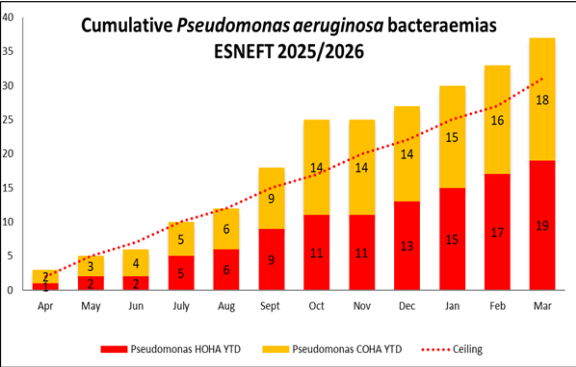
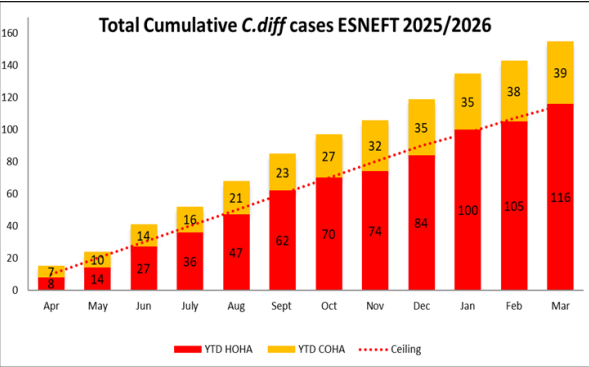
Early indication suggests there have been a reduction in moderate and severe harm incidents in April.

The Trust is starting to see improvements in the falls risk assessments as part of the ongoing focus on required documentation in EpicEPR. There has also been a request made to add the post falls assessment to the admission navigator so it is more visible. This will be reviewed as part of optimisation.

The Trust target for falls per 1,000 bed days changes from April 26 to 5.5 across acute and community sites. This remains a stretch target for the Trust and the national target is 6.63.



Patient Safety – Infection Prevention and Control – HCAI figures



Infection	ESNEFT total for March	Category	Trajectory	Total HOHA/COHA for year	Total for year to date	EoE benchmark
C diff	12	11 HOHA 1 COHA	115	116 39	155	Above trajectory
MRSAb	0	0 HOHA 0 COHA	0	6 3	9	Above trajectory
E coli	27	12 HOHA 15 COHA	124	91 77	168	Above trajectory
Kleb spp	5	2 HOHA 3 COHA	47	38 29	67	Above trajectory
Pseudo A	4	2 HOHA 2 COHA	29	19 18	37	Above trajectory
MSSAb	4	3 HOHA 1 COHA	N/A	45 17	62	Above trajectory

Patient Safety – Infection Prevention and Control Focus

- **CPE Grundisburgh** – 13 CPE cases linked to Grundisburgh Ward. Plan for the ward to be emptied including bays via other wards. Refurbishment works including sinks to be undertaken. Drain decontamination planned. IMT undertaken – timelines and typing shared. Actions within overarching CPE workstream plan.
- **NNU, (Ipswich)** – 10 cases of *Enterobacter hormaechei* 30th Sept 2025-17th March 2026, further IMT planned 26th March. Work commenced on sinks and plans for drain decontamination. Weekly screening in place. To date 7 cases different profiles WGS. Incident now closed.
- **Suspected MERS-CoV case (Ipswich ED)** – Lessons identified from management of suspected MERS-CoV case that presented to Ipswich ED. HCID pathway for each acute site to be developed. ED teams to provide learning as part of their ICC report, AAR meeting completed with EPRR.
- **Pseudomonas aeruginosa, maternity, Colchester** – x4 cases of *Pseudomonas aeruginosa* identified during March 2026 (x2 LCSC wounds, x2 urine). Investigation undertaken and practice regarding wetting of speculums changed – dressing review underway. Water sampling of outlets within Juno & maternity triage small counts of pseudomonas.
- **TB** – x9 cases at Colchester since May 2025 including x1 case of MDRTB. All presented to ED. Contact tracing of staff and patients from x3 recent cases in progress. Key learning around assessment of patients for signs/symptoms and risk factors; plan to share lessons learnt during "sharing is not caring" month within UEC.
- **Increase in possible Meningitis cases presenting in admission areas** – support and prep given to clinical teams regarding management and PPE. Prophylaxis's pathway set up for known contacts of Kent outbreak. Joint work with ICB and UKHSA partners to ensure all of community aware of possible risks. Communications to teams include a reminder for notification on suspicion.
- **Diphtheria Cases** – Ipswich Community: Notified of a further case (x3 in total confirmed). Joint work with UKHSA to ensure and contacts reviewed as needed. ESNEFT attendance and support at IMT. Communications shared with ED and admission area teams. Joint work with Microbiology and UKHSA regarding prescribing for known cases and contacts.

Patient Safety – Infection Control workstreams

Vascular access:

- Commencing May 2026, there will be introduction of non-ported cannulas across all sites with exception for high-risk areas that will remain with ported cannula. This will be launched alongside an ANTT education programme related to vascular access management. Support will be provided by the supplier regarding education and auditing of practice and will include posters, online training and face to face support.

CPE:

- The key focus is on environment and managing risk from drainage systems including non-complaint sinks. There will be implementation of a decontamination process and replacement of sinks in higher risk areas using backlog monies on both sites, as well as planned works in areas highlighted with clusters of associated cases (Neonatal unit Ipswich, Grundisburgh Ward) and areas identified with non-complaint sinks.
- Trial of drain decontamination products and introduction of a programme in planning.
- Plasmid and WGS typing highlighted transmission in known areas at Ipswich – Grundisburgh, Stowupland and Stradbroke.
- Review and business case to be submitted regarding extending screening for CPE to included admissions to same hospital in past year, with also support with rapid testing (PCR).

SSI:

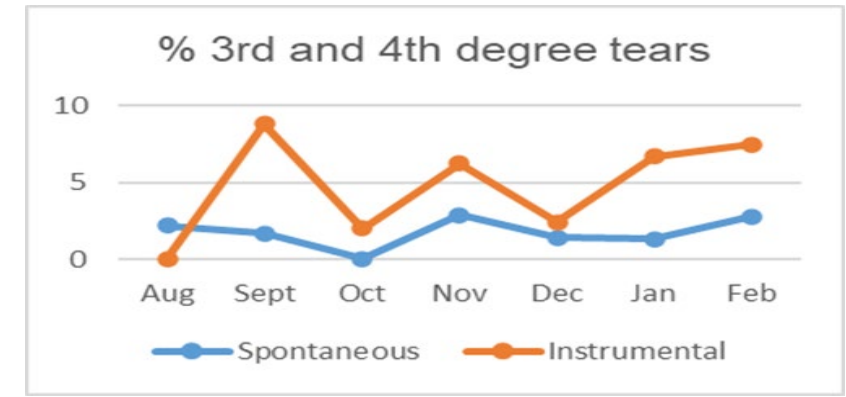
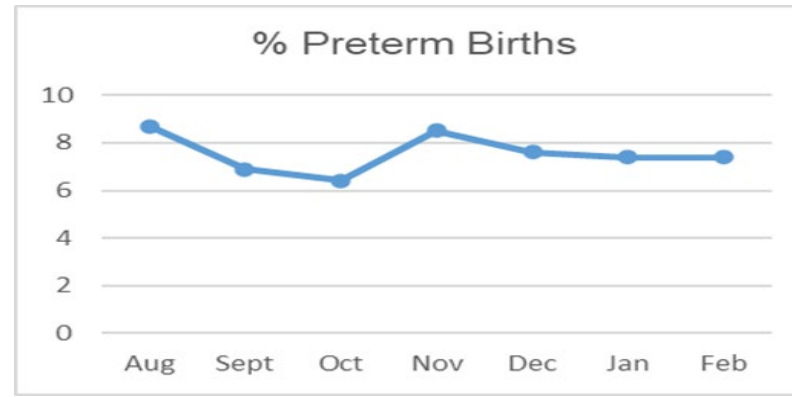
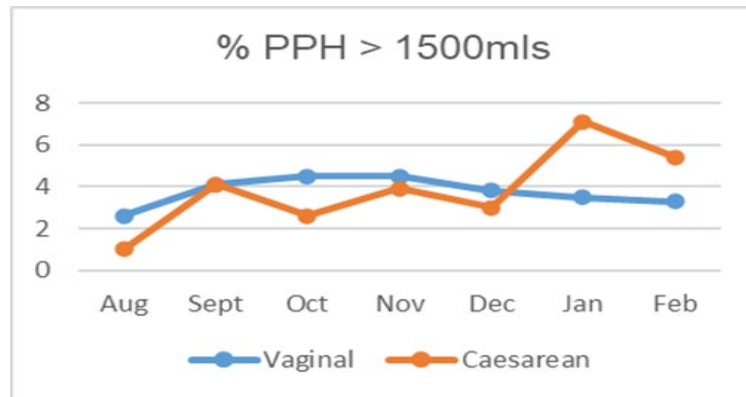
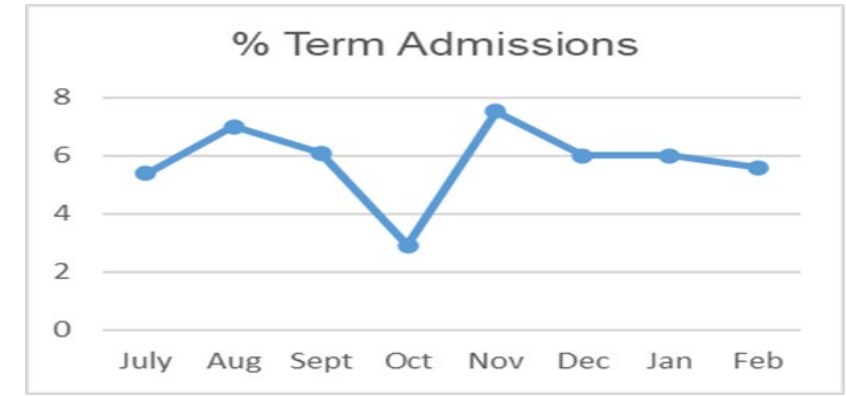
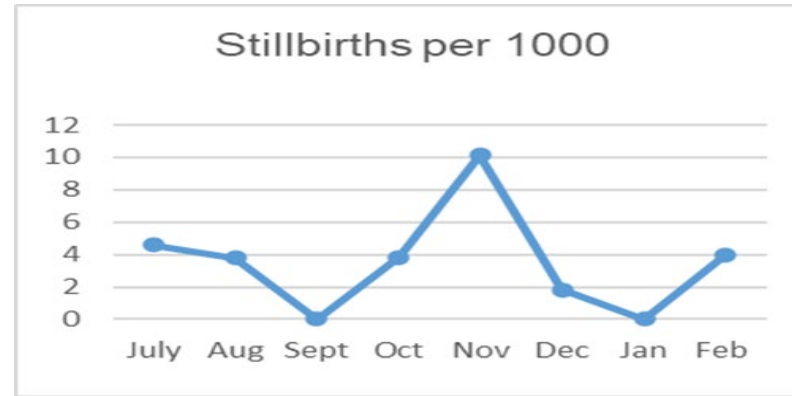
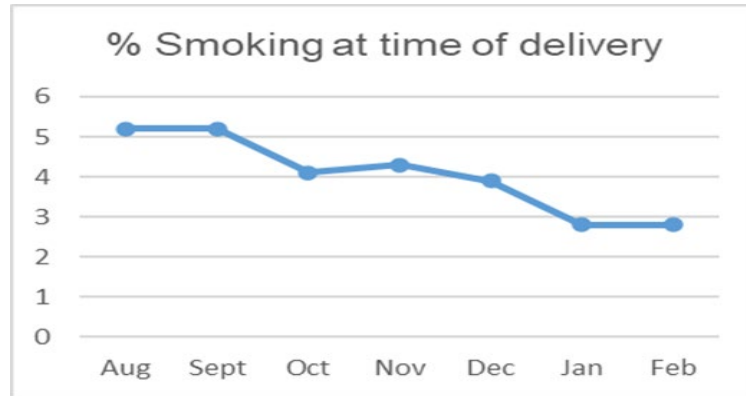
- Work ongoing with MSK team in SSI to review all cases from last 12 months using the 'one together' tool to identify any possible links with cases or gaps in practice. This is to be shared with the consultant team in MSK and shared wider including the IPC committee.

C diff:

Thematic reviews highlight on going issues with:

- Noted links in ribotyping possible in ED areas (Colchester)
- Delay in isolation
- Delay in sending of samples
- Use of PPI
- Use of laxatives
- Use of antibiotics – not always in accordance with Trust policies
- Learning is being shared with the clinical teams via various forums and meetings.
- Wider inconsistencies with cleaning standards has also been highlighted, further work with the facilities team to review auditing schedules and process is planned.
- As part of Fundamentals of Care work streams mattresses check and replacement programme undertaken at Colchester – Ipswich planned. Further plans for review of trolley mattresses in ED areas following ribotyping highlighting possible links there. ED and admission areas Colchester had March as 'IPC awareness' month and all things IPC were discussed and supported.

Patient Safety – Maternity Dashboard, SBL and CNST updates (Month 11 data)



Data has been pulled from EpicEPR which is still being tested for data quality. There are particular issues in capturing SATOD rates, therefore work is underway to improve accuracy, including staff education and EpicEPR workflow improvements.

- There were 2 stillbirths in February which are under review. The rolling rate per 1,000 births is 3.69, slightly above the national average of 3.54.
- Improvement work is being developed around PPH and 3rd and 4th degree tears. PPH improvement work will be in line with the national Maternity Care Bundle.
- This month our ATAIN rates were under national target with ongoing improvement work in this area.
- Preterm births remain above the national aim of <6%, which implementation of the PARTNER trial aims to improve with better detection and timely treatment for those with threatened preterm birth. The PARTNER trial launched on 13th April 2026.

Patient Safety – Maternity Dashboard, SBL and CNST updates

Risk and Governance Update for Maternity

PSII

Number of new declared – 0

Currently open – 0

PSR

Number of new declared – 0

Currently open - 4

ELR

Number of new declared – 3

MNSI

Number of new declared – 0

Currently open – 3

Completed – 0

Complaints

New – 6

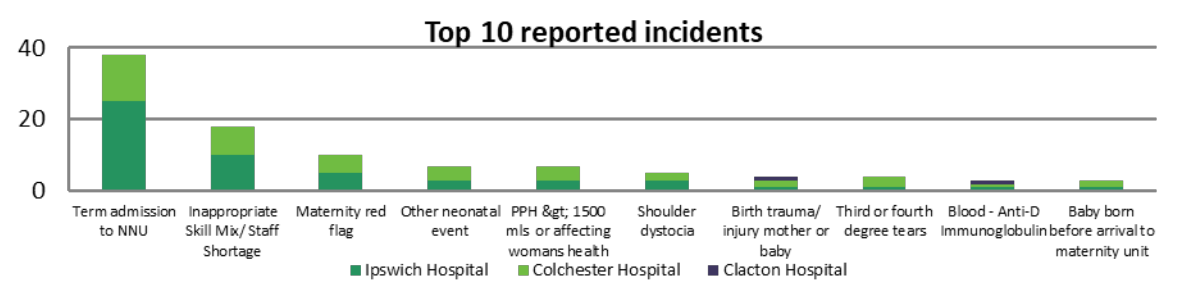
Callback compliance – 100%

Response compliance – 100%

Risk Register

New risks – 0

Closed risks – 0



Learning from complaints

ID	Location - Ward / Dept / Team	Description	Outcome code	Lessons learned
12425	Maternity Triage (Ips)	Patient has raised multiple concerns re: care given in Maternity Triage and is also chasing an ultrasound scan	Partially upheld	Miscommunication with regards to prescription and timeframe for pick up and alternative medication not being issued without further discussion with Doctor. Incorrect contact number was provided to patient, so when she called to chase scan there was no answer.
12763	Lexden Ward (Col)	Concerns raised regarding waiting time during induction process, wait for emergency caesarean section, conflicting results received, and incorrect dosage of medication to newborn.	Partially upheld	A courtesy call at the start of the day shift would have been helpful in providing reassurance and clarity about the plan regarding the removal of the Dilapan. At the time of baby's care, the Trust had recently introduced new blood gas analysers that provide immediate point-of-care results. It was later identified that there could be differences between these results and those obtained from laboratory testing. This meant that, on occasion, results indicated different treatment thresholds depending on the method used, which contributed to inconsistency in both decision-making and communication. Baby received an incorrect dose of gentamicin.
13278	Delivery Suite (Col)	Concerns raised regarding difficult birth; patient not listened to when she stated epidural wasn't working. Patient also wasn't informed second incision was required.	Partially upheld	Maternity staff did escalate pain relief concerns and sought anaesthetic reviews, but there were some delays. Consideration should have been given to repositioning epidural or offering an alternative form of analgesia at an earlier stage. Epidural was not providing adequate anaesthesia and patient felt pain during surgical incision.

Compliment

Midwives were so supportive, warm, friendly and amazing. Felt so held by them all... even students.

Everything was good! Great midwife who was professional and informed me of what was happening and when. Relatively straightforward and I felt looked after and cared for.

In a very stressful situation, they put me at ease and even when I got very upset as had gone 40 hours with no sleep they reassured me and helped with my baby so thank you!

Very good service ,very pleased with maternity service in all maternity wards.

Maternity CNST

Year 8 of the Maternity Incentive Scheme has now been released. The trust has identified leads for each of the safety actions, scoping has commenced and meetings are being arranged to progress this work.

Maternity Incentive Scheme (MIS) Year 8 – Key Changes

26/27 Business Plan

A strategic shift from process compliance to outcomes, assurance and strengthened Board accountability

1. Structural Simplification

- Ten Safety Actions streamlined to six integrated actions
- Outcome / Why / What structure
- Reduced duplication and increased coherence

2. Outcomes Over Process

- Emphasis on demonstrable safety impact
- Clear linkage between learning, action and improvement
- Reduced prescriptive process requirements

3. Strengthened Board Accountability

- Clear Executive oversight and scrutiny expectations
- Alignment with Perinatal Quality Oversight Model (PQOM)
- Defined governance cycle and declaration approval responsibilities

4. Integrated Workforce & Training Expectations

- Cross-professional workforce planning (midwifery, obstetrics, anaesthetics, neonatology)
- Establishments aligned to BR+, BAPM and neonatal nursing standards
- Two annual training compliance checkpoints

5. Unified Learning & Investigation Framework

- Integration of PMRT, MNSI, EN, PSIRF and claims learning
- Quarterly thematic reports to the Executive Board
- Demonstration of learning into action, including equity considerations

6. Service User Voice and Equity

- Service user voice embedded in safety and improvement systems
- Focus on underserved groups and equitable access
- Demographic-informed prioritisation and improvement planning

Key Dates: 31 March 2026 – Publication of Year 8 Standards | 23 April 2026 – National Launch Event | 2 March 2027 – Year 8 Submission Deadline

Patient Experience

For the third month running the Trust received a higher number of new complaints than the previous month – increasing from 132 in February 2026 to 151 In March 2026. This is the highest monthly total since November 2023, when 161 new complaints were received. The first three months of each calendar year is normally the time when the highest number of monthly complaints is received, with 368 across that period in 2024, and 314 last year and now 392 in the first three months of 2026. The increased number of concerns received in the first three months of the year is connected to winter pressures and patient access issues, with all Divisions impacted. The Trust has seen 43 new complaints for Surgery in March compared with 18 in November 2025, with delays in treatment, and changes to appointments forming the majority of the concerns received.

Despite the high number of new complaints, the courtesy call compliance exceed the trust target of 95%, with a completion compliance of 97%. The overall response compliance (complaint replies sent on time) was just under the 95% compliance target at 94% for March 2026. The number of new enquiries recorded in PALS has continued to remain high in March 2026, with 589 new enquiries which is like the totals in the previous two months (January saw 573 new enquiries, and 570 in February). Communication concerns returned to being the highest category for the PALS concerns raised. Access to treatment (52 new complaints) and communication issues (28 new complaints) remain the highest complaint categories and follows the trend of the themes seen in the new PALS for this month. This is linked to the stabilisation stage of EpicEPR with people struggling to contact areas to secure updates and information in relation to their care.

Learning from Complaints

Complaint about care given on Somersham ward

- Concern raised from widow regarding care and discharge from ward to hospice care.
- Investigation outcomes showed that appropriate discharge letters were not completed by the hospital. As a result, the ward has now implemented a communication handover book, which allows the shift coordinator to record any outstanding tasks, areas of concern, or actions requiring follow up. This ensures that essential information is carried over to the next day and supports consistent ward-based oversight of incomplete documentation, including discharge letters.

Ombudsman Update

Update for March 2026

- The Trust still receives communication from the Ombudsman in relation to complaints that have been handled across the services provided. In March 2026 there was just one formal communication from the Ombudsman, and this requested the Trusts official complaint file, and some additional information from the community services providers.

Reopened complaints

One complaint needed to be formally reopened

- The Trust had 16 complaints that have been subject to a further review. The reasons for the additional reviews are that six complainants have requested to meet with the investigating teams as part of their ongoing complaint. Two other complainants supplied additional concerns to be reviewed, and seven complainants disputed the information given in the Trusts first reply. The last reopened complaint was because the first reply did not fully address all the complainants' questions.

