



Performance report

Consolidated report for Colchester Hospital University NHS Foundation Trust and the Ipswich Hospital NHS Trust

Board of Directors
1st November 2018

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This month's performance report provides detail of the September performance for East Suffolk and North Essex NHS Foundation Trust (ESNEFT). The Trust was formed on 1st July 2018 following the merger of Colchester Hospital University NHS Trust and The Ipswich Hospital NHS Trust. Much of the analysis and commentary contained within this relates only to the period since ESNEFT was established.

The report includes two overarching sections related to the Trust's performance:

① NHSI Single Oversight Framework

NHS Improvement (NHSI) implemented the Single Oversight Framework (SOF) in October 2016. The framework has 35 metrics across the domains of:

1. Quality: Safe, Effective and Caring
2. Operational performance
3. Organisational health
4. Finance and use of resources

NHSI uses a series of "triggers" to identify potential concerns and inform provider segmentation. There are four segments ranging from maximum provider autonomy (segment 1) to special measures (segment 4).

The NHSI single oversight framework includes five constitutional standards:

1. A&E
2. RTT 18-weeks
3. All cancer 62 day waits
4. 62 day waits from screening service referral
5. Diagnostic six week waits

In November 2017 a small number of changes were made to the information and metrics NHSI use to assess providers' performance under each theme, and the indicators that trigger consideration of a potential support need. The updated metrics are to be reviewed and will be incorporated in the performance report at the earliest opportunity.

This report shows the September performance for each of the SOF metrics for the Trust (where available). Trend information (from July and the establishment of the new Trust) is provided, but this will clearly expand over time and as single reporting evolves.

② Performance against the Accountability Framework

The Accountability Framework (AF) is the mechanism implemented to hold to account both Clinical and Corporate Divisions for their performance. The AF had been developed at both 'legacy' Trusts to be the primary performance management regime to cover all aspects of Division's business plans. As a result, its purpose is to ensure each Trust delivered its promises to patients and stakeholders.

Work is being progressed and continues to ensure that these arrangements and benefits exist for ESNEFT as well, and to move from two AFs to a single overarching framework for the new organisation. Because of this transitional period, it is not possible to report the September AF for ESNEFT. Instead more detail is provided on how the AF is being developed and how it is being used.

3 Performance against the Trust's Clinical Strategy

The performance report also needs to reflect the key elements of the organisational clinical strategy.

The post transaction integration plan (PTIP) for ESNEFT sets a delivery date for the development and finalisation of its strategy by January 2019.

Development of the Trust strategy is a formative process for the new organisation; and will contribute to the creation of the culture of ESNEFT. Extensive engagement of staff in the Trust and external stakeholders is needed. Framing the strategy is required to give a clear focus to this engagement and a facilitated event was held at the end of August where the board was asked to begin this process. As the details of the strategy begin to emerge, this will need to be reflected in the focus of the performance report.

The performance report also includes spotlight reports to provide more detail on performance and recovery actions being implemented.

Single Oversight Framework
NHS Improvement

September 2018

Quality : Safe, Effective & Caring									
Indicator	Domain	Frequency	Target / Standard	Jul-18	Aug-18	Sep-18	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	0	104	100	96	↓		Clinical divisions; Low, medium, high
Staff Friends and Family Test % recommended - care	Caring	Q	30%	43.7%	39.0%	41.0%	↑		Monthly FFT test response reported
Occurrence of any Never Event	Safe	M	0	1	1	0	↓		No never events in September. Wrong site block in spinal surgery at Ipswich hospital in August. There was a wrong site surgery in July.
Mixed sex accommodation breaches	Caring	M	0	0	0	1	↑		The breach in September occurred on the 'Acute Respiratory Care Unit' at Ipswich.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	96.8%	96.0%	95.9%	↓		
A&E scores from Friends and Family Test – % positive	Caring	M	90%	84.0%	82.5%	83.0%	↑		
Number of emergency c-sections	Safe	M	tbc	93	86	104	↑		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	Not available	Not available	Not available	→		Responses received at Colchester site especially being re-reviewed for accuracy.
- % Recommending - postnatal	Caring	M	90%	Not available	Not available	Not available	→		
VTE Risk Assessment	Safe	M	95%	79.6%	96.1%	96.3%	↑		
Incidences of Clostridium Difficile infection	Safe	M	1	6	7	4	↓		C difficile cases have increased in numbers in particular at CGH with a 5 case increase overall on this time last year, with IH having a 3 case increase on this time last year. However, each site remains under trajectory following scrutiny panel review at this time. Target is being reviewed.
MRSA bacteraemias	Safe	M	0	0	0	0	→		
HSMR (DFI Published - By Month Data Available)	Effective	Q	100	108.1	110.0	110.4	↑		June discharges. CGH 12 mth HSMR 115.3 (deterioration relative to previous mth), IH 104.7 (improvement).
HSMR Weekend (By Month Data Available)	Effective	Q	100	109.8	110.5	113.1	↑		
Summary Hospital Mortality Indicator	Effective	Q	100	109.9	109.9	110.9	↑		
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Effective	M	tbc	7.2%	7.9%	7.4%	↓		12 mths to Mar 17. IH – 107.35 ('as expected'), CGH - 113.76 ('as expected')
Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Jul-18	Aug-18	Sep-18	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	95.6%	94.6%	96.1%	↑		
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Responsive	M	92.0%	89.0%	88.9%	88.3%	↓		AE waiting time performance based on economy. ED Economy performance for September 2018 was 97.32% for CGH, and 93.67% for IH.
All cancers – maximum 62-day wait for first treatment from:									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	72.1%	72.6%	73.7%	↑		Screening service performance snapshot as reported in
- NHS cancer screening service referral	Responsive	M	90.0%	91.8%	91.9%	88.2%	↓		Accountability Framework taken at 24th October 2018.
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	1.2%	1.6%	1.2%	↓		

Quality : Organisational Health										
Indicator	Domain	Frequency	Target / Standard	Jul-18	Aug-18	Sep-18	Mov't	Trend	Comments	
Staff sickness	Well-led	M	3.5%	3.8%	3.7%	3.1%	↓		Voluntary turnover. **Annual results across 3 years - most recent 2016 (these are Colchester results only). Agency staff % only. All divisions have failed to deliver their CIP YTD.	
Staff turnover	Well-led	M	tbc	11.2%	10.8%	10.5%	↓			
Executive team turnover	Well-led	M	tbc	0	0	1	↑			
NHS Staff Survey - recommend as place to work**	Well-led	Q	tbc	3.64	3.64	3.56	↓			
Proportion of temporary staff	Well-led	Q	tbc	7.0%	7.3%	6.9%	↓			
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(988)	(1,451)	(2,033)	↑			
Finance and Use of Resources										
Indicator	Domain	Frequency	Target / Standard	Jul-18	Aug-18	Sep-18	Mov't	Trend	Comments	
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	4	4	4	4	→		Trigger: Poor levels of overall financial performance (score 3 or 4); very poor performance (score 4) in any individual metric. Significant adverse I+E movement in September leads to deterioration in overall score to the poorest level of 4.	
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	4	4	4	4	→			
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	4	4	4	4	→			
I&E MARGIN : Variance from Plan	Finance	M	1	1	2	4	↓			
Agency Spend : Remain within agency ceiling	Finance	M	1	1	2	2	→			
Overall: Use of Resources Rating	Finance	M	3	3	3	4	↓			
Overall : Segment Score										
Indicator	Domain	Frequency	Target / Standard	Jul-18	Aug-18	Sep-18	Mov't	Trend	Comments	
Segmentation	Overall			3	3	3	→		NHSI confirm that ESNEFT is in segment 3, as it relates to the segment Colchester was previously under (as ESNEFT has taken over the Colchester licence). NHSI recognise that the undertakings need to be reviewed with a view to removing those where appropriate to now do so. Trust secretary looking at the evidence for this	

The Accountability Framework is the mechanism which both Trusts have developed to hold to account both Clinical and Corporate Divisions for their performance.

To align to, and support, the new organisational structure of ESNEFT, the Accountability Framework (AF) is currently in 'transition' and being reconfigured.

Transitioning to a single framework is challenging.

Background

To align to, and support, the new organisational structure of ESNEFT, the Accountability Framework (AF) is currently in 'transition' and being reconfigured. Whilst performance for both July and September for ESNEFT is now available, it is not yet considered sufficiently complete or reliable for publication (please see the challenges set out below and the section 'transitional period').

The AF has been established as the primary performance management regime for both Trusts for some time now. It is the mechanism used to hold both Clinical and Corporate Divisions to account for their performance, and for ensuring 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.

Developing the AF for ESNEFT

Given the success and importance of the AF there is a commitment to continue to develop the AF for ESNEFT so that these benefits continue and enhanced. Transitioning to a single framework is not without its challenges, some of which are significant:

- Whilst the principles are the same and the performance management actions are aligned, AF metrics at each hospital do vary due to the operational nuances of the former organisations.
- The reputation and trust in the use of this tool (both internally and externally) would be tarnished if the transition did not carefully manage the understanding and expectation of the users.
- The AF is complex, and collecting the supporting information is a massive undertaking. The AF pulls together a wide range of measures including NHS Constitution, regional and local indicators. Every indicator has a data owner and whilst a significant proportion of indicators are pulled using technology (c60%), there remain a significant number of manually reported indicators, including from operational teams across the two sites.
- The platform for facilitating the reporting of this information is being developed using the existing infrastructure with a view to moving this to cloud technology in the future. This approach is essential to allow the volume of data and flexibility of reporting to support ESNEFT across the vast geography of users (which includes the Trust's commissioners)
- The new organisation will be performance managing according to service level and not site specific, with the exception of the ward heat maps. For the reporting to have integrity, measures need to be reflective of the whole service and not parts of the service and recorded and reported consistently, to avoid misrepresentation of true performance.

AF indicators and scoring methodology are being reviewed and will be updated in time.

The ambition is to have a fully functioning core AF indicator by October 2018 which will be shared with external partners. The comprehensively updated AF (new scores and indicators) should be ready for the new financial year.

Developments to the AF

Being able to report true performance is absolutely paramount; and this has meant that it has been necessary to review every indicator previously reported at Ipswich and Colchester to ensure that they are perfectly aligned. If any inconsistencies have been identified for a metric, then this metric will not be reported for ESNEFT until these can be resolved. Therefore, relative to what might have been reported previously, the first few months of AF reporting for ESNEFT will only include indicators that are consistent.

At the same time, to make the AF even better, the opportunity has been taken to review indicators in conjunction with operational and clinical staff to determine what should or should not be included, appropriate targets and the relative indicator importance.

Similarly, the AF's scoring methodology is being assessed with a view to aligning to the CQC approach (the use of resources domain simply being assessed as 'another' domain rather than an overarching domain along with quality).

The transitional period

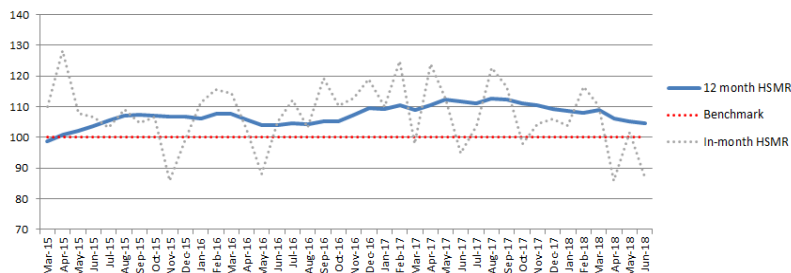
A great deal of work is being progressed to make the AF as accurate and useful as it possibly can be for the new organisation. However, while this is ongoing it does mean that the AF domain scores in particular will be in transition: not all present indicators will be included as alignment issues are tackled; existing indicators may soon be revised or new indicators added following the workshops, and the scoring approach is likely to change too.

A lot of very powerful and informative performance information will still be available during the transition phase in the AF, and this will be, and has been used and discussed in the monthly Divisional accountability meetings, but domain scores and segmentation will be transitional.

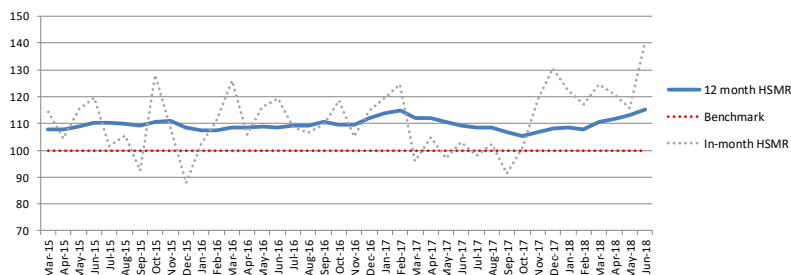
The ambition is to have a fully functioning core indicator AF by October 2018 (reported in November, and used in December's Divisional Accountability meetings) which will be shared with external partners, with the full updated version ready for the new financial year.

Mortality

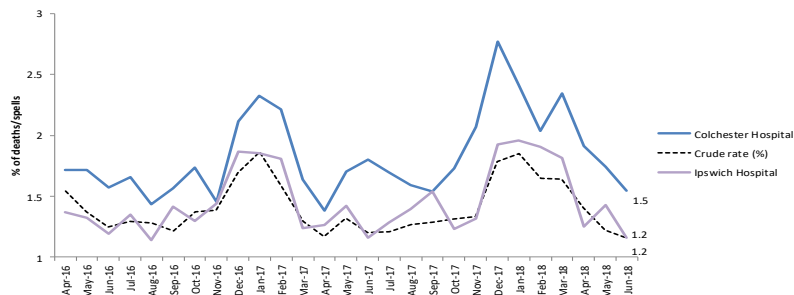
Ipswich HSMR - In-month & Rolling 12 Months



Colchester HSMR - In-month & Rolling 12 Months



All Diagnosis Groups - Crude Mortality Rates



Commentary

Dr Foster Summary (*18% coded activity missing)

Dr Foster metrics as at June 2018 discharges	IHT	CHUFT incomplete*
In-month HSMR	↓ 87.1	↑ 139.6
12 month HSMR	↓ 104.7	↑ 115.3
Death rate HSMR (nat. 3.8%)	→ 3.3%	→ 4.3%
Lower confidence limit (HSMR)	↓ 98.9 As expect	↑ 109.7 Outlier
All diagnosis groups 12 months	↓ 105.4	↑ 115.0
Lower confidence limit (all)	↓ 100.02 Outlier	↑ 109.8 Outlier

Approximately 1,420 Colchester records missed the first deadline for Dr Foster. The Associate Director of Finance – Analytics has asked NHS digital to review the clinical coding function.

