



# Performance report

## East Suffolk and North Essex NHS Foundation Trust

Board of Directors  
31<sup>st</sup> January 2019

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This month's performance report provides detail of the December performance for East Suffolk and North Essex NHS Foundation Trust (ESNEFT). The Trust was formed on 1<sup>st</sup> 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 December 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 December 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 still not possible to report the December 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.

Alongside the work in specialties, divisional directors and the medical director and nursing leadership teams, working as the clinical strategy group (CSG), have been considering the challenges and cross cutting themes that will impact on the trust in the next few years. This is supporting the emergence of a clinical strategy, and a workshop was held in November to share the wider work from the CSG, and some feedback from the divisional teams on how they proposed to respond to these challenges.

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

December 2018

### Quality : Safe, Effective & Caring

Indicator	Domain	Frequency	Target / Standard	Oct-18	Nov-18	Dec-18	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	0	107	97	64	↓		Clinical divisions; low, medium, high
Staff Friends and Family Test % recommended - care	Caring	Q	30%	41.9%	40.5%	34.6%	↓		Monthly FFT test response reported
Occurrence of any Never Event	Safe	M	0	2	1	0	↓		One never event in November at Colchester, a wrong route administration of medication. Two never events in October: an incorrect prosthesis was inserted during knee surgery at Colchester; and a retained swab was identified following surgery in Maternity at Ipswich.
Mixed sex accommodation breaches	Caring	M	0	0	0	0	→		There was a breach in September which occurred on the 'Acute Respiratory Care Unit' at Ipswich.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	96.0%	96.1%	96.8%	↑		
A&E scores from Friends and Family Test – % positive	Caring	M	90%	84.2%	80.5%	82.6%	↑		
Number of emergency c-sections	Safe	M	tbc	90	108	73	↓		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	99.1%	98.4%	98.2%	↓		
- % Recommending - postnatal	Caring	M	90%	98.1%	96.4%	95.8%	↓		
VTE Risk Assessment	Safe	M	95%	97.0%	97.1%	96.2%	↓		
Incidences of Clostridium Difficile infection	Safe	M	1	4	4	6	↑		C difficile cases continue to show an increase in numbers particularly at CGH. There have been 26 cases in total year-to-date, with 10 cases deemed as trajectory, this remains just under the trajectory for 2018/19 and there are regular reviews of cases.
MRSA bacteraemias	Safe	M	0	0	0	1	↑		The first MRSA bacteraemia case this financial year was isolated at the Ipswich site in December.
HSMR (DFI Published - By Month Data Available)	Effective	Q	100	111.5	110.5	110.6	↑		The HSMR value is based on a rolling 12 mths (as at Sept 18 discharges). ESNEFT is one of 5 trusts in the region of 15 non-specialist trusts with a higher than expected HSMR. However, the high amount of uncoded activity for the Colchester site is heavily impacting on the HSMR calculation. For example, the HSMR for August for Colchester sites dropped from 146 to 109 following the upload of late data.
HSMR Weekend (By Month Data Available)	Effective	Q	100	112.7	111.9	112.1	↑		
Summary Hospital Mortality Indicator	Effective	Q	100	110.9	110.8	113.3	↑		12 mths to June 18. This has increased compared to the previous annual position (to March 18) of 110.88
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Effective	M	tbc	7.4%	7.6%	7.7%	↑		

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Oct-18	Nov-18	Dec-18	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	95.7%	93.6%	92.1%	↓		<p>AE waiting time performance based on economy. ED Economy performance for December 2018 was 95.00% for CGH, and 85.21% for IH.</p> <p>Screening service performance snapshot as reported in Accountability Framework taken at 18th January 2019.</p> <p>Diagnostic performance has been impacted by ultrasound demand exceeding capacity. Breaches are in speciality consultant areas such as Paediatrics.</p>
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%	89.3%	88.1%	↓		
All cancers – maximum 62-day wait for first treatment from:									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	69.9%	77.5%	75.7%	↓		
- NHS cancer screening service referral	Responsive	M	90.0%	85.2%	93.9%	85.2%	↓		
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	1.4%	1.9%	1.6%	↓		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Oct-18	Nov-18	Dec-18	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	3.8%	4.2%	4.0%	↓		<p>Voluntary turnover.</p> <p>Group 3 Director of Operations left in November.</p> <p>**Annual results across 3 years - most recent 2016 (these are Colchester results only). 2018 NHS Staff Survey will be published in February</p> <p>Agency staff % only.</p> <p>All divisions have failed to deliver their CIP YTD.</p>
Staff turnover	Well-led	M	tbc	10.4%	10.4%	10.1%	↓		
Executive team turnover	Well-led	M	tbc	0	1	0	↓		
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	6.2%	6.4%	6.6%	↑		
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(2,302)	(3,122)	(3,426)	↑		
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Oct-18	Nov-18	Dec-18	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	4	4	4	4	→		<p>Trigger: Poor levels of overall financial performance (score 3 or 4); very poor performance (score 4) in any individual metric. Continued deficit position, and adverse variance to I+E plan maintains the overall score at the poorest level of 4.</p>
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	4	4	4	→		
Agency Spend : Remain within agency ceiling	Finance	M	1	2	2	2	→		
Overall: Use of Resources Rating	Finance	M	3	4	4	4	→		
Overall : Segment Score									
Indicator	Domain	Frequency	Target / Standard	Oct-18	Nov-18	Dec-18	Mov't	Trend	Comments
Segmentation	Overall			3	3	3	→		<p>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, but current Trust performance may mean it is not possible to remove some of the undertakings.</p>

**The Accountability Framework is the mechanism which both legacy Trusts had 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 to December 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'). Moreover, the AF policy is currently being redrafted to reflect these new arrangements and is yet to be formally ratified,

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 of having a fully functioning core AF indicator by December 2018, which will be shared with external partners, has essentially been fulfilled.

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 continues to be advanced to ensure 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.

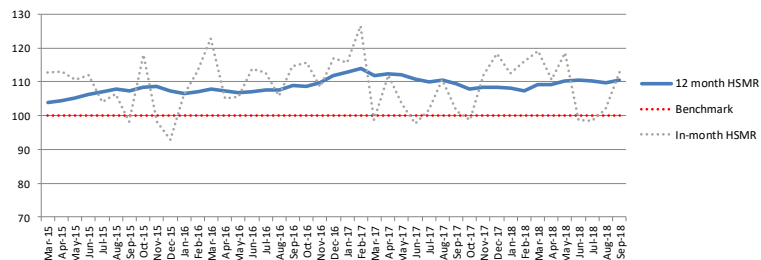
The ambition was to have a fully functioning core indicator AF by October 2018 (reported in November, and used in December's Divisional Accountability meetings) and for this to be shared with external partners. This was largely achieved, with a large proportion of core indicators fully populated for July to December. However, there were some core indicators where data was still to be supplied or where it had not yet been possible to align collection methodologies. These were few in number, and in terms of issues of supply, the AF reports now attempt to highlight what the problem is more clearly (for example is it a particular campus that has not provided data) with the aim of supporting quicker resolution. Further improvements have been reflected in both November and December's data collection (published on Friday 18<sup>th</sup> January 2019). Unfortunately, because of significant operational pressures, January's DAMs (with the exception of Women's and Children's) were cancelled.

The updated AF policy will be completed in January, and will be shared with Business Development Informatics Group before then being presented to committee for approval.

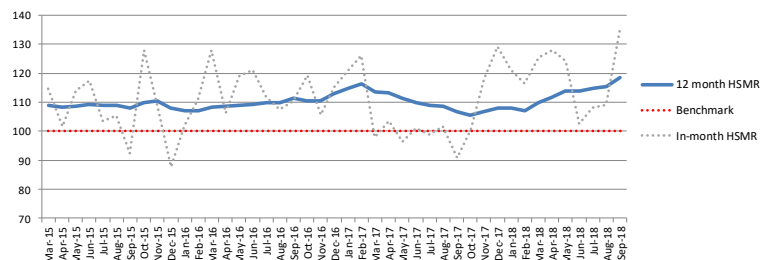
The full updated version of the AF will be ready for the new financial year.

## Mortality

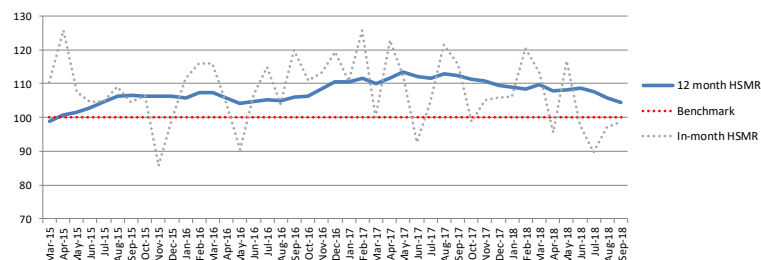
ESNEFT HSMR - In-month & Rolling 12 Months



Colchester Hospital HSMR - In-month & Rolling 12 Months



Ipswich Hospital HSMR - In-month & Rolling 12 Months



### Commentary

#### Dr Foster Summary (\*17% coded activity missing)

Dr Foster metrics as at September 2018 discharges	ESNEFT	IPS	COL incomp*
In-month HSMR	↑ 113.1	98.8	136
12 month HSMR	↑ 110.6	104.4	118.5
Death rate HSMR (nat. 3.5%)	↑ 3.7%	3.20%	4.40%
Lower confidence limit (HSMR)	↑ 106.4 Outlier	As expected	98.4 Outlier
All diagnosis groups 12 months	→ 109.9	105.4	116.4
Lower confidence limit (all)	→ 106.1 Outlier	As expected	99.9 Outlier

Approximately 1,300 September Colchester records (17%) missed the first deadline for Dr Foster. The data for this site should be used with caution owing to the number of missing records.

ESNEFT is one of 5 trusts in the region of 15 non-specialist trusts with a higher than expected HSMR. It should be noted that the HSMR for August for Colchester sites dropped from 146 to 109 following the upload of late data.

#### SHMI – 12 months to June 2018

- ESNEFT – 113.29 (up from 110.88). This is now only available at Trust level.

#### ESNEFT Mortality

Mortality numbers for December:

- Ipswich deaths 142 in-hospital deaths
- Colchester deaths – 173 in hospital deaths (average last 5 years 172). Following a request, the Medical Director has been assured by the lead consultant for the speciality that higher than average deaths on 2 wards will be fully investigated, but that the deaths were expected owing to patients with complex long term conditions being admitted with acute illnesses. Many patients had already been identified as being in the last months of life.

### Risks & Mitigating Actions

There were 4 Col ward arrests, 1 patient survived the arrest. To the end of December, Colchester has recorded the lowest number of ward arrests in 6 years.

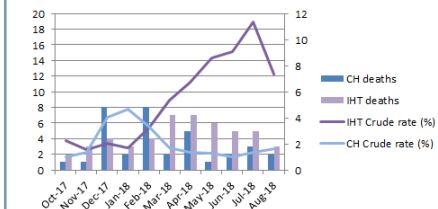
The crude mortality rate at Colchester is still higher than the national rate.

#### Specialist Palliative Care (SPC) Coding

A recent audit by the QI Officer/Data Manager identified that 14% of Colchester patients coded with SPC did not have a palliative marker in Dr Foster as the code was outside of the coding range; this has a negative impact on 'expected death' figures. The Medical Director (AT) has agreed a local coding variation which allows Clinical Coders to place the code earlier in the hierarchy.

**Imperial College alert for acute bronchitis** - The investigation has commenced with a coding and data review. Although the number of deaths in this group of diagnoses has remained fairly consistent, the number of admissions has dropped, causing an increase in crude mortality.

Acute Bronchitis



A clinical review will follow.