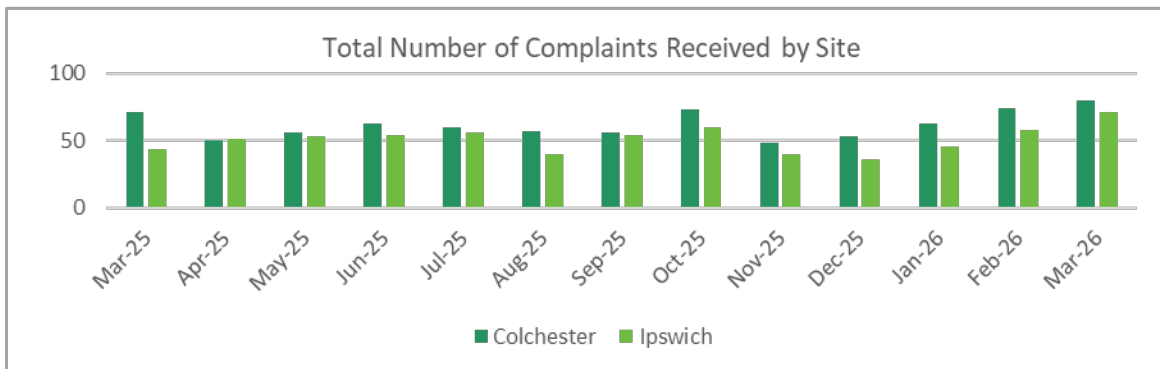
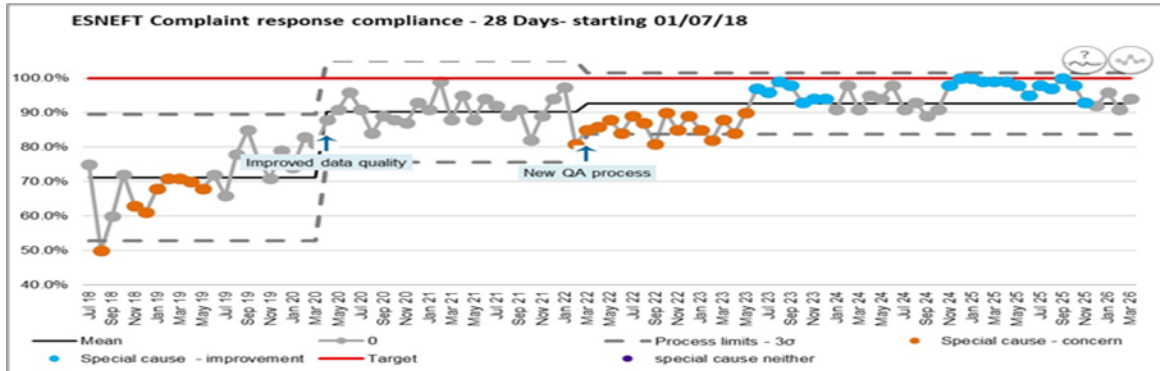
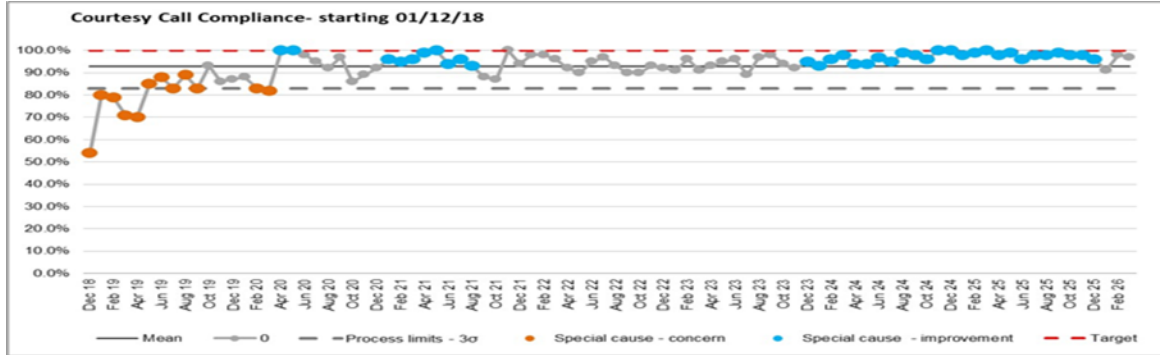
PALS Update

Seven PALS enquiries needed to be converted to complaints

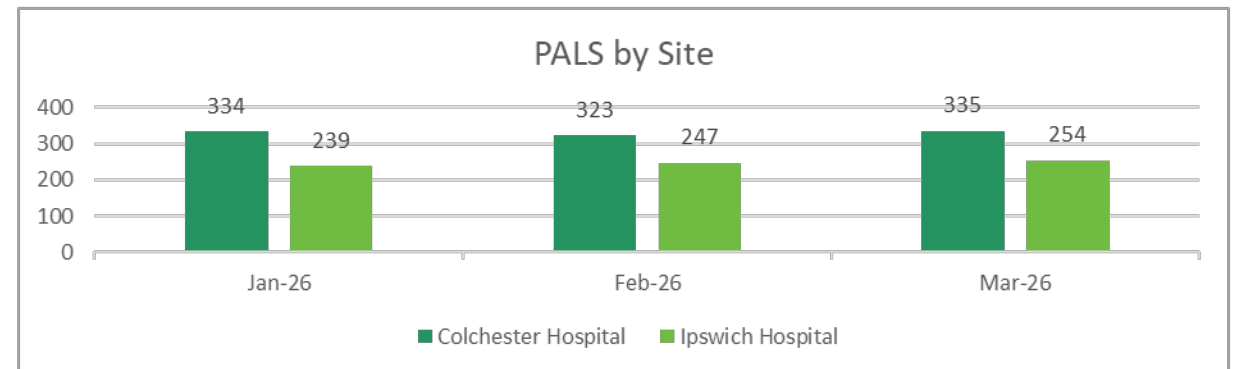
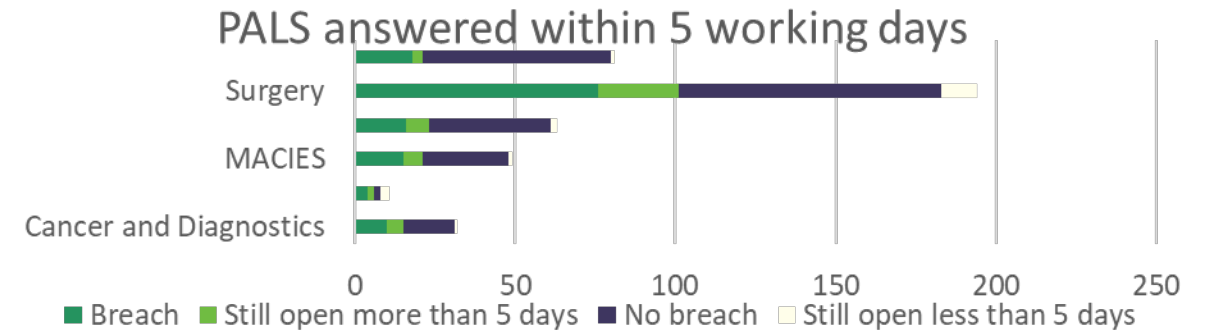
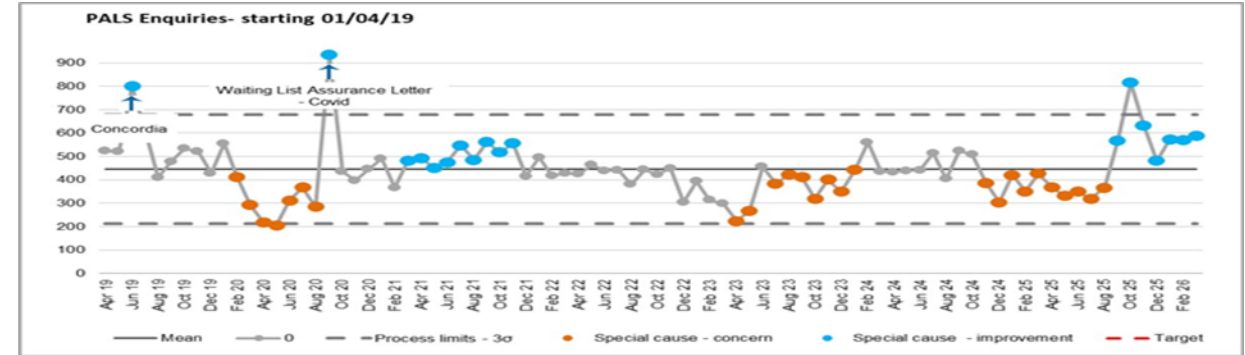
- For the last three months the Trust has seen similar totals of new PALS, with 589 recorded for March 2026. The overriding theme of the communications is people having difficulties reaching individual areas of the Trust and having to contact PALS to try and get help and support. Although the enquiries coded against 'appointments' and 'waiting times' have continued to drop, the ability to reach areas and receive updates is a real trend being seen in PALS. 67 of the 589 enquiries were directly coded to 'Difficulty contacting departments' with many other enquirers mentioning that was the reason for contacting PALS.

Patient Experience

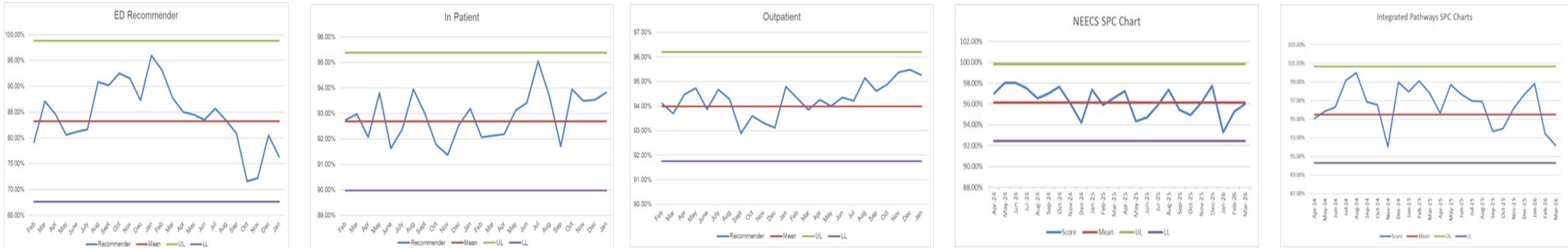
Complaints



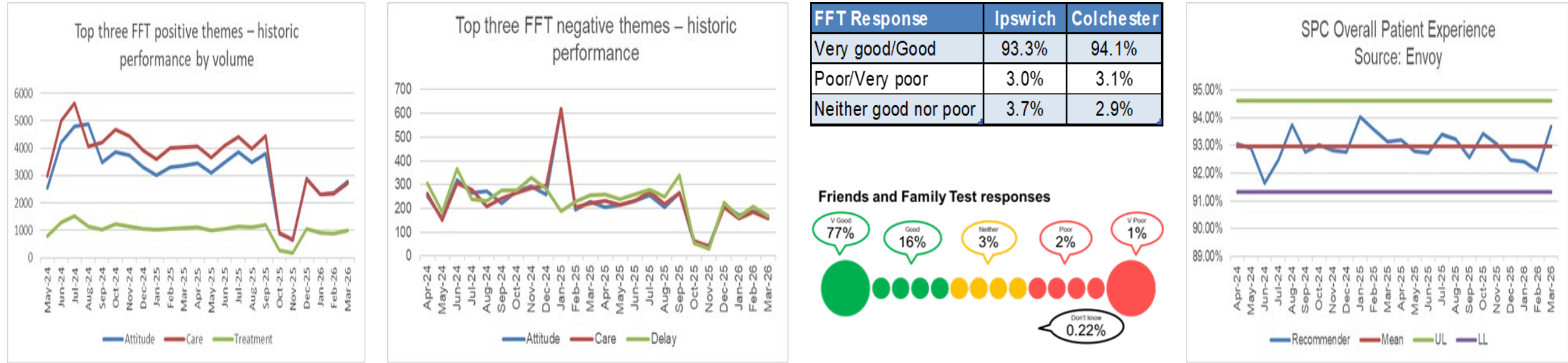
PALS



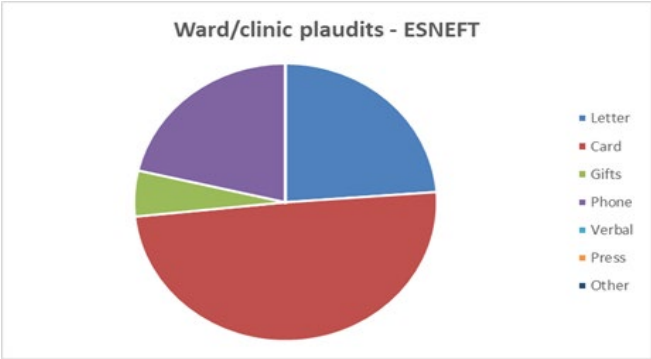
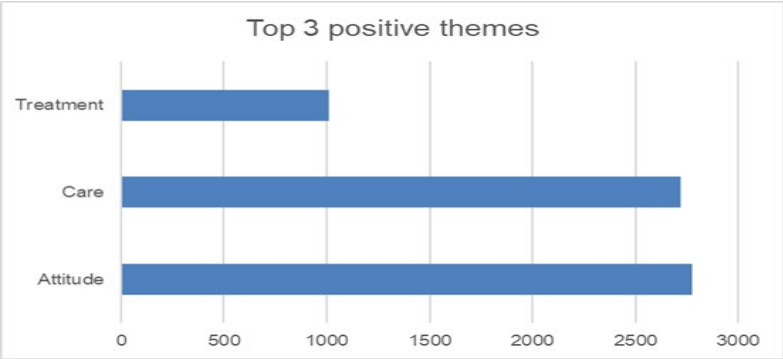
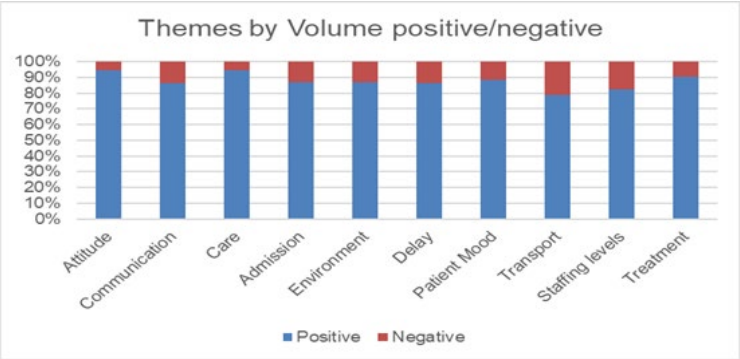
Patient Experience – Friends & Family



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



Patient Experience – Friends & Family



There were **460** plaudits sent into wards and clinics for ESNEFT.

Top 3 negative themes

Attitude	Comments from patients include staff being rude when arriving, Drs not listening or appearing to have any interest.
Care	Patients reporting that patients disputing how much pain they are in, wheelchair patients who can't sit for long struggling to get a bed and patients receiving misdiagnosis.
Delay	Long waiting times in A&E with delays to see a Dr and then another delay afterwards for discharge. Patients also reporting long waits to see consultants once referral has taken place.

Online Feedback

AMSDEC Colchester

Very efficient, smooth transition throughout the process. Thoroughly looked after, felt cared for and valued.

Nephrology Colchester

I was very impressed with my treatment. The Dr who did the cystoscopy was very friendly, explained what she was going to do and put me at ease. The procedure was done very efficiently and without any pain to me.

Bowel Services Ipswich

Clinic was small and personal with caring and friendly staff. I was spoken to as an individual and everyone was very kind. As I have mobility problems, I would have liked a wheeled basket (like the ones in the supermarket) to put my clothing and bag in so I could have managed better. The staff kindly helped me.

ENT Ipswich

My visit was dealt with in a pleasant manner from reception and the Dr and nurse that I saw. I don't think it could be improved anymore on this occasion.

Radiotherapy Ipswich

Staff excellent explained everything as they went along. To improve; I would love to see positive comments on the wall, to give peace of mind..

Performance: What? So What? What Next?

March 2026

			Revised trajectory			Actuals			Variance			Comparison		
Area	Specific	Direction	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.

	Performance Measure	Trust Agreed plan	Reporting Month			Trend								
			ESNEFT	Col	Ips	ESNEFT	Col	Ips						
Emergency Department	Four hour standard (Whole Economy)	78.4%		76.7%		74.9%		79.9%		0.9%		0.5%		1.7%
	Time to initial assessment - 95th pct	Not in Trust Submitted plan		87		110		45		(5)		(8)		(1)
	Time to initial assessment- percentage within 15 minutes (new measures)	Not in Trust Submitted plan		36.9%		37.9%	35.9%		(0.4%)		(1.0%)		0.5%	
	Time to treatment - median time in department	Not in Trust Submitted plan		32		26	90		(12)		(7)		0	
	Average (mean) time in department- non-admitted patients (new measure)	Not in Trust Submitted plan		216		238	224		(15)		(14)		(17)	
	Average (mean) time in department- admitted patients (new measure)	Not in Trust Submitted plan		747		681	843		(56)		(42)		(77)	
	Patients spending more than 12 hours in A&E	661		1,589		974	615		(155)		(110)		(45)	
	Proportion of ambulance handovers within 15 minutes (new measure)	Not in Trust Submitted plan		13.3%		10.1%	17.2%		3.6%		2.2%		5.0%	
Cancer	% Patients seen within 2 weeks from urgent GP referral	Not in Trust Submitted plan		78.5%				4.0%						
	% patients meeting 28 day faster diagnosis	83.5%		76.7%				1.8%						
	% patients waiting no more than 62 days for treatment	81.2%		66.3%				2.8%						
Diagnostics	% patients waiting 6 weeks or more for a diagnostic test	Not in Trust Submitted plan		10.1%				(5.3%)						
	Diagnostic waiting list	Not in Trust Submitted plan		20,086				(451)						
RTT	% of incomplete pathways within 18 weeks	60.1%		60.2%				3.1%						
	Total RTT waiting list (open pathways)	83,999		89,314				62						
	Total 52+ weeks waiters	839		281				(1,012)						
	% of RTT waiting list at 52+ weeks	1.0%		0.3%				(1.1%)						
	Total 65+ weeks waiters	0		1				(26)						
	% of RTT waiting list at 65+ weeks	0.0%		0.00%				(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: Both sites showed improved performance in March across the UEC metrics, with the Ipswich site achieving the National Standard. This was achieved largely by operational and nursing grip within non-admitted UEC performance. The focus needs to be on sustainability of this performance with work on improvement on emergency pathways access, flow, LOS and discharge which has been built into the new UEC plan approved through the Executive Management Committee (EMC). Longer term service improvement is being led through the new clinical, operational and productivity programme boards.

Elective, Cancer and Diagnostics: Overall a positive end to 25/26 across the Elective and Cancer metrics, with plans met for 18 weeks and those patients waiting over 52 weeks, for the cancer standards and just slightly under plan for DM01. The focus now is on sustainability and continuous improvement throughout 26/27 through the Elective and Cancer medium term plan initiatives led via the new programme boards. Region have confirmed their recommendation to remove the Trust from Tiering and future tiering meetings have been stood down.

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

Revised trajectories were calculated part way through January and agreed at last Performance and Finance 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 March:

- Ambulance - Average handover delays
- Paediatric 4 Hour performance
- UEC % Type 1 patients 12h or more
- RTT Patients waiting 52w
- RTT Total patients waiting
- RTT 18w performance
- Cancer 28 Day Faster Diagnosis Standard
- Diagnostics % 6w+

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

- UEC 4hr performance but improved performance over January & February into March with the Ipswich site over national 78% standard
- Cancer 62 Day Combined
- DM01 % 6w+

			Revised trajectory			Actuals			Variance			Comparison		
Area	Specific	Direction	Jan-26	Feb-26	Mar-26	Jan-26	Feb-26	Mar-26	Jan-26	Feb-26	Mar-26	Jan-26	Feb-26	Mar-26
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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
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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

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
Published Data 12 March 2026	54.1% 108(118 Jan 26)	2.2% 85(118 Jan 26)	67.7% 94(119 Jan 26)	68% 74(119 Jan 26)	21.9% 64(117 Jan 26)	75.8% 29(118 Feb 26)	12.7% 64 (118 Feb 26)
Published Data 16 th April 2026	57.1% 133(151 Feb 26)	1.4% 68(136 Jan 26)	74.9% 112(134 Feb 26)	63.5% 102(136 Feb 26)	15.4% 80(152 Feb26)	76.7% 73(141 Mar 26)	11.0% 84 (123 Mar 26)

Whole Economy performance for ESNEFT in month improved by 0.9%, and was below the national standard of 78% in March 26. Local performance was above Regional, but below National averages for the month. Colchester performance improved by 0.5% and Ipswich performance improved by 1.7%. Overall, ESNEFT attendances increased by 3,113 (14.1%) with Colchester attendances increasing by 13.8% and Ipswich attendances increasing by 14.6%.