- Colchester hospital is 1 of 5 out of 16 local hospitals listed as a statistical outlier.
- The Dr Foster Healthcare Intelligence Specialist has confirmed that the ESNEFT combined report will be available from October for July discharges, but the predicted HSMR for June 18 was 110.4, higher than expected.

SHMI – 12 months to March 2018

- ESNEFT – 110.88 ‘as expected’ band 2
- Ipswich ↑107.35 (previously 105.01) (within the ‘as expected’ range for over-dispersion).
- Colchester ↓113.76 (previously 114.27) (within the ‘as expected’ range for over-dispersion).

ESNEFT Mortality

Mortality rates were as expected for September

- Ipswich deaths – 104 (average last 5 years 108)
- Colchester deaths – 122 in hospital deaths plus 1 still birth (average last 5 years 124)

Risks & Mitigating Actions

CUSUM Alerts

Ipswich – 6 active CUSUMs

The Medical Director and the AMD for Clinical Effectiveness have sent a report to the CQC following a request for information regarding a CUSUM alert for acute cerebrovascular disease. Mortality reviews undertaken for the triggering period indicated that care was good and that the patients, in the main, suffered catastrophic events, as evidenced through the use of nationally recognized stroke-assessment scores and the fact that a far higher percentage of patients were referred to Critical Care than national averages.

Learning points from the reviews included potential delays in repeat CTs and seizure and glycaemic control.

Colchester – 11 active CUSUMs

Doctor Foster Patient Safety Indicators

Ipswich

No alerts

Colchester

Decubitus ulcer is still alerting but this has been fully investigated.

Deaths in low risk groups

This cannot be fully investigated owing to the volume of uncoded records i.e. the results may be spurious. There were 6 deaths in this group under the group ‘poisoning by psychotropic agents – these patients took intentional overdoses. If this remains a statistical outlier, it will be investigated.

Mortality – Learning from deaths (example of July dashboard to load to Trust website)



ESNEFT - Colchester Site: Learning from Deaths Dashboard - July 2018-19



Description:

The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

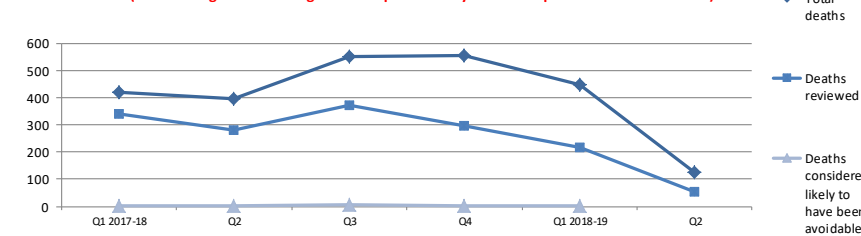
Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Potentially Due to Problems in Healthcare (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total No. of deaths considered to have been possibly due to problems in healthcare (Score <=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
127	135	55	68	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
127	448	55	216	0	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
575	1923	271	1287	1	12

Time Series: Start date 2017-18 Q1 End date 2018-19 Q2

Mortality over time, total deaths reviewed and deaths considered to have been potentially avoidable
(Note: Changes in recording or review practice may make comparison over time invalid)



Total Deaths Reviewed by Mortality Methodology Score

Score 1	Score 2	Score 3	Score 4	Score 5	Score 6
Definitely due to problems in healthcare	Strong evidence there were problems in healthcare	Probably due to problems in healthcare (more than 50:50)	Probably due to problems in healthcare but not very likely	Slight evidence that death was due to problems in healthcare	Death was definitely not due to problems in healthcare
This Month: 0 (0.0%)	This Month: 0 (0.0%)	This Month: 0 (0.0%)	This Month: 1 (1.9%)	This Month: 1 (1.9%)	This Month: 52 (96.3%)
This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 1 (1.9%)	This Quarter (QTD): 1 (1.9%)	This Quarter (QTD): 52 (96.3%)
This Year (YTD): 0 (0.0%)	This Year (YTD): 1 (0.4%)	This Year (YTD): 0 (0.0%)	This Year (YTD): 3 (1.1%)	This Year (YTD): 6 (2.2%)	This Year (YTD): 259 (96.3%)

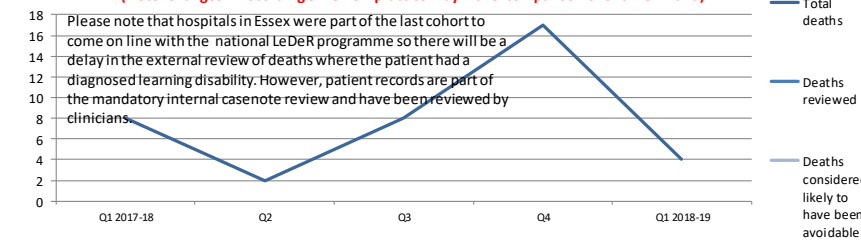
Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Due to Problems in Healthcare for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total No. of deaths considered to have been potentially due to problems in healthcare	
This Month	Last Month	This Month	Last Month	This Month	Last Month
3	0	0	0	NK	NK
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
3	4	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
7	35	0	0	0	0

Time Series: Start date 2017-18 Q1 End date 2018-19 Q1

Mortality over time, total deaths reviewed and deaths considered to have been potentially avoidable
(Note: Changes in recording or review practice may make comparison over time invalid)



Mortality – Learning from Deaths – Numerical Data and Breakdown

The Royal College of Physicians states: *“Most people who die in hospital have had good care, but research shows that between 10% and 15% have some sort of problem in their care, and around 3% of deaths might have been avoided.”*

Trust	ESNEFT - Colchester Site	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. *LD Deaths include deaths within 30 days of discharge.
Org Code	432	
Month	July	
Year	2018-19	

		Not all deaths are subject to mandatory review.										Review of mandatory case records						
Financial Year	Month	Total Deaths	Total Deaths Reviewed	Deaths likelihood >50% contribute to death	Deaths judged to have been due to problems in healthcare					Deaths judged not due to problems in care	*LD Deaths	LD Deaths LeDeR Peer Review	LD Deaths Avoidable >50% LeDeR	No. deaths subject to case record review	No. reviews returned	% Case record reviews complete	No. case record reviews outstanding	No. deaths investigated as SIs (includes SHMI deaths)
					Defin	Evidnc	>50/50	<50/50	Slight									
2017-18	April	133	110	0	0	0	0	4	4	96	2	0	NK	50	50	100%	0	2
2017-18	May	142	120	1	0	1	0	2	2	109	3	0	NK	63	63	100%	0	2
2017-18	June	146	109	0	0	0	0	0	0	100	3	0	NK	27	27	100%	0	1
2017-18	July	142	103	3	0	1	2	1	3	90	1	0	NK	37	37	100%	0	5
2017-18	August	126	90	0	0	0	0	0	3	84	1	0	NK	30	28	93%	2	1
2017-18	September	128	88	1	0	0	1	2	1	83	0	0	NK	22	22	100%	0	1
2017-18	October	140	91	1	0	0	1	0	3	82	0	0	NK	25	25	100%	0	5
2017-18	November	183	113	2	0	0	2	4	3	98	1	0	NK	40	36	90%	4	3
2017-18	December	229	166	2	0	0	2	3	7	151	7	0	NK	53	50	94%	3	3
2017-18	January	212	120	1	0	0	1	2	8	100	9	0	NK	49	43	88%	6	3
2017-18	February	153	91	1	0	0	1	1	5	81	5	0	NK	20	18	90%	2	0
2017-18	March	189	86	0	0	0	0	1	5	76	3	0	NK	25	19	76%	6	0
2018-19	April	164	87	1	0	1	0	1	0	84	2	0	NK	30	20	67%	10	1
2018-19	May	149	61	0	0	0	0	1	1	59	2	0	NK	34	19	56%	15	0
2018-19	June	135	68	0	0	0	0	0	4	64	0	0	NK	52	33	63%	19	0
2018-19	July	127	55	0	0	0	0	1	1	52	3	0	NK	54	32	59%	22	1

ID	Metric	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
S60	Still birth rate	0.4%	0.3%	0.7%	1.0%	0%	0%	0.3%	0.3%
S61	No. Stillbirths (provisional)	1	1	2	3	0	0	1	1

The Head of Clinical Audit has identified staffing resources to support the mortality review process at Ipswich. The Quality Improvement Officer has met with the Head of Business Informatics with a view to producing reports to facilitate the creation of compliance and learning from deaths dashboards. This dashboard should display ESNEFT compliance when October deaths are reported.

There may be a delay in providing data as the review process will change from that of being self-determined to a more audit-led approach, because cases will be identified for review differently.

Mortality – Learning from Deaths (commentary)

Learning from Deaths - Ipswich

During the period July 2017 to July 2018, 84 reviews were completed at Ipswich. The results are shown below. (A large number of the cases were reviewed for the CQC CUSUM alert.)

Death as a result of problems in healthcare	
Probably (more than 50:50)	1
Possibly (less than 50:50)	2
Slight evidence of issues in healthcare	14
No issues identified	67
Grand Total	84

Probably (more than 50:50)

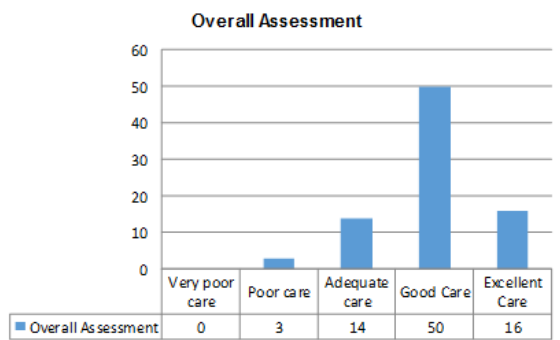
This was a young patient with a large stroke. Thrombectomy was possibly indicated but unavailable, vomiting was not fully explored. The outcome was always going to be poor. This case underwent a divisional review.

Possibly (less than 50:50)

- Failure to repeat CT, but may not have altered outcome
- Paucity of microbiological testing

Slight evidence

Multifarious reasons but overriding theme was failure to monitor.



Learning from Deaths - Colchester

Of the 54 July 2018 reviews where the question was answered, 1 case from group 2 identified the death was possibly due to problems in healthcare and 1 death from group 3 had slight evidence that the death was due to problems in healthcare.

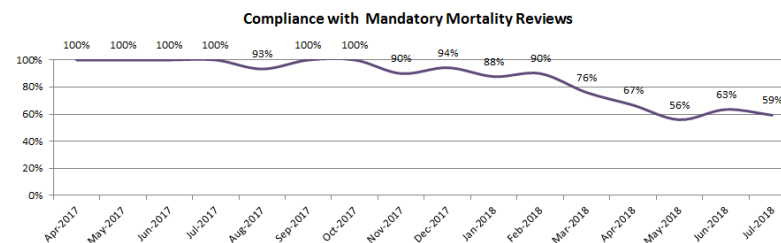
Possibly (less than 50:50)

Presumed AKI was progressive severe ischaemic colitis – there needs to be consideration of a surgical cause behind deterioration. Patient became too unstable for surgical intervention. WEB115217 being reviewed

Slight Evidence

Elderly frail patient, no follow-up on abnormal liver results. WEB114917 being reviewed

		NCEPOD grading		
		Good practice	Room for Improvement	Less than satisfactory
G1	Med & Cancer	31	5	-
G2	Surgery, T&O, Anaes, W&C	2	3	-
G3	Elderly	10	3	-
Total		43	11	0



Learning from Deaths Group

- Divisional attendance and reporting is patchy. Meetings on alternate sites commence November.
- Compliance with use of the Treatment and Escalation Plan is improving.
- The Medical Director arranged for trust staff to give a presentation at the CCG which looked at mortality rates in the Tendring area and the CUSUM alert.
- The Medical Director hosted an MDT meeting with the Ambulance service.

Patient Safety – Incidents

Colchester and Ipswich hospitals will continue to report patient safety incidents to the end of the financial year as two independent Trusts on the advice of The National Reporting and Learning System (NRLS).

Colchester

892 incidents were reported in September, compared to 1,094 in August. 527 of these incidents were patient safety related, and were reported to the NRLS.

Ipswich

There were a total of 1,037 incidents reported in September (1,192 reported in August). 876 of these incidents were patient safety related.

Overall there is a downward trend in incident reporting across ESNEFT since the first of July with All Divisions across ESNEFT showing a reduction in incident reporting. Incident numbers do historically fluctuate, but should the decline continue, further analysis will be required.

Overdue incidents

There has been a concerning rise in the number of incidents that are now overdue for review: Colchester increasing from 892 in August to 900 in September (the figure was 689 in July), and Ipswich with 942 overdue incidents in September (compared to July's value of 476). This may in part be due to the reorganisation of structures since the merger. The ESNEFT policy requires incidents to be investigated and closed within 20 working days. The Divisions have been asked to ensure the backlog is addressed prior to moving to one Datix System across ESNEFT. They are also reviewing the investigators to ensure the appropriate person has been nominated to authorize closure.

Serious Incidents

5 Colchester serious incidents (SIs) were considered to meet the criteria of being a serious incident (there were 3 in the previous month).