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



### ESNEFT - Colchester Site: Learning from Deaths Dashboard - October 2018-19



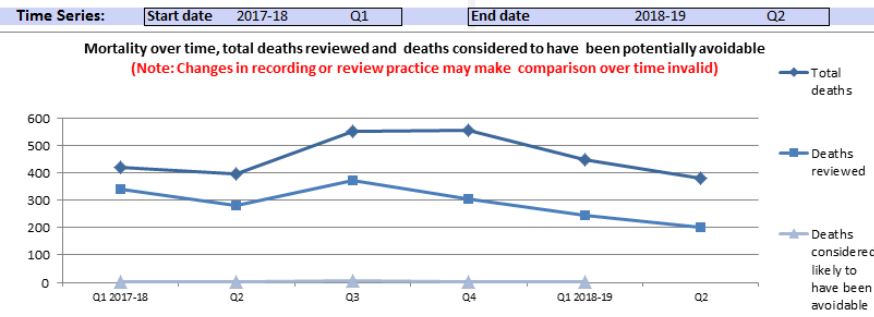
**Description:**

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
132	126	50	49	0	0
<b>This Quarter (QTD)</b>	<b>Last Quarter</b>	<b>This Quarter (QTD)</b>	<b>Last Quarter</b>	<b>This Quarter (QTD)</b>	<b>Last Quarter</b>
132	379	50	200	0	0
<b>This Year (YTD)</b>	<b>Last Year</b>	<b>This Year (YTD)</b>	<b>Last Year</b>	<b>This Year (YTD)</b>	<b>Last Year</b>
959	1923	495	1298	1	12



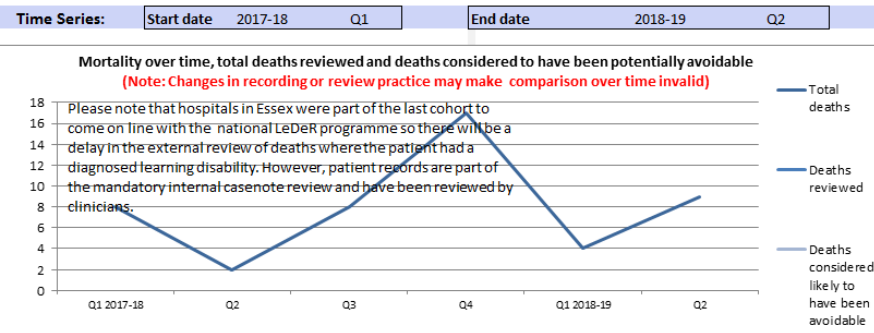
#### Total Deaths Reviewed by Mortality Methodology Score

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
<b>This Month</b> 0 0.0%	<b>This Month</b> 0 0.0%	<b>This Month</b> 0 0.0%	<b>This Month</b> 0 0.0%	<b>This Month</b> 3 6.0%	<b>This Month</b> 47 94.0%
<b>This Quarter (QTD)</b> 0 0.0%	<b>This Quarter (QTD)</b> 0 0.0%	<b>This Quarter (QTD)</b> 0 0.0%	<b>This Quarter (QTD)</b> 0 0.0%	<b>This Quarter (QTD)</b> 3 6.0%	<b>This Quarter (QTD)</b> 47 94.0%
<b>This Year (YTD)</b> 0 0.0%	<b>This Year (YTD)</b> 1 0.2%	<b>This Year (YTD)</b> 0 0.0%	<b>This Year (YTD)</b> 4 0.8%	<b>This Year (YTD)</b> 17 3.4%	<b>This Year (YTD)</b> 471 95.5%

#### 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
2	3	0	0	NK	NK
<b>This Quarter (QTD)</b>	<b>Last Quarter</b>	<b>This Quarter (QTD)</b>	<b>Last Quarter</b>	<b>This Quarter (QTD)</b>	<b>Last Quarter</b>
2	9	0	0	0	0
<b>This Year (YTD)</b>	<b>Last Year</b>	<b>This Year (YTD)</b>	<b>Last Year</b>	<b>This Year (YTD)</b>	<b>Last Year</b>
15	35	0	0	0	0



## 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												Review of mandatory case records					
Month	October	Not all deaths are subject to mandatory review.																
Year	2018-19																	
		Deaths judged to have been due to problems in healthcare										LD Deaths Avoidable						
		Deaths likelihood > 50% contribute to death			Deaths judged not due to problems in care					LD Deaths Peer Review								
		Total Deaths	Total Deaths Reviewed	Deaths > 50% contribute to death	Defin	Evidnc	>50/50	<50/50	Slight	Deaths in care	*LD Deaths	LeDeR Review	LeDeR Review	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)
Financial Year	Month	Total Deaths	Total Deaths Reviewed	Deaths > 50% contribute to death	1	2	3	4	5	6	Deaths	Peer Review	LeDeR Review	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)
2017-18	April	133	110	0	0	0	0	0	4	96	2	0	NK	50	50	100%	0	2
2017-18	May	142	120	1	0	1	0	2	2	110	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	92	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	114	2	0	0	2	4	3	99	1	0	NK	40	37	93%	3	3
2017-18	December	229	168	2	0	0	2	3	7	154	7	0	NK	53	50	94%	3	3
2017-18	January	212	124	1	0	0	1	2	8	104	9	0	NK	49	47	96%	2	3
2017-18	February	153	92	1	0	0	1	1	5	82	5	0	NK	20	19	95%	1	0
2017-18	March	189	89	0	0	0	0	1	5	79	3	0	NK	25	22	88%	3	0
2018-19	April	164	96	1	0	1	0	1	1	92	2	0	NK	30	25	83%	5	1
2018-19	May	149	68	0	0	0	0	1	1	66	2	0	NK	34	24	71%	10	0
2018-19	June	135	81	0	0	0	0	0	4	77	0	0	NK	52	40	77%	12	1
2018-19	July	127	85	0	0	0	0	1	3	80	3	0	NK	54	45	83%	9	2
2018-19	August	126	66	0	0	0	0	1	5	60	3	0	NK	52	47	90%	5	0
2018-19	September	126	49	0	0	0	0	0	0	49	3	0	NK	47	34	72%	13	1
2018-19	October	132	50	0	0	0	0	0	3	47	2	0	NK	50	25	50%	25	1

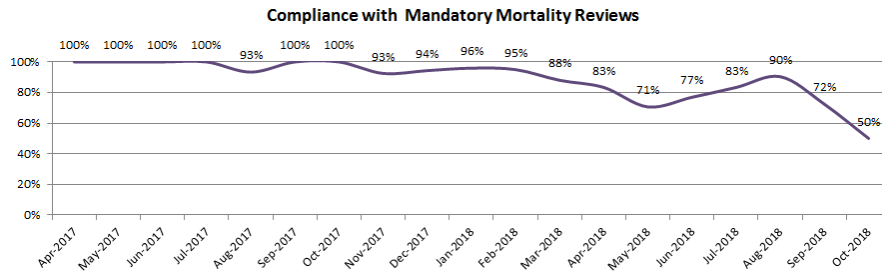
Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Still birth rate	0.7%	1.0%	0%	0%	0.3%	1.2%	1.3%	0%	0%
No. Stillbirths (provisional)	2	3	0	0	1	4	4	0	0

All mandatory cases for Ipswich have now been selected and will be distributed to the named consultant for review.

## Mortality – Learning from Deaths (commentary)

### Learning from Deaths

#### Compliance with mandatory reviews – Colchester



#### Learning from Deaths Group

##### Learning Disabilities

The senior Structured Judgement Review team has now reviewed 5 CH November deaths. There have been issues with late presentation of symptoms, discharges to preferred place of care, patients not being on the MCCR, language used on DNACPR forms, support in the normal place of residence and social care functions.

The Associate Director for Clinical Governance has agreed with the NEECCG that any concerns about residential and community care will be raised through Linda Moncur, who will ensure that the appropriate member of staff is made aware.

The Learning Disabilities Nurse Specialist at IH has raised similar concerns with regard to Safeguarding issues and swallow-assessment support. The AMD for Clinical Effectiveness has agreed to provide support in terms of facilitating joint reviews of care.

##### Stillbirths and Neonates

The Medical Director has requested regular reporting from the specialty including data submitted to external agencies.

### October Learning from Deaths

Of the 50 forms submitted for Colchester patients so far, 3 deaths were identified with slight problems in healthcare. Room for improvement was identified in the following categories:

- DNACPR/End of life planning – delayed decision-making: this can sometimes be a result of staff trying to determine when would be the best time to broach a very difficult subject and allowing all available treatments time to work, set against putting the patient through unnecessary tests/ diagnostics and treatment which may be uncomfortable and unnecessary. The Engagement Officer, Shirley Califano, has met with members of the Learning from Deaths Group to discuss patient representation on the group and following a request, has met with the Resus Officer to discuss how best the Trust can help support patients in coming to understand their prognosis.
- Hospital Passports not being used for patients with a diagnosed learning disability – the Learning Disability Nurse has identified pockets of resistance in some coastal residential homes where patients arrive with the home’s documentation only. This makes establishing a baseline very difficult, with staff not knowing ‘what is normal’ for the patient and hence a risk of the patient’s needs not being met or an inappropriate decision made. This will be addressed through the NEECCG.
- Patient identified at risk of falling was put in a side room – there may be a justified clinical reason for prioritizing a side room over an observable bed, but other measures should have been put in place.

#### Evidence of good Practice from Mortality Reviews (summary)

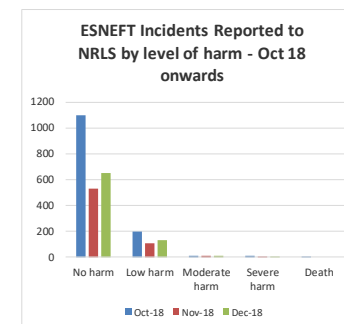
- Patient deterioration was identified swiftly with all appropriate actions taken including family and consultant update.
- Thorough investigation including diagnosis of congestive cardiac failure

## Patient Safety – Incidents

### Total incidents and harm

There were a total of 2,074 ESNEFT incidents reported in December 2018. This represented a reduction relative to November (2,177 incidents). 1,420 of these incidents were patient safety related and 793 were reported to the National Reporting and Learning System (NRLS).

The proportion of incidents with harm remains low and is lower or in line with peers when looking at NRLS reporting



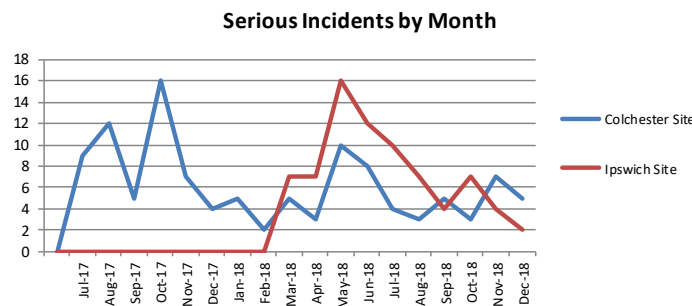
### Serious Incidents

5(7) Colchester incidents were considered to meet the criteria of being a serious incident.

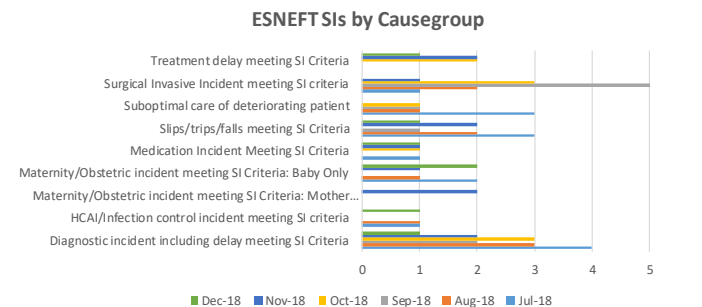
2(4) Ipswich incidents were considered to meet the criteria of being a serious incident.

The Trust achieved 100% (100%) compliance in reporting 3 day reports to the CCG at both Ipswich and Colchester.

Numbers of serious incidents



Serious incidents by category



### Never events

There were no never events in December on either hospital site.

One Never event was reported in November which related to administration of a medication by the wrong route. The investigation into this incident is currently in progress.

### Mitigating actions

A task and finish group has been established to oversee the implementation of recommendations and actions from the investigations into the never events.