4-hour standard- ESNEFT whole economy

76.7%

↑ vs 75.80% last month

**includes Clacton and Harwich*

4-hour standard- Colchester

74.9%

↑ vs 74.5% last month

4-hour standard- Ipswich

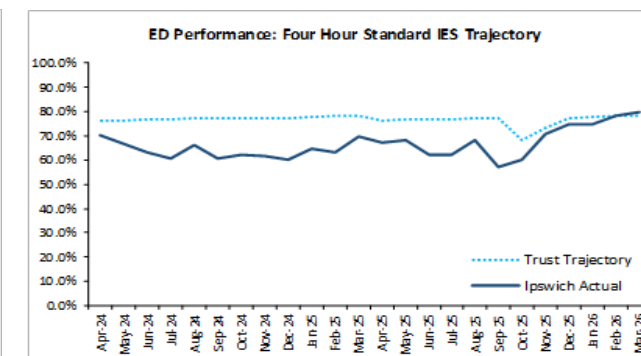
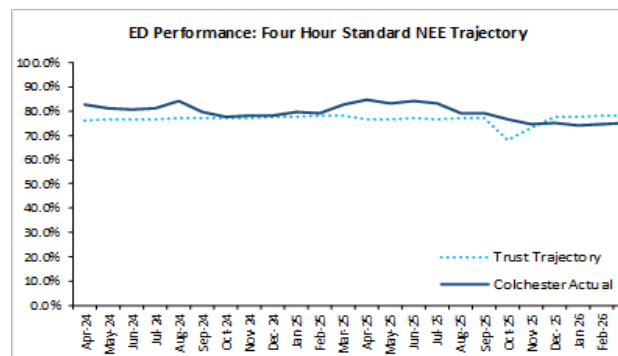
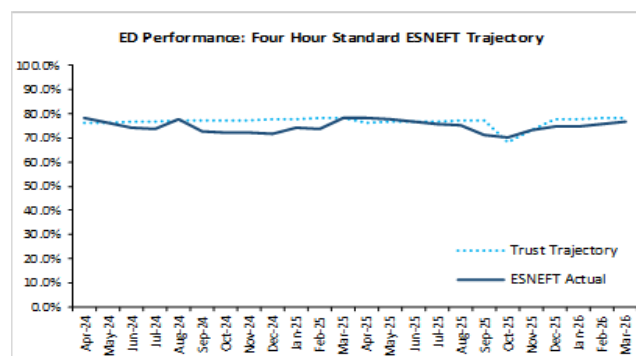
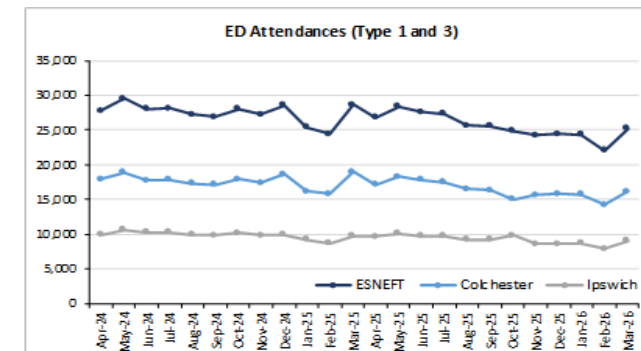
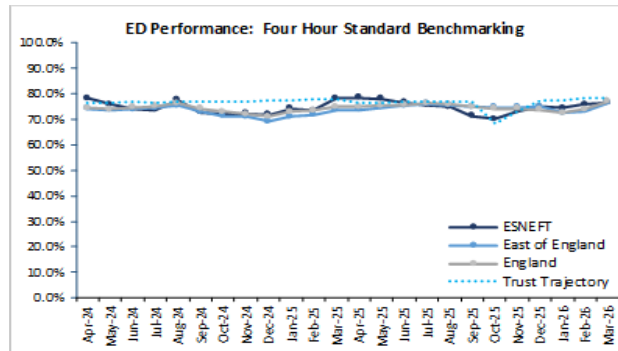
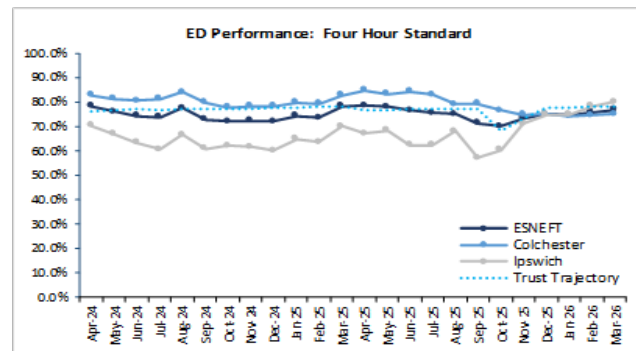
79.9%

↑ vs 78.2% last month

Attendances - ESNEFT

25,184

↓ vs 22,071 last month



Colchester

Colchester has demonstrated sustained month-on-month improvement in performance, driven by strong collaborative working across Urgent and Emergency Care teams. Key challenges impacting flow and performance have included persistently high and variable demand exceeding available capacity, above-average Urgent Treatment Centre attendances (contributing to increased Type 1 conversion), diagnostic delays, and ongoing 12-hour breaches resulting in exit block. Despite these pressures, a comprehensive Urgent and Emergency Care recovery plan is in place and is already showing positive early impact, with April month-to-date performance reaching 77.4%.

Ipswich

Ipswich has demonstrated further improvement in four-hour performance, achieving the national target of 78% for the second consecutive month. Improved compliance in the Type 3 Urgent Treatment Centre (UTC) and paediatric pathways contributed positively to overall performance. During March 2026, enhanced operational support delivered seven days a week, enabled timely transfers from the department to available inpatient beds, effective monitoring of resource allocation to meet demand, and strengthened collaborative working between nursing and medical teams.

The number of ambulance handovers increased in March for ESNEFT by 13.3%, with the number at Colchester increasing by 8.5% and increasing by 19.9% at Ipswich.

Number of handovers - ESNEFT

4,891

↑ vs 4,316 last month

Number of handovers - Colchester

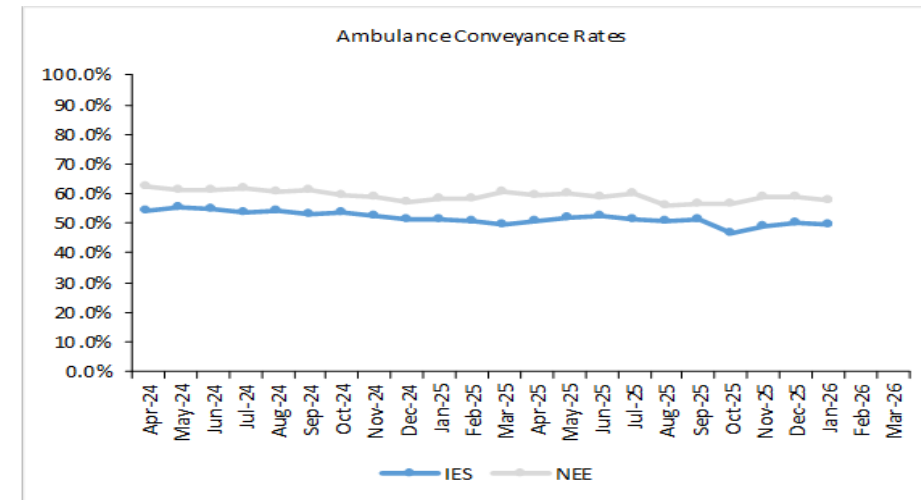
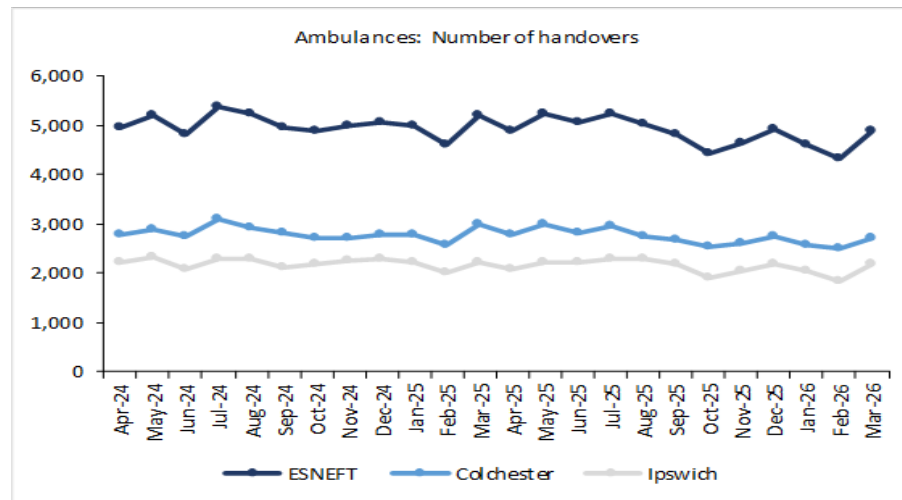
2,696

↑ vs 2,485 last month

Number of handovers - Ipswich

2,195

↑ vs 1,831 last month



**Ambulance conveyance rates not yet available for February/March

Colchester

In March, 52% of patients were handed over within 45 minutes, rising to 64% in April month-to-date. This progress reflects stronger coordination across urgent and emergency care pathways and improved internal patient flow.

To build on this, focused work will continue to increase the proportion of patients discharged before midday, supporting earlier capacity release and more even flow throughout the day. This is expected to further improve ambulance turnaround times, reduce congestion, and enhance overall patient experience.

Ipswich

Ipswich continued to demonstrate improvement in ambulance handover performance in March, with the average handover time reducing to 40 minutes compared with 1 hour 7 minutes in February. During March, 78.6% of ambulances were handed over within 45 minutes, indicating positive progress while highlighting the need for further improvement to achieve the 30-minute handover target. Sustained focus on patient flow out of the department and timely progression of patients who are clinically ready to proceed will be critical to maintaining timely ambulance offloads, while simultaneously reducing reliance on corridor care.

ESNEFT performance for handovers within 15 minutes increased by 3.6% in month. At Colchester, the proportion of patients handed over within 15 mins increased by 2.2% and at Ipswich it increased by 5.0%. Overall, the number of handovers between 15 and 30 minutes increased by 6.9%, between 30 and 60 minutes decreased by 0.6%, and the number handed over after 60 minutes decreased by 9.9%.

Handovers within 15 minutes - **ESNEFT**
13.3%

↑ vs 9.7% last month

Handovers within 15 minutes –
Colchester

10.1%

↑ vs 7.8% last month

Handovers within 15 minutes - **Ipswich**
17.2%

↑ vs 12.2% last month

Handovers within 15 – 30 minutes -
ESNEFT
37.4%

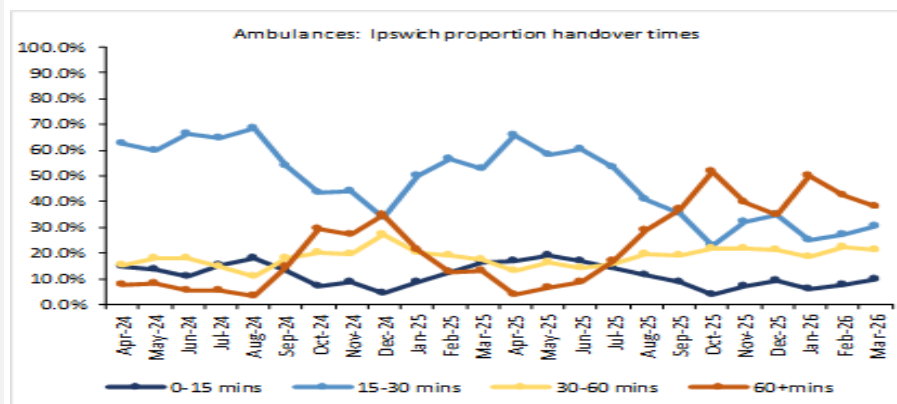
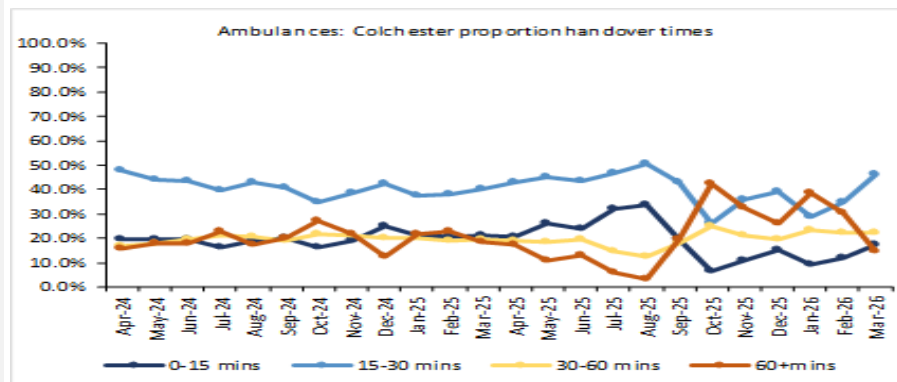
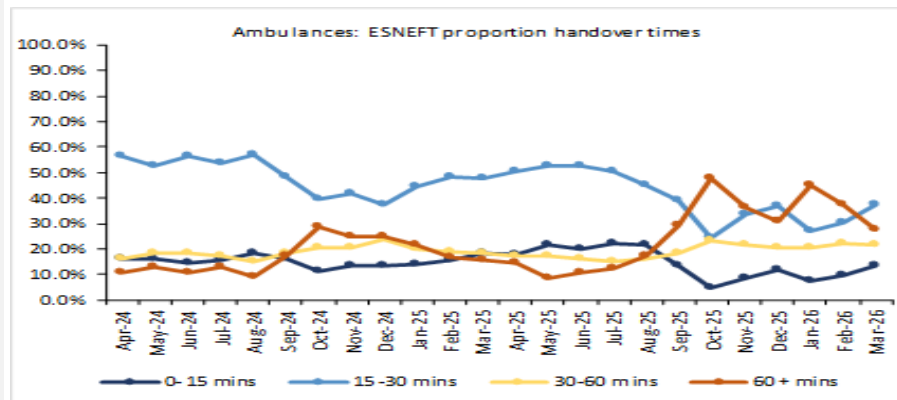
↑ vs 30.5% last month

Handovers within 30 – 60 minutes -
ESNEFT
21.8%

↓ vs 22.4% last month

Handovers over 60 minutes - **ESNEFT**
27.5%

↓ vs 37.4% last month



Colchester

Sustained improvements in performance have been observed, closely aligned with month-on-month reductions in 12-hour breaches, indicating strengthened patient flow and timelier decision-making.

During April and May, there will be a renewed focus on refining and consistently applying criteria to admit, ensuring that patients are managed in the most appropriate setting and that Emergency Department capacity is used effectively. As part of the wider recovery plan, a further criteria-to-admit audit will be undertaken, led by senior Emergency Medicine and Acute Medicine clinicians to provide assurance, identify variation in practice, and support continued improvement in clinical decision-making and flow.

Ipswich

Ipswich achieved a 5% increase in ambulance handovers within the first 15 minutes compared with the previous month, alongside a reduction in handovers exceeding 60 minutes.

Clinical leads from the Emergency Assessment Unit (EAU) and Emergency Department (ED) have met with senior operational and nursing teams to develop revised patient pathways aligned with ED Model Hospital guidance and the First 72 Hours of Care policy. This redesign will prioritise early senior clinical input, rapid assessment, and streamlined same-day emergency care, ensuring patients are assessed and treated in the most appropriate setting.

Overall, the time to initial assessment in ED reduced, with the number of patients assessed within 15 minutes decreasing by 0.4%. Colchester decreased by 1.0% and Ipswich increased by 0.5%. Average time in department for admitted patients decreased by 56 minutes, and decreased by 15 minutes for non-admitted patients. The number of patients staying in the department for 12 hours decreased by 8.9% compared to the previous month.

Time to initial assessment (% patients within 15 mins)

36.9%

↓ vs 37.9% last month

Time to initial assessment: (95pct)

87 min

↓ vs 92 min last month

Average time in dept – non-admitted

216 min

↓ vs 231 min last month

Average time in dept – admitted

747 min

↓ vs 803 min last month

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

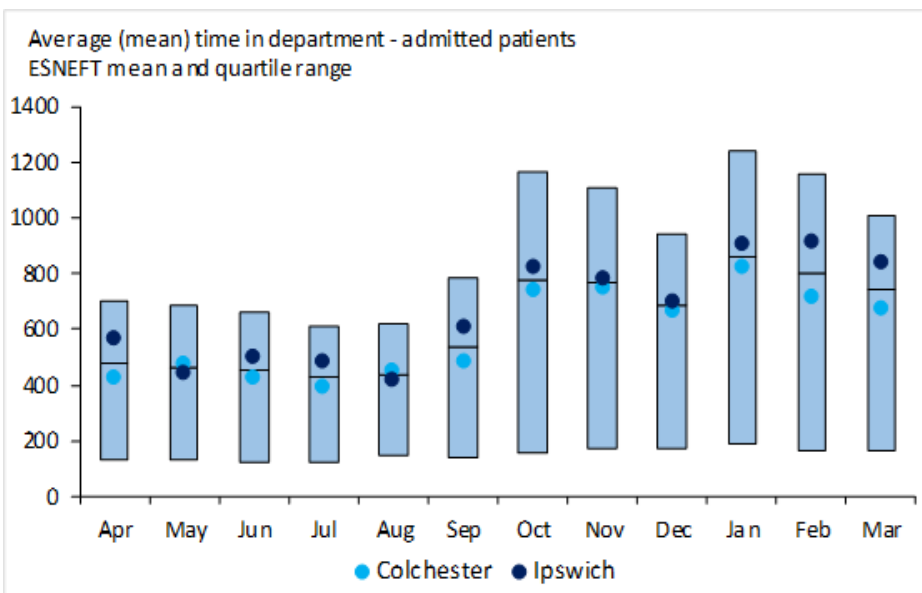
32 min

↓ vs 43 min last month

12-hour patients

1,589

↓ vs 1,744 last month



Colchester

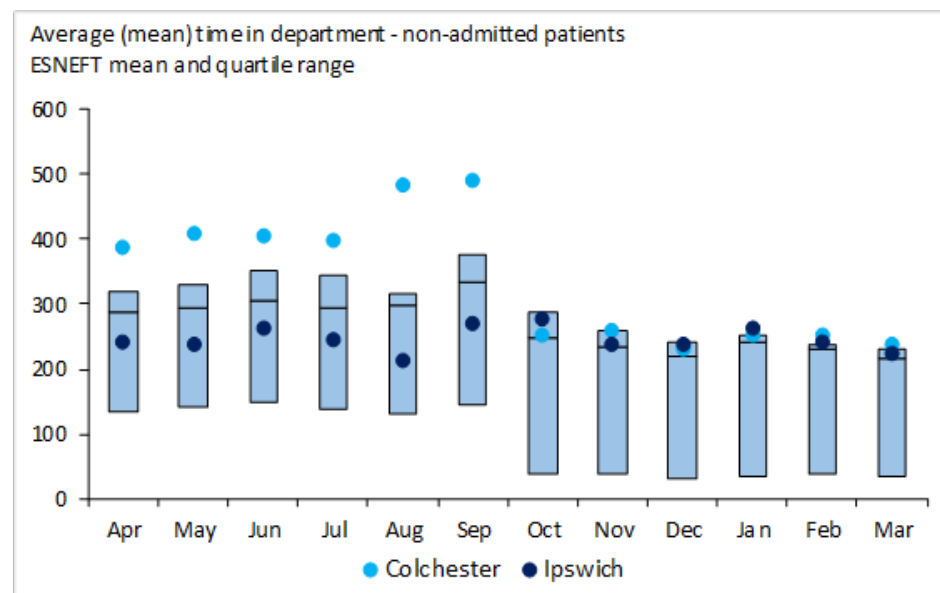
March and April have seen an increased focus on improving non-admitted performance, recognising its importance in maintaining flow and reducing unnecessary admissions. This has been clinically led in the Emergency Department, with a strengthened emphasis on adherence to agreed pathways, particularly the appropriate streaming of patients from the Urgent Treatment Centre to Same Day Emergency Care services. This targeted approach is beginning to deliver measurable improvements in non-admitted performance, reflecting more consistent decision-making and better utilisation of ambulatory care pathways.

Ipswich

March showed reduced 12-hour waits in the Emergency Department with 11.12% type 1 patients having a stay longer than 12 hours.

The site team have demonstrated a visible focus on identifying and reducing 12-hour waits.

A focus on time in department for the UTC and paediatrics has supported a reduction in average time in department for non admitted patients.



Mental Health ED attendances have increased by 3.3% across ESNEFT compared with last month. In Colchester attendances increased by 27.8% and in Ipswich attendances decreased by 13.4%. Mental Health referrals increased by 19.6% across ESNEFT, with Colchester increasing by 32.6% and Ipswich increasing by 11.3%.