4 Ipswich incidents were considered to meet the criteria of being a serious incident (compared to 7 in August).

The Trust achieved 100% compliance in reporting 3 day reports to the CCG at both Ipswich and Colchester hospitals as was the case in July.

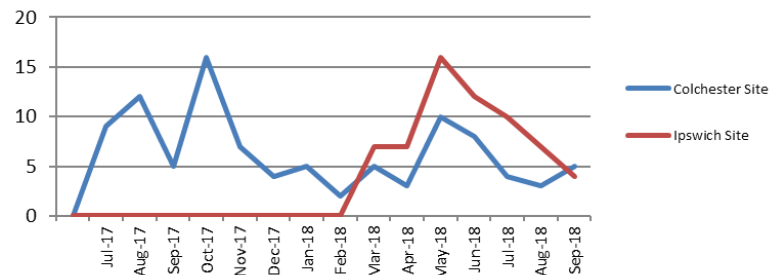
There has been an increase in 60 day report compliance to the CCG at 50% (25.0%) at Colchester hospital. At Ipswich hospital there has been an decrease in 60 day report compliance at 33.0% (85.0%).

Serious incidents by category

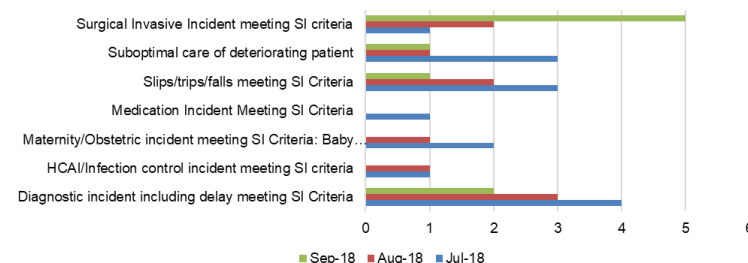
SIs by category are outlined in the tables to the right

Causegroup	Sep-18	
	Col	Ips
Surgical invasive incident	3	2
Suboptimal care of deteriorating patient	1	
Slips / trips / falls		1
Medication incident		
Maternity / Obstetric incident		
HCAI / infection control incident		
Diagnostic incident including delay	1	1

Serious Incidents by Month



ESNEFT SI's by Causegroup



Patient Safety – Never events and duty of candour

Commentary

Never events

There were no never events recorded in September.

Mitigating actions

The investigations for the Never events reported prior to this date are due in October and a quality summit meeting has been planned for early November to discuss the collective findings and implement recommendations and actions.

Duty of candour

Compliance for Duty of Candour (DoC) (pre investigation) has decreased to 66.7% (83.03%) during September at Colchester hospital, and 40% (66.6%) at Ipswich hospital. On initial review at Colchester, two DoCs were completed one day late, one by Medicine and one by Surgery & Anaesthetics, while at Ipswich two were not completed by Medicine and one was completed one day late by Surgery & Anaesthetics.

However, those incidents where there is a lack of clear information about duty of candour are being revisited by the divisional teams to give assurance that duty of candour was completed and in what timeframe

Post DoC compliance following the conclusion of the SI investigation improved to 66.6% (63.0%) at Colchester. One DoC was not submitted by the T&O and Specialist Surgery division. Compliance at Ipswich decreased to 40.0% (50.0%) for September. Two DoCs were not completed (Medicine and Integrated Pathways).

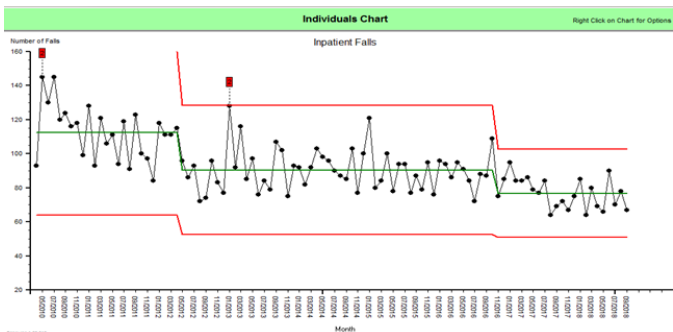
Mitigating actions

Future reports will detail duty of candour by timeframe; and more clearly highlight compliance with statutory requirements.

Patient Safety – Falls

Colchester

There were 67 inpatient falls reported on the Colchester hospital site in September, compared to 68 in August. The cumulative number of falls for this financial year is 438. The Trust does continue to demonstrate a reduction in falls every month in comparison to 2017-18 (currently -4%).



There were no falls in September resulting in serious harm at the point of incident. The total number for the financial year is 7.

Reducing falls per 1,000 bed days

Achieving the local target of no more than 5 falls per 1,000 bed days remains a challenge. In September, Colchester hospital has recorded an average of 4.69 falls, based on 14,286 bed days and remains under 5 YTD. The National Audit of Inpatient Falls (2015) reports the national falls average is 6.63 falls per 1,000 bed days. The target has yet to be established across ESNEFT.

	Ap r	Ma y	Jun	Jul	Aug	Se p	Oct	Nov	De c	Jan	Fe b	Ma r	YTD
Bed Days 2018/19	15390	15514	16422	14893	14645	14286							90610
Falls/1000 2018/19	4.48	4.25	5.48	4.79	5.33	4.69							4.812
Falls/1000 2017/18	5.83	4.94	5.36	5.55	4.32	4.68	4.79	4.56	4.90	5.37	4.34	5.14	4.570
Falls/1000 2016/17	6.00	5.58	5.28	5.35	5.71	6.95	7.69	5.18	6.41	6.36	6.12	5.85	5.99
Falls/1000 2015/16	6.13	4.71	6.08	5.80	4.65	5.04	4.95	5.85	4.63	4.93	6.02	5.14	5.30
Falls/1000 2014/15	6.35	5.70	6.01	5.35	5.23	5.19	5.96	4.61	5.51	6.47	5.07	4.76	5.52
National Benchmark	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6
Local Benchmark	5	5	5	5	5	5	5	5	5	5	5	5	5

Ipswich

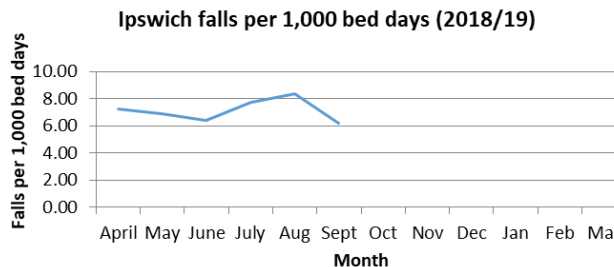
There were 133 inpatient falls in September: 112 of these occurred on the Ipswich site, 21 in the community. There was a total of 156 falls in the previous month.

Falls with serious harm

There were no falls in September resulting in serious harm at the point of incident.

Reducing falls per 1,000 bed days

Including community sites, Ipswich has recorded a rate of 6.16 falls per 1,000 bed days for September. This represents an improvement from the rate of 8.33 falls per 1,000 bed days recorded for August.



Mitigating actions

ESNEFT are now part of the NHS Improvement Falls Prevention Collaborative which commenced in June and will continue into October. The team attended the final day for the collaborative recently and will be further developing the quality improvement plan which will be shared with the Quality and Patient Safety committee.

Improvement initiatives have commenced at Colchester on EAU. For example, yellow wrist bands are being trialled for patients deemed at the highest risk of falls. By making the risk more visible on admission, it is hoped that this will help to ensure that when a patient is transferred to a ward that the risk is managed promptly and the appropriate care plan is implemented. The trial will run for 4 weeks initially.

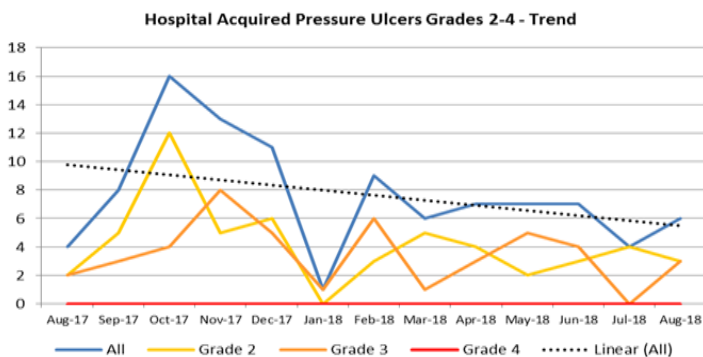
Lessons learned at Colchester will assist when implementing at Ipswich as part of the overall improvement plan for falls reduction.

Patient Safety – Pressure ulcers

For ESNEFT, there were a total of 17 developed grade 2-4 pressure ulcers in September 2018 (ESNEFT hospital beds), which represented an increase from 15 recorded the previous month. The detail by site is set out below:

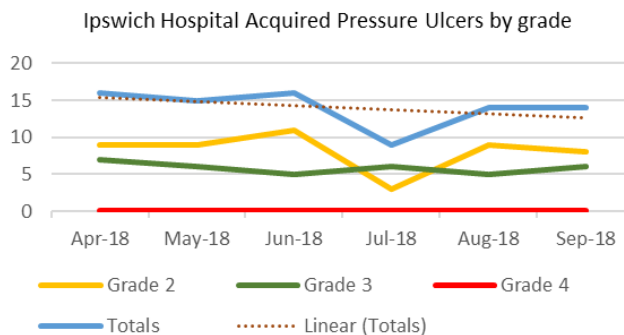
Colchester

In September, there were 3 Grade 2–4 HAPUs reported, fewer than August (the YTD value is 35). The Trust continues to see an overall reduction in acquired pressure damage in comparison to 2017/2018 (currently 41%). Colchester reported 0.19 pressure ulcers per 1000 bed days.



Ipswich

There was an increase to 14 Grade 2-4 HAPUs in September (9 in August). Cumulatively, 83 HAPUs have been recorded. In the month, there were a further 8 deep tissue injuries.



Mitigating actions

At the Colchester site, 1:1 pressure ulcer prevention and safeguarding training has commenced on EAU at the request of the ward sister; and where it has been identified that there is an increase in acquired skin damage on the unit.

Only 3 inpatient areas had patients develop pressure damage suggesting a continual active investment by staff in all areas to reach a zero acquired target. Based on the NHS Productivity calculator, the central estimate for PU costs this month is £28K for Colchester.

Emerging themes at Ipswich include inconsistent documentation and the lack of available equipment, particularly at weekends along with a significant amount of end of life patients. Equipment remains a challenge, but approval for the purchase of the 50 outstanding mattresses will improve availability of equipment during the week. Weekend cleaning remains an issue. This is further impacted by the current shut down of the washing machine facilities for essential works and the Infection Control report into the cleaning areas. Plans for future provision are being drawn up for consideration.

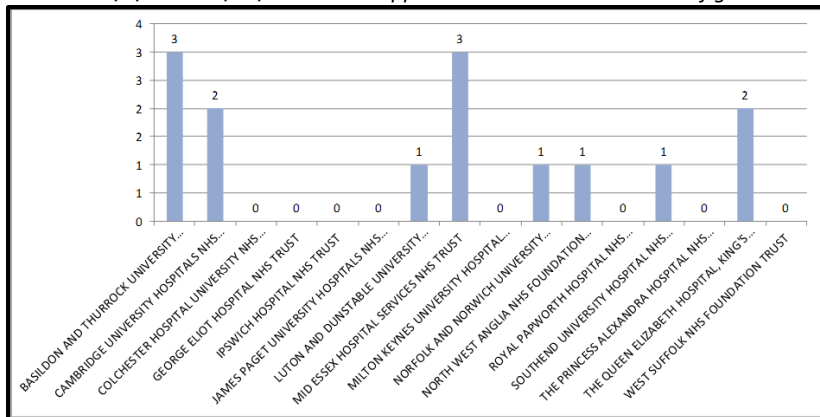
Community photography provision, verification of damage and grading is also an issue which requires business plan development as this currently does not meet the photographic evidential guidelines, or is fit for purpose.

The TV action plan for 2018/2019 is in development

Patient Safety – Infection Control

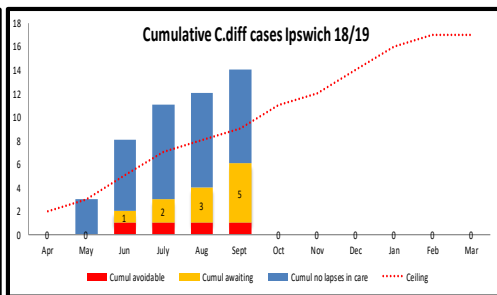
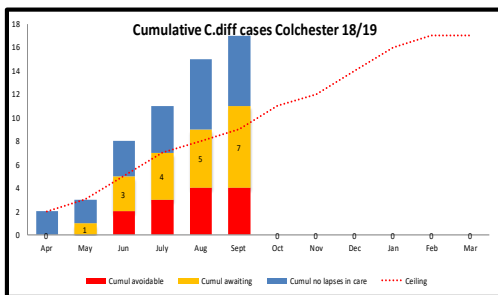
Meticillin-resistant staphylococcus aureus (MRSA)

YTD total 1/4/18 to 30/09/2018 Trust-apportioned MRSA bacteraemia figures EOE Hospitals



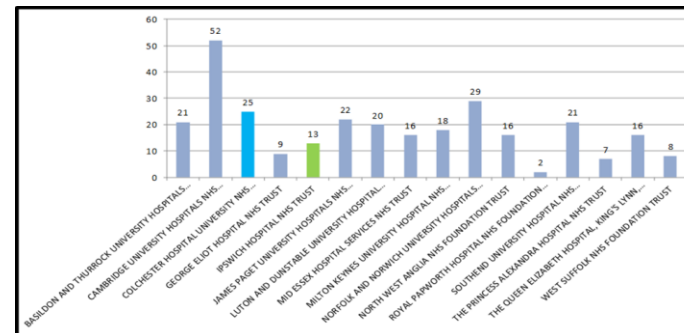
There have been 0 MRSA bacteraemia cases on either site this financial year

Clostridium difficile



C difficile cases however have shown an increase in numbers particularly at the CGH site with a 7 case increase overall on this time last year with IH having a 3 case increase on this time last year. Currently, a theme that has been noted relates to the number of cases whom have had a number of antibiotic courses for UTI (urinary tract infection) prior to C difficile disease identification, both as hospital inpatients and via GP.