A shared learning event has been held at the Ipswich site with excellent attendance and one is planned for the Colchester site

## Patient Safety – compliance with serious incident reporting and duty of candour

### Compliance with serious incident reporting

The Trust achieved 100% (100%) compliance in reporting 3 day reports to the CCG at both Ipswich and Colchester.

There was 1 report due to the CCG at Colchester Site during December and an extension was granted until January for this. Therefore Colchester Site had no reports due during December (100%), with last months compliance at (66.60%) .

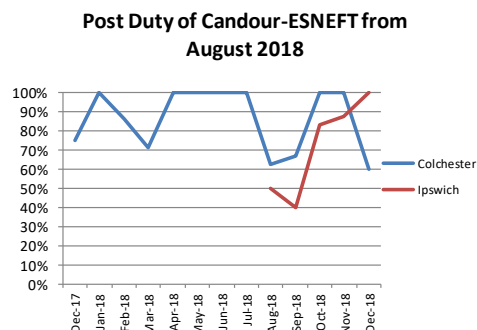
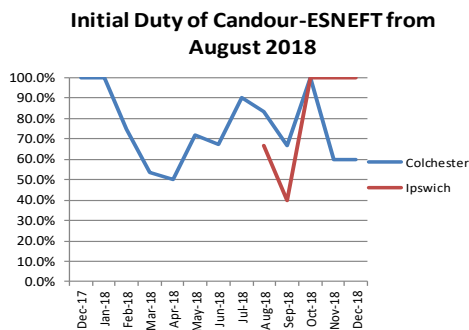
At the Ipswich site, compliance fell to zero from 50% since there was 1 report not submitted within the required time-frame by Surgery & Anaesthetics.

### Mitigating actions

The Divisions are being supported to achieve 100% compliance with 60 day reports by the patient safety team. One of the patient safety managers is seconded to Surgery & Anaesthetics which is particularly challenged. An initial meeting is offered between the investigating officers and one of the patient safety managers to support with the report, though this is not always taken up. The Divisions have been asked to encourage the investigators to meet wherever possible. The patient safety managers work across all sites; and will ensure meetings take place around the clinical commitments of the investigators.

RCA training continues at both sites to ensure investigators are available. Colchester has 231 staff members who have completed a full day's RCA training. 38 people have now been trained at Ipswich site and there are on-going planned dates throughout 2019.

### Duty of candour



Compliance for Duty of Candour (pre investigation) for December has remained at 60% at the Colchester site and 100% at Ipswich.

The post Duty of Candour compliance following the conclusion of the SI investigation fell to 60% from full compliance the previous month at Colchester, but contrastingly improved to 100% (87.5%) at Ipswich.

### Mitigating actions

Divisions have reviewed their processes for ensuring that a nominated individual is responsible for ensuring Duty of Candour is undertaken, and that the recording of this is improved.

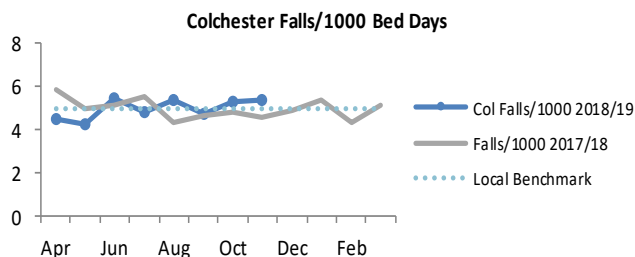
In all cases Duty of Candour was carried out, but compliance with the specified timeframes was not met.

## Patient Safety – Falls

### Colchester

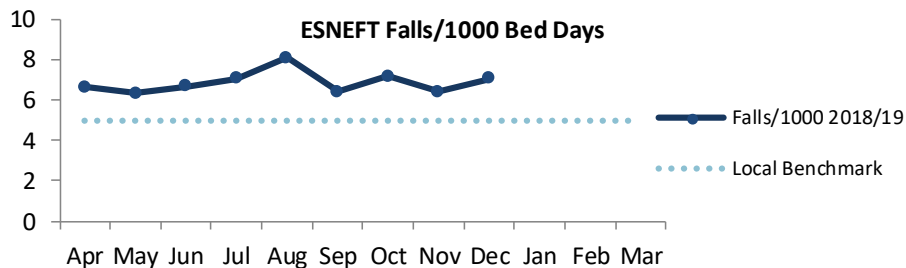
There were 79 inpatient falls reported on the Colchester site, the same number as November. 9 patients fell more than twice with one patient falling 11 times. Three falls resulted in harm. All falls resulting in harm will be reported as an serious incident and have a full investigation undertaken.

However, the site continues to effectively meet the monthly target of 5 falls per 1000 bed days with a figure of 5.26 for the month.



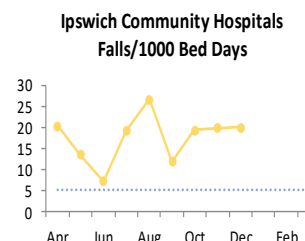
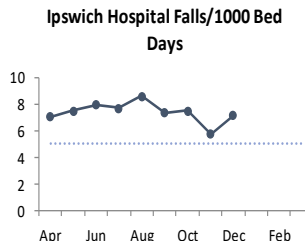
### Reducing falls per 1,000 bed days ESNEFT

Achieving the local target of no more than 5 falls per 1,000 bed days (this was originally the target set at Colchester site) remains a challenge. For December, ESNEFT had an average of 7.05 falls per 1,000 bed days, higher than the 6.40 falls per 1,000 bed days achieved in November. The National Audit of Inpatient Falls (2015) reports the national falls average is 6.63 falls per 1,000 bed days.



### Ipswich (including community hospitals)

There were 140 falls in total: 39 at community hospitals and 101 at Ipswich hospital. 25 patients had two or three falls across these sites, (9 multiple fallers in the community sites and 16 at Ipswich). Two falls resulted in harm. Consequently, Ipswich’s December fall rate was 7.17 per 1,000 bed days, and there was a rate of 20.08 per 1,000 bed days for the community hospitals.



### Commentary

Colchester continues to report fewer numbers of falls, but there is a concern in the number of falls with moderate or serious harm which have both increased in November and December. However this may be linked to the increase in admissions rather than a significant concern.

### Mitigating actions

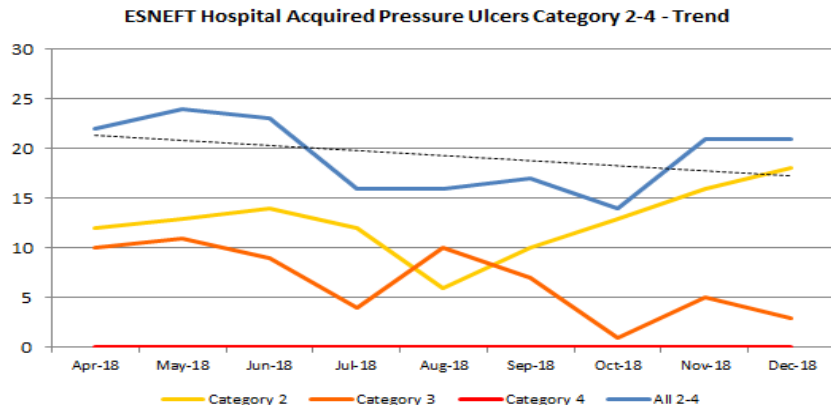
Falls link staff at Ipswich have started having training to encourage them to undertake ward based audits on completion of assessments, and promote the measurement of lying and standing blood pressure which has been a theme at RCAs.

The harm free care team are launching some focused ward sessions the week commencing 7th January, with falls being one focus area to support staff knowledge and patient safety.

A new falls lead is due to join the Trust in February 2019, and will support the wider roll out of ‘bay watch’ with cohorted patients.

## Patient Safety – Pressure ulcers

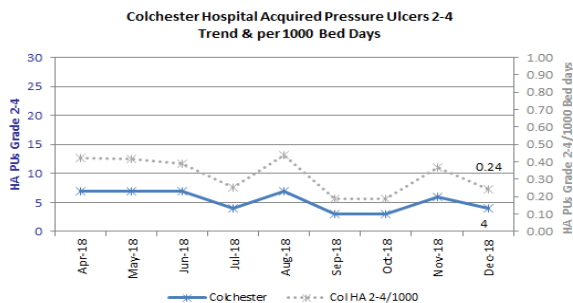
For ESNEFT, there were a total of 21 developed grade 2-4 pressure ulcers in December 2018 (ESNEFT hospital beds), the same number as recorded in November.



The detail by site is set out below:

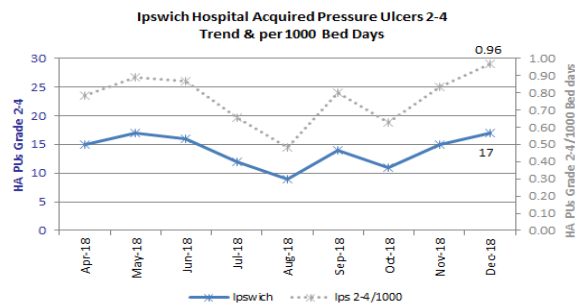
### Colchester

There were 4 Category 2 hospital acquired pressure ulcers (HAPUs) reported in December 2018. There were no Category 3 or 4 Pressure ulcers. This equates to 0.24 PU per 1,000 bed days and is a reduction from the previous two months. There continues to be an overall reduction in acquired pressure damage in comparison to 2017/2018.



### Ipswich and community hospitals

There were 17 Category 2 hospital acquired pressure ulcers (HAPUs) reported for December 2018, higher than November. There were three Category 3 pressure ulcers (there were 14 in September). This equates to 1.08 PU per 1000 bed days. There were no pressure ulcers at the community sites.



## Commentary

### Colchester

Limited number of RCAs undertaken this month reflecting the low number of pressure ulcers, and no Category 3 ulcers. 10 patients had deep tissue injuries which remained intact and may be a reflection of the increasing frailty of the current inpatients; along with an increase in admissions. The removal of the 'companion' overlay pressure relieving mattresses from ED due to concerns about radiography remains a key issue to be resolved. A meeting is being planned to address the issue.

### Ipswich

RCAs suggest a large proportion of damage was device related, with patients who were acutely unwell requiring significant oxygen therapy support and feeding or intubation. This reflected the acute illness and body vulnerability rather than staff failings or lack of equipment. One of the category 3 pressure ulcers was a category 2 pressure on admission that deteriorated in 'proportion' to the patient's overall health.

### Mitigating actions

Harm free care focus week will begin the w/c 7<sup>th</sup> January in the acute trusts, and the following week for the community hospitals. A key priority will be pressure ulcers along with all the other harm free care elements. At Ipswich, there will be a relaunch of the resources for staff around pressure ulcers, and ASKIN focus at Colchester. This allows a snapshot of staff support, and high profile for pressure ulcers when there is an increase in admissions and frailty.

Provisional approval has been secured for the delivery of mattress decontamination at Ipswich (short term) but is unlikely to come into effect until February. The increase in admissions and equipment demand keeps this an issue that impacts on equipment availability.

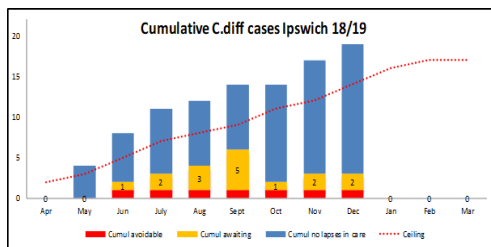
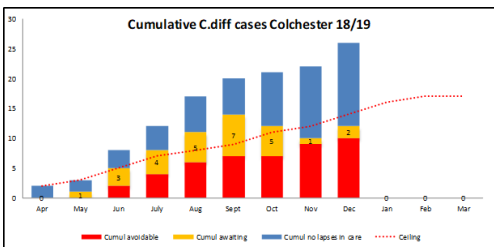
Planning is underway to launch a pilot of the new pressure ulcer risk assessment tool at Colchester and Ipswich in January 2019.