MH attendances - Colchester
124

↑ vs 97 last month

MH attendances - Ipswich
123

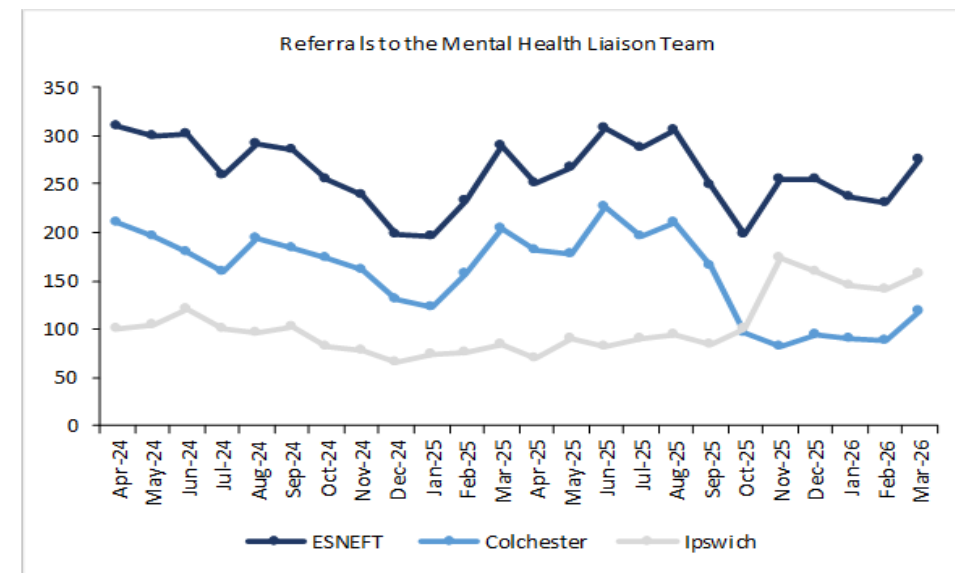
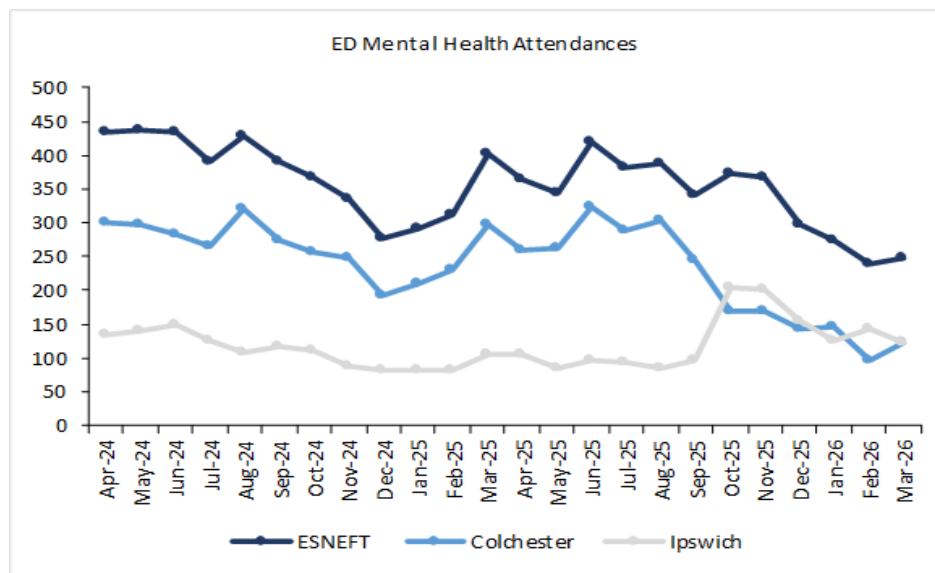
↓ vs 142 last month

MHLT referrals - Colchester
118

↑ vs 89 last month

MHLT referrals - Ipswich
157

↓ vs 141 last month



Service Commentary

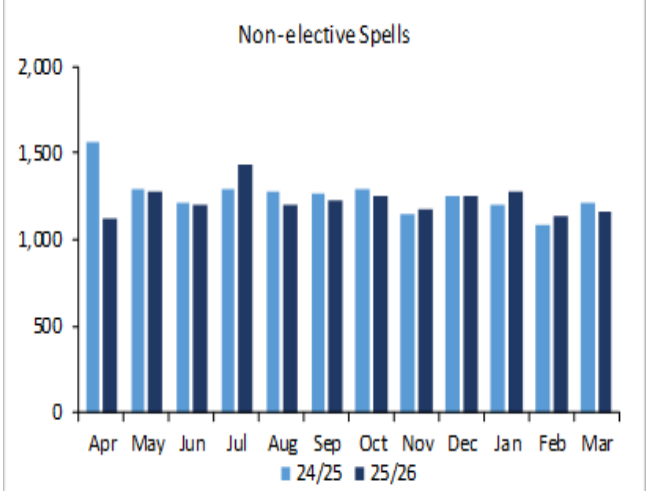
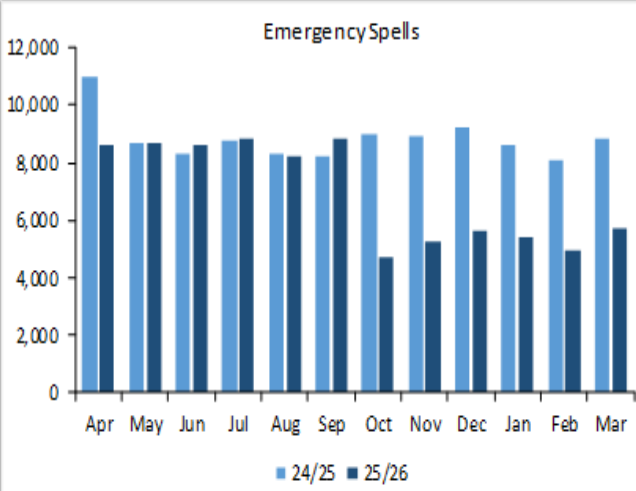
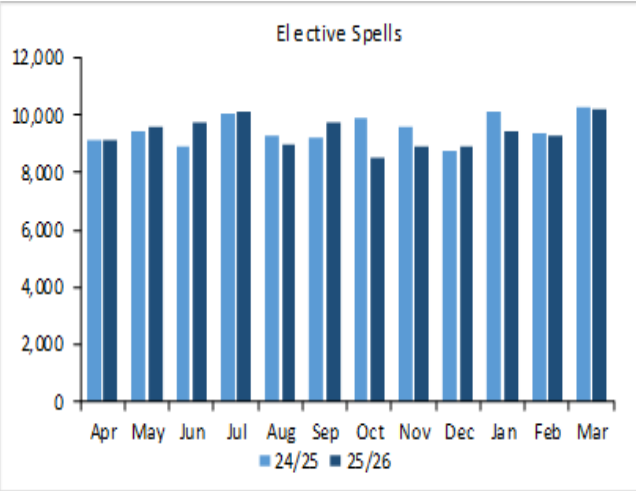
In March the processes for longer standing multi-agency mental health forums ceased following changes to the ICBs' roles and responsibilities. The daily meetings continue at Colchester Hospital with EPUT to ensure focus on those awaiting transfer to a mental health bed.

The urgent and emergency care mental health forum will be re-launching with joint chairing from EPUT and ESNEFT and widened to include patients who are receiving care across inpatient areas of ESNEFT. Currently the processes for Ipswich Hospital remain in place.

The system is progressing with projects to develop alternatives to ED for those presenting with MH crisis; this will be a longer-term piece of work.

In March, fewer patients required restraining or enhanced observation, and mental health specialists from ESNEFT continue to support staff to manage risk.

Total spells increased by 11.5% in month for ESNEFT. Emergencies increased by 16.5% and non-electives increased by 2.1%. Elective spells increased by 10.0% compared to last month. Compared with the same period 24/25, elective activity has decreased by 0.7%, emergencies have decreased by 35.3% and non-electives have decreased by 4.5%. 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).



Colchester

Capacity has continued to be a challenge in Colchester; patients have been treated in corridors in the Emergency Department and across deeper wards. Boarding and reverse boarding has been essential to help manage flow and create capacity to release ambulances. Discharges and LoS have seen improvements with a 'Time to Care' week supporting quality issues raised by ward teams. Escalation areas remained open throughout the month with a de-escalation plan in place for the start of April. Transformation work is planned for early bloods, the SAFER care bundle and 'Home for Lunch'.

Ipswich

Corridor care continued to be used in March despite an improvement in UEC metrics. The stroke gym, Waveney, boarding beds, EAU ambulatory chairs and an increased bed base at Aldeburgh were used in addition to the Emergency Department inbound and outbound corridors. MACIES has developed a de-escalation plan to continue reducing the use of temporary escalation areas.

Work has started on transformation projects in MACIES to improve patient flow, particularly out of the emergency department to align with the national 'Model Emergency Department' and 'Model 72-hour' guidance.

Elective spells
10,193
↑ vs 9,269 last month

Emergency spells**
5,732
↑ vs 4,921 last month

Non-elective spells
1,155
↑ vs 1,131 last month

Total spells
17,080
↑ vs 15,321 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.

The average number of long length of stay (21+ days) patients across ESNEFT decreased by 94 in month and is -10 patients below the trajectory. Colchester decreased by 33 patients and Ipswich decreased by 61 patients.

ESNEFT – Daily average LLOS patients

110

↓ vs 204 last month

Colchester – Daily average LLOS patients

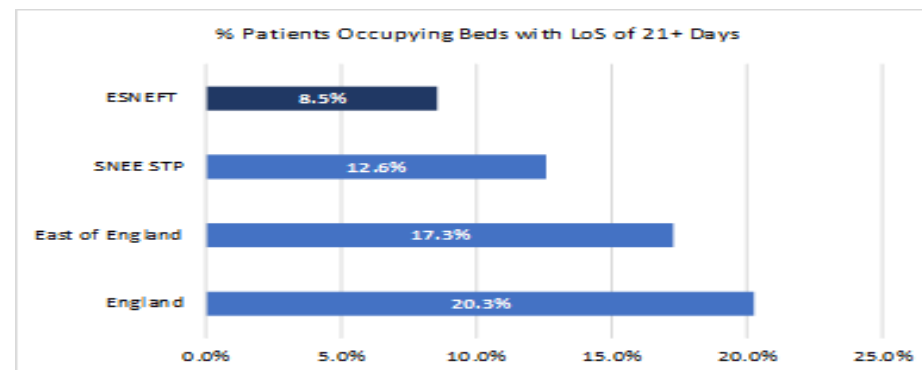
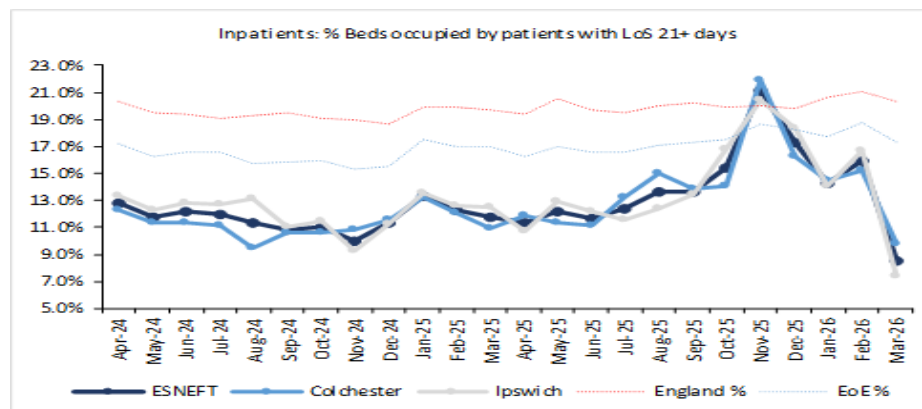
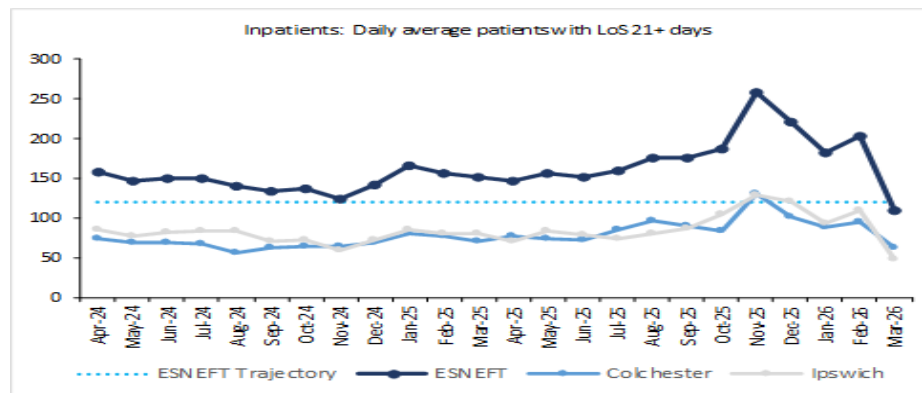
62

↓ vs 95 last month

Ipswich – Daily average LLOS patients

48

↓ vs 109 last month



Colchester

On the Colchester site, and largely driven by Medicine and Care of the Elderly wards, a number of initiatives have been driving an increased focus on patients stuck in hospital. Ward sponsor work which has provided specific focus to ward teams in their use of and training for Epic and 'Time to Care' panels. CDGs are taking ownership of reviewing LLOS patients and patients on pathway 2. This has supported reductions to LoS across the Medicine and Care of the Elderly wards.

Ipswich

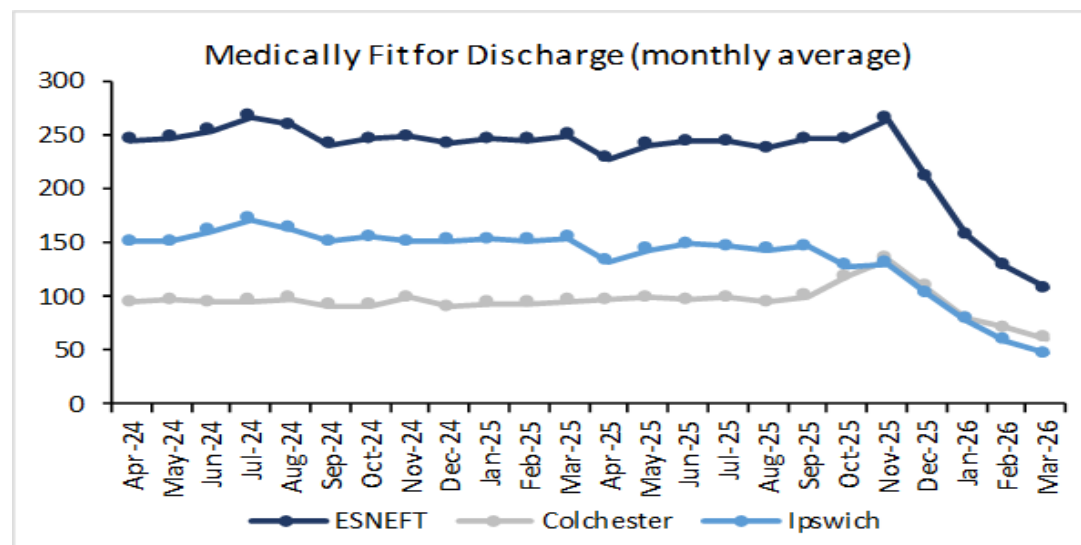
Ipswich saw improved flow in March following sustained whole-hospital focus on discharge and patient progression, supported by a 'Time to Care' week in the month. Whilst LLOS remains a pressure, there are early signs of improvement linked to more consistent decision-making and oversight. Focus continues on optimising workforce deployment, and maintaining the pace of discharge will be key to sustaining gains.

The average number of long length of stay (21+ days) patients across ESNEFT decreased by 94 in month and is -10 patients below the trajectory. Colchester decreased by 33 patients and Ipswich decreased by 61 patients.

Medically fit discharges - ESNEFT
110
↓ vs 204 last month

Medically fit discharges - Colchester
62
↓ vs 95 last month

Medically fit discharges - Ipswich
48
↓ vs 109 last month



Colchester

As winter pressures have started to ease, there has been an improved discharge profile and a general downward trend in LoS on the medical and care of the elderly wards. Access to P1 capacity, specifically reablement, has benefitted a large number of patients who have been able to be discharged within 24-48 hours of being made medically ready. Considerable work has also been undertaken in relation to how ward teams use EpicEPR and a better flow of information in relation to medial and discharge plans being recorded and actioned.

Ipswich

Ipswich delivered a reduction in medically fit for discharge patients in February, with improvements sustained into March through the Quality Discharge Initiative and strengthened board round processes. Progress reflects better identification and management of discharge-ready patients, though interpretation should consider changes in data recording following EpicEPR implementation. Focus remains on embedding consistency and maintaining system flow.

ESNEFT performance in month improved by 4.0% for two week waits and improved by 2.8% for 62 day first treatments. The 28 day faster diagnosis rate improved by 1.8% compared to the month before.

Two week wait performance

78.5%

↑ vs 74.5% last month

62-day wait performance

63.3%

↑ vs 63.51% last month

28-day faster day diagnosis performance

76.7%

vs 74.9% last month

Patients treated at 63+ days

470

↓ vs 613 last month

Patients treated at 104+ days

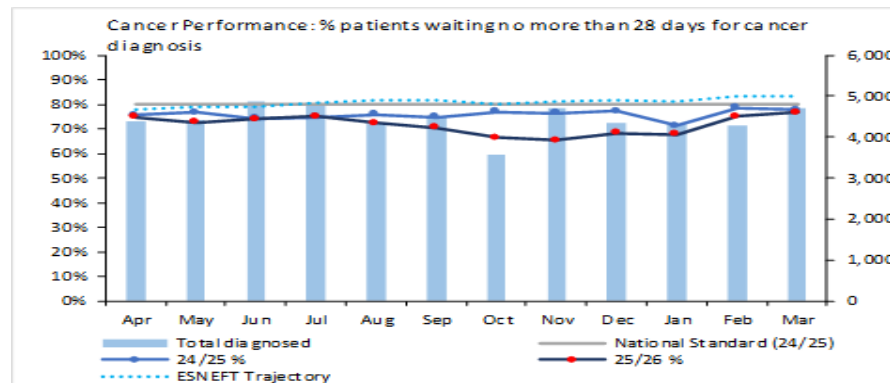
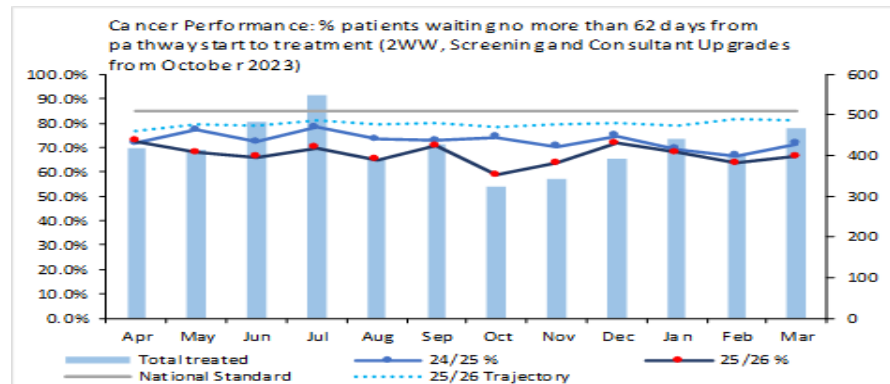
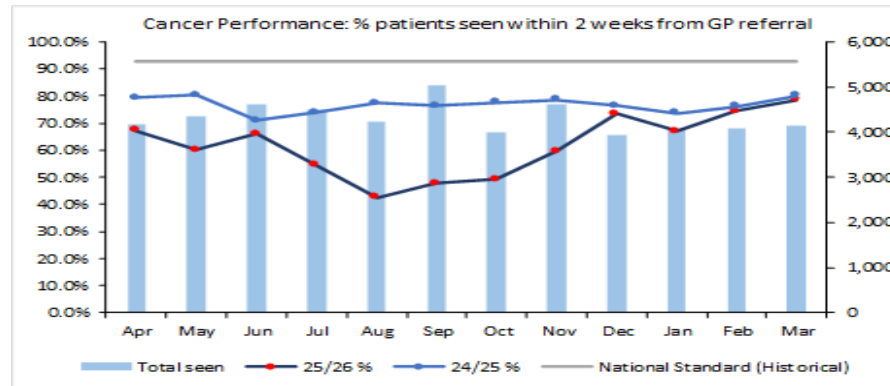
66

↑ vs 72 last month

62-day PTL size

5,003

↓ vs 5,075 last month



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

Service Commentary

Cancer recovery remains above the revised trajectory for 28FDS and 31-day standards. However, the Trust was slightly below plan for the 62-day target, which was agreed given the number of patients that were already diagnosed and in a breach position.

All specialties have improved for 28FDS. In particular the improvement for Colorectal was up by 10% compared to the end of Q3. This is in part due to the new STT pathway at Ipswich and also the additional capacity at Colchester

31-day performance: previous issues raised were due to reporting lower performance from a counting and recording issue in EpicEPR. The fix has now been applied.

Looking forward, 62-day performance will be low again in April, as per plan. Improvement is planned from May onwards.

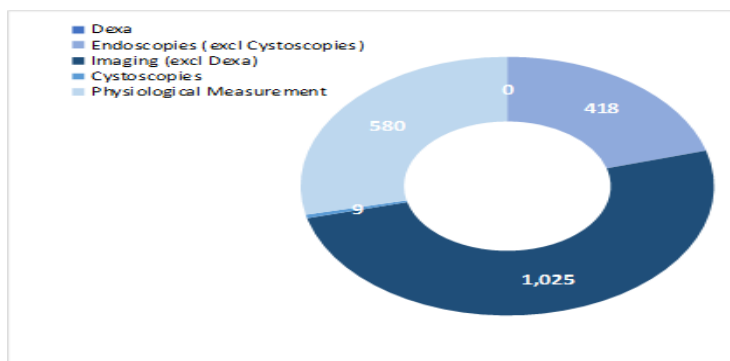
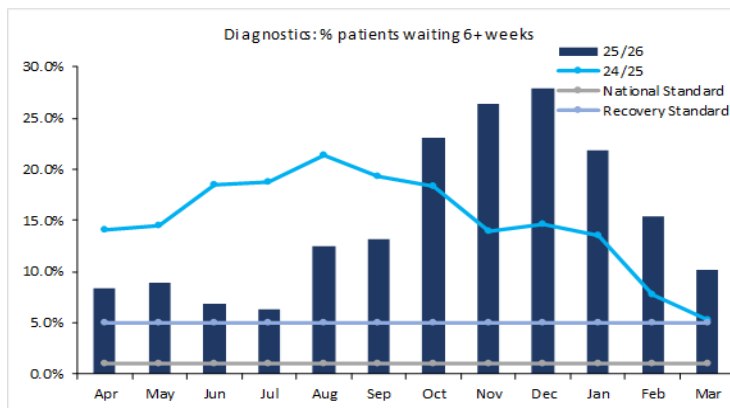
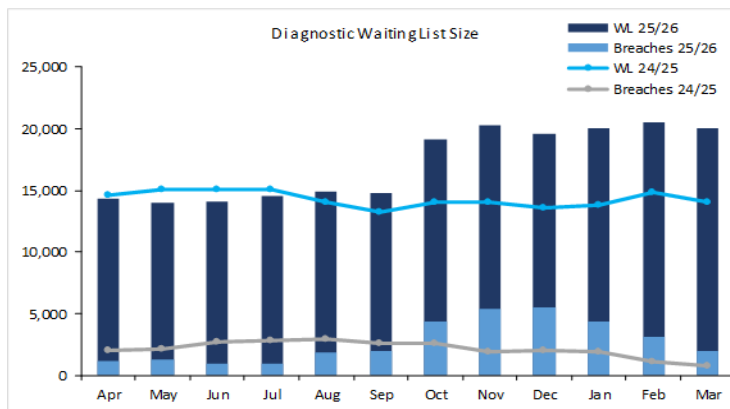
The overall backlog remains steady at 10% and once breaches are cleared this will reduce further.