Escherichia coli (E. coli)



September: 50% reduction from 6 to 3 cases at CGH: 1-repeat sample from a patient in August; 1 the source as chest for a patient with a number of comorbidities including Pneumonia; 1-source not identified. There was one Ipswich case associated with a pat with a long term indwelling catheter with a urinary tract infection.

The Secretary of State for Health has launched an important **ambition to reduce Gram-negative BSIs by 50% by 2021**. The Trust's YTD total of 38 cases leaves a gap of 12 cases for the period of October to March 2019 to remain on trajectory. There is an ongoing programme of work to look at urinary tract infection management, urinary catheter review and removal, and hydration management whilst in our care. There is work with Essex County Council and care homes.

General

The **outbreak** declared on the Colchester site relating to a particularly resistant organism Carbapenem Resistant Organism (CRO) Klebsiella Pnuemoniae, has at this time shown no further related cases. There has been a national increase in incidence and the number of new cases identified with outbreaks noted at other DGH's. The IP&C team will be taking part in the review of the national CRO guidelines. Staff awareness on both sites in terms of recognising those at risk and prompt isolation has seen an improvement. There has been a snapshot audit undertaken on IH site to check compliance with policy and feedback should be available next month.

Audit & IT

The alignment of reporting in terms of hand hygiene auditing, Saving Lives (high Impact Intervention auditing) MRSA screening and NPSA auditing continues to progress; however not at the pace anticipated due to challenges with IT issues and different audit data collection methodologies.

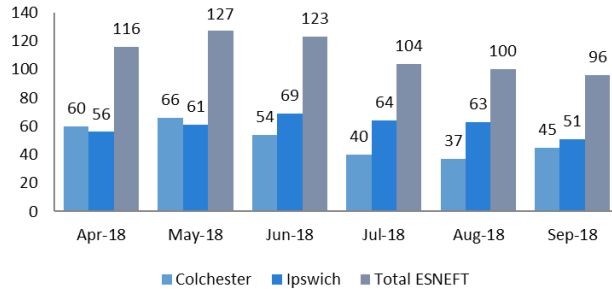
The ICNet IP&C Surveillance system business case is progressing to support alignment within this financial year this will support cross-site and off site working for IP&C together with timesaving processes for joint reporting of HCAI and outbreak identification.

The IP&C teams across the both sites are developing some resilience and succession planning; however, Consultant Microbiology staffing levels across the sites remains an issue.

Patient Experience - Complaints

Total complaints

ESNEFT total number of complaints received



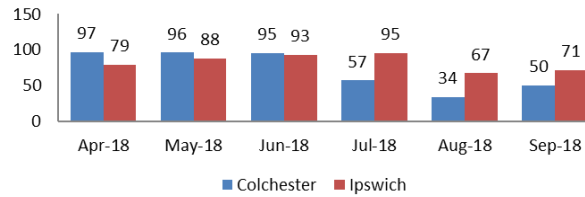
At Colchester, 45 complaints were received in September, higher than both July and August. By contrast, complaints fell to 51 in Ipswich from 63 in the previous month.

Complaint themes

Most complainants refer to a number of different matters within their complaint and the complaints team log each 'subject' accordingly. The most commonly raised subjects of complaint in September were care and treatment and communication

Response compliance

ESNEFT response % compliance



Overall compliance with response times has increased in the month of September, from 34% to 50% at the Colchester site; and from 67% to 71% at Ipswich and community locations.

There are currently 51 overdue complaints across ESNEFT: 41 related to Colchester site and 10 Ipswich / community sites.

Mitigating actions

The Complaints Team are slowly recovering from the unprecedented staffing challenges that have been experienced during the summer months (predominantly focused at the Colchester site); all but one member of staff will have returned to work by November, and the remaining gap has already been filled via NHSP as there is an anticipated 6 month vacancy.

The leadership teams within the Divisions are now more established and recovery plans that have been implemented are effectively addressing the backlog whilst maintaining compliance with current and new complaints. Based on the improvement in compliance and increase in support it is anticipated the compliance will continue to increase month on month by at least 20%, therefore ensuring a return to baseline by the end of December.

Patient Experience

Quality Improvement. Following patient feedback that showed that noise at night was a real issue; eye masks and earplugs (British Airways are supplying the eye masks and earplugs are donated via safety wear and equipment supplier ARCO) are now available on Aldham ward following the successful launch of QI initiative 'Sleep Well in Hospital'. This project was initiated by a member of staff from the Patient Safety and Clinical Audit Team, and they also secured the external supply of equipment.

User Involvement. At Colchester, the first meeting / workshop was held with the core group who expressed an interest. Confirmed interest, agreed role descriptions for membership and co-designing the terms of reference were considered. A follow up meeting is to be held in October. User representatives from both sites attended QI training. At Ipswich, the IHUG 'celebration of user groups' is taking place on 12th October. CHUG members attending. IHUG have been consulted on the future strategy of ESNEFT.

Friends and Family Test. Continues to meet required targets, except in ED at Ipswich where both the % of return and % recommending are below targets. Maternity returns and scores continue to fluctuate at Colchester. The roll out of the Healthcare Comms SMS system continues to be delayed due to BI system developments.

Detailed friends and family performance is included on the following slide.

Engagement Post. This post has been advertised. The role will support the development of user involvement across ESNEFT, focussing on Colchester initially and initiatives such as enabling the new CHUG to develop.

Equality & Diversity. The new ESNEFT EDI steering Group has been established. The focus will initially be on the Equality Delivery System (EDS2), the Accessible Information Standard and demographic monitoring from a patient experience perspective. They will also reach out to different communities as part of engagement activities.

The patient experience engagement officer will also support the EDS2 work from a patient experience perspective.

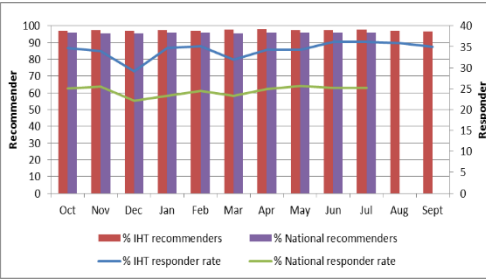
Children's takeover day. Following the success at Ipswich over a number of years, 'takeover day' is now to include Colchester site.

Caring 4 carers. The Trust presented at the eastern regional NHS England consultative conference about the future strategy for NHS and carers. The work so far at Ipswich, and developing at Colchester, will be used as a good practice model in new guidance. The caring 4 carers initiative will be presenting to HSJ judges on the 19th October.

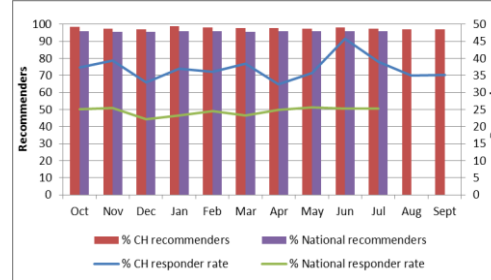
Chaplaincy. Recruitment continues to create a full team across ESNEFT appointment at Ipswich and further interviews planned.

Patient Experience – friends and family test

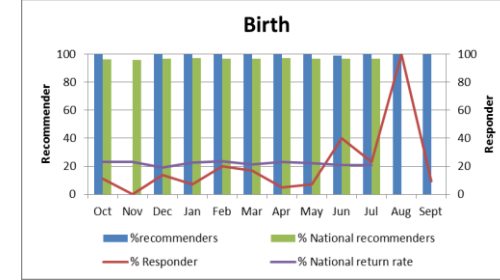
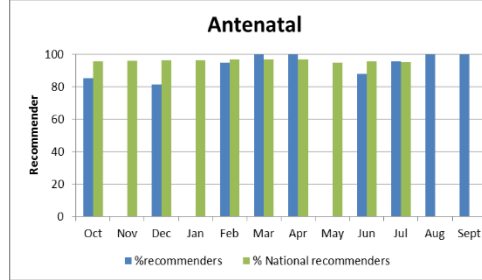
Ipswich inpatients



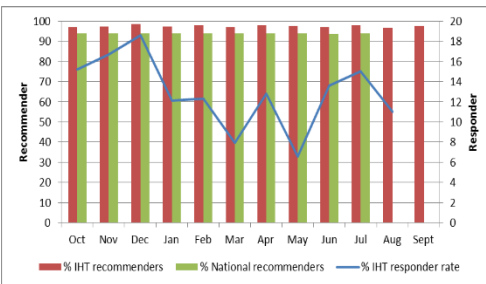
Colchester inpatients



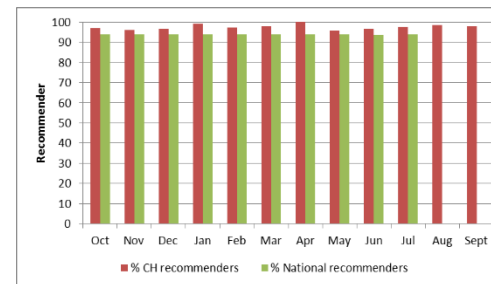
Colchester maternity



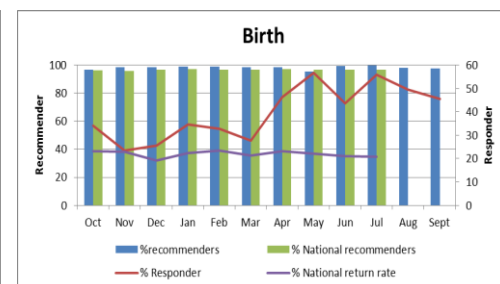
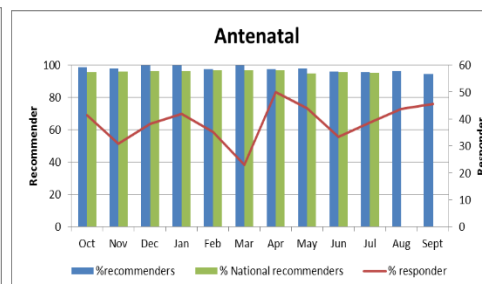
Ipswich outpatients



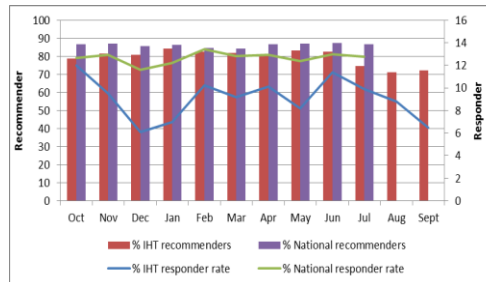
Colchester outpatients



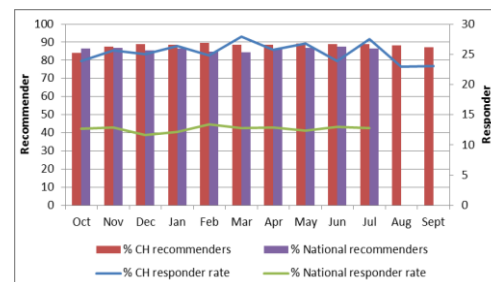
Ipswich maternity



Ipswich ED



Colchester ED



Community

	Number of patients who would recommend	% of patients who would recommend*	Number of survey responses received	Response rate	
Combined Scores	72	96%	75		
Community Hospitals - combined	64	96%	67	61%	Response rate = number of surveys received against total number of patients discharged (110)
Aldeburgh Community Hospital	7	78%	9	31%	Response rate = number of surveys received against total number of patients discharged (29)
Bluebird Lodge	49	98%	50	77%	Response rate = number of surveys received against total number of patients discharged (65)
Felixstowe Community Hospital	8	100%	8	50%	Response rate = number of surveys received against total number of patients discharged (16)
Community Health Teams - combined	8	100%	8		
Felixstowe	0	0%	0		
Hadleigh	0	0%	0		
Ipswich 1	4	100%	4		
Ipswich 2	0	0%	0		
Ipswich 3	1	100%	1		
North East	2	100%	2		
North West	1	100%	1		
Stowmarket	0	0%	0		
Woodbridge	0	0%	0		
Not recorded	0	0%	0		Response rate = number of surveys received against number of first discharges (not known)

A&E Economy Performance

96.09%

Colchester **97.32%**
Ipswich **93.67%**

Cancer Performance

73.68%*

TOP FIVE ISSUES

RTT Performance

88.34%*

*Unvalidated (RTT & Diagnostics require Oaks data update)