## Meticillin-resistant staphylococcus aureus (MRSA)

One case of MRSA bacteraemia YTD which occurred at Ipswich Hospital (Kesgrave ward) in December. The patient has multiple co-morbidities and had been an inpatient for several weeks prior to the sample, and had stayed on 3 inpatient wards following the assessment unit. Skin colonisation was MRSA positive post blood culture. The main risk factor focuses on a PICC line (intravascular), although the patient also had multiple peripheral cannulas. Panel review is still to reach a conclusion as further investigation is required surrounding the detail of the insertion and subsequent management of the IV devices.

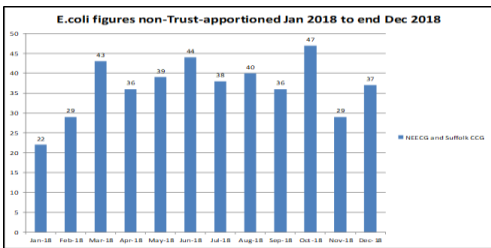
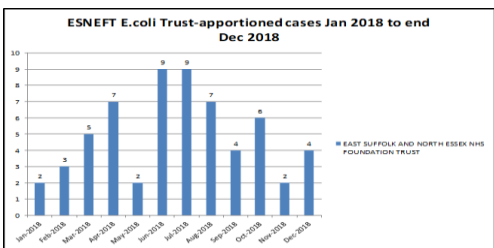
## Clostridium difficile (c difficile)

C difficile cases have shown an increase in numbers particularly at CGH, 26 cases in total with 10 cases deemed as trajectory. This remains just under the trajectory for 2018/19 and there are regular reviews of cases. There were 4 cases at CGH and 2 at Ipswich in December, all occurring on different wards. Emerging themes include the lack of microbiological sampling to inform antimicrobial prescribing e.g. urine samples. The use of a stool chart for all patients admitted to medical ward areas is therefore a key learning.



## Escherichia coli (E. coli)

There were 0 E.coli cases identified at Colchester during December. There were 4 at Ipswich however each in different ward areas; 3 of urinary source and 1 related to a Hickmann line (in situ for chemotherapy). The Secretary of State for Health has launched an important ambition to reduce Gram-negative BSIs by 50% by 2021. The Trust continues to work with partners to support and deliver this objective. Whilst hospital apportioned cases are staying static and dropping, there continues to be slight increases in cases identified as community apportioned.



## General

### Outbreaks

The Trust has seen a rise in the number of patients admitted with gastro-intestinal viral infections and respiratory infections as is traditional for this time of year. There was a confirmed Norovirus outbreak in December on Kesgrave ward, Ipswich affecting 12 patients. This was successively managed with the closure of one bay for 6 days. There were also confirmed cases of norovirus at Hartismere Place (Care UK) where the Trust has 10 commissioned beds. PHE managed this outbreak, and the unit reopened on 17th December 2018 to admissions.

There was a bay closure at Ipswich following the identification of an influenza A positive patient. Although this was not deemed an outbreak, a bay was closed for 3 days to assess contacts for symptoms and screening. The flu positive patient was isolated in a side room. Patients are managed in accordance with the new seasonal flu policy. The ESNEFT Isolation Policy and the Seasonal Influenza Policy are now available on both Trust intranets.

### Transfer of services from Essex County Hospital to Primary Care Centre, Colchester

There was a potential IP&C risk noted relating to the new ophthalmic operating theatre ventilation where risk assessments and actions were taken to reduce the IPC and other risks. This is being investigated as a serious incident in accordance with Trust policy.

The outcome from this investigation will be reported in due course.



## **Maternity key performance indicators (based on November data)**

### **Caesarean section rate**

This is increasing nationally, and the rates at both Colchester (32.78%) and Ipswich (28.77%) grew in November. It has been agreed that the project of reducing caesarean sections (CS) has been raised as a Trust QI project and reviewed as part of the 'Time Matters' board.

At Ipswich, the vaginal birth after caesarean (VBAC) pathway is being reviewed with the intention of establishing a VBAC clinic, in line with Colchester Site.

At Colchester, MDT daily reviews of emergency CS undertaken overnight are continuing, with a forward plan of reviewing all of the emergency CS undertaken, this is to establish any learning, on an individual basis or as a team, identified from trends and specific incidents.

### **Stillbirths and Neonatal Deaths**

Following a number of pre-term stillbirths in Sep/Oct (deaths before 28 completed weeks of pregnancy) Maternity Scrutiny Committee took place and action plan formulated as a result of the trends and themes now. There were two stillbirths, and one neonatal death at Ipswich in November. There was one neonatal death at the Colchester site in November. This case has been declared as a serious incident and an Healthcare Safety Investigation Branch investigation will follow.

### **Local maternity system (LMS)**

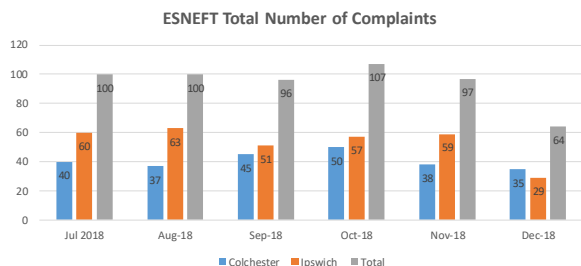
A key priority for the LMS is to support the implementation of continuity of carer; which is a national ambition to achieve by 2020 in line with 'Better Births' (the report of the National Maternity Review published by NHS England).

A workforce plan has been developed and supported by the LMS Board and will be piloted over the next few months to test the model.

## Patient Experience - Complaints

### Total complaints

ESNEFT total number of complaints received

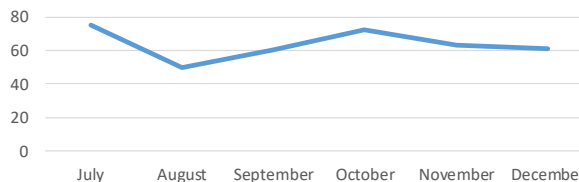


Overall complaint numbers at both sites have reduced compared to November: 35 at Colchester and 29 at Ipswich.

### Response compliance

ESNEFT response % compliance

ESNEFT complaints response compliance - July 18 onwards



Overall response rate compliance fell in December to 61%, compared to 63% in November. From August, and up until November improvements in compliance had been achieved.

### Mitigating actions

#### Recovery plans

The complaints team continues to experience challenges in staffing. However this has been mitigated with use of temporary staff; and newly recruited staff are due to commence in post next month.

The team leaders continue to focus on amber complaints to ensure they are completed on time, while the complaints officers continue to concentrate their efforts on the overdue complaints as well as supporting those with sufficient time to complete.

The Divisions are being supported to ensure they are aware of which complaints are coming due for completion, through meetings and ensuring an up to date copy of the tracker is received each week. Extension requests are being sent to the complaints team as soon as possible to limit those that breach and to ensure the patient and relatives are fully up to date.

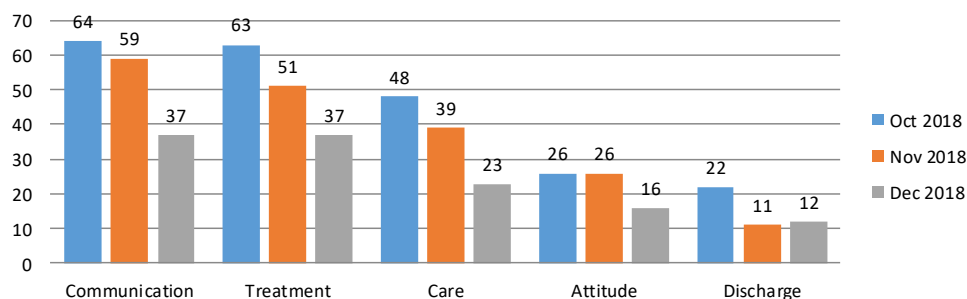
99% of complaints are logged with 3 days and therefore notified to individual/s in CDGs.

A new process for logging completion of 24 hour call backs has also been agreed which will improve the accuracy of reporting this measure. These calls are key to ensuring that complainant needs are met and pertinent issues are investigated.

### 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 December were communication, treatment and care.

ESNEFT Top 5 Complaint Themes - Oct to Dec 18



## Patient Experience

**User Involvement**

At Colchester, the Colchester Hospital User Group (CHUG) members have been electing a chair. This will be confirmed at their next meeting in February. The Trust's Engagement Officer will work with CHUG to develop their skills and ways of working. The latest meeting of Ipswich Hospital User Group (IHUG) was held on January 11<sup>th</sup>, where the focus was on engagement around front door transformation initiatives. A 'team building' day is planned for IHUG to consolidate work on changes over last few months.

**Engagement post**

Interviews took place in October, and the successful applicant commenced beginning December. The postholder will support the development of CHUG, provide ongoing support for IHUG and ESNEFT-wide working. They will also be involved with other involvement activities: the development of groups, reaching out; equality and diversity work and specifically looking at children and young people's involvement opportunities. Actions already delivered in December include:

- Attendance at 'Learning from death' meeting to understand fully how representatives from IHUG and CHUG could be involved.
- Identifying representatives to be involved in QI projects
- Work with NEECCG and IESCCG to look at the wider community and how we can communicate building and growing user groups (this will also link into local health forums) and PPG in GPs
- Work with maternity services to consider 'whose shoes' approaches
- Engaged with voluntary sector in Essex to help support growing user groups at Colchester; looking at growing BME representation
- Reviewing the 'Toolkit for Involvement,' welcome pack for user groups members with a view to developing through co-design an induction specifically for user groups/IHUG/CHUG.

**Anne Robson Trust, end of life volunteers.**

The charitable fund business case was successful and a post will be created to support this initiative, and volunteers recruited over next few months. This will be across ESNEFT and will support ambition to be 'outstanding' for end of life care. The ECF for this post has been completed; awaiting sign off.

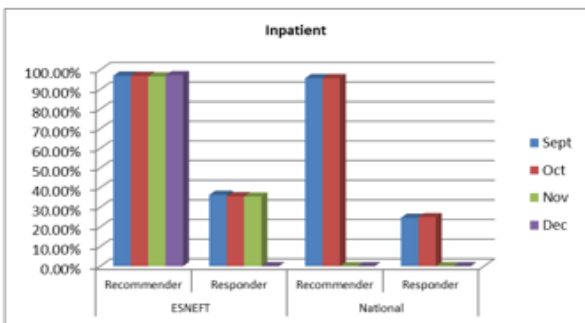
**Chaplaincy**

Recruitment continues to create a full team across ESNEFT. Two new chaplains started in last few months, one on each site (both are being 'licensed' in January).

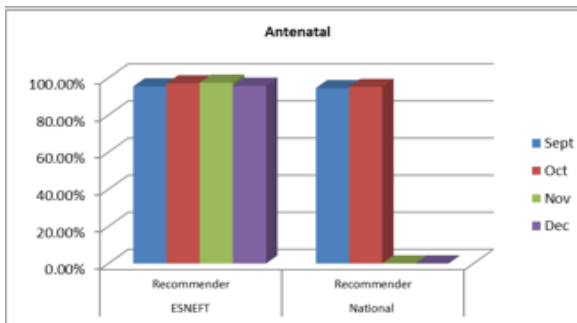
## Patient Experience – friends and family test

The charts below show the % of patients/carers who complete an FFT survey that would recommend the service/hospital to friend or family. There is an opportunity for the patient to make comments on these surveys and all comments are reviewed for learning.