6 week performance improved by 5.3% in month. The number of 6 week breaches decreased by 1,137 with the waiting list decreasing by 451 (2.2%). Ipswich currently holds the greatest proportion of the breaches at 65.6%. Of the Ipswich breaches, MRI's constitute 29.3% of the site total. At Colchester non-obstetric ultrasound account for the greatest proportion of breaches (18.9%).

% patients waiting > 6 weeks
10.1%
↓ vs 15.4% last month

DM01 6-week breaches
2,032
↓ vs 3,169 last month

DM01 Waiting List
20,086
↓ vs 20,537 last month



Service Commentary

ESNEFT is just below the plan of 90% of patients under 6 weeks on the DM01 pathway once combined with the Oaks data.

The Trust is already delivering above the National Priorities target for 26/27 with this expected to be maintained.

Whilst diagnostic waiting lists remain high, the waiting lists are improving through the improvement oversight and booking processes.

As anticipated, diagnostic activity was impacted by cancer and RTT recovery actions in Q4, with a bid for national Sprint Funding provided for additional RTT activity refused for diagnostics. Diagnostic imaging and in particular MRI was impacted by increased referrals from January in Gynaecology, T&O and Neurology. Whilst T&O and Neurology are expected to stabilise, Gynaecology increases are expected to continue through to June due to the changes in pathways.

The MRI breach position is driven by cardiology with cross divisional action in place to support increased capacity through business planning.

Colchester has been impacted by significant referral increases from primary care. This has been raised with ICB and NHSE colleagues to understand the driver and support with the response.

Performance against the 18 week standard improved by 3.1% in month. Performance is below the national average and above the regional average for February**. The proportion of patients waiting 65 weeks or more has reduced by 0.03% and the proportion of patients waiting 52 weeks or more has decreased by 1.13%.

Open pathways within 18 weeks
- ESNEFT

↑ 60.21%
vs 57.15% last month

Open pathways within 18 weeks
- National **

61.8%

65+ week waits - ESNEFT
0.00%

↓ vs 0.03% last month

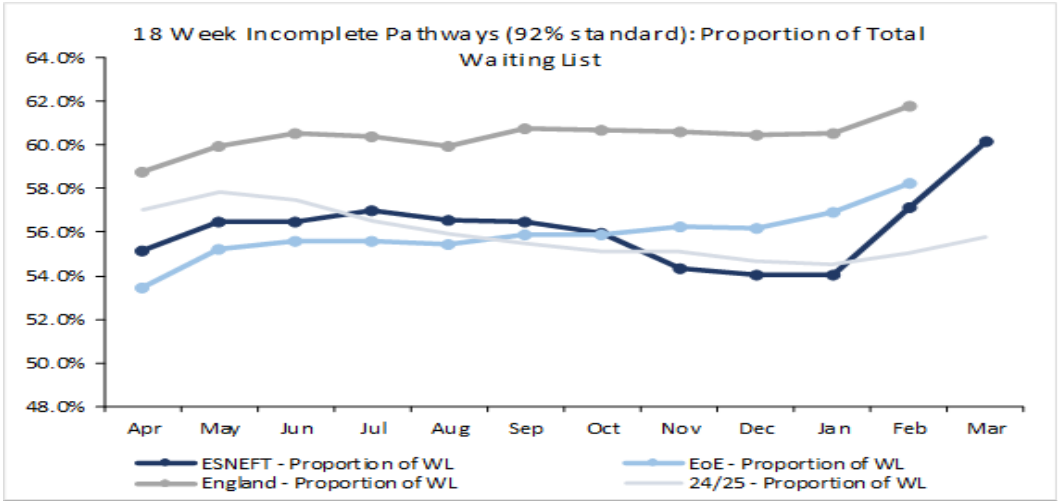
65+ week waits - National
0.1%

52+ week waits - ESNEFT
0.31%

↓ vs 1.45% last month

52+ week waits - National
1.8%

**National reporting is one month in arrears.



**Data may be revised before final submission

Service Commentary

ESNEFT exceeded plan for RTT performance which was set at 60.1%. This was supported through elective sprint activity in the final quarter of 26/27.

Following the early impact in activity in April due to Easter and IA, the organisation is on track to meet plan for April 26.

The plan for 1% of the total PTL over 52 weeks at end of March was exceeded.

Longest waits remain in Gynaecology and General Surgery. These services held the majority of patients over 52-weeks at end of March. As we move into 26/27 ENT becomes an increased risk due to size of waiting list.

A GIRFT review was completed in 25/26 to support recovery actions for ENT. A request was also put in place for a Gynaecology GIRFT review.

The Medium Term Plan has been approved through EMC in April with internal stretch targets set in order to ensure delivery of National Priority targets. This is to be delivered within the existing financial envelope for 2026/27. Models have been provided for services to support planning of recovery which will be shared in April for completion and return in May.

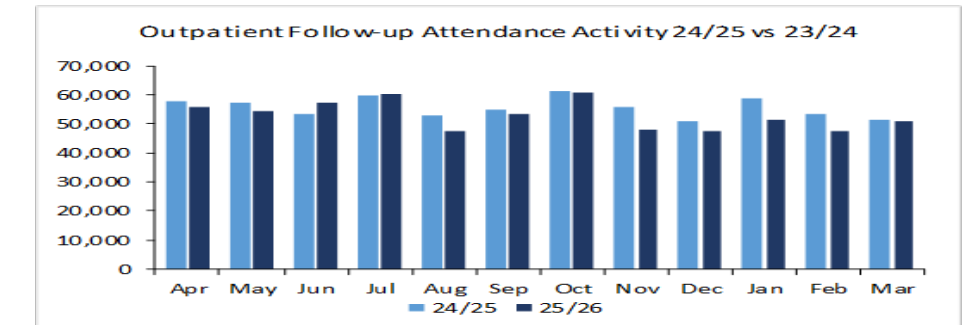
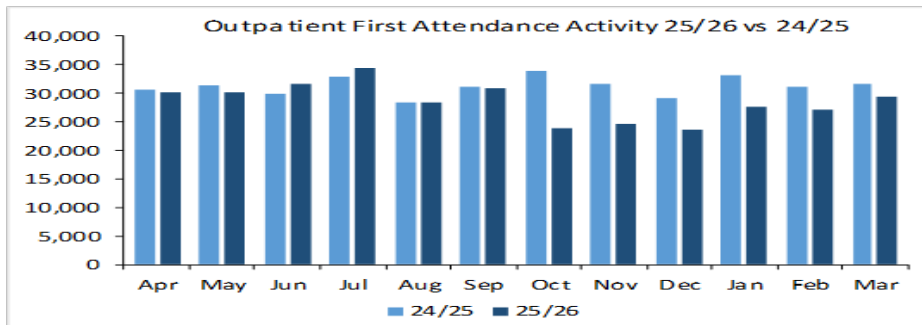
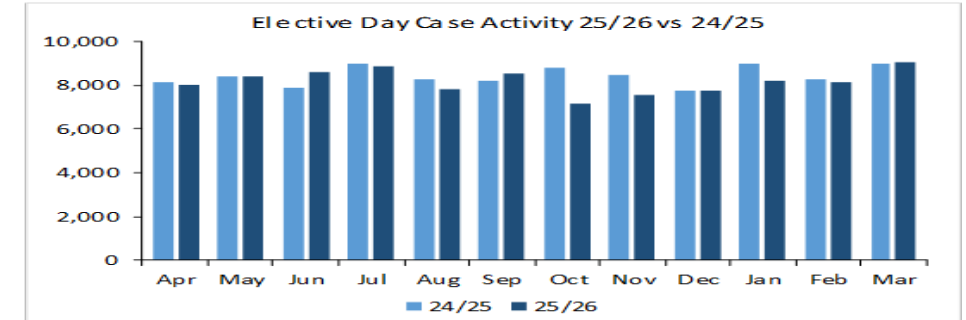
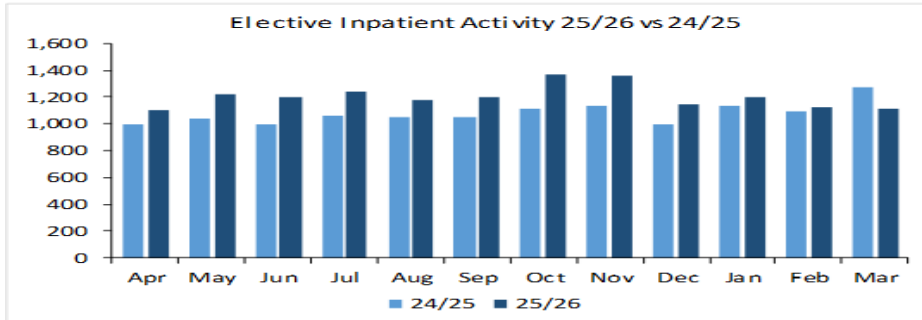
Elective inpatient activity decreased by 0.8% in month, with day case activity increasing by 11.5%. Outpatient first attendances increased by 8.4% while follow-ups increased by 7.1%.

Elective inpatients
1,119
↓ vs 1,128 last month

Elective daycase
9,074
↑ vs 8,141 last month

Outpatient First Appt
29,405
↑ vs 27,125 last month

Outpatient F/U Appt
51,023
↑ vs 47,627 last month



Elective inpatients

The slight in month reduction reflects deliberate service transformation within Colchester Urology following a successful workstream in CGH Urology, moving robotic prostate procedures from an inpatient pathway to a day-case model.

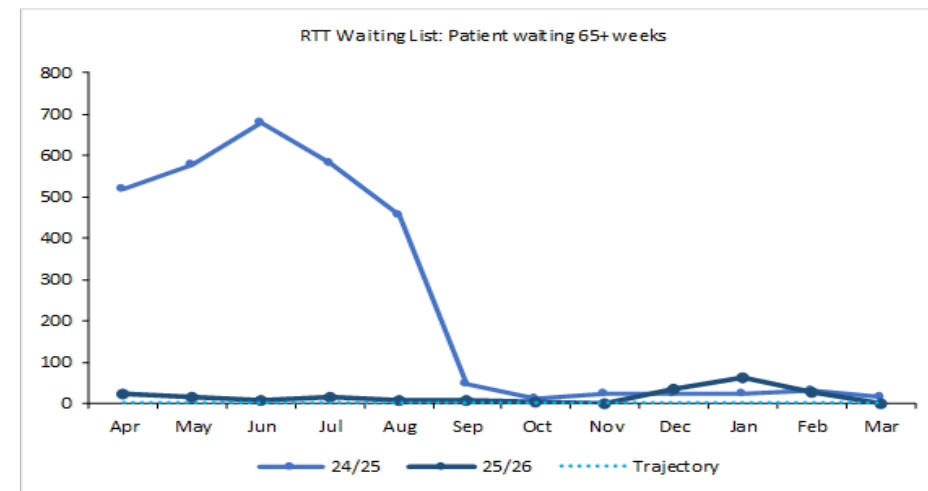
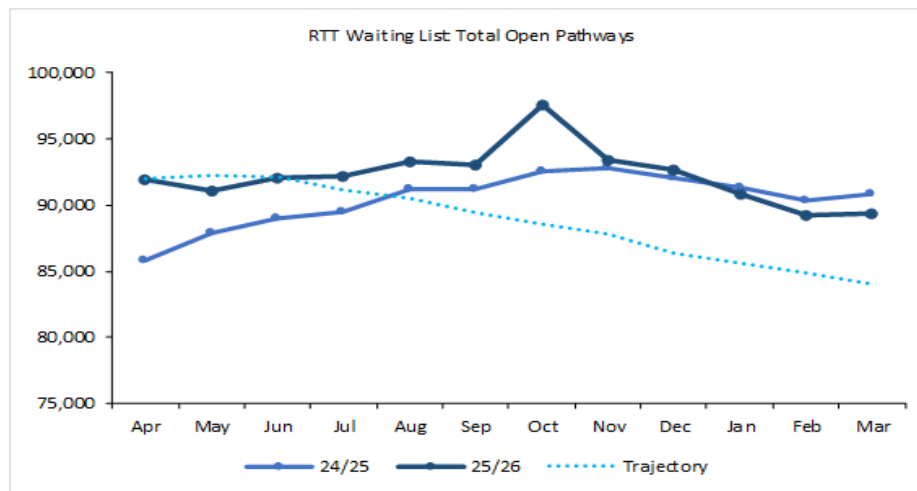
Elective Day Case

Performance increased during the month, supported by additional sprint activity. ESNEFT delivered 57 weekend lists and treated 227 NHS patients, with the majority of this activity being day-case procedures.

Outpatient

The position was impacted by unreconciled appointments which at the time of preparing this report was reported at 9,317. This is being chased with clinical teams through the clinical management route to embed processes. Q4 saw a more aligned process of central booking teams working with services, though work continues on standardising templates. Q4 introduced more services to 'Fast Pass', which enables EpicEPR system support to utilise short notice cancellations to maximise activity. Following learning from national learning & improvement networks, appointment letters have been amended in line with advice to support reductions in DNAs through an understanding of impact. This will be live from late April with the impact to be reviewed as part of medium-term plan drivers on performance improvement.

The ESNEFT RTT waiting list has increased by 0.1%, and is above the trajectory set for the month by 5,315. Patients waiting 65 weeks or more decreased by 26 to 1 (WSFT patient). At Ipswich the 65+ cohort remained static, while at Colchester the cohort decreased by 26 patients. The number of patients waiting 52 or more weeks decreased by 1,012 to 281. At Ipswich, the number of 52+ week waiters decreased by 403 and at Colchester the number decreased by 609.



Service Commentary

ESNEFT reported no patients over 65 weeks at end of March. The one patient recorded relates to a WSH patient. Performance in terms of 65 and 52 weeks will continue to be impacted as WSH clears their backlog position. However, this is clearly identified as part of national updates with regular contact to WSH highlighting patients and requesting input to move treatments forward.

Breaches for patients waiting over 52-weeks exceeded the plan of 839 patients. 249 patients related to ESNEFT, Gynaecology and in particular endometriosis patients, as well as General Surgery, others related to WSFT. Both services have been affected by the delay to a theatre opening in Colchester which is now due to open in June.

Whilst the shape of waiting list is improving in terms of long wait reduction, the overall size remains an area of focus. The Trust is aware A&G did not deliver the impact expected in 25/26 with increased focus in 26/27 to embed and deliver these changes. This will be key to the waiting list reducing and is being supported by the work commissioned by the ICB for referral demand.

In line with the above a workstream is in place to support Single Point of Access (SPoA) readiness with key services identified. Focus sits around referral and A&G information improvement to support increased diversion and earlier care within primary care setting.

RTT open pathways
89,314
↑ vs 89,252 last month

65+ week waiters
1
↓ vs 27 last month

52+ week waiters
281
↓ vs 1,293 last month

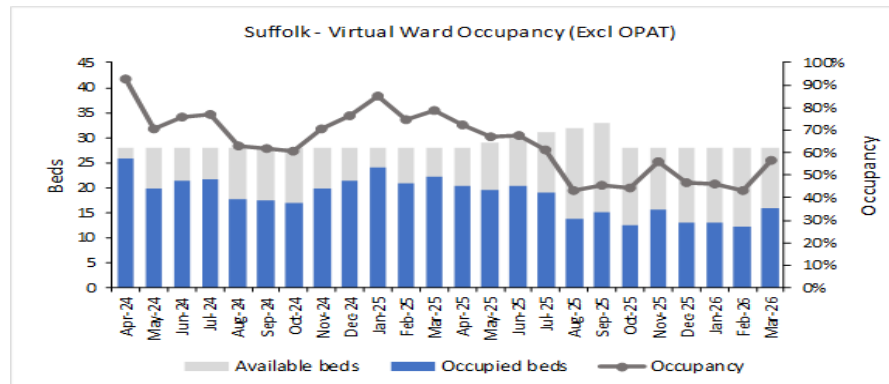
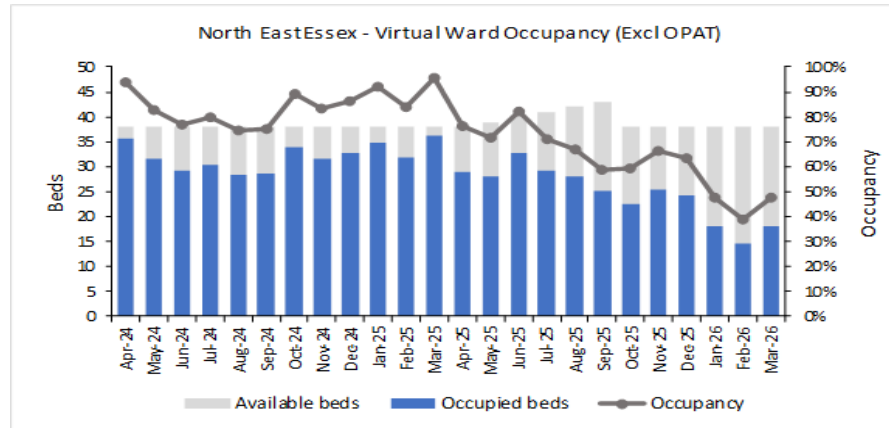
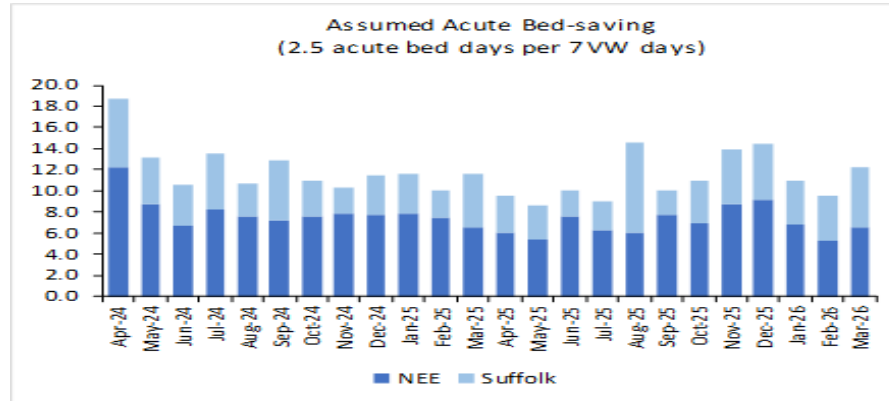
Excluding OPAT, virtual ward occupancy increased by 10.9% compared to the month before. Average length of stay increased by 0.2 days and the assumed bed saving on ESNEFT acute sites increased by 2.7 to 12.2.

Virtual Ward occupancy
51.5%
↑ vs 40.6% last month

Virtual Ward ALoS
4.10
↑ vs 3.92 last month

Virtual Ward – assumed acute bed saving**
12.2
↑ vs 9.5 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.



Colchester

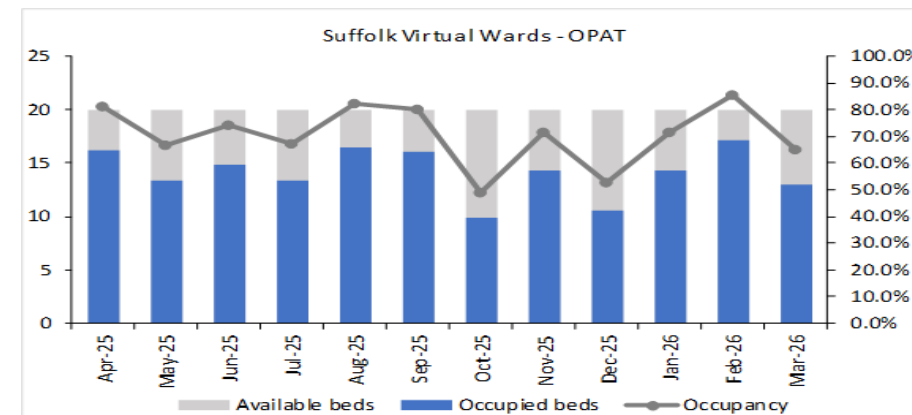
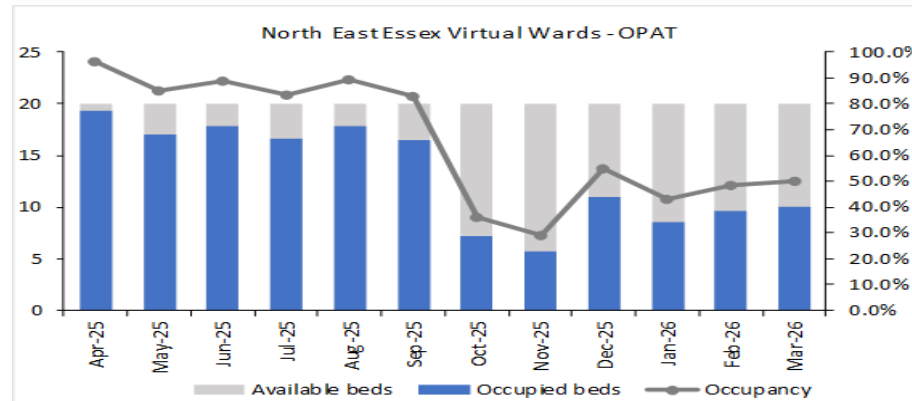
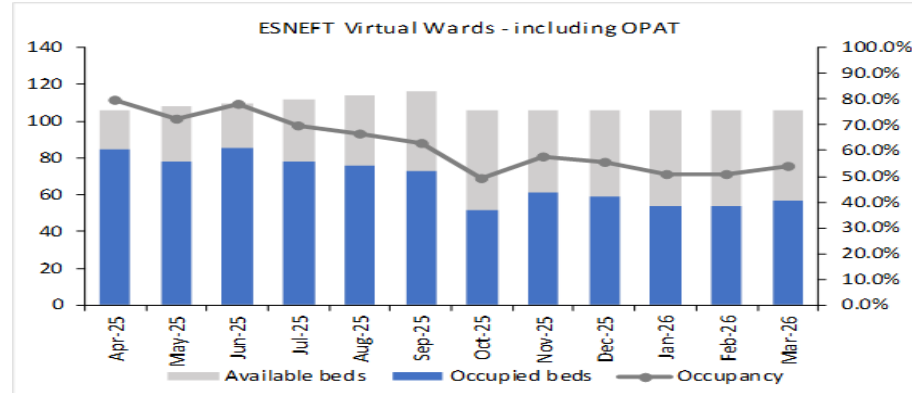
NEE are finalising the ESNEFT Virtual Ward (VW) model into a 'Hospital at Home' structure, combining Frailty, Medical and Respiratory VW into a single 'Hospital at Home' model. The Trust is starting to see an increase in VW occupancy as a result of bringing the teams together.