Ambulance Handover

22 excess of 60 mins

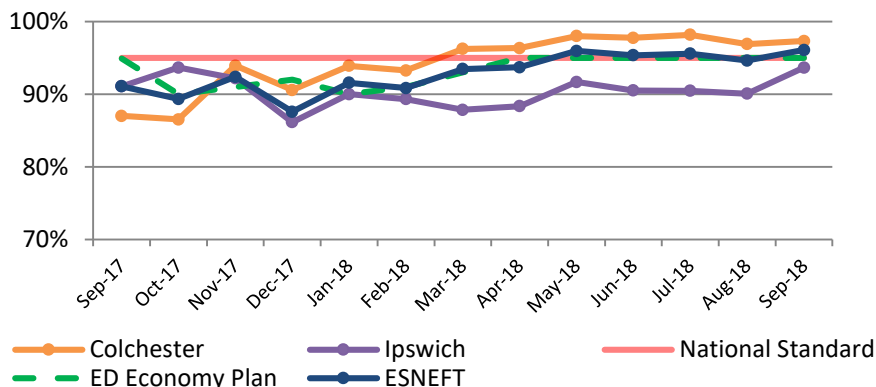
Diagnostics Performance

1.25%*

URGENT CARE

Performance in line with Trajectory

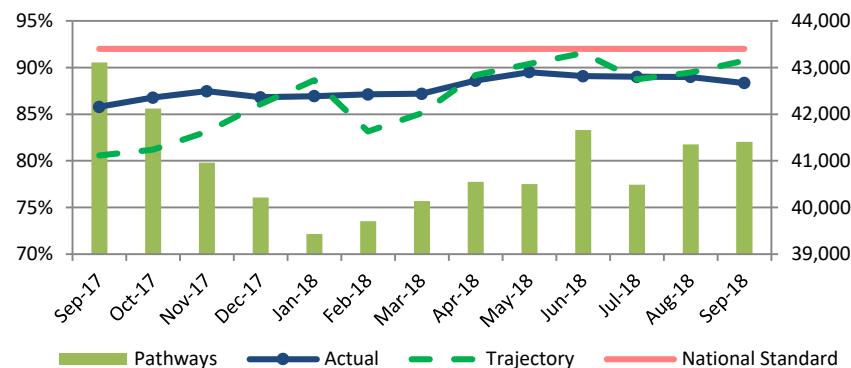
ED Economy 4 Hr Standard - Trajectory vs Actual



RTT

Exception Report Needed

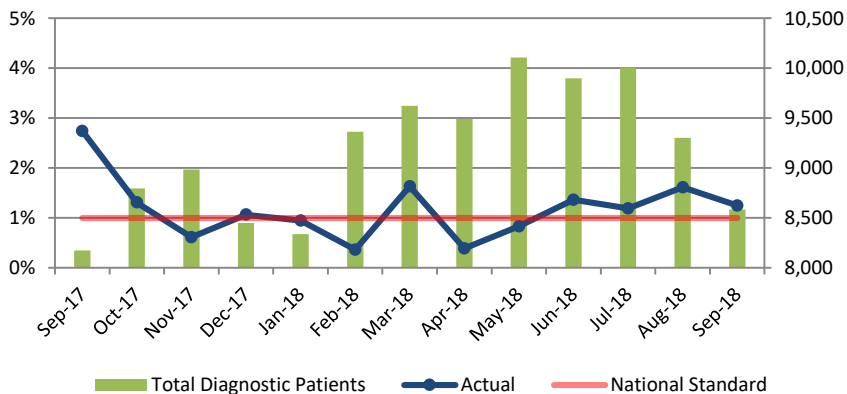
RTT Incompletes - Trajectory vs Actual



DIAGNOSTICS

Exception Report Needed

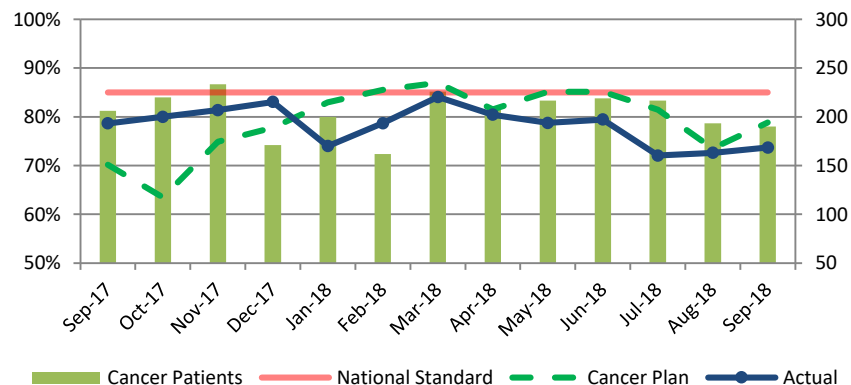
Diagnostic Standard



CANCER

Exception Report Needed

Cancer 62 Waits Standard - Trajectory vs Actual



Performance against the 4 hr standard for September 2018 was 94.78% for Colchester and 92.84% for Ipswich. Both Colchester and Ipswich are above the September trajectory of 92% and below National Standard of 95%.

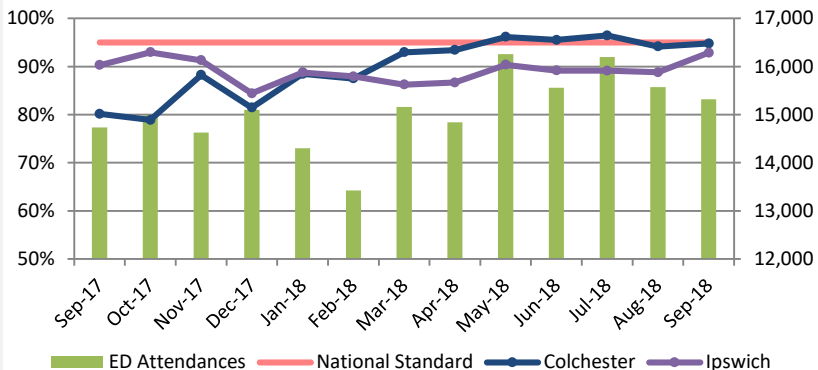
ED Economy performance for Sept 2018 was 97.32% for Colchester which is above the trajectory and National Standard both of which are 95%. For Ipswich it was 93.67% which is below both. The ESNEFT performance was 96.09% which is above the National Standard

Performance against the 15 minute time to initial assessment was steady at 10 minutes for Colchester and lower at 29 minutes for Ipswich for the month

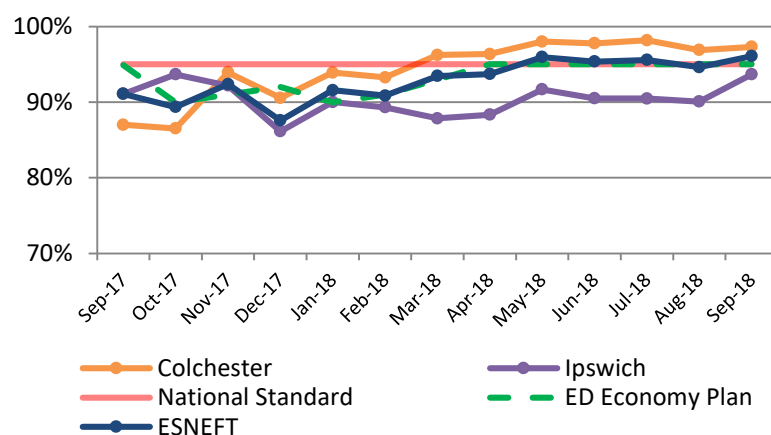
Performance against 60 minute time to treatment for Sept remained within target at 59 minutes for Colchester and was above target at Ipswich with 164 minutes

1 Monthly Trend

ED 4 Hr Standard - Trajectory vs Actual



ED Economy 4 Hr Standard -Trajectory vs Actual



2 Service Commentary

ESNEFT performance just below national standard.

Working with site operations to ensure flow in the hospital, contingency areas in use.

Detailed recovery plan for Ipswich performance commenced focusing on 7 must do's which is Director led.

Senior floor manager introduced at Ipswich to support and troubleshoot and resolve daily operational issues internal and external to the department continued ED manager at Colchester now commenced in role.

ED Manager Ipswich appointed commencing January 2019

ED Service manager now commenced in role.

	Target	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Other ED Standards - Colchester														
Time to initial assessment (Ambulance Arrivals) 95th %ile	15	13	13	12	13	12	10	11	11	10	10	9	10	10
Time to treatment in department (median)	60	50	57	50	65	43	58	54	53	57	56	49	59	59

	Target	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Other ED Standards - Ipswich														
Time to initial assessment (Ambulance Arrivals) 95th %ile	15	40	32	37	56	58	53	40	26	25	24	30	37	29
Time to treatment in department (median)	60	84	80	85	93	81	89	91	93	89	94	153	177	164

Ambulance metrics have decreased in September;

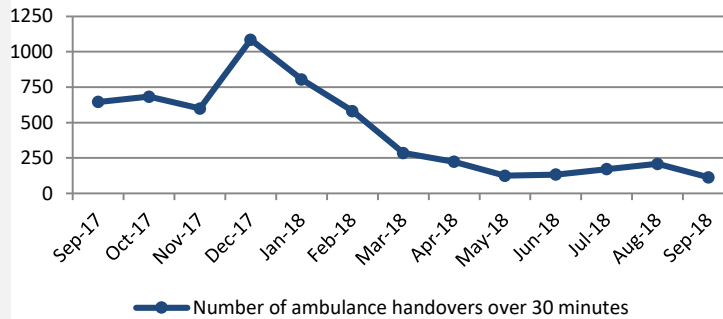
60 minute handover breaches have decreased from 51 in August to 22 in September.

Handovers over 30 minutes have decreased from 209 in August to 114 in September.

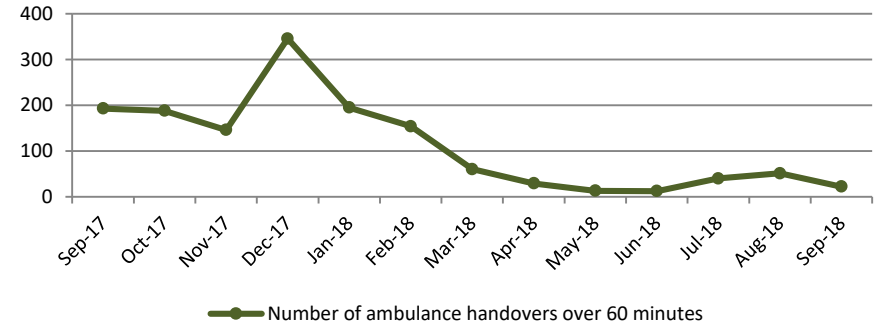
Handover breach penalties are no longer paid by the Trust due to the move to guaranteed income contracts with main clinical commissioning groups.

1 Monthly Trend

Number of ambulance handovers over 30 minutes



Number of ambulance handovers over 60 minutes



2 Service Commentary

Colchester

Ward closure resulted in restricted flow out of the department now resolved
 Contingency ward now in use flow dependent
 Nursing staff deficits (now resolved)

Ipswich

Colchester processes are being adopted.
 Halo role has commenced
 Nursing staffing deficits (now resolved) to enable prompt handover.

62 Day Cancer Waits for 1st Treatment remain below Target and trajectory. Performance was 73.7% for Sept 2018– this was below the trajectory of 78.9%

Gap to compliance for Sept 2018: currently we are 5.2% below Trajectory of 78.9% and 11.3% below the 85% target.

2WW wait from referral to first seen is above target at 94.8% against 93%

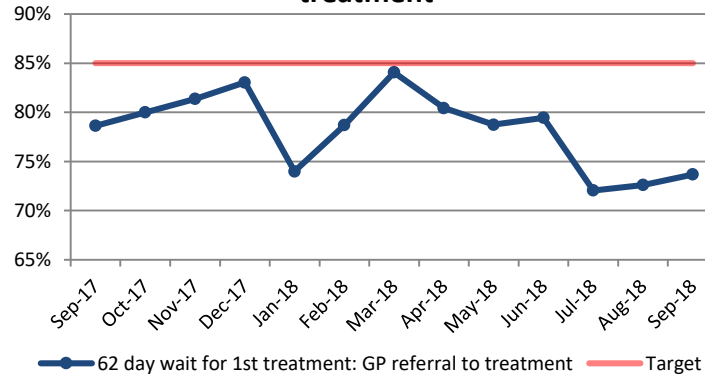
31 day wait from decision to treat to treatment is above target at 96.4% this month against target of 96%

The number of patients currently waiting (snapshot) 104+ days on a 62 day first Cancer pathway currently stands at 39.

**Unvalidated figures as at 12/10/2018. Final figures for Sep will be available in Nov after submission*

1 Monthly Trend

62 day wait for 1st treatment: GP referral to treatment



2 Service Commentary

2WW and 31 day first standards have been met for September and remain on track to deliver in October.

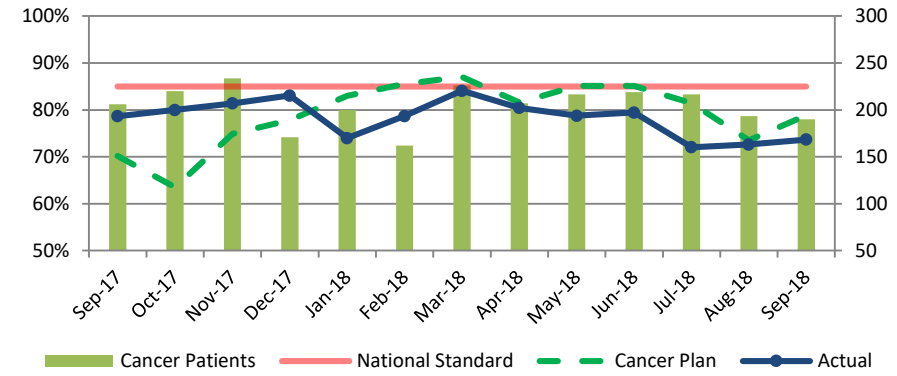
62 day first performance is off trajectory despite a focused piece of work at Ipswich throughout September (Cancer Red2Green). **Currently 73.7% against trajectory of 78.9%**. The main areas of under performance and with the highest number of patients already in a breach position on both sites are Upper GI, Lower GI and Urology. Personnel issues within the Surgical Directorate have resulted in delays with the setting up and booking of additional clinics, diagnostic and theatre lists – There is now however significant focus in these areas to put on additional capacity and a review of the recovery plans and trajectory. Lower GI in particular has already shown signs of improvement which has continued into October.

Lung, Gynae and Head & Neck are also off trajectory in month but are showing good progress with their recovery plans and are all likely to be back on track in November. Pathway changes in Lung have meant that all 1st appointments are being booked within 7 days however there is an issue with tertiary referrals to NNUH for surgery and late additions to the PTL where patients have flipped over from other tumour sights.