### Inpatients



### Mat - antenatal



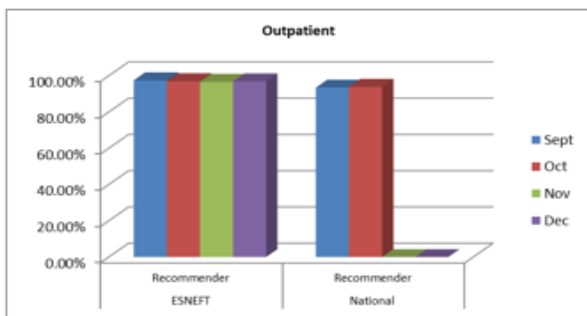
### Commentary

#### % recommend rates and benchmarking

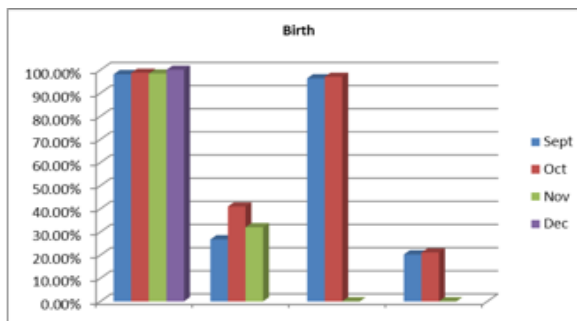
For both inpatient services, outpatients and maternity services the % of responders who would be highly likely to recommend the service to friends or family is above the national rate.

For the emergency department this is just below the national rate. This is due to the lower rate for the number of responses and % recommends at the Ipswich site.

### Outpatients



### Mat - birth

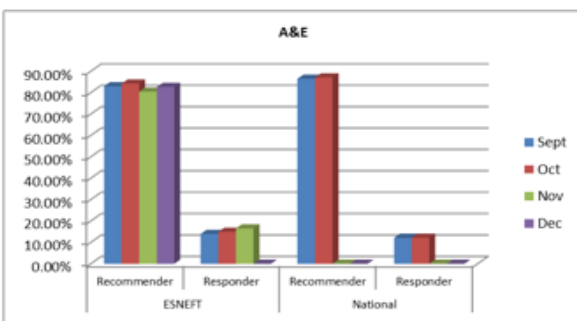


### Future Developments

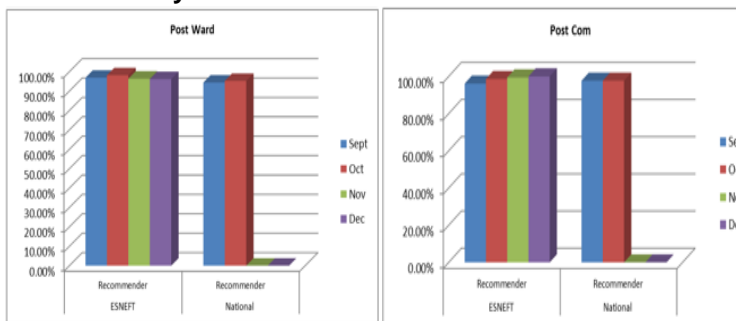
There is a plan to utilise a new system to capture FFT feedback commencing on the Colchester site. Rollout of the Healthcare Comms system has unfortunately been delayed due to some challenges in enabling SMS services.

In the meantime paper data capture remains in use at Colchester.

### Emerg dept



### Community



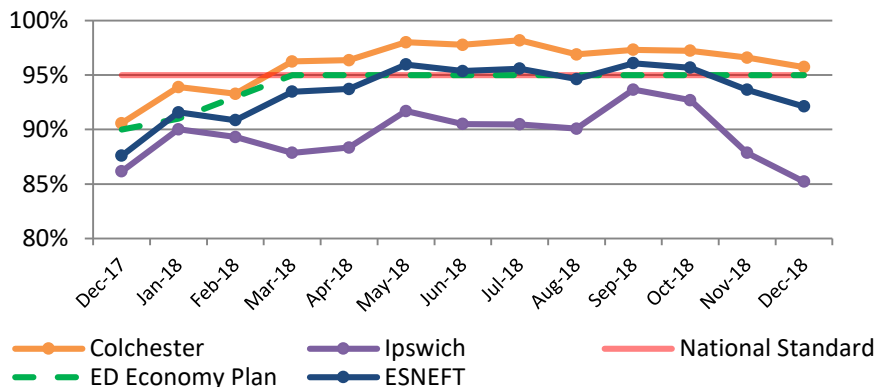
When the new solution is in place there will be more flexibility to tailor additional questions to the service, so that the level of feedback will better support service improvement.

The use of SMS will also support improving response rates and will be particularly helpful in areas such as outpatients and ED.

<b>A&amp;E Economy Performance</b> <b>92.13%</b> Colchester <b>95.73%</b> Ipswich <b>85.21%</b>		<b>Cancer Performance</b> <b>77.52%*</b>	<b>TOP FIVE ISSUES</b> <b>RTT Performance</b> <b>88.11%*</b>	*Unvalidated (RTT & Diagnostics require Oaks data update) <b>Ambulance Handover</b> <b>57 excess of 60 mins</b>	<b>Diagnostics Performance</b> <b>1.65%*</b>
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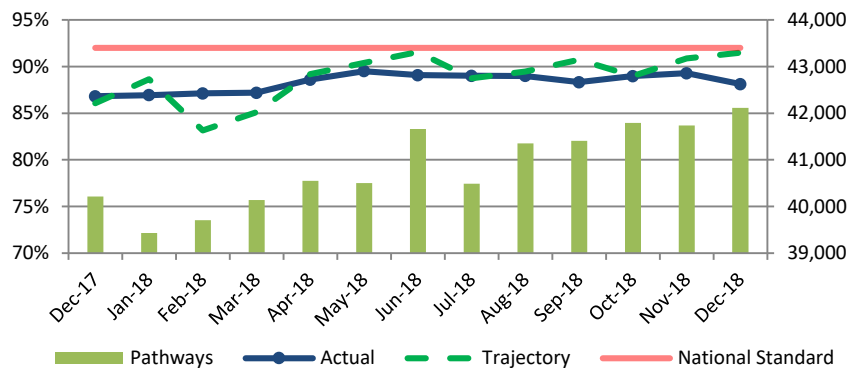
**URGENT CARE**    Exception Report Needed

**ED Economy 4 Hr Standard -Trajectory vs Actual**



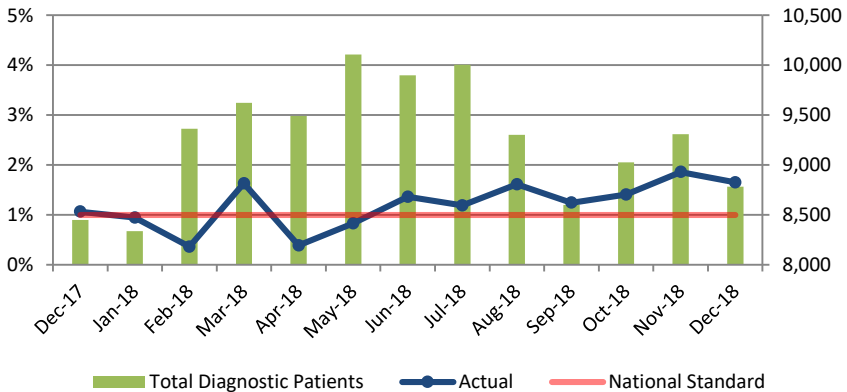
**RTT**    Exception Report Needed

**RTT Incompletes - Trajectory vs Actual**



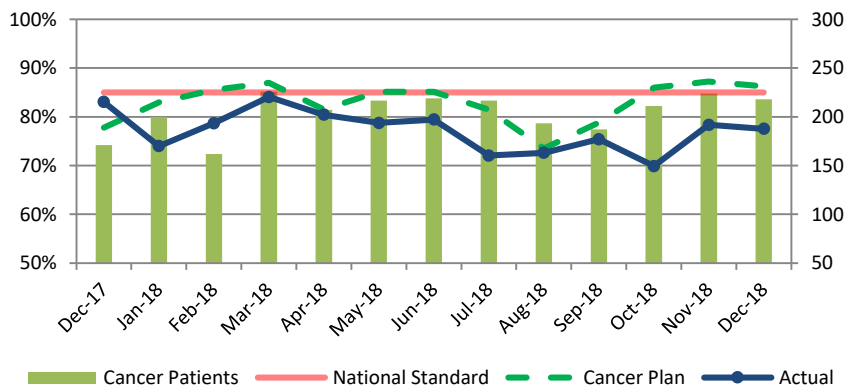
**DIAGNOSTICS**    Exception Report Needed

**Diagnostic Standard**



**CANCER**    Exception Report Needed

**Cancer 62 Waits Standard - Trajectory vs Actual**

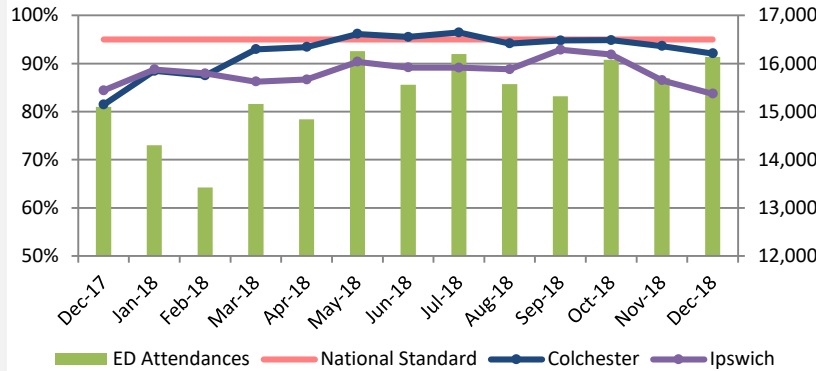


ED Economy performance for Dec 2018 was 95.73% for Colchester which is above the trajectory and National Standard both of which are 95%. Ipswich ED Economy Performance was 85.21% which is below both. The ESNEFT performance was 92.13% which is below the National Standard

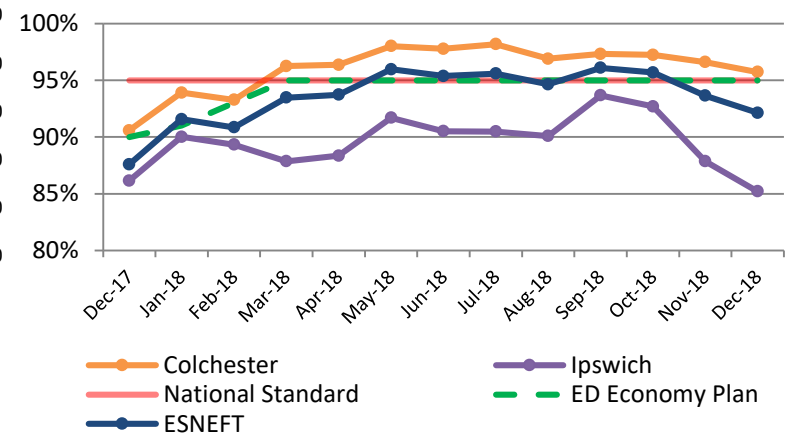
Performance against the 4 hr standard for December 2018 was 92.11% for Colchester and 83.71% for Ipswich.

## 1 Monthly trend

ED 4 Hr Standard - Trajectory vs Actual



ED Economy 4 Hr Standard -Trajectory vs Actual



## 2 Service commentary

ESNEFT performance below national standard.

Key actions as detailed in both the 92 % bed occupancy plans and the ED recovery Plan Ipswich to mitigate the risks are:

- Contingency wards now open and in full use both Ipswich and Colchester.
- Corridor and reverse corridor protocols in use to assist with capacity and delays to be seen.
- Opened 2 extra cubicles in majors Ipswich site to improve majors capacity in times of escalation.
- Additional winter pressure staff working to alleviate pressure and increase patient safety and flow (Colchester site).
- Emergency assessment area introduction of floor manager to improve flow and have a pull model (Ipswich site).
- Challenge in accessing extra capacity within the community eg half way to home Ipswich and D2A Colchester – mobilisation commenced 14<sup>th</sup> January.
- Flexing of community beds to assist with flow both sites.
- Improved GP streaming due to criteria change.
- Implementation of winter room Ipswich site to monitor and respond to pressures.
- Introduced “working differently” in quarter 4 to include drumbeat of actions required to deliver and improve performance.