However, a slight increase in length of stay last month directly related to the respiratory VW which had 7 patients being weaned off oxygen in March.

Ipswich

Virtual ward utilisation remained stable in March. The ongoing focus is on Site Ops-led patient flow and escalation meetings.

Including OPAT, in month Virtual Ward occupancy in North East Essex increased by 6.5% compared to the previous month, and in Suffolk occupancy decreased by 0.6%. Overall, in ESNEFT, Virtual Ward occupancy increased by 3.3%.



Colchester

NEE are finalising the ESNEFT Virtual Ward (VW) model into a 'Hospital at Home' structure combining Frailty, Medical and Respiratory VW into a single 'Hospital at Home' model. The Trust are starting to see an increase in VW occupancy as a result of bringing the teams together.

OPAT continues to be the most fully utilised VW pathway.

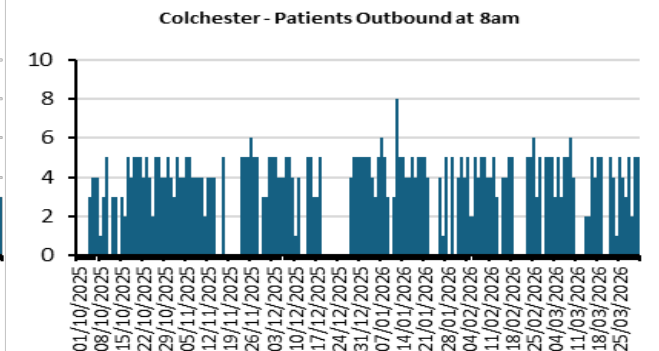
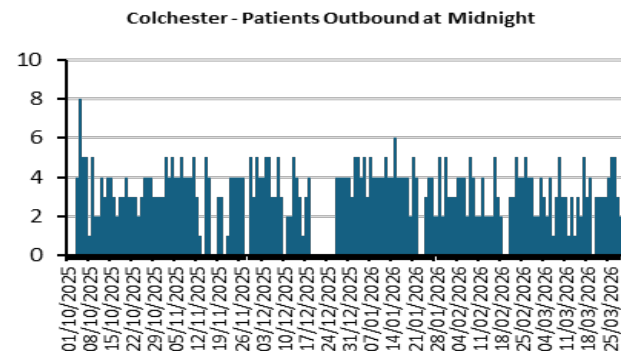
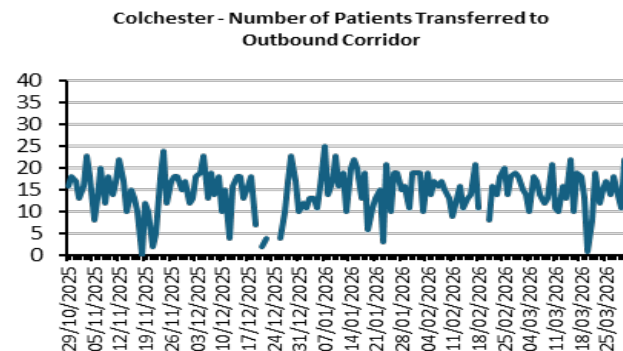
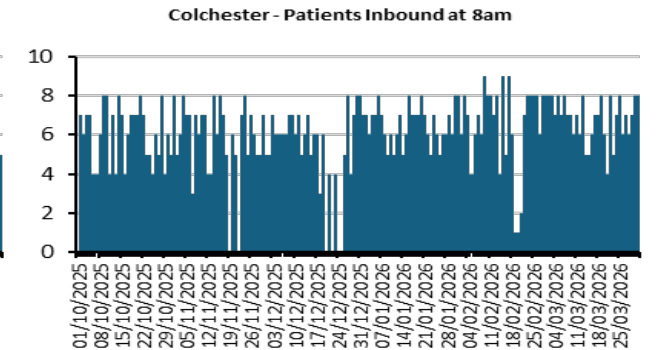
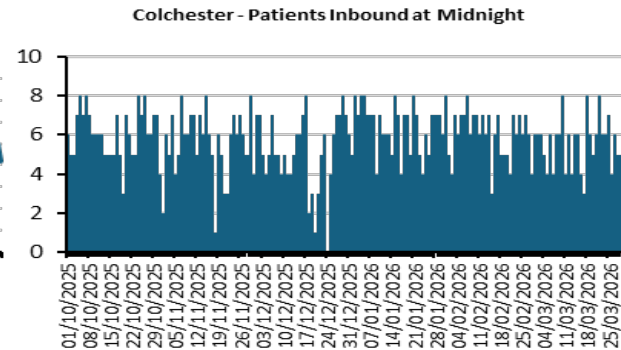
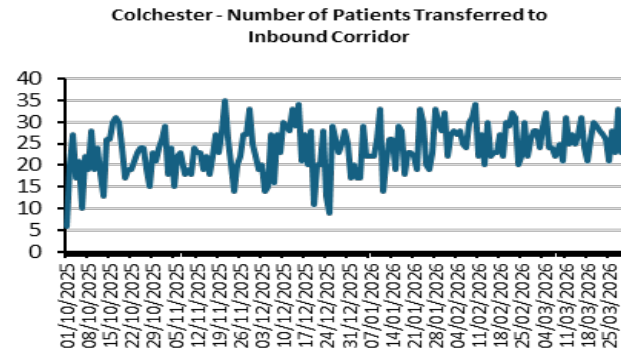
Service Commentary

The overall number of patients cared for in the ED corridors increased slightly in March. This was contributed to by an increase in attendances and continued flow constraints. Positively, there has been an improvement in 12hr performance which will continue into April.

Nursing teams continue to risk-assess patients to ensure that only those suitable for corridor care are placed in these areas.

The service is exploring the option to close the outbound corridor with the associated nursing resource redeployed to support SDEC overnight activity. This approach aims to strengthen same-day flow, reduce overnight corridor dependency and improve patient experience. A strong escalation process will be reintroduced to reopen the outbound corridor when pressures require it, ensuring that patient safety and flow are maintained during periods of high demand.

Corridor	Metric	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Inbound	Total Patients	660	690	719	741	734	808
	ALoS	6:24	5:58	5:27	7:30	5:37	5:52
	Avg Midnight	6	6	5	6	6	6
Outbound	Total Patients	439	427	371	472	394	451
	ALoS	5:46	5:18	5:13	5:59	6:03	5:52
	Avg Midnight	3	4	4	4	3	3



Service Commentary

The overall number of patients cared for in the ED corridors decreased in the month, with the numbers in the inbound corridor showing a significant decrease, and a small increase in the outbound corridor.

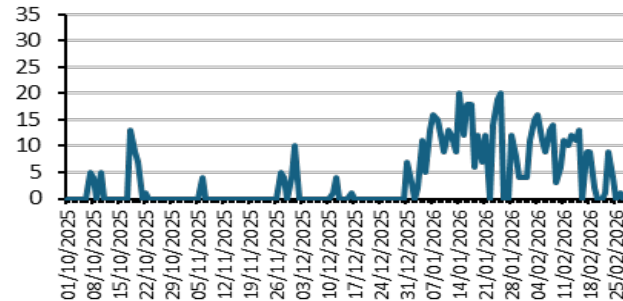
The average length of stay in both corridors has reduced in line with a slight reduction in operational pressures.

The nursing teams risk assess patients to identify the correct patients to be cared for in the ED corridors and provide the optimum staffing levels in the corridors to ensure delivery of safe care.

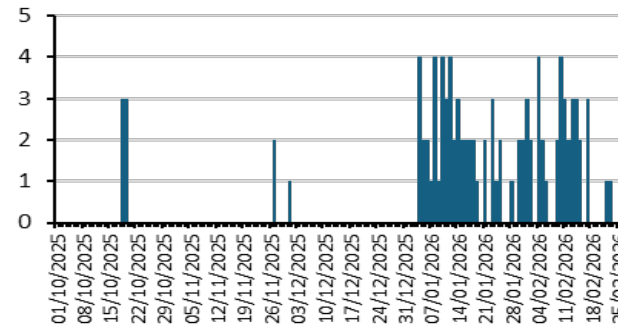
It is anticipated the numbers of patients cared for in the outbound corridors may increase slightly in the month of April as pressures continue, at the same time escalation beds have closed as per seasonal variation processes.

Corridor	Metric	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Inbound	Total Patients	44	17	23	306	195	137
	ALoS	2:09	1:40	1:23	4:10	4:39	3:37
	Avg Midnight	3	2	1	2	2	2
Outbound	Total Patients	176	402	330	519	411	421
	ALoS	6:25	6:35	5:57	8:55	9:08	7:07
	Avg Midnight	4	4	5	6	6	5

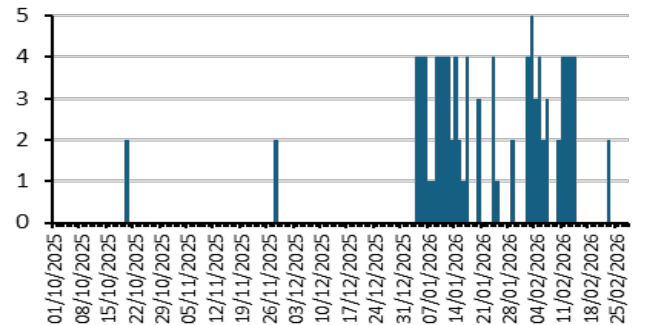
Ipswich - Number of Patients Transferred to Inbound Corridor



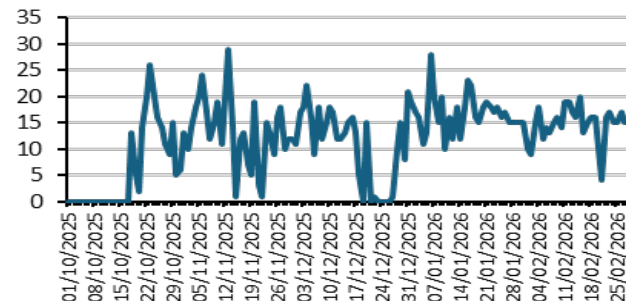
Ipswich - Patients Inbound at Midnight



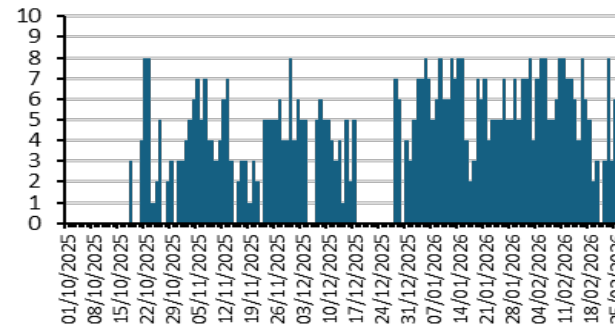
Ipswich - Patients Inbound at 8am



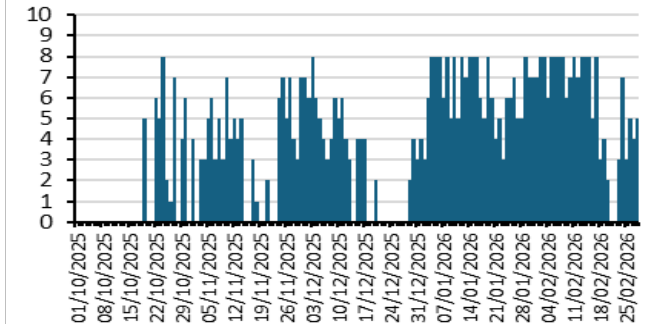
Ipswich - Number of Patients Transferred to Outbound Corridor



Ipswich - Patients Outbound at Midnight



Ipswich - Patients Outbound at 8am



Ipswich

The number of patients boarded has reduced marginally. Risk assessments are undertaken for all patients boarded, to ensure safety, with reverse boarding used where possible. Clinically appropriate spaces are used when possible and for overnight stays (Heart Centre/MSKAU). The risk assessment criteria ensures these spaces are for next day discharges only, therefore not impeding elective activity.

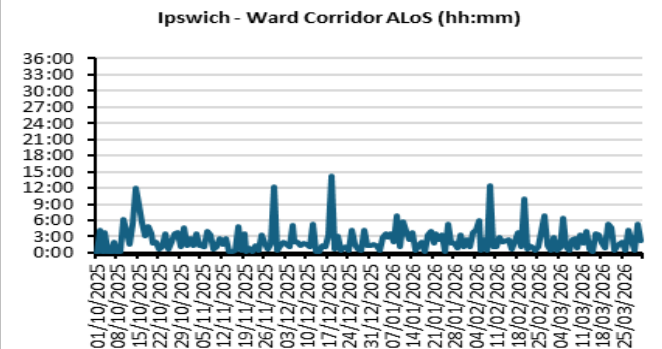
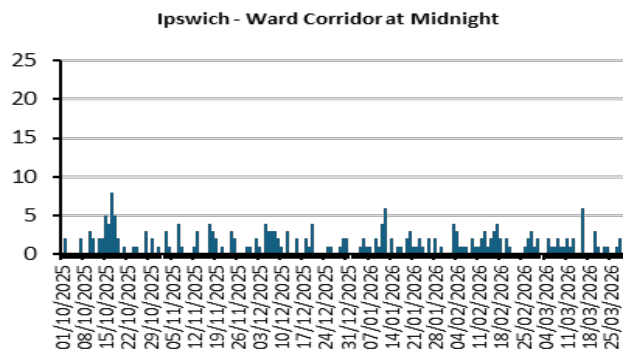
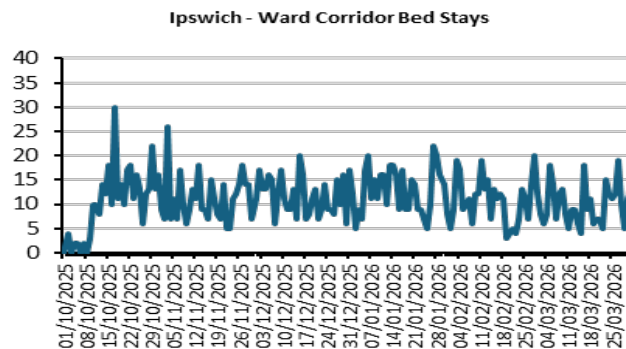
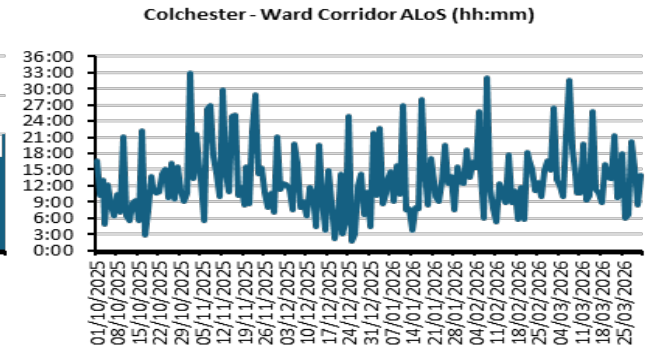
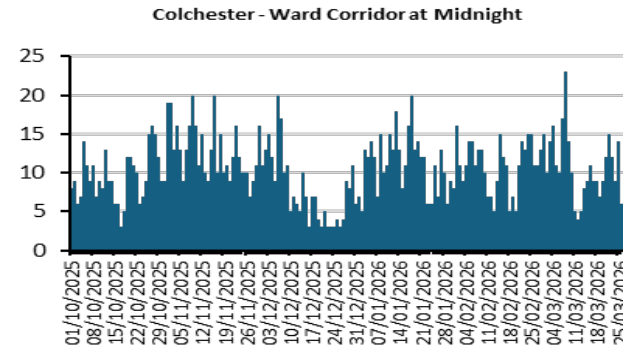
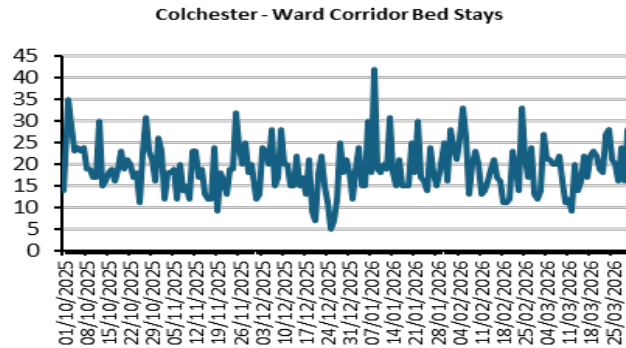
Colchester Site	Oct	Nov	Dec	Jan	Feb	Mar
Daily Average Stays	20.8	18.0	17.2	20.7	19.9	19.5
Patients boarded at midnight	9.5	13.0	7.8	11.2	11.0	11.1
Patients boarded at 8am	9.8	13.5	9.2	12.0	13.3	12.9
Colchester Site ALoS	10:48	16:36	10:21	12:44	12:18	14:18

Ipswich Site	Oct	Nov	Dec	Jan	Feb	Mar
Daily Average Stays	11.1	11.6	12.0	13.8	10.6	9.8
Patients boarded at midnight	1.5	1.0	1.3	1.2	1.4	1.1
Patients boarded at 8am	1.9	0.9	1.0	1.4	1.0	0.9
Ipswich Site ALoS	3:23	2:15	2:02	2:24	2:49	2:28

Colchester

The number of patients boarded at 8am has reduced marginally with a reduced length of stay. Risk assessments are undertaken for all patients boarded, to ensure safety, with reverse boarding used where possible.

NHS England aim to publish Corridor Care data from May 26 with webinars in April to review data definitions to try and gain alignment in reporting amongst Trusts. The Trust will provide updates to PFC and QPS following the webinars and work is to be undertaken in ESNEFT linked to reporting.

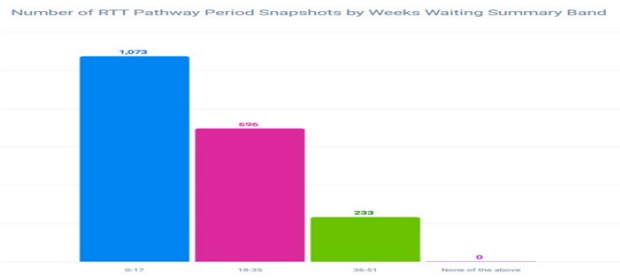
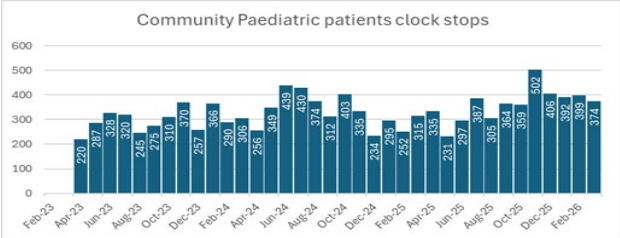
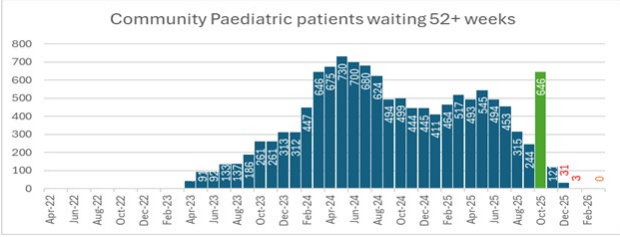
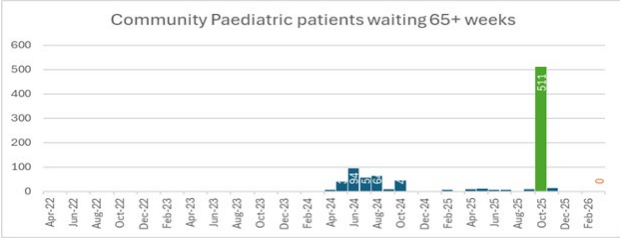
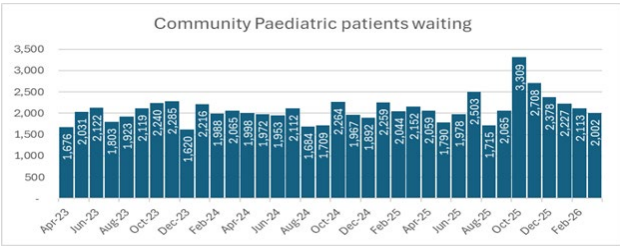


There are 2,002 Community Paediatric patients, including Paediatric Neurology.