H&N and Gynae have a number of breaches in October whilst they clear the backlog but both PTLs are looking much better going forward. Gynae are now diagnosing patients much earlier in the pathway mainly due to changes with clinic set up and clinical review

There has been an increase in the number of patients over 104 days on both sites with the number doubling in 2 months. Many patients are very unfit and clinical teams have been asked to urgently review to ascertain the likelihood of them ever being fit enough to proceed even to the investigation stage. Where patients have been diagnosed, they will be brought in to the next available clinic or theatre slot. This may entail moving routine patients in some cases.

Cancer 62 Waits Standard - Trajectory vs Actual



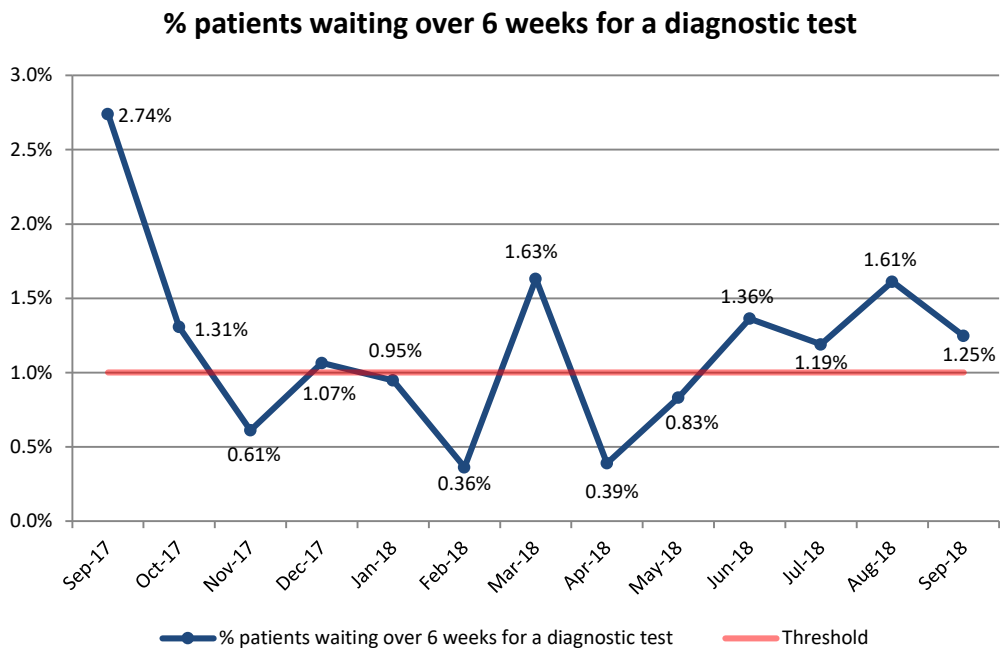
Other Cancer Standards	Target	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
2 week wait from referral to date first seen: All	93%	95.0%	96.5%	96.9%	96.3%	93.9%	96.9%	94.9%	89.6%	91.0%	91.5%	94.4%	94.3%	94.8%
31 day wait from diagnosis to 1st treatment	96%	95.9%	96.6%	98.0%	95.7%	95.2%	97.4%	97.5%	95.9%	99.0%	97.2%	96.6%	95.5%	96.4%
62 day wait for 1st treatment: GP referral to treatment	85%	78.6%	80.0%	81.4%	83.0%	74.0%	78.7%	84.1%	80.4%	78.8%	79.5%	72.1%	72.6%	73.7%
104+ days on 62 day first PTL (showing 100+ prior to Mar 17)	0	15	22	20	26	20	21	16	20	23	21	19	28	39

Diagnostic performance currently at 1.25% against target of 1%. This has decreased since August's figure of 1.61%

Please note a revised position for Cystoscopies was submitted in Nov 17 for July and Aug 17 – the information shown within this report reflects this updated submission.

**Unvalidated figures as at 12/10/2018. Oaks data required to be added. Final figures for Sept will be available in Nov after submission*

1 Monthly Trend



2 Service Commentary:

Reduction on previous month. Ultrasound demand still exceeding capacity. Locum radiologist supporting and is in place ongoing. Actively recruiting and exploring fixed term consultant posts as option to decrease and awaiting confirmation of start dates. Additional lists being undertaken. Breaches are in consultant speciality areas e.g. paediatrics and neck.

MRI breaches due to booking issues and patient choice which have been addressed to ensure this is not an issue going forward.

Diagnostic Standard - Details	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
DM01 6+ week breaches	224	114	55	90	79	34	157	37	84	135	119	150	107
DM01 Endoscopy 6+ week breaches	94	73	29	19	22	11	29	17	7	17	17	35	5
DM01 Imaging 6+ week breaches	124	36	18	49	51	19	125	15	75	97	96	100	80
DM01 Waiting List	6456	6937	7164	6707	6439	7293	7536	7507	8000	9900	10005	9303	8584

Initial Values for Direct to Stroke Unit is under target for July, August & September but is improving

Scanned within one hour exceeds the 50% target for ESNEFT in July , August & September .

Initial Values reported for July, August & September performance for patients spending 90% of time on stroke unit exceeds the 80% target for all three months.

It should be noted that all data for July 18 – September 18 is subject to change.

1 Monthly - ESNEFT

Stroke - ESNEFT combined AF Values				
Standard	Target	July	Aug	Sep
% patients admitted directly to stroke unit within 4 hours of hospital arrival	90%	78.8%	71.8%	86.2%
	<i>Numerator/ Denomiator</i>	63 / 80	56 / 78	50 / 58
% patients who scanned within one hour of hospital arrival	50%	69.0%	68.4%	68.8%
	<i>Numerator/ Denomiator</i>	49 / 71	39 / 57	33 / 48
Patients spending => 90% of their stay on a stroke unit	80%	89.0%	82.7%	84.7%
	<i>Numerator/ Denomiator</i>	73 / 82	67 / 81	50 / 59

For Stroke metrics, indicative monthly values for July, August & September 18 have been provided for internal reporting only. Agreed SSNAP values will be updated quarterly with SSNAP published figures.

2 Service Commentary

There was a drop in the 4 hour target for August 2018 which directly relates to new Junior Doctor turnaround. RCAs are completed for all breaches and the Consultant has had direct educational discussion with the individuals involved and an overall improvement was realised in September 2018. There were also a number of patients requiring Critical Care and were clinically appropriate to be transferred to CCU. October 2018 performance is indicating an improved position to date.

60 minute to scan pathway is above target; RCAs for those over an hour indicate that the majority relate to delayed referrals from ED. The optimum time for referral for CT is 20 minutes. The Acute Stroke Nurses continue to provide education to drive further improvement.

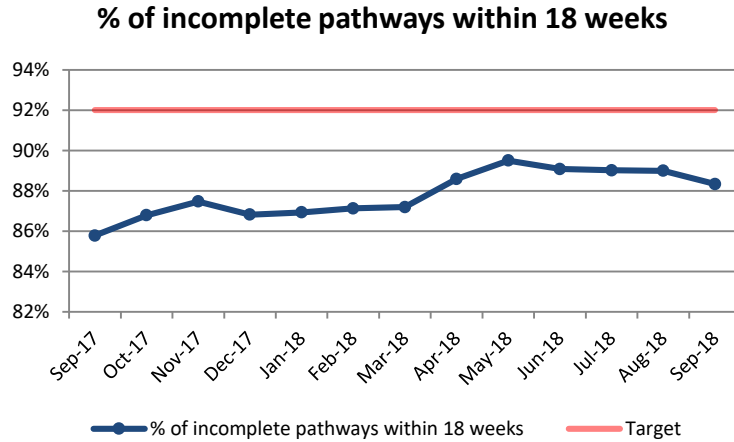
The 90% stay on Stroke Unit is above target. The majority of those that do not spend 90% on the Stroke Unit relate to short stay admissions whereby the time spent in ED equates to more than 20% of the overall length of stay.

September's current RTT position is 88.34%. This is below trajectory of 90.73% and has decreased from August 2018.

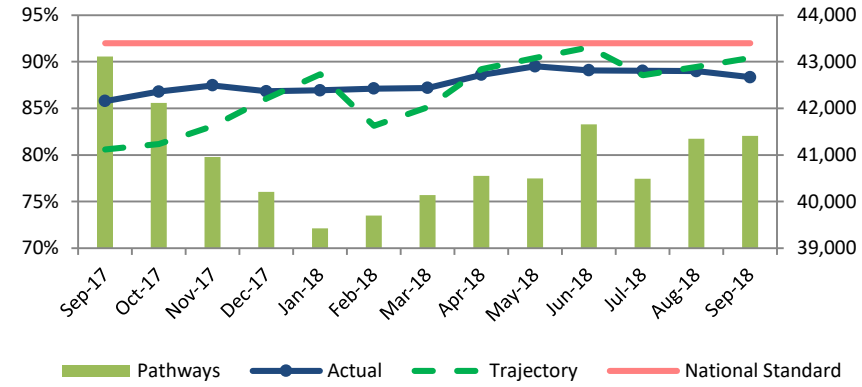
There are currently 0 52+ Week breaches for September 2018

**Unvalidated figures as at 12/10/2018. Oaks data required to be added. Final figures for September will be available in Nov after submission*

1 Monthly Trend



RTT Incompletes - Trajectory vs Actual



2 Service Commentary

- Overall ESNEFT trajectory reviewed based on current performance, forecasting delivery now of 92% at the end of January
- The key specialities that have updated their forecasts are: Urology, Ophthalmology and T&O
- Increases in demand year on year have driven some of the
 - Ipswich - Urology 21%, Ophthalmology 6.5%, Gastro 37%, General Surgery 21.8%, Gynae 20.2% and Respiratory 17.1%
 - Colchester – Urology 3%, Colorectal 9.1%, Neurology 7.8% and Rheumatology 13.3%
- Both Nephrology and Gastro achieving 92% and are ahead of plan
- Waiting list shape is seeing some change
- No patients over 52 weeks for September

Other RTT Standards	Target	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
% of incomplete pathways within 18 weeks - admitted	92%	74.5%	75.2%	76.3%	73.7%	72.7%	72.5%	70.9%	73.3%	74.7%	72.7%	73.3%	70.7%	74.2%
% of incomplete pathways within 18 weeks - non-admitted	92%	87.9%	89.0%	89.7%	89.6%	90.0%	90.1%	90.3%	91.5%	92.2%	91.8%	91.9%	92.3%	91.8%
Number of RTT Incomplete pathways >52 weeks	0	41	40	38	40	31	29	17	15	17	11	4	3	0
Total Backlog	-	6135	5567	5135	5300	5157	5112	5146	4629	4253	4550	4447	4553	4830

Headlines	Commentary on key items	Forecast / Trends
<p>In September the Trust incurred a deficit of £10.3m. This was adverse to plan by £6.8m.</p> <p>The year to date deficit is now £16.3m which represents an adverse variance to plan of £8.0m. £4m of this variance relates to a shortfall in Provider Sustainability Fund (PSF) which has been lost because the Trust has failed to deliver its financial control total for quarter 2.</p> <p>The Trust's Use of Resources Rating (UoR) fell to 4 for Month 6.</p> <p>A financial forecast exercise at the end of Q2 has been undertaken and indicates an outturn adverse variance of £14.2m (before PSF). After PSF loss is taken into account this adverse variance increases to £31.3m (PSF for the ESNEFT period is £16.9m).</p> <p>At the end of September, the Trust held cash of £32.1m, which was much higher than the plan of £1.5m.</p>	<p>Clinical Income: There is an underlying adverse cumulative variance of £0.8m. An income guarantee has been agreed with the Trust's main commissioners meaning that no losses (or gains) will be incurred due to activity for this element of the income plan. However, there are shortfalls against the specialised contract especially (this is still cost and volume), notably in Spinal Surgery and Radiotherapy. The overall income position is artificially inflated by external funding for the pay award (£3m at M6).</p> <p>Other income: £3.8m adrift of plan driven by the non-receipt of PSF monies for Q2 (due to missing the underlying financial control total for the period).</p> <p>Pay expenditure: over spent against plan by £6.8m for the year to date (£1.7m for the month). The pay award of 3% for 18/19 was higher than planned. These costs, although not included in the plan, have been met by income from the DH. Budget has been created and delegated to meet these increased costs. However, even against budget, pay costs are significantly adverse, particularly for junior doctor costs and to a lesser extent nursing.</p> <p>Temporary pay: NHSI have set the Trust an agency expenditure ceiling of £16.7m for months 4 to 12. For Month 6 agency costs were over ceiling (£2.5m v £2.0m). This is an important driver of the overall cost pressure being reported against pay.</p> <p>Non-pay: In September non pay expenditure was overspent (£0.9m) against plan but for the year to date the position remains favourable to plan (£1.0m) This position is distorted by budget variations and a truer reflection of performance is that against budget (adverse by £1.3m in M6, £1.2m YTD). The main reasons for the overspend in the month were CIP under-delivery (£0.5m) and overspends in premises and 'other' non pay.</p> <p>Cost improvement plans: For September there was a shortfall in CIP delivery of £0.6m. The Trust is currently forecasting to deliver £26.4m CIPs against the Q2-4 ESNEFT target of £32.7m.</p> <p>Cash: The high balance is a product of: 1) the planned repayment of excess cash to DH is no longer required due to a change in DH process/policy 2) there is a backlog of unpaid creditor invoices as a result of delays in implementing elements of the new finance system.</p> <p>Capital programme: Underspent by £4.2m for the year to date due to delays in progressing schemes. It is expected that by year-end actual capital spend will underspend the full year plan by £2.7m.</p>	<p>Cost estimation: As in the previous month, and following the implementation of a single general ledger and the impact this had on the payment of creditors, it was necessary to estimate some non pay costs in month 6. There is therefore a risk of under or over estimation of these costs.</p> <p>Cost improvement plans: The delivery of the £32.5m CIP required for the year is recognised as being very challenging. The Trust is currently forecasting to deliver £26.4m CIPs against the Q2-4 ESNEFT target of £32.7m.</p> <p>Temporary pay spend: At M6, the Trust has now spent £1.6m in excess of the NHSI agency ceiling set for July to September of £6m. The ceiling is planned to reduce as the year progresses. The Trust must reduce spending on agency staff to more affordable levels for the benefit of the overall financial position.</p> <p>Forecast. This is a base position, with no contingency for any unexpected costs or any additional winter pressure costs over and above that assumed in the divisional forecasts. It also requires current CIP forecast to be delivered.</p> <p>Recovery plans from divisions have identified a total value of £4.8m (£2.9m of the recovery plan is considered high risk in terms of delivery). This is not sufficient to achieve full financial recovery for 18/19. To fully recover the Trust position, including PSF, recovery plans need to identify a further £9.4m. It is proposed that a temporary 'Specialist Financial Recovery Team' will be established to highlight and drive immediate opportunities for recovery. The importance of tight financial controls is also being reiterated to divisional leadership teams.</p>

Divisional Performance

Division	Full year			RAG
	Budget	Actual	Variance	
Cancer and Diagnostics	4,217	5,219	(1,002)	Red
Medicine	(10,951)	(9,155)	(1,796)	Red
MSK and Specialist Surgery	(10,846)	(10,439)	(407)	Red
Surgery and Anaesthetics	402	1,762	(1,360)	Red
Logistics	3,021	3,007	14	Green
Integrated Pathways	2,648	3,652	(1,004)	Red
Women's and Children's	(7,017)	(6,992)	(25)	Orange
Corporate Services	21,591	22,620	(1,029)	Red
Total	3,066	9,674	(6,608)	Red

Commentary/Actions

Divisional budgets show an adverse variance of **£6.6m** year to date. The majority of this is against pay budgets (**£3.5m**); and has been incurred in the medicine and surgery divisions, although other divisions also have significant overspends. Non-pay is **£2.7m** overspent.