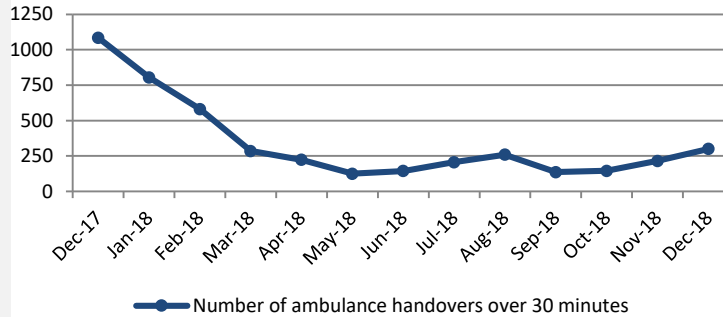
60 minute handover breaches have increased from 40 in November to 57 in December.

Handovers over 30 minutes have increased from 215 in November to 300 in December.

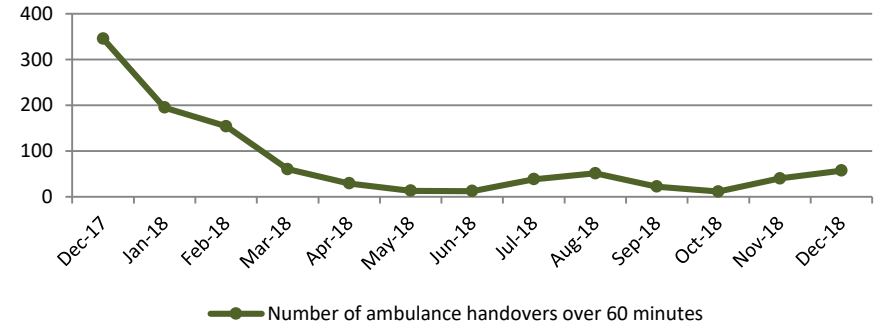
Handover breach penalties are no longer paid by the Trust due to the move to block contract.

## ① Monthly trend

Number of ambulance handovers over 30 minutes



Number of ambulance handovers over 60 minutes



## ② Service commentary

### Ipswich

Increase in ambulances arrivals, resulting in offload delays and higher number of waits to be seen.

Ambulances increased by 3.7% this December on last year. Dec 2017 = 2586 / Dec 2018 = 2682.

High numbers of resus patients and red/trauma alerts. Reverse corridor implemented and additional majors bays in use in times of escalation.

### Colchester

Started to notice the pressure of ED ambulance handovers at the front door due to increase number of ambulances, acuity of patients and challenges attributable to flow within the hospital.

Ambulances increased by 4.7% this December on last year. Dec 2017 = 2951 / Dec 2018 = 3092

62 Day Cancer Waits for 1<sup>st</sup> Treatment for November remains below both national target but above trajectory. Performance was 77.5% for Nov 2018– this was 1.8% above the trajectory of 75.5% and 7.5% below he 85% standard

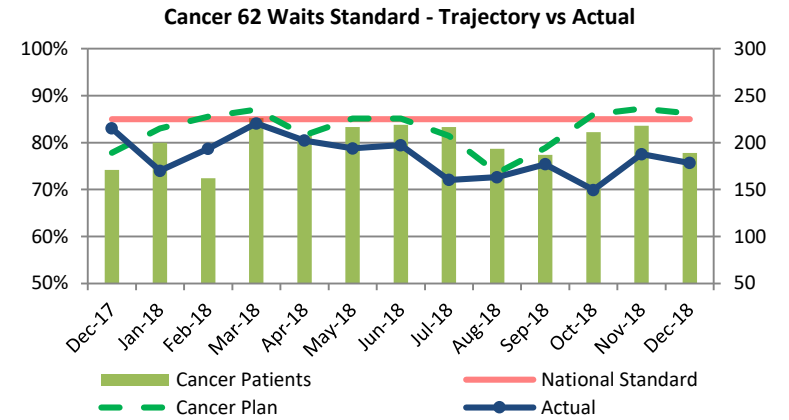
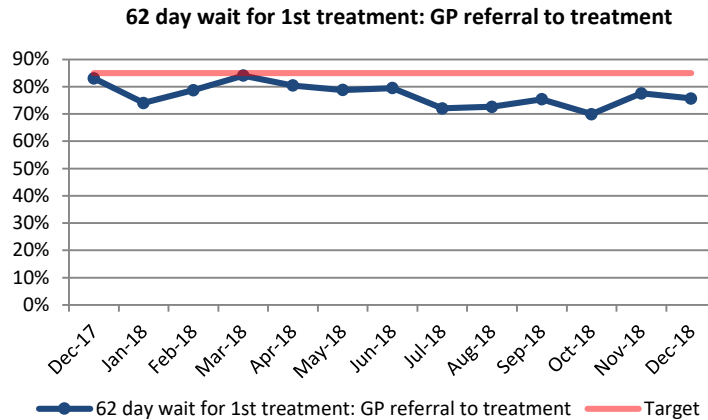
2WW wait from referral to first seen is below target at 92.6% against 93%

31 day wait from decision to treat to treatment is below target at 95.1% 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 24.

*\*December's performance are unvalidated figures as at 17/01/2019. Final figures for Dec will be available in Feb 2019 after submission*

## 1 Monthly trend



## 2 Service Commentary: Relates November Uploaded Position

62 day first performance for November of 77.5%, broken down as follows: Colchester 80.1% Ipswich 75.4%

Of the main tumour groups Breast, Haem and Lower GI were compliant at Colchester and Breast compliant in Ipswich. Gynae achieved 83.3% on both sites.

Key issues: Urology Problems booking diagnostic tests as not enough BAU capacity and not enough additional capacity confirmed. UGI: Delays with consultant reviews and diagnostic capacity/reporting. LGI : Improvement seen in reducing backlog in Colchester. Still high numbers in Ipswich. Delays in typing and consultant review. Gynae : Hysteroscopy capacity an ongoing issue. Team looking at ways to create additional capacity within the system. Lung: Improvement seen. Longest waiters have flipped from other tumour site or are too unwell to proceed at present.

Concerns remain regarding the number of patients on the PTL that remain undiagnosed past day 38, making it very difficult to get the patient an agreed care plan and commence treatment by day 62. All of the above are being addressed as part of the launch this month of the Cancer 7 Must Do's and "working together differently quarter 4" – A focused piece of work requires each tumour site to complete a self-assessment and review of how long it will take them to deliver against each action and the plan to do that.

2WW target was missed by 0.4% with Gynae, Upper GI, Lower GI and Urology all failing to meet the standard

31 day first target was missed by 0.9% with Upper GI, Lower GI, Urology and Skin failing to meet the standard

December data (unvalidated) indicates compliance with 2WW and 31 day targets but a small decline in 62 day performance mainly due to working Urology at Colchester to diagnose and treat the backlog in month.

Other Cancer Standards	Target	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
2 week wait from referral to date first seen: All	93%	96.3%	93.9%	96.9%	94.9%	89.6%	91.0%	91.5%	94.4%	94.3%	94.8%	93.6%	92.6%	93.9%
31 day wait from diagnosis to 1st treatment	96%	95.7%	95.2%	97.4%	97.5%	95.9%	99.0%	97.2%	96.6%	95.5%	97.8%	96.6%	95.1%	97.7%
62 day wait for 1st treatment: GP referral to treatment	85%	83.0%	74.0%	78.7%	84.1%	80.4%	78.8%	79.5%	72.1%	72.6%	75.4%	69.9%	77.5%	75.7%
104+ days on 62 day first PTL (showing 100+ prior to Mar 17)	0	26	20	21	16	20	23	21	19	28	39	35	34	24

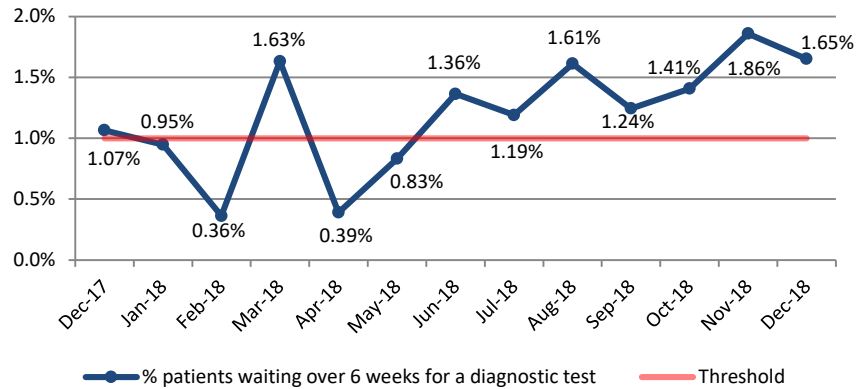


Diagnostic performance currently at 1.65% against target of 1%. This has decreased since November's figure of 1.86%

*\*Unvalidated figures as at 11/01/2019. Oaks data required to be added. Final figures for Dec will be available in Feb 2019 after submission*

## 1 Monthly Trend

**% patients waiting over 6 weeks for a diagnostic test**



## 2 Service Commentary

- Ultrasound demand still exceeding capacity - additional lists in place to reduce.
- Recruitment of fixed term radiologists underway to support demand reduction (start dates likely mid Jan /early Feb.)
- Locum radiologist in place for January to support.
- Breaches are in speciality consultant areas e.g Paeds , head and neck.

Diagnostic Standard - Details	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
DMO1 6+ week breaches	90	79	34	157	37	84	135	119	150	107	127	171	145
DMO1 Endoscopy 6+ week breaches	19	22	11	29	17	7	17	17	35	5	42	101	35
DMO1 Imaging 6+ week breaches	49	51	19	125	15	75	97	96	100	80	52	46	87
DMO1 Waiting List	6707	6439	7293	7536	7507	8000	9900	10005	9303	8599	9026	9300	8782

The Initial Value for Direct to Stroke Unit is under target for December but is improving

Scanned within one hour meets the 50% target for ESNEFT in December .

The Initial Value reported for December performance for patients spending 90% of time on stroke unit exceeds the 80% target.

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

## 1 Monthly - ESNEFT

Stroke - ESNEFT combined AF Values							
Standard	Target	July	Aug	Sep	Oct	Nov	Dec
% patients admitted directly to stroke unit within 4 hours of hospital arrival	90%	78.8%	71.8%	87.8%	88.6%	85.9%	89.6%
	<i>Numerator/Denominator</i>	63 / 80	56 / 78	72 / 82	70 / 79	73 / 85	69 / 77
% patients who scanned within one hour of hospital arrival	50%	69.0%	68.4%	66.7%	61.5%	64.5%	50.0%
	<i>Numerator/Denominator</i>	49 / 71	39 / 57	50 / 75	40 / 65	49 / 76	19 / 38
Patients spending => 90% of their stay on a stroke unit	80%	89.0%	82.7%	82.7%	88.5%	82.6%	92.6%
	<i>Numerator/Denominator</i>	73 / 82	67 / 81	62 / 75	69 / 78	76 / 92	63 / 68

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

## 2 Service Commentary

All 4 hour breaches are reviewed and discussed with individuals involved and at bi-weekly performance meetings. The 2 main reasons for delay in December were:

- Challenging diagnosis; patients presenting with no neurological symptoms and co-morbidities, such as confusion, falls and urosepsis.
- Patients referred directly to Medical Day Unit by their General Practitioner.

90% stay significantly improved in December. Demand for new admissions was slightly lower than average in December 2018 and, therefore, there was less need to transfer patients to other wards, particularly delayed transfers of care, to create capacity for new stroke admissions. There were also less short lengths of stay which can skew this % given the time in the Emergency Department is included in the calculated admission time.