Following a significant rise in patients waiting around Epic go-live, the number of patients waiting has declined following 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 again and is lower than March 2025. The number of patients waiting is now lower than go-live with Epic.

Excluding admin events, the number of treatments provided in February was high at 374 (Mar 24 – 306, Mar 25 – 315).

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



Referral demand

Average received over last 12 months is 255 per month.

Rejecting average of 20% - Accepted referral average is around 200 per month.

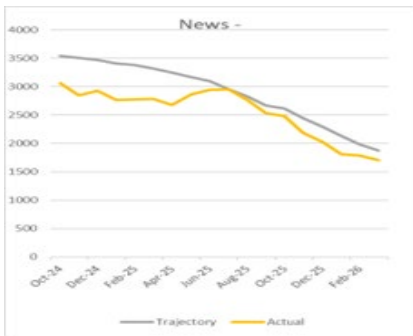
Waiting times for First appointment

Waiting times continue to reduce with current polling at 38 weeks. Compliance for 65% of 18 weeks is pushing out to June /July due to unexpected ASD nurse resignations, sick leave and unrecruited nurse gaps.

The service is currently working to reduce 36-51 pot and maintain no OPA waits of over 40 weeks.

Increasing new capacity to accommodate RTT performance is resulting in 60% more follow ups as well as loss of ADHD nurse specialist since Oct 2025.

Longest waiting patients continue to be clinically reviewed, those over 24 months have appointments booked and validation continues.



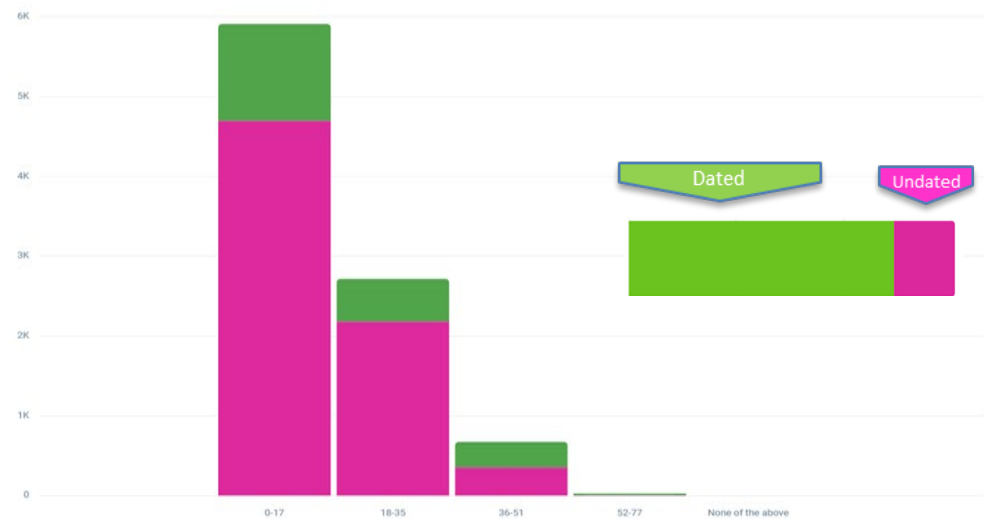
	Dec-25	Jan-26	Feb-26	Mar-26
RTT compliance	40.21%	45.04%	49.05%	55.47%
Total waiting	1,935	1,834	1,784	1,745
52+	27	3	3	0
36-51	347	252	269	199
18-35	783	753	637	617
Under 18	778	826	875	968

There are 9,321 Paediatric patients waiting in total on RTT pathways, up from 9,118 last month. By definition these are excluding Community Paediatrics patients.

With 2,443 patients waiting, ENT has the most Paediatric patients waiting on RTT pathways (up from 2,357), followed by Acute Paediatrics with 2,202 (down from 2,307),

Orthopaedics has further reduced from 1,084 2 months ago to 684.

There are no patients waiting over 65 weeks and 25 patients waiting 52+ weeks, down from 67 last month.



Weeks Waiting Summary Band	0-17	18-35	36-51	52-77	None of the above	Total
Specialty Combined						
Ear Nose and Throat Service	1,317	830	287	9	0	2,443
Paediatrics - Acute	1,773	418	11	0	0	2,202
Oral Surgery Service	356	264	144	8	0	772
Dermatology Service	470	200	44	0	0	714
T&O Combined	417	224	41	2	0	684
Urology Service	306	260	29	1	0	596
Ophthalmology Service	415	101	27	1	0	544
Orthodontic Service	190	192	19	0	0	401
Gynaecology Combined	105	65	15	2	0	187
Surgery Combined	84	34	8	1	0	127
Neurology Service	57	27	13	0	0	97
None of the above	419	100	34	1	0	554
Total	5,909	2,715	672	25	0	9,321

The Paediatrics PTL overall has seen an increase this month, with ENT having the largest cohort of Paediatric patients on the PTL followed by Acute Paediatrics.

Cardiology remains the biggest area of concern for general paediatrics due to increasing referrals and guidance that all patients require ECHO at appointment – interviews for cardiology consultant at Ipswich due in May. Additional clinics are being worked up to cover current vacancy and we are in discussions with a cardiology NHS locum for support. There are no patients waiting 52 weeks or 40 weeks for Acute Paeds, the service is focusing on 18 week target compliance for March 2027.

Productivity work underway with D&C modelling and due to be completed at the end of April ready for DMT presentation at May board.

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

ESNEFT attends the Regional CYP recovery forum.

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

During November 24 there were 500 patients on the paed ENT admitted waiting list, this has reduced to 214. Good progress has been made in bringing numbers down.

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.

Performance against Control Total

Deficit
£4.1m

Performance against CT for the year to date

Behind Plan
£4.1m

The position has been greatly improved by the recognition of Revenue Incentive Funding (£9.7m) in February and winter surge support in March

The final 25/26 financial position is subject to the review and confirmation of external audit.

Monthly Performance against Control Total

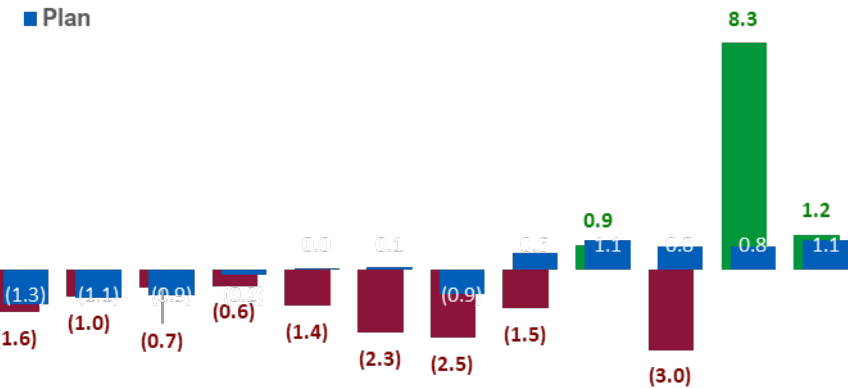
The Trust has a financial control total (CT) set by NHSE which informs the Trust financial plan for the year. For 2025/26 the target is to achieve a break-even position or better. The planned delivery of this target is not profiled evenly across the year. Deficits have been planned in early months as 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 March was to achieve breakeven. The Trust met reported a variance to this CT for the month reporting a deficit of £4.1m (an adverse variance of £4.1m).

Monthly Adjusted Financial Performance

Compared to Plan



In Month

The Trust reported a surplus of £1.2m for March. This position incorporated the recognition of additional winter surge pressures support of £10m received in March. Operational divisions exceeded forecast spend with significant overspends seen in non-pay. Following resolution, actual drug expenditure was accounted for in March, the first time since the implementation of EpicEPR.

	Plan £000	Actual £000	Fav/(Adv) £000
I&E Overview (March)			
Income	99,674	152,606	52,932
Pay	(59,445)	(106,295)	(46,850)
Non Pay	(37,473)	(45,867)	(8,394)
Non Operating	(1,484)	(609)	875
Surplus / (Deficit)	1,272	(165)	(1,437)
Less: Other Non CT Items	(195)	(156)	39
Adjusted financial performance	1,077	1,247	170

Year to Date

As a consequence of the positive in-month position, the cumulative position improved to a deficit of £4.1m. This was behind plan by £4.1m.

	Plan £000	Actual £000	Fav/(Adv) £000
I&E Overview (YTD)			
Income	1,198,132	1,292,052	93,920
Pay	(714,853)	(787,899)	(73,046)
Non Pay	(461,485)	(489,413)	(27,928)
Non Operating	(18,213)	(17,420)	793
Surplus / (Deficit)	3,581	(2,681)	(6,262)
Less: Other Non CT Items	(3,581)	(3,009)	572
Adjusted financial performance	-	(4,122)	(4,122)

Bank Above Ceiling
£4.3m

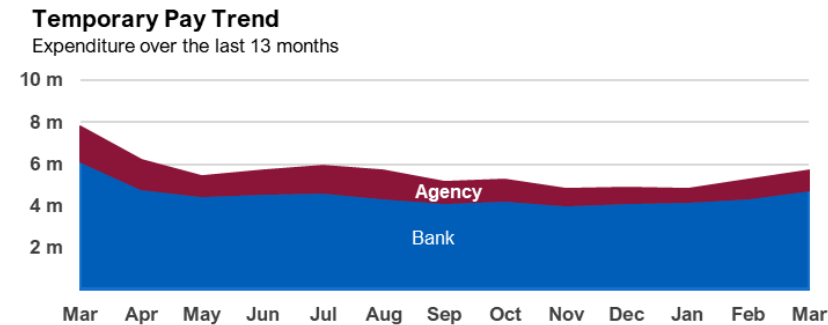
Bank was cumulatively over the ceiling

Agency Above Ceiling
£1.7m

Agency was cumulatively over the ceiling

Temporary Pay Expenditure

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



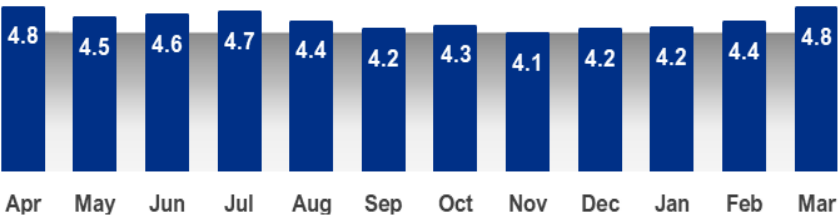
Bank Expenditure

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

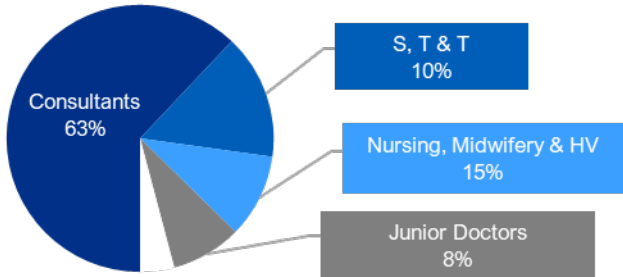
Bank costs in March were £4.8m, above the ceiling target for the month (£4.1m). Cumulatively the Trust has exceeded the bank ceiling by £4.3m (£53.1m v £48.8m).

Monthly Bank Expenditure (£m)
Compared to ceiling



Agency Expenditure

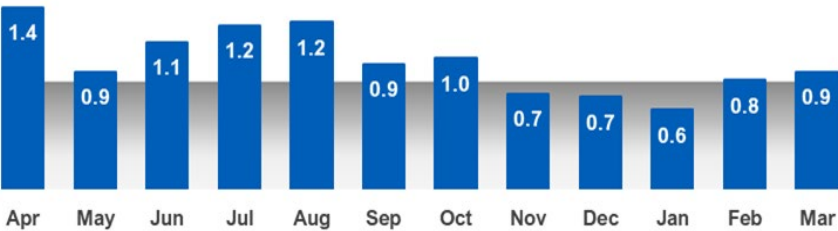
Agency expenditure accounted for 1.5% of all pay costs (£11.4m for year to date). Consultants are the staff group most reliant on agency with agency making up 5.7% of consultant costs.



Agency Ceiling

Agency costs in March were £0.9m which was above target for the month, and above levels reported in February. Cumulatively the Trust has exceeded the agency ceiling by £1.7m (£11.4m v £9.7m).

Monthly Agency Expenditure (£m)
Compared to ceiling



Cost Improvement Programme (CIP)

Under Delivery

£9m

Actual delivery of £5.5m in the month against a plan of £4.3m

In Month

£5.5m of cost improvement plans were delivered in March against a target of £4.3m.

Year To Date

£34.8m year to date of cost improvement plans were delivered for the year, against a target of £43.9m.

	Plan	Actual	Over/(Under)	
CIP Delivery (YTD)	£000	£000	£000	%
Cancer and Diagnostics	6,976	2,661	(4,316)	(62%)
Medicine and Community IES	6,030	3,839	(2,190)	(36%)
Medicine and Community NEE	5,983	3,405	(2,577)	(43%)
Surgical Services	10,392	5,651	(4,741)	(46%)
Women's and Children's Services	4,660	1,133	(3,527)	(76%)
Total Operations	34,041	16,689	(17,352)	(51%)
Estates & Facilities	4,948	2,957	(1,991)	(40%)
Corporate Services	4,911	5,873	963	20%
Non Divisional	-	9,335	9,335	100%
Total Trust	43,899	34,855	(9,044)	(21%)

Cash Flow

Cash Balance

£50.9m

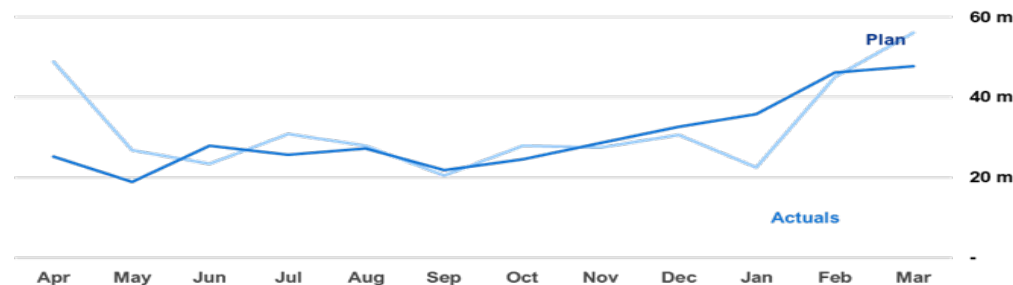
Below plan by £3.1m

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

Cash Balance

As predicted last month, cash levels improved compared to plan with a closing balance for the month of £50.9m (£3.1m more than plan compared to a variance of £1.1m last month).

Monthly Cash Balances
Compared to Plan (with Forecast)



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 Activities			
Surplus/(deficit) from operations	21,794	14,739	(7,055)
Non-cash items in operating surplus/(deficit)			
Depreciation and amortisation	41,726	36,706	(5,020)
Impairment losses/(reversals)	-	1,568	1,568
Capital donations (cash and non-cash)	(2,261)	(2,134)	127
Movement in Receivables	16,555	735	(15,820)
Movement in Inventories	-	(1,670)	(1,670)
Movement in Payables	(1,889)	2,926	4,815
Movement in Other liabilities	2	(761)	(763)
Movement in Provisions	(284)	(1,753)	(1,469)
Tax (paid) / received	-	1,475	1,475
Net Cash (Outflow) from operating	75,643	51,830	(23,813)
Cash Flows from Investing Activities			
Interest received	1,300	2,049	749
Purchase of Capital Assets	(79,848)	(68,219)	11,629
Proceeds from Sales of Assets	-	188	188
Donations to purchase Assets	2,261	2,000	(261)
PFI lifecycle prepayments	(1,663)	(1,666)	(3)
Net Cash (Outflow) from investing	(77,950)	(65,648)	12,302
Cash Flows from Financing Activities			
Public dividend capital received	30,819	32,453	1,634
Loans repayments	(1,235)	(1,248)	(13)
Capital lease and PFI payments	(10,616)	(10,160)	456
Interest paid including leases and PFI	(2,086)	(2,379)	(293)
PDC dividend (paid)/refunded	(15,931)	(16,114)	(183)
Net Cash (Outflow) from financing	951	2,552	1,601
Net increase / (decrease) in cash	(1,356)	(11,266)	(9,910)
Cash at start of period	49,136	62,176	13,040
Cash at end of period	47,780	50,911	3,131

Capital Expenditure

Behind CDEL
£3.1m

Net expenditure of £62.9m
compared to £66m

Underspends on a range of
schemes, the most
significant being Building for
Better Care projects
(£6.6m)

Year To Date

Capital expenditure cumulatively underspent against CDEL by £3.1m at the end of March, with £66.2 m spent against an £82.9m plan.

Capital Programme	Year to Date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	2,099	11,591	(9,492)	2,099	11,591	(9,492)
ICT	5,086	4,776	310	5,086	4,776	310
Estates & Facilities	22,833	11,531	11,302	22,833	11,531	11,302
Building for Better Care	28,457	21,840	6,617	28,457	21,840	6,617
Schemes	19,170	13,062	6,108	19,170	13,062	6,108
Financing (PFI, ROU and leases)	5,338	3,446	1,892	5,338	3,446	1,892
Total Capital Programme	82,983	66,246	16,737	82,983	66,246	16,737
Other Adjustments;						
PFI Lifecycle Costs	(1,240)	(1,255)	15	(1,240)	(1,255)	15
PFI Residual Interest	755	755	-	755	755	-
Disposals	-	(705)	705	-	(705)	705
Donated	(3,311)	(2,133)	(1,178)	(3,311)	(2,133)	(1,178)
Net Expenditure Position	79,187	62,908	16,279	79,187	62,908	16,279
CDEL	79,187	66,007	(13,180)	79,187	66,007	(13,180)
Performance against CDEL	0	3,099	3,099	0	3,099	3,099

Drivers of Underspend

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

- **Estates & Facilities (underspend £11.4m);** underspends include the backlog programme (£3.5m), Ipswich CDC (£3.7m) and electrical infrastructure (£2.2m).
- **Building for Better Care (underspend £6.6m);** most material being Clacton STAR with a £3.7m underspend. This is again an improved position from the previous month but a significant amount of catch up is still required on this programme.

Additional schemes

To mitigate the underspends noted above additional expenditure was agreed including:

- Medical equipment amounting to £9.5m
- Deferred capital funding among to £13.2m

Work is under way to understand the impact on the 26/27 capital programme which may require a re-prioritisation of schemes yet to start.

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

Workforce Dashboard

March 2026

Trust Level

Key Metrics

Performance

Target

Achieved

Vs Prior Month

Prior Month

Vacancy (Ex Agency)

3.4%

Budget 11609wte

Contracted 11219wte

↓

3.4%

Pay (YTD)

£48.2m

Budget £739.7m

Spend £787.9m

↓

£4.17m

Sickness

4.8%

4.0%

4.8%

↓

5.1%

Mandatory Training

92.6%

90%

View portal for detail

↑

92.2%

Appraisal

86.2%

90%

86.2 out of 100 staff

↑

83.9%

Voluntary Turnover

5.5%

8%

↓

5.6%

Agency Ceiling

(£1.64m)

(£9.71m)

(£11.36m)

↓

(£1.58m)

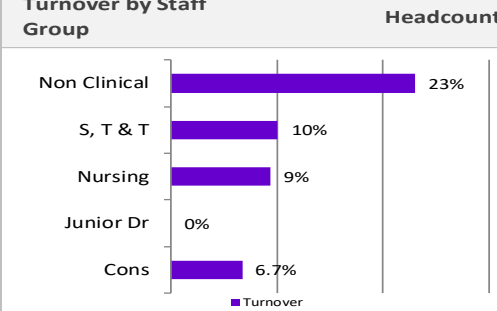
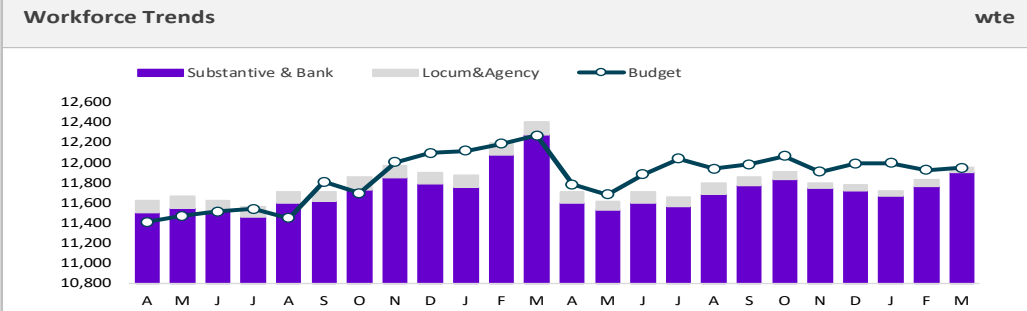
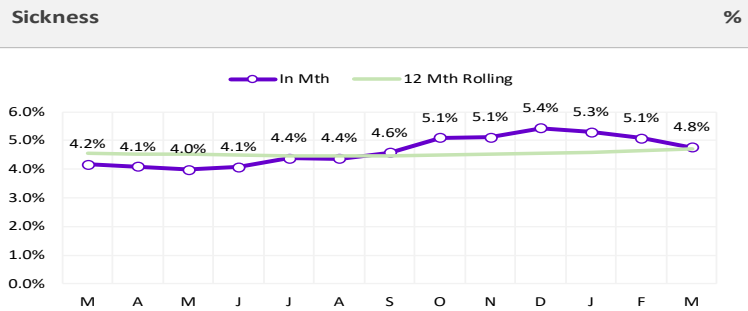
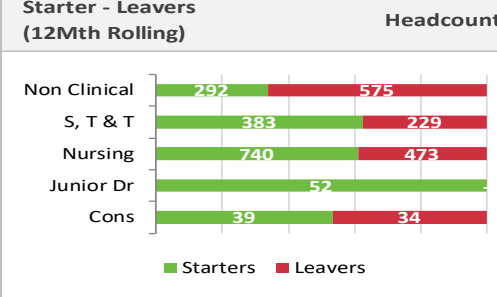
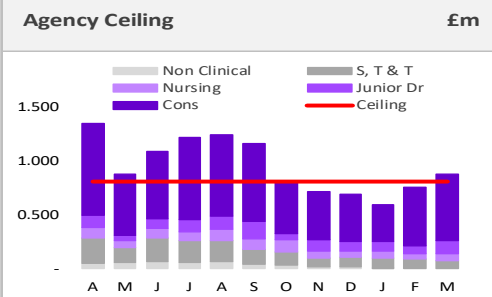
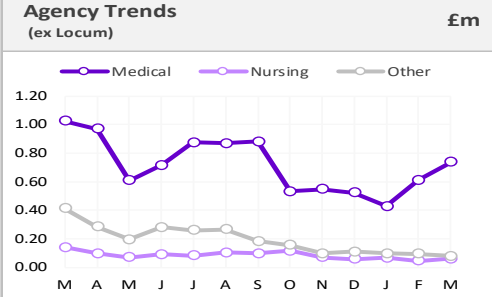
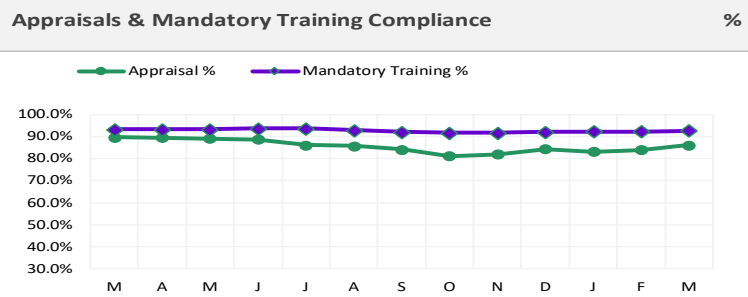
Ward Fill Rate