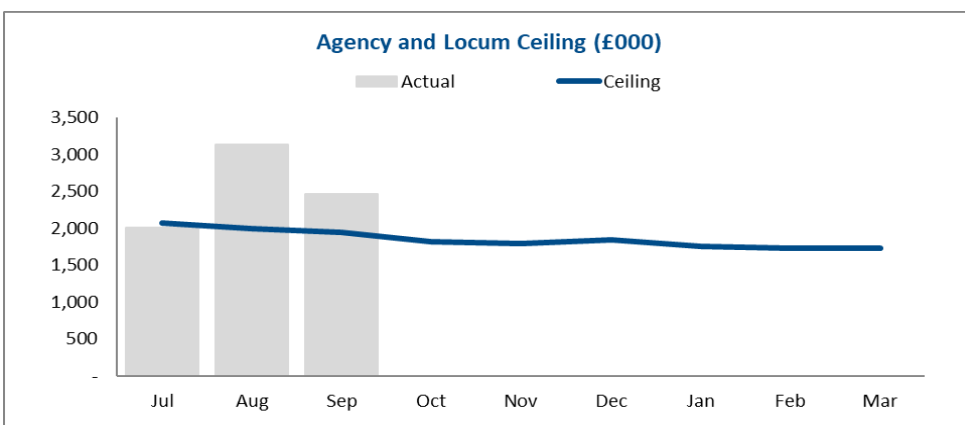
Cost Improvement Plan (CIP)

All in £000	September			Year to date			Forecast		
	Plan	Actual	Fav / (Adv)	Plan	Actual	Fav / (Adv)	Plan	Actual	Fav / (Adv)
Corporate Services	299	215	(84)	896	664	(233)	4,393	4,107	(286)
Cancer and Diagnostics	519	316	(203)	1,553	968	(586)	5,179	4,074	(1,105)
Medicine	360	150	(210)	1,079	415	(664)	3,569	1,209	(2,361)
MSK and Specialist Surger	267	217	(51)	678	613	(65)	2,647	2,271	(375)
Surgery and Anaesthetics	314	189	(126)	1,067	544	(523)	3,681	1,900	(1,782)
Women's and Children's	161	246	85	482	518	36	1,907	1,952	45
Integrated Pathways	210	82	(128)	630	233	(397)	2,702	993	(1,709)
Logistics	47	34	(14)	142	64	(78)	460	210	(250)
Non-Divisional	1,093	1,242	149	3,279	3,756	477	8,134	9,633	1,499
Total	3,270	2,691	(582)	9,806	7,775	(2,033)	32,672	26,349	(6,324)

Commentary / Actions

There was an underachievement of £0.6m against the plan for September. All divisions, with the exception of Women's and Children's have failed to deliver their CIP target YTD. At the recent divisional accountability meetings in October they were asked to outline the reasons for this, and outline the steps they are taking or planning to take to recover the position. CIP delivery continues to be monitored through the resource optimisation board.

Agency Price Cap and Frameworks Compliance



Commentary / Actions

For Month 6 agency costs were over ceiling (£2.5m v £2.0m ceiling), and are cumulatively now £1.6m in excess of this target. The ceiling is planned to reduce as the year progresses. The Trust must reduce spending on agency staff to more affordable levels for the benefit of the overall financial position.

Workforce Dashboard

September 2018

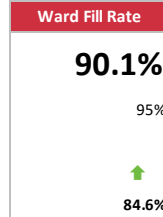
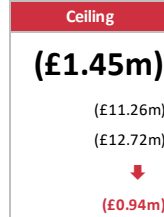
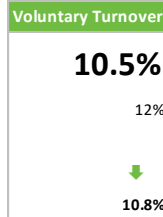
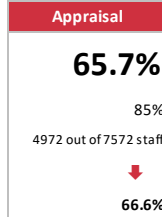
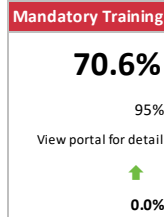
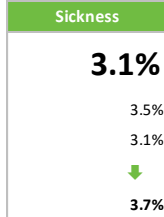
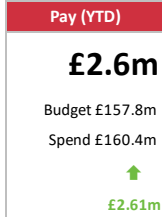
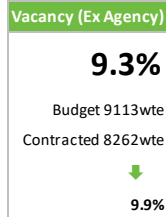
Trust Level

Significant Improvement Required

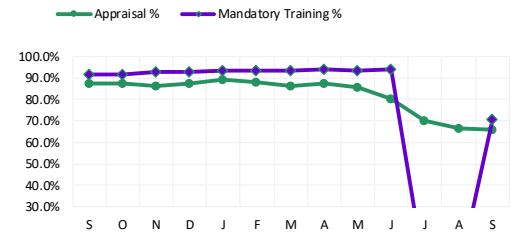
Key Metrics

Performance

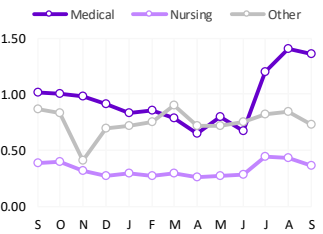
Target
Achieved
Vs Prior Month
Prior Month



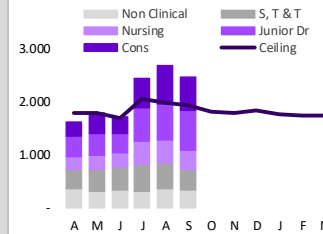
Appraisals & Mandatory Training Compliance



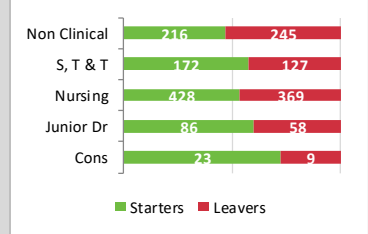
Agency Trends (ex Locum)



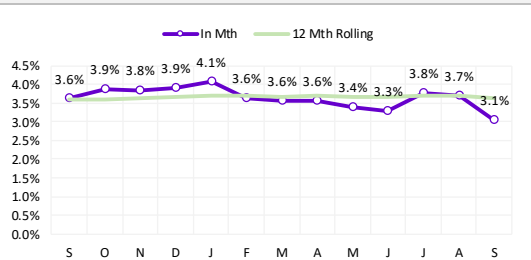
Agency Ceiling



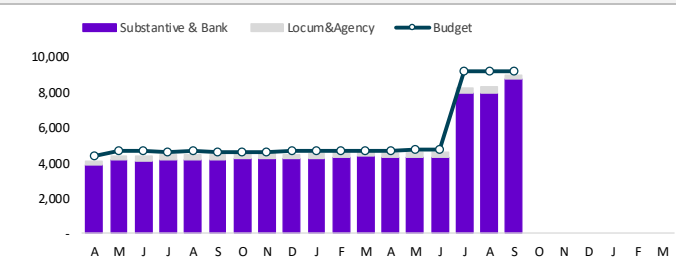
Starter - Leavers (12Mth Rolling)



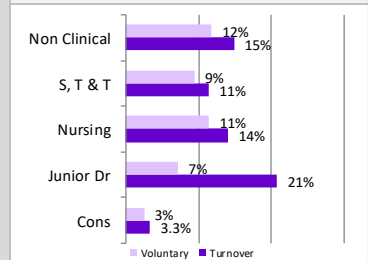
Sickness



Workforce Trends



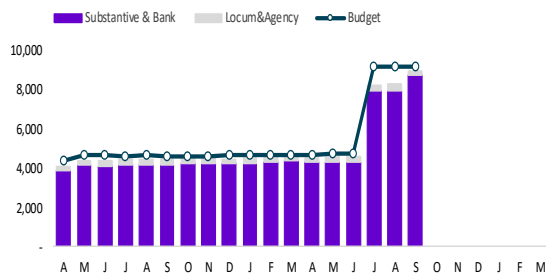
Turnover by Staff Group



Only data from July is ESNEFT data; all prior months are Colchester site only.

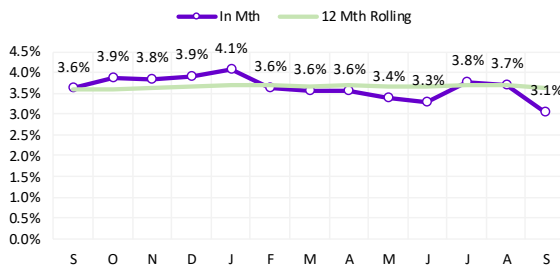
Workforce Trends

wte



Sickness

%



Commentary

Only data from July is ESNEFT data; all prior months are Colchester site only.

In September, those in post increased from 8,250 WTE in the previous month to 8,262. There has been a steady decline in the vacancy % since merger reflecting the settling of divisions, appointments made and budgets and establishments agreed. The overall vacancy rate of 9.3% (excluding agency) is below most acute trusts. However this masks the higher % shortage in nursing and consultant posts

There were 129 leavers in the month compared with 141 new employees.

The trust recently undertook an overseas recruitment trip to India. From this, 42 Band 5 nurses were offered positions at Colchester.

There are 24 Consultant vacancies, 21 doctors in training vacancies; and 29 Trust grade vacancies. Key appointments for Month 6 include junior doctors in ED, T&O, Anaesthetics and Medicine and Older People Services. Two Consultants for Critical Care have also been appointed with start dates confirmed

During September, the rolling turnover was maintained at 13.6% whilst the voluntary turnover reduced to 10.5% from 10.8%. However an area for concern is the voluntary turnover increase in nursing (from 0.8% to 1.5% in month).

The total average time to hire has been identified as a key indicator. Unfortunately the time from a job advert being placed to conditional offer increased significantly in September for non-medical posts. There were slight reductions in time for the stages of medical recruitment (the work impact in August of the junior doctor rotation).

Sickness: The September rate of at 3.1% represented an in month improvement of 0.6% and the best performance of recent months. Given the significant drop (based on previous in month movement) the HRBPs are ensuring that this is a genuine reduction in sickness rather than under reporting.

Risks & Mitigating Actions

The 'ESNEFT employer brand' is being developed. This includes ensuring that job adverts clearly articulate the benefits of the Trust; the internet site is informative and interesting; and candidates are courted once they have expressed an interest.

Cohort 3 of the return to work programme has started and 4 candidates have now secured full time employment. Early work has started on work placements for people with learning difficulties. The Trust is also supporting the LWAB programme for young adults leaving the care system into paid employment.

A generic Band 5 nurse and HCA recruitment campaign started in early October in addition to divisional recruitment for specific posts.

Turnover. The new data reporting tool enables drill down to ward level which will assist HRBPs with their retention programmes

The retention programme for ESNEFT has started but needs further refining. Some delay has been caused by the volume of activity and ensuring this work does not duplicate other work programmes.

A new induction programme has been developed to ensure staff are appropriately welcomed into ESNEFT with the right information.

Recruitment. The increased time for non-medical recruitment stages is attributed to the additional volume of work within the recruitment team in recent weeks; and to the unexpected absence of key team members.

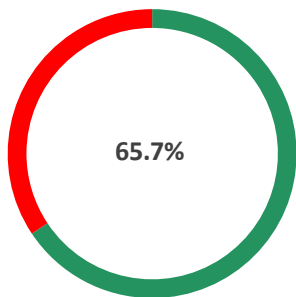
Medical Workforce. Work continues with Divisions to ensure that medical staffing have a concise live list of all non-training grade vacancies. Dedicated medical recruitment support exists at both sites; and link to the Temporary Staffing Lead so before bookings are made, there are assurances that there is active/planned recruitment in place. A single trust wide process for booking and approval is developed and will be ratified at November EMC.

Sickness. The ESNEFT sickness policy is due for formal ratification in October and this will bring all staff under one sickness management and reporting methodology. This includes developing formal return to work data collection.

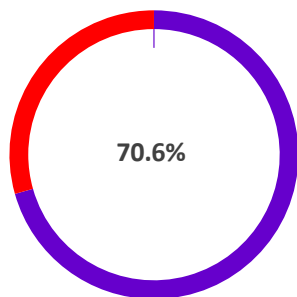
As part of the new policy training, focus will be on accurate recording of sickness so appropriate support levels can be given/planned.