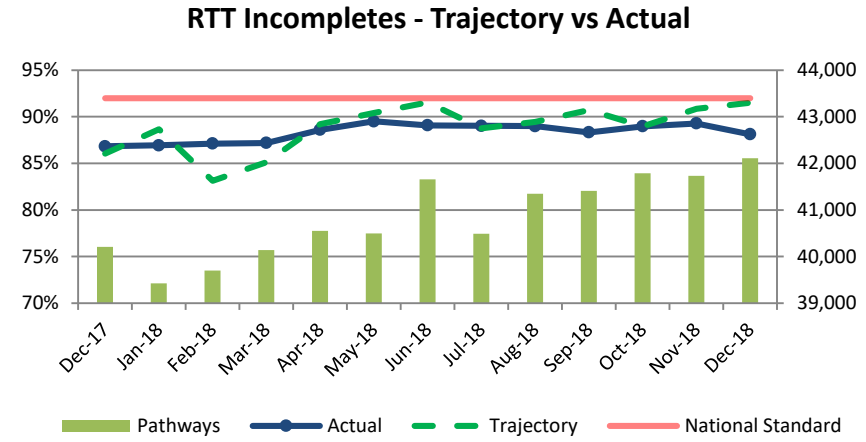
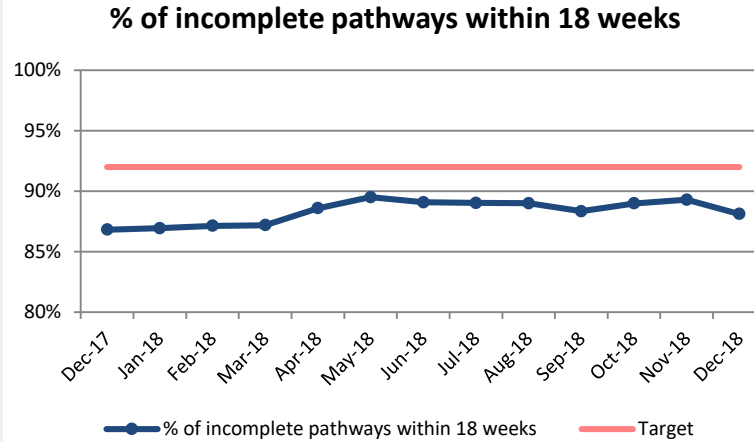
Although the 60 minute scan key performance indicator is at target, there has been a drop in performance. Root cause analysis suggests this relates to delayed referrals for scanning. The service plans to increase stroke acute specialist nurse presence in the Emergency Department to maximise expertise in identifying potential stroke presentations.

December's current RTT position is 88.11%. This is below trajectory of 91.51% and has decreased from 89.28% in November 2018.

There is currently 1 52+ Week breaches for December 2018

*\*Unvalidated figures as at 11/01/2019. Oaks data required to be added. Final figures for December will be available in Feb 2019 after submission*

## 1 Monthly Trend



## 2 Service Commentary

- No patients over 52 weeks for the end of January.
- Aiming for compliance of 92% for end of March
- Number of patients over 40 weeks has increased – end of Dec 148. Urology has 119 of the 148
- Urology remains a concern, additional experienced resource has been provided for 3 months to support this delivery alongside Cancer and diagnostics. Capacity and Demand modelling is being reviewed to determine Q4 requirements for Cancer, Diagnostics and then RTT.
- Oaks data is not being included due to reporting issues
- Non Admitted has been compliant for the last 3 months and this is continuing
- Focussed work to be done on the Admitted PTL but due to Christmas break there was an element of patient choice for surgery where patients deferred their treatment
- Waiting list size being monitored at the weekly PTL

Other RTT Standards	Target	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
% of incomplete pathways within 18 weeks - admitted	92%	73.7%	72.7%	72.5%	70.9%	73.3%	74.7%	72.7%	73.3%	70.7%	70.0%	71.5%	70.9%	66.4%
% of incomplete pathways within 18 weeks - non-admitted	92%	89.6%	90.0%	90.1%	90.3%	91.5%	92.2%	91.8%	91.9%	92.3%	91.7%	92.6%	93.0%	92.7%
Number of RTT Incomplete pathways >52 weeks	0	40	31	29	17	15	17	11	4	3	1	1	0	1
Total Backlog	-	5300	5157	5112	5146	4629	4253	4550	4447	4553	4833	4605	4473	5005

Headlines	Commentary on key items	Forecast / Trends
<p>In December the Trust incurred a deficit of £6.1m; this was adverse to plan by £3.6m.</p> <p>The year to date deficit now stands at £31.1m; an adverse variance to plan of £18.4m. £10m 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 July to December.</p> <p>The Trust's Use of Resources Rating (UoR) is assessed as 4 (the weakest level of performance).</p> <p>A financial forecast exercise undertaken at the end of M8 indicated an outturn adverse variance of £13.2m (before PSF). After PSF loss is taken into account this adverse variance increased to £30.1m (PSF for the ESNEFT period is £16.9m). The actual M9 position represented a better position than forecast by £0.4m.</p> <p>At the end of December, the Trust held cash of £21.2m, which was much higher than the plan of £1.5m</p>	<p><b>Clinical income:</b> The underlying cumulative position is broadly on target. 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. Specialist commissioning activity is still funded on a cost and volume basis; and for December there was no significant variance from anticipated income. The overall clinical income position is artificially inflated by external funding for the pay award (£5.2m at M9. M9 included additional monies for the funding of outsourced providers operating 'dynamic' agenda for change terms and conditions).</p> <p><b>Other income:</b> £9.0m adrift of plan driven by the non-receipt of PSF monies for July to December (due to missing the underlying financial control total for the period).</p> <p><b>Pay expenditure:</b> over spent against plan by £9.4m for the year to date (£1.6m 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 consultant, nursing and junior doctor costs. Contingency ward areas remain open and are not funded for a full year which is also contributing to the pay spend levels.</p> <p><b>Temporary pay:</b> NHSI set the Trust an agency expenditure ceiling of £16.7m for months 4 to 12. For M9, agency costs were above ceiling (£2.3m v £1.8m). This is an important cause of the overall cost pressure being reported against pay.</p> <p><b>Non-pay:</b> M9 expenditure was £0.5m overspent against plan, and for the YTD the position is also adverse to plan (£3.2m). This position is distorted by budget variations and a truer reflection of performance is that against budget. For the month, non-pay was adverse by £0.2m (£4.7m YTD). The level of overspend in December was much smaller than previous months, which resulted from a number of accrual reversals and minimal spend against reserves. Nonetheless, these benefits were offset by spend on the RES contract with the Oaks, and agenda for change pay award costs passed on by outsourced providers.</p> <p><b>Cost improvement plans:</b> For December there was a shortfall in CIP delivery of £0.3m.</p> <p><b>Cash:</b> 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. 3) The Trust borrowed in November and December in response to its challenged financial position and need to maintain these creditor payments.</p> <p><b>Capital programme:</b> The Capital Programme was underspent by £5.8m for the year to date due to delays in progressing schemes. It is expected that the full year plan will be underspent by £4.1m.</p>	<p><b>Cost improvement plans:</b> The delivery of the £32.5m CIP required for the year is recognised as being very challenging. The Trust is currently forecasting to deliver £26.6m CIPs against the Q2-4 ESNEFT target of £32.7m.</p> <p><b>Temporary pay spend:</b> At M9, the Trust has now spent £2.7m in excess of the NHSI agency ceiling set for July to December of £11.5m. 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><b>Forecast.</b> 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>Including the loss of PSF, a range of delivery between £54.8m and £21.3m deficits (delivery of plan) has been indicated with the most likely risk assessed forecast scenario deficit of £43.6m. Given a lost PSF value of £16.9m, this would be an underlying deficit of £26.7m, some £5.4m adrift of the Trust's control total. This is an improvement compared to the Month 8's most likely variance of £7m.</p> <p>Divisions are being actively tasked to identify further recovery opportunities. The CEO has confirmed that reducing spend is one of the Trust's three key priorities for the rest of the financial year.</p>

## Divisional Performance

Division	Full year			RAG
	Budget	Actual	Variance	
Cancer and Diagnostics	9,436	11,774	(2,338)	Red
Medicine	(23,249)	(19,408)	(3,841)	Red
MSK and Specialist Surgery	(22,379)	(20,037)	(2,341)	Red
Surgery and Anaesthetics	332	4,625	(4,293)	Red
Logistics	5,961	5,942	19	Green
Integrated Pathways	5,535	7,432	(1,898)	Red
Women's and Children's	(14,851)	(14,414)	(438)	Red
Corporate Services	43,799	46,219	(2,420)	Red
<b>Total</b>	<b>4,584</b>	<b>22,133</b>	<b>(17,550)</b>	Red

### Commentary/Actions

**Divisional budgets** show an adverse variance of £17.6m year to date. Pay is overspend by £7.7m (most notably in Medicine and Surgery divisions); and non-pay by £11.4m (primarily Corporate and Cancer and Diagnostics).

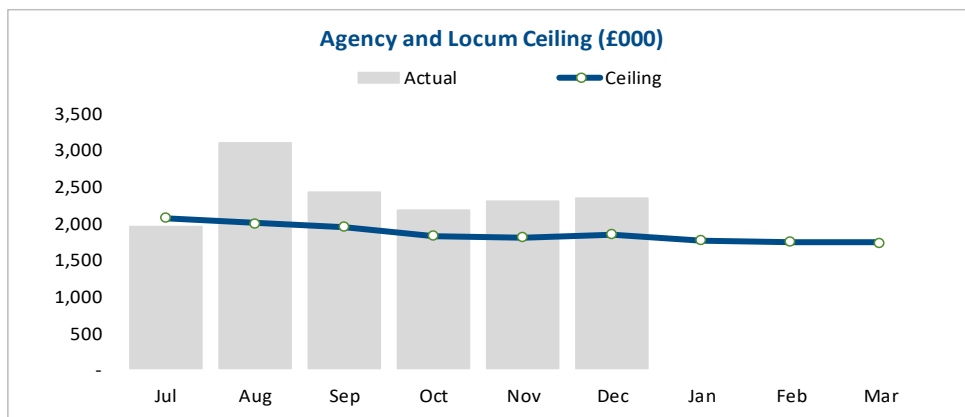
## Cost Improvement Plan (CIP)

All in £000	December			Year to date			Forecast		
	Plan	Actual	Fav / (Adv)	Plan	Actual	Fav / (Adv)	Plan	Actual	Fav / (Adv)
Corporate Services	299	253	(46)	1,792	1,434	(358)	2,688	4,205	1,517
Cancer and Diagnostics	583	432	(151)	3,294	2,885	(409)	5,179	4,276	(903)
Medicine	425	205	(219)	2,337	969	(1,368)	3,519	1,313	(2,207)
MSK and Specialist Surgery	310	494	184	1,614	1,574	(40)	2,647	2,486	(160)
Surgery and Anaesthetics	422	324	(99)	2,327	1,223	(1,104)	3,681	1,966	(1,716)
Women's and Children's	222	202	(21)	1,149	1,145	(4)	1,907	1,752	(155)
Integrated Pathways	301	256	(45)	1,551	690	(860)	2,752	1,072	(1,680)
Logistics	52	30	(22)	298	161	(137)	460	209	(251)
Non-Divisional	1,093	1,208	115	6,559	7,414	855	9,838	9,333	(505)
<b>Total</b>	<b>3,707</b>	<b>3,403</b>	<b>(304)</b>	<b>20,920</b>	<b>17,494</b>	<b>(3,426)</b>	<b>32,671</b>	<b>26,612</b>	<b>(6,059)</b>

### Commentary / Actions

There was an underachievement of £0.3m against the plan for December. All divisions have failed to deliver their CIP target YTD. CIP delivery continues to be monitored through the resource optimisation board.