90.6%

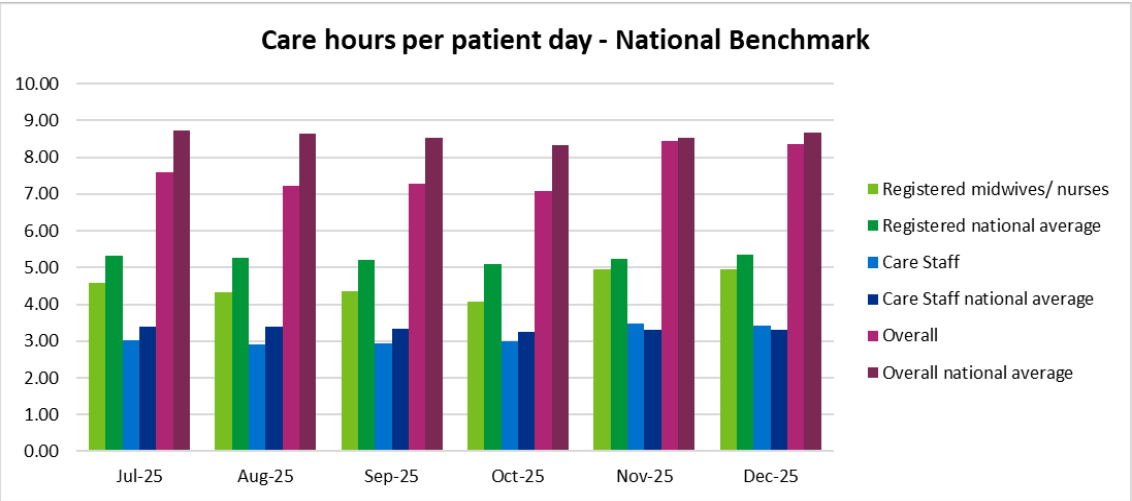
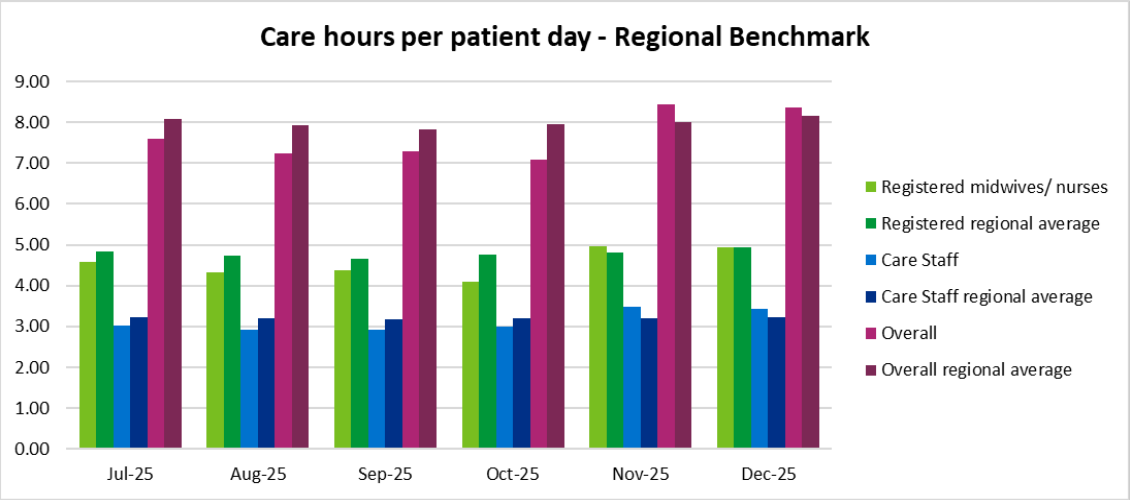
95%

↓

91.1%



Care hours per patient day	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Registered midwives/ nurses	4.09	4.95	4.94	4.81	4.37	4.88
Care Staff	3.01	3.49	3.43	3.29	2.92	3.23
Overall	7.09	8.44	8.37	8.10	7.29	8.11



*The providers included in the regional benchmark values have been reviewed and it was found that 4 providers had incorrectly been excluded. All months have now been updated to now include these Trusts.

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 to October, but has improved relative to peers in November and December.

Safer Staffing

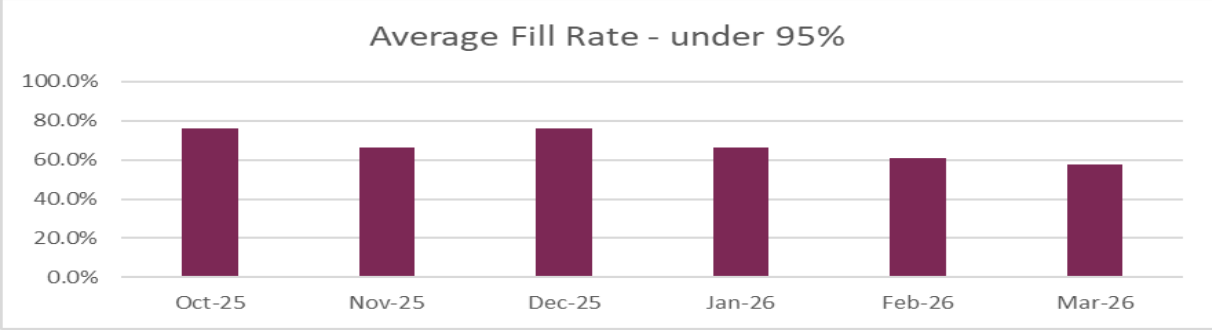
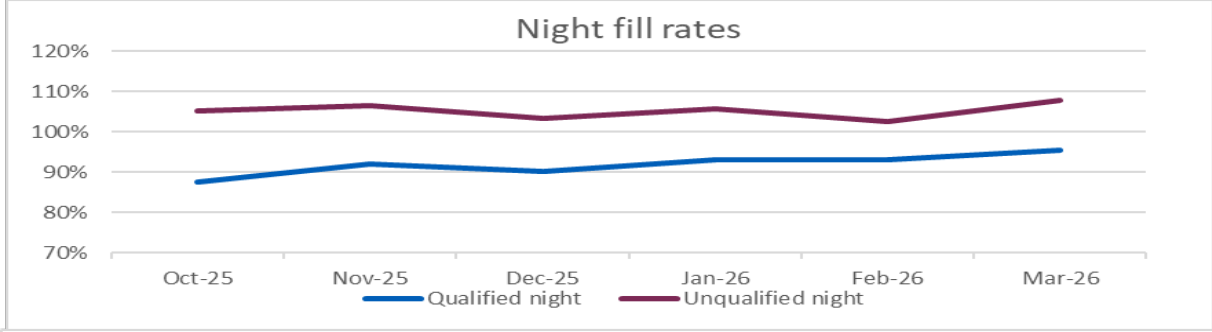
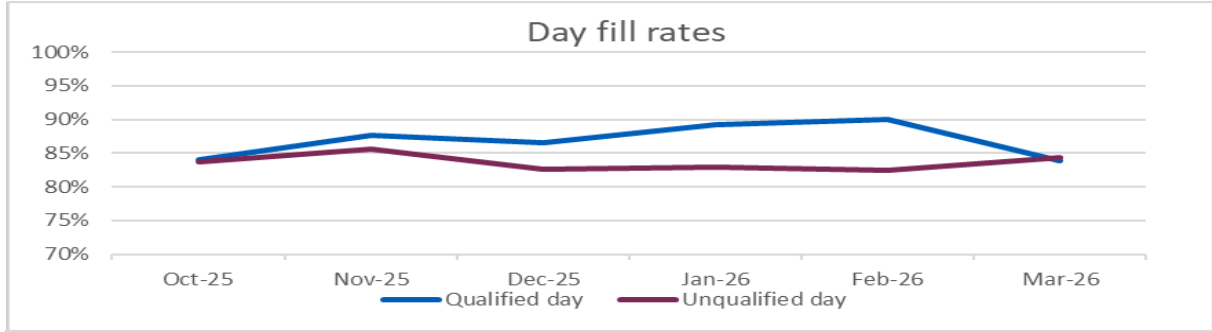
The Annual Staffing Review has been completed and will be presented to Board for approval in May. This represents a significant investment in the nursing budgeted establishment and the Bures ETOC service on both acute sites. Recruitment will be phased across 2026/27 and 2027/28.

Newly registered recruitment

Recruitment events for 3rd year students due to qualify this Autumn are underway. Due to the unprecedented number of external students apply for Band 5 RN posts from all over the UK, ESNEFT will be able to choose the very best candidates for employment.

** 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 December 2025.

	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Qualified day	84.0%	87.7%	86.5%	89.2%	90.1%	83.8%
Qualified night	87.5%	92.0%	90.1%	93.0%	93.2%	95.3%
Unqualified day	83.7%	85.6%	82.7%	82.9%	82.5%	84.3%
Unqualified night	105.2%	106.4%	103.2%	105.8%	102.6%	107.9%
Overall (average) fill	88.3%	91.4%	89.2%	91.4%	91.1%	90.6%



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.

Fill rates are starting to improve, though the majority still falls below the national standard of 95%. RN sickness was 5.2% in March (average over previous 12 months was 5.6%). The HCSW sickness rate in March was 6.81% (average over the last 12 months was 7.1%). Budgeted headroom only funds 3.5% sickness so wards are likely to consistently overspend on their bank budgets.

There are only a small number of RN vacancies in the trust currently, so this is having very little impact on fill rates.

Bures

After a successful 12 month pilot , investment into an ETOC team on both acute hospital sites has been secured. The Bures ETOC team at Ipswich will launch in July 2026 and there will be phased expansion in Colchester.

The Bures RN pool at Ipswich will launch on 27th April commencing with 16 RNs. This new team will support short-term RN staffing gaps (48 hours ahead) as an alternative to NHSP bank. Wards will be asked to call the Bures Coordinator to request an RN before the shift is sent to NHSP via Healthroster. Bures RNs will be redeployed on Healthroster and wards/departments charged monthly. The Rapid response” template (NHSP staff booked to Site) is being reduced from May by 3 RNs per shift.

Recruitment to expand the Bures Colchester RN pool is currently underway.

Detailed data will be recorded on every request as well as the shifts that Bures are able to fulfil. In addition, data related to bank requests and spend will indicate whether wards are adhering to the new process.

Retention

Team rostering is now being rolled out across all nursing teams with the aim of full implementation by the end of 2026/27.

	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
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All Staff													
Headcount	12,991	12,589	12,491	12,568	12,579	12,641	12,765	12,734	12,791	12,677	12,656	12,649	-
Establishment (including agency)	12,042	11,566	11,533	11,591	11,629	11,623	11,684	11,696	11,659	11,655	11,600	11,606	11,609
In post	11,413	11,004	11,007	11,024	11,076	11,154	11,262	11,302	11,304	11,229	11,220	11,212	11,219
Vacancy	628	562	526	567	554	468	422	394	355	426	380	395	391
Vacancy %	5.2%	4.9%	4.6%	4.9%	4.8%	4.0%	3.6%	3.4%	3.0%	3.7%	3.3%	3.4%	3.4%
Establishment (excluding agency)	12,042	11,566	11,533	11,591	11,629	11,623	11,684	11,696	11,659	11,655	11,600	11,606	11,609
Vacancy (excluding agency)	628	562	526	567	554	468	422	394	355	426	380	395	391
Vacancy % (excluding agency)	5.2%	4.9%	4.6%	4.9%	4.8%	4.0%	3.6%	3.4%	3.0%	3.7%	3.3%	3.4%	3.4%

Turnover													
¹ Turnover (12 Month)	12.0%	12.7%	13.2%	12.4%	12.4%	12.4%	12.2%	12.6%	12.8%	13.2%	13.2%	13.2%	9.9%
¹ Voluntary Turnover (12 Month)	6.1%	6.0%	6.2%	5.8%	5.6%	5.7%	5.5%	5.5%	5.5%	5.6%	5.6%	5.6%	5.5%
¹ Starters (to Trust)	119	132	201	141	116	93	233	158	135	47	99	70	81
¹ Leavers (from Trust)	147	187	168	80	93	92	87	131	97	122	72	71	111

Sickness													
% In Mth	4.2%	4.1%	4.0%	4.1%	4.4%	4.4%	4.6%	5.1%	5.1%	5.4%	5.3%	5.1%	4.8%
WTE Days Absent In Mth	14,667	13,485	13,565	13,468	14,987	14,982	15,321	17,714	17,225	18,878	18,307	15,890	16,520

Mandatory Training & Appraisal Compliance													
Mandatory Training	93.2%	93.3%	93.2%	93.7%	93.6%	92.8%	92.1%	91.8%	91.7%	92.1%	92.2%	92.2%	92.6%
Appraisal	89.7%	89.6%	89.1%	88.8%	86.1%	85.7%	84.2%	81.2%	81.9%	84.3%	83.1%	83.9%	86.2%

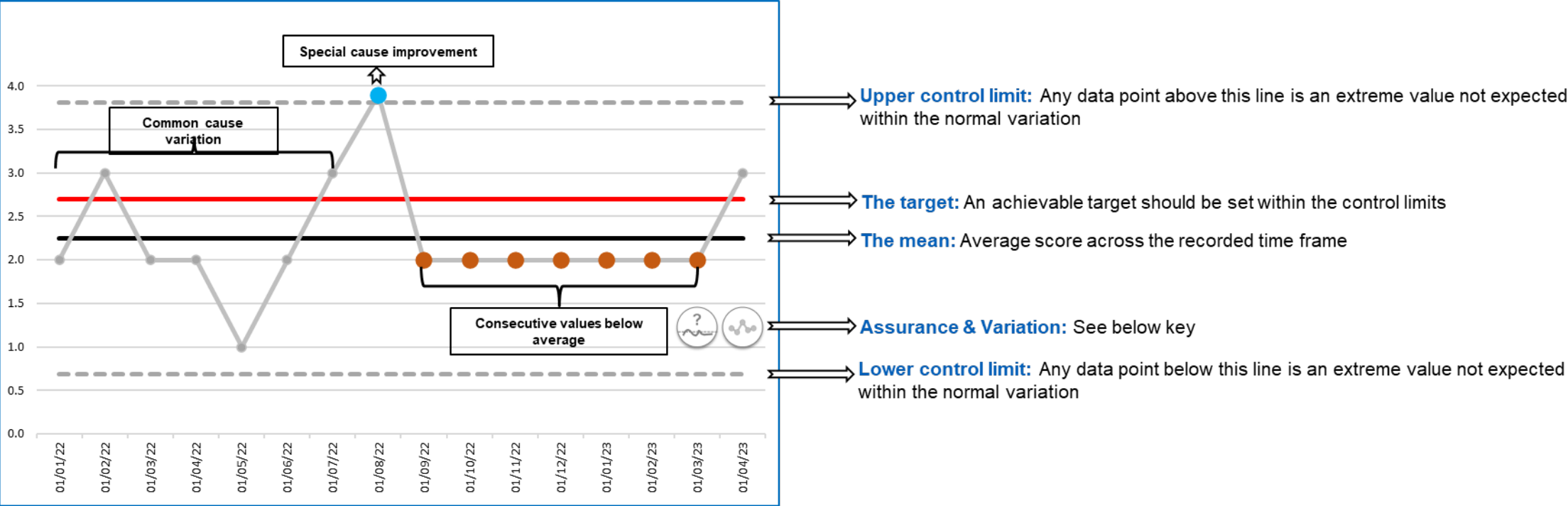
Temporary staffing as a % of spend													
Substantive Pay Spend	92,922	55,052	54,843	55,088	55,370	57,306	56,786	58,014	56,636	57,478	57,160	57,284	100,516
Overtime Pay Spend	158	201	183	167	137	153	169	173	250	134	120	131	105
Bank Pay Spend	6,167	4,830	4,499	4,599	4,683	4,409	4,339	4,159	4,053	4,170	4,212	4,339	4,797
Agency Pay Spend	1,580	1,350	875	1,090	1,218	1,238	1,162	802	714	689	592	751	876
Total Pay Spend	100,828	61,433	60,401	60,943	61,407	63,106	62,455	63,148	61,653	62,471	62,083	62,505	106,295
Agency & Bank %	7.7%	10.1%	8.9%	9.3%	9.6%	8.9%	8.8%	7.9%	7.7%	7.8%	7.7%	8.1%	5.3%
Agency %	1.6%	2.2%	1.4%	1.8%	2.0%	2.0%	1.9%	1.3%	1.2%	1.1%	1.0%	1.2%	0.8%

Nurse staffing fill rate													
% Filled	86.0%	88.7%	89.7%	90.9%	91.2%	89.7%	91.5%	88.3%	91.4%	89.2%	91.4%	91.1%	90.6%

¹ Excludes training grade junior doctors

	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,541	3,546	3,555	3,598	3,581	3,572	3,575	3,588	3,573	3,623	3,681	3,649	3,655
In post	3,309	3,280	3,305	3,297	3,305	3,310	3,351	3,379	3,413	3,426	3,419	3,435	3,442
Vacancy	232	266	249	301	277	262	224	209	160	197	261	214	214
Vacancy %	6.5%	7.5%	7.0%	8.4%	7.7%	7.3%	6.3%	5.8%	4.5%	5.4%	7.1%	5.9%	5.8%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,646	1,671	1,679	1,698	1,703	1,701	1,688	1,683	1,667	1,676	1,716	1,701	1,694
In post	1,552	1,541	1,554	1,545	1,550	1,558	1,599	1,614	1,648	1,654	1,650	1,657	1,661
Vacancy	94	130	125	153	153	143	89	69	19	22	67	44	33
Vacancy %	5.7%	7.8%	7.4%	9.0%	9.0%	8.4%	5.3%	4.1%	1.1%	1.3%	3.9%	2.6%	2.0%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,465	1,477	1,458	1,478	1,471	1,457	1,495	1,492	1,470	1,515	1,571	1,495	1,498
In post	1,323	1,328	1,330	1,336	1,328	1,321	1,346	1,376	1,403	1,386	1,386	1,384	1,376
Vacancy	142	149	128	142	144	135	149	116	67	128	185	111	122
Vacancy %	9.7%	10.1%	8.8%	9.6%	9.8%	9.3%	9.9%	7.8%	4.5%	8.5%	11.8%	7.4%	8.1%
Consultants													
Establishment (including agency)	571	565	556	547	555	555	560	567	567	563	562	564	565
In post	503	500	505	502	504	505	512	517	515	514	515	516	519
Vacancy	68	65	51	44	51	49	48	50	51	49	46	48	46
Vacancy %	11.9%	11.5%	9.2%	8.1%	9.2%	8.9%	8.6%	8.9%	9.1%	8.7%	8.2%	8.5%	8.1%
Junior Medical													
Establishment (including agency)	862	858	842	882	914	900	905	915	922	942	925	925	937
In post	842	812	827	828	825	998	895	872	861	875	880	890	874
Vacancy	20	46	15	54	89	(98)	10	43	61	67	45	35	63
Vacancy %	2.3%	5.4%	1.8%	6.1%	9.7%	-10.9%	1.1%	4.7%	6.6%	7.1%	4.9%	3.8%	6.7%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,384	2,389	2,373	2,414	2,461	2,451	2,436	2,483	2,498	2,500	2,504	2,500	2,491
In post	2,206	2,201	2,197	2,205	2,214	2,230	2,289	2,291	2,316	2,317	2,330	2,332	2,341
Vacancy	179	189	176	209	248	220	147	193	182	183	174	169	150
Vacancy %	7.5%	7.9%	7.4%	8.7%	10.1%	9.0%	6.0%	7.8%	7.3%	7.3%	7.0%	6.7%	6.0%

¹ Excludes training grade junior doctors



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