'Anxiety/Stress/Depression' remains the highest identified reason for sickness and matches what is being seen in other trusts nationally. From the available data, much of the stress reported is non-work related. However this is a cause for concern and a priority for the OH team and HRBPs to see what practical steps can be taken in addition to more formal support.

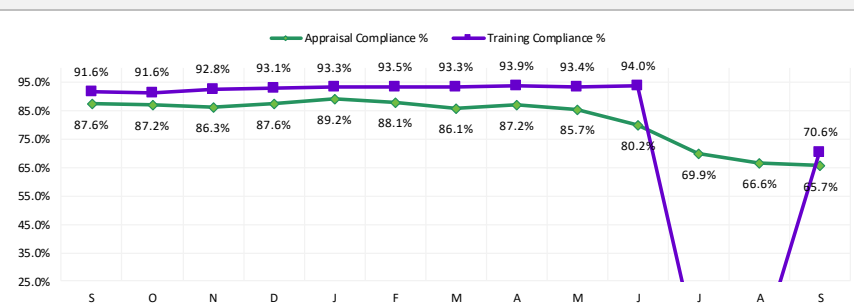
Appraisal Compliance (in Mth)



Mandatory Training Compliance (in Mth)



Appraisal & Mandatory Training Compliance Trend



Only data from and including July is ESNEFT data; all prior months are Colchester site only.

Appraisals. The in month appraisal compliance has decreased by 0.9% to 65.7% compared to August's value of 66.6%. Only two of the divisions recorded an increase in performance.

Mandatory Training. This is the first month that it has been possible to report ESNEFT performance: 70.6% compliance. Considerable work has been undertaken by the education and workforce teams to align training and role based competencies across ESNEFT; as well as the manual loading of activity undertaken on the IH site.

Risks & Mitigating Actions

Appraisals. A number of factors have been identified as contributing to the significant decline in performance (relative to the reporting of the 'legacy' organisations):

- Alignment of appraisal time frames post merger
- The move away from recording appraisals on a spreadsheet at Ipswich (same issues as mandatory training) to directly onto ESR. This requires managers to have a smart card and training.
- Due to the Ipswich spreadsheets not being robust some data has not pulled across.
- New managers are still getting to understand their roles and teams.

The data continues to be checked and managers asked to confirm if, and when, appraisals have been conducted. This is being supported by the HRBPs working with their divisions to identify activity that has taken place but not recorded. It is expected that the percentage compliance will rise once this work is completed.

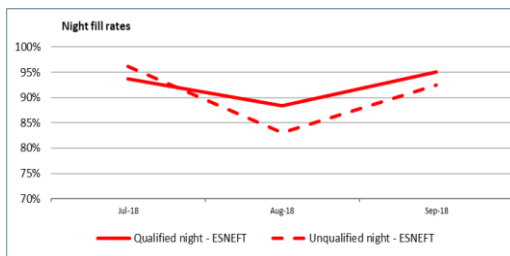
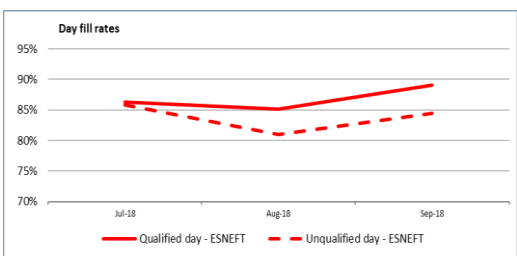
Mandatory Training. Whilst a large proportion of the alignment work complete, there is still work to be done and the percentage compliance shown for September is expected to rise.

Actions still to be progressed include the adding of competencies gained from reading the workbook at IH but not previously assigned, and verification of classroom activity over the past year where staff have attended courses but the associated competency has not been awarded to their record.

The portal available to staff on the Colchester hospital site now includes all ESNEFT staff aside from community (that work stream will be completed by 31.12.18).

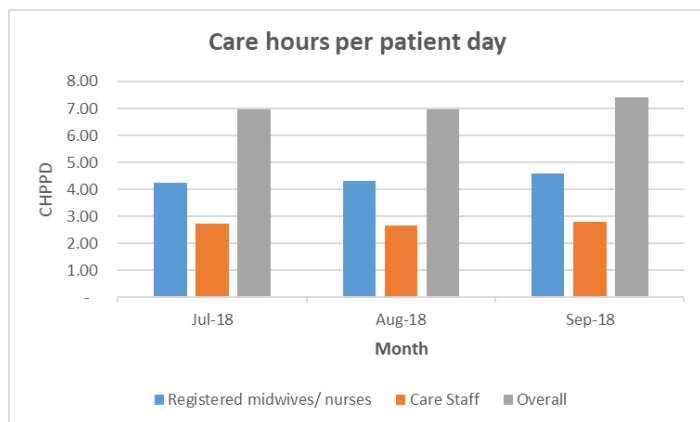
Nursing Fill Rates (including care hours per patient day)

	Jul-18	Aug-18	Sep-18
Qualified day - ESNEFT	86.3%	85.1%	89.1%
Qualified night - ESNEFT	93.7%	88.3%	95.1%
Unqualified day - ESNEFT	85.9%	81.0%	84.4%
Unqualified night - ESNEFT	96.1%	83.1%	92.4%
Overall (average) fill - ESNEFT	89.6%	84.6%	90.1%



Care hours per patient day

Care hours per patient day	Jul-18	Aug-18	Sep-18
Registered midwives/ nurses	4.26	4.31	4.60
Care Staff	2.72	2.65	2.81
Overall	6.98	6.96	7.41



Commentary

Each month data on staffing fill rates for nurses, midwives and care staff is published on the NHS Choices website. This enables patients and the public to see how hospitals are performing on meeting inpatient safe nursing levels in an easy and accessible way.

All Trusts are also required to publish their actual versus planned staff fill rates on a ward by ward basis on their Trust website and from September CHPPD (care hours per patient day) will also be published on NHS choices.

CHPPD is a metric which offers the opportunity to benchmark nurse hours available to a patient each day and forms part of the model hospital data set, it is a helpful metric to consider as a trend as well as an internal benchmark and would be used to identify if further analysis would be helpful.

The overall fill rates for Qualified (Registered) Nurses and Midwives has shown improvement in September as a result of recruitment to substantive posts. September through to November are months generally with highest intake during the year as a result of newly qualified (NQ) nurse & midwife intake. This does mean that although numbers filling shifts is higher the workforce will have a higher junior skill mix.

RAG rules

- Less than 80% : Red
- 80 - 95%: Yellow
- 95 - 101%: Green
- More than 101%: Amber

Risks & Mitigating Actions

Nurse staffing is monitored on a shift by shift basis and is discussed at the bed meetings and risk assessed throughout the day by the Specialty Matrons and Site Matrons.

Staff are moved between departments and wards to mitigate risk where appropriate

An SOP for staffing escalation is in place.

There have been 2 international recruitment campaigns to India during October. The campaign for Colchester hospital resulted in 42 offers being made (11 candidates already had IELTS/OET); for Ipswich hospital 58 offers were made. It is anticipated that we will start to see some of these recruits arrive at our hospitals in March 2019.

The preceptorship programme is now in place for ESNEFT and is strengthened for NQ staff particularly at the Ipswich site who have not always had the opportunity to undertake the programme. It is hoped this will support NQ staff and reduce attrition at 18 months – 2 years.

POD Profiles - Trust Level

	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
All Staff													
Headcount	4,627	4,687	4,708	4,689	4,711	4,717	4,722	4,712	4,729	4,770	9,449	9,446	9,556
Establishment (including agency)	4,596	4,600	4,614	4,684	4,641	4,641	4,692	4,687	4,701	4,716	9,153	9,170	9,134
In post	4,014	4,060	4,054	4,057	4,079	4,093	4,119	4,093	4,102	4,128	8,182	8,250	8,262
Vacancy	582	539	560	627	562	547	573	594	599	588	970	921	872
Vacancy %	12.7%	11.7%	12.1%	13.4%	12.1%	11.8%	12.2%	12.7%	12.8%	12.5%	10.6%	10.0%	9.5%
Establishment (excluding agency)	4,539	4,542	4,556	4,612	4,575	4,575	4,606	4,638	4,652	4,662	9,137	9,155	9,113
Vacancy (excluding agency)	525	481	502	555	496	482	488	545	550	534	955	906	851
Vacancy % (excluding agency)	11.6%	10.6%	11.0%	12.0%	10.8%	10.5%	10.6%	11.7%	11.8%	11.5%	10.5%	9.9%	9.3%
Turnover													
¹ Turnover (12 Month)	15.3%	15.1%	15.2%	15.1%	14.9%	14.8%	14.4%	14.4%	14.4%	14.2%	14.1%	13.6%	13.6%
¹ Voluntary Turnover (12 Month)	11.8%	11.7%	11.8%	11.8%	11.8%	11.7%	11.9%	11.8%	11.7%	11.4%	11.2%	10.8%	10.5%
¹ Starters (to Trust)	74	110	72	46	78	56	63	66	67	73	67	87	140
¹ Leavers (from Trust)	73	47	59	47	44	46	90	48	51	37	117	93	129
Sickness													
% In Mth	3.6%	3.9%	3.8%	3.9%	4.1%	3.6%	3.6%	3.6%	3.4%	3.3%	3.8%	3.7%	3.1%
WTE Days Absent In Mth	4,297	4,811	4,629	4,887	5,084	4,129	4,493	4,332	4,280	4,041	9,553	9,354	7,517
% of sickness Short-term	43.8%	43.4%	41.3%	42.0%	56.2%	45.4%	42.8%	36.5%	38.7%	38.0%	42.5%	34.7%	44.4%
% of sickness Long-term	56.2%	56.6%	58.7%	58.0%	43.8%	54.6%	57.2%	63.5%	61.3%	62.0%	57.5%	65.3%	55.6%
Mandatory Training & Appraisal Compliance													
Mandatory Training	91.6%	91.6%	92.8%	93.1%	93.3%	93.5%	93.3%	93.9%	93.4%	94.0%	n/a	n/a	70.6%
Appraisal	87.6%	87.2%	86.3%	87.6%	89.2%	88.1%	86.1%	87.2%	85.7%	80.2%	69.9%	66.6%	65.7%
Temporary staffing as a % of spend													
Substantive Pay Spend	14,601	14,686	14,627	14,818	14,952	15,102	14,926	15,096	15,232	15,079	31,143	32,486	31,285
Overtime Pay Spend	113	124	114	118	102	102	96	114	105	94	237	199	348
Bank Pay Spend	620	645	629	587	680	747	798	679	703	693	1,299	1,494	1,403
Agency Pay Spend	2,284	2,231	1,721	1,881	1,853	1,876	1,975	1,622	1,787	1,709	2,455	2,682	2,461
Total Pay Spend	17,618	17,687	17,090	17,404	17,588	17,826	17,795	17,512	17,827	17,575	35,134	36,860	35,497
Agency & Bank %	17.0%	16.8%	14.3%	14.7%	14.9%	15.2%	16.2%	13.9%	14.7%	14.4%	11.9%	12.4%	12.2%
Agency %	13.0%	12.6%	10.1%	10.8%	10.5%	10.5%	11.1%	9.3%	10.0%	9.7%	7.0%	7.3%	6.9%

¹ Excludes training grade junior doctors

Only data for July and September is ESNEFT data; all prior months are Colchester site only.

POD Profiles - Trust Level

	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	1,183	1,186	1,193	1,201	1,198	1,198	1,201	1,209	1,204	1,200	2,767	2,797	2,755
In post	986	999	1,009	1,015	1,009	1,004	1,002	1,000	1,011	1,022	2,495	2,478	2,470
Vacancy	197	187	184	186	190	194	198	209	192	178	272	319	285
Vacancy %	16.7%	15.8%	15.5%	15.5%	15.8%	16.2%	16.5%	17.3%	16.0%	14.8%	9.8%	11.4%	10.3%
Nursing (Band 5)													
Establishment (including agency)	618	619	619	621	621	619	624	629	629	626	1,445	1,474	1,456
In post	470	485	491	496	492	485	483	476	487	492	1,197	1,184	1,187
Vacancy	148	135	129	125	128	134	142	153	142	134	248	290	269
Vacancy %	23.9%	21.8%	20.8%	20.1%	20.7%	21.7%	22.7%	24.3%	22.6%	21.3%	17.2%	19.6%	18.5%
Consultants													
Establishment (including agency)	218	217	220	221	220	221	234	223	223	223	458	459	460
In post	196	197	193	192	195	194	196	197	199	198	408	403	405
Vacancy	22	20	27	30	25	27	38	26	24	25	50	56	55
Vacancy %	10.2%	9.4%	12.4%	13.3%	11.3%	12.2%	16.2%	11.8%	10.9%	11.3%	10.8%	12.2%	12.0%
Junior Medical													
Establishment (including agency)	317	315	316	324	318	320	321	318	316	317	618	618	621
In post	265	275	265	268	267	271	275	278	272	275	558	620	581
Vacancy	52	41	52	56	51	49	46	40	45	43	61	(2)	40
Vacancy %	16.5%	12.9%	16.3%	17.2%	16.0%	15.4%	14.3%	12.6%	14.1%	13.4%	9.8%	-0.3%	6.5%
Scientific, Technical and Therapeutic													
Establishment (including agency)	900	897	904	906	904	904	912	925	926	927	1,698	1,711	1,708
In post	799	803	810	811	811	812	823	808	812	824	1,555	1,571	1,608
Vacancy	101	94	94	95	93	92	89	117	114	103	143	140	99
Vacancy %	11.2%	10.5%	10.4%	10.5%	10.3%	10.2%	9.8%	12.6%	12.3%	11.1%	8.4%	8.2%	5.8%

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