## Agency Price Cap and Frameworks Compliance



### Commentary / Actions

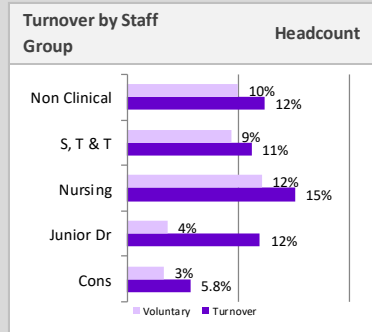
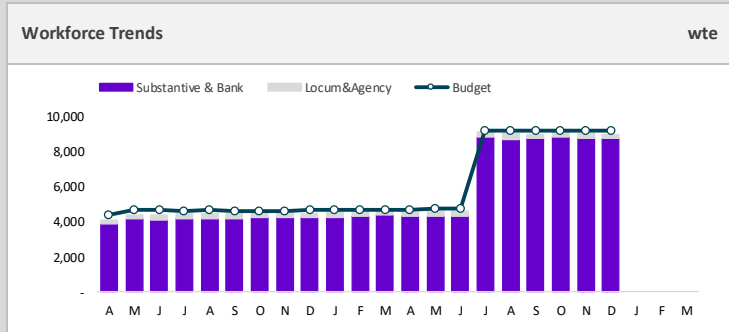
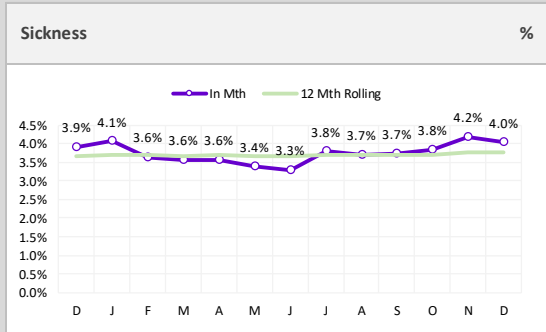
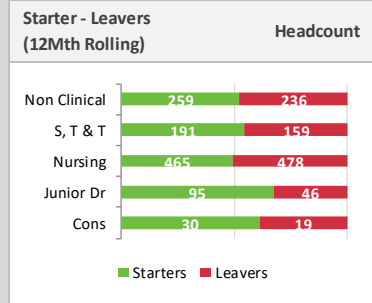
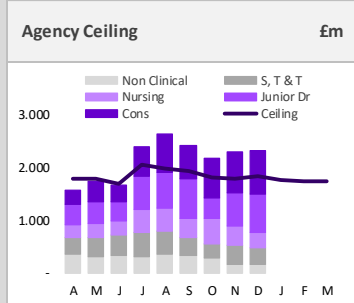
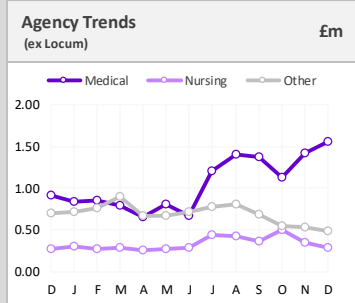
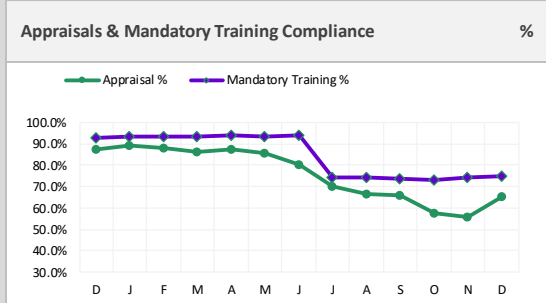
For Month 9 agency costs were over ceiling for the month (£2.3m v £1.8m ceiling) and the year to date (£14.2m v £11.5m ceiling). There was an absolute increase in spend relative to the previous month, whilst concomitantly the ceiling is actually planned to reduce as the year progresses. The Trust must reduce spending on agency staff to more affordable levels for the benefit of the overall financial position.

# Workforce Dashboard

December 2018

## Trust Level

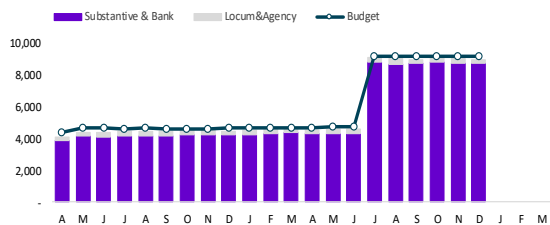
Key Metrics	Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Ceiling	Ward Fill Rate
<b>Performance</b>	<b>9.4%</b>	<b>£5.1m</b>	<b>4.0%</b>	<b>74.9%</b>	<b>65.1%</b>	<b>10.1%</b>	<b>(£2.50m)</b>	<b>90.1%</b>
Target	Budget 9155wte	Budget £261m	3.5%	95%	85%	12%	(£16.72m)	95%
Achieved	Contracted 8294wte	Spend £266.2m	4.0%	View portal for detail	5084 out of 7804 staff		(£19.22m)	
<b>Vs Prior Month</b>	<b>↑</b>	<b>↓</b>	<b>↓</b>	<b>↑</b>	<b>↑</b>	<b>↓</b>	<b>↓</b>	<b>↓</b>
Prior Month	9.1%	£4.31m	4.2%	74.1%	55.6%	10.4%	(£2.01m)	91.6%



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

## Workforce Trends

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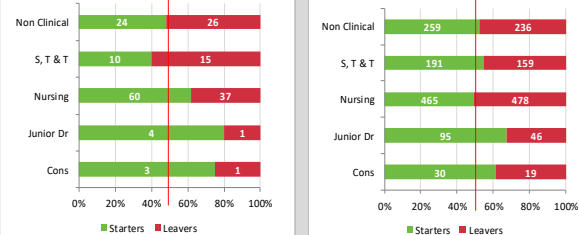


## Starters / Leaver Head Count

In Mth

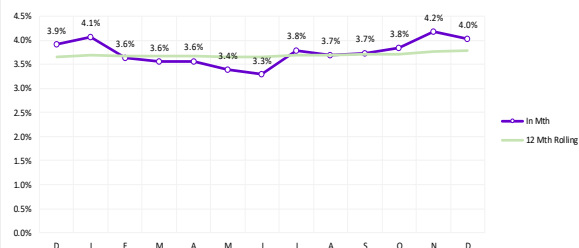
Starters / Leaver Head Count

12 Mths Rolling



## Sickness Trend - All Staff

%



## Commentary

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

In December, those in post increased from 8,278 WTE in the previous month to 8,294. The Trust continues to have more starters than leavers.

The Trust's overseas recruitment programme for nurses has been particularly successful with regular cohorts of new recruits joining each month. There is an agreed pipeline of 16 nurses a month for the coming year; with the exception of September circa 90 newly qualified nurses will be joining. The practice educators would not have the capacity give both cohorts a good induction and training experience.

29 newly qualified nurses are also due to commence with the Trust in March 2019.

The Medical Staffing team also continue to make good progress on recruiting to vacancies, with the appointments reducing the reliance on expensive agency locums. Vacancy levels for all medical grades were lower than November (Consultants, Trust grades, Specialty doctors and Doctors in training).

The Trust's rolling voluntary turnover for December was 10.1%, falling from 10.4% in November. This has been steadily improving each month, and compares well nationally.

Unfortunately, nearly all stages of the recruitment process for non-medical posts increased in time in December. Many of the factors that impact on these stages are outside of the direct control of the recruitment team. For example, the time taken to shortlist is the responsibility of the recruiting manager and this increased quite appreciably in the month. By contrast, given the lower numbers of medical posts recruited to, and the fact that the medical staffing team have much more involvement, the time taken to shortlist by managers continues to reduce.

**Sickness:** December's sickness rate was 4%, compared to 4.2% in November. Despite it being winter, where traditionally levels of sickness increase, the trust remains below the last notified national rate of 4.5% (NHS digital provide the national sickness benchmarking data however this is only produced quarterly with the last release being August 2018).

## Risks & Mitigating Actions

The Trust has approximately 500 international nurses in the pipeline, which exceeds its current intake ability. Given this, meetings have been held in January with the two companies that support the Trust's international programme. Moreover, recognising that historically, only circa 40% will want / be able to take up their placements, internal discussions are ongoing as to how this is to be managed. A plan will be formulated by February.

**Turnover.** NHSI have published a new *Recruit, Retains and Inspire* toolkit. A small project team is working through this to develop the ESNEFT plan and this work is managed through the Resource Optimisation Board.

As part of the Corporate TOM, a new project supporting on / off boarding for all staff is proposed. The project outcomes are aimed at increasing the Trust's attractiveness as an employer and enhancing the recruitment experience, including making sure staff in the first year are better supported.

**Recruitment.** The team are working closely with divisions on advertising hard to recruit posts such as Clinical Nurse Specialist in Dermatology; looking at alternative advertising methods and advert wording to attract candidates.

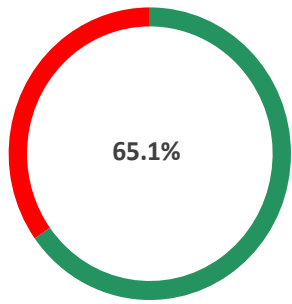
Since recruiting managers are able themselves to review recruitment progress in the Trac software, and in an attempt to release recruitment team's time, Trac training continues to be provided on a monthly basis. One to one sessions or refresher sessions are offered on an ad hoc basis.

**Sickness.** The trust currently operates two sickness policies making it more challenging for cross site managers. The new ESNEFT policy has unfortunately still not been completed. A pragmatic solution proposed is for the existing Colchester policy to be adopted (unions are in agreement), whilst a new succinct policy is developed. As part of this work, the Norfolk and Norwich hospital are being engaged as a Trust considered to have an exemplar policy and associated toolkits.

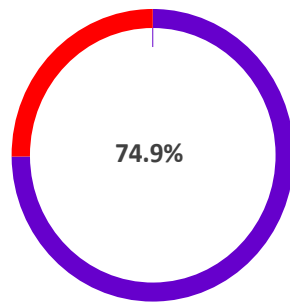
The HR team now have access to 18 months of sickness data enabling the ER team and HRBPs to work with Divisional leads to understand any actions required to reduce sickness. Similarly, analysis is being performed on days of the week: including why sickness decreases at the end of the week and which staff groups this is prevalent in.

All long term sickness cases have active management plans.

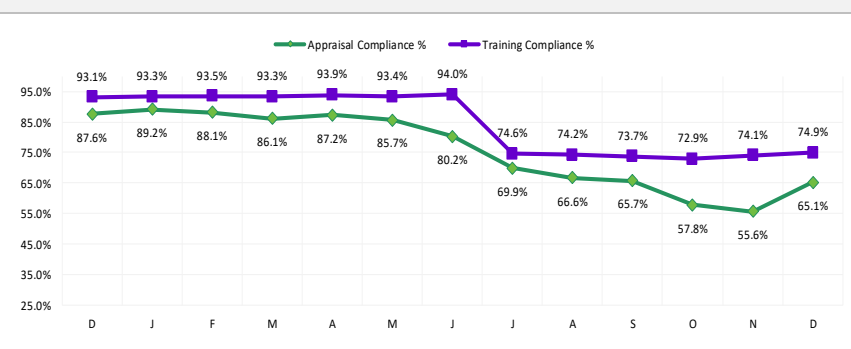
Appraisal Compliance (in Mth)



Mandatory Training Compliance (in Mth)



Appraisal & Mandatory Training Compliance Trend



## Commentary

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

**Appraisals.** There was a marked improvement (almost 10%) in appraisal compliance in December, increasing from 55.6% to 65.1%.

Performance in all Divisions was stronger, though Integrated Pathways (46.6% in December) and Corporate divisions (58.8%) especially report a very low level of compliance.

**Mandatory Training.** December's compliance rate was marginally better than November at 74.1%.

## Risks & Mitigating Actions

**Appraisals.** The recording of appraisals is undertaken via ESR and this remains unchanged post merger.

The upturn in compliance is largely explained by all staff on the IH site being contacted to check the recorded date of their last appraisal / PDR was correct. If not records were updated

Managers on the IH site will be contacted w/c 21<sup>st</sup> Jan with a monthly template to record and update month appraisal/PDR activity

Weekly e-mail reminders will be sent to individuals advising if their appraisal/PDR is due to be carried out or is out of date. This will further ensure that all recorded information is correct

Going forward, managers on the IH site will be able to record their own appraisal. This will form part of the ESR self-service programme being carried out by the workforce team

**Mandatory Training.** E-learning via moodle will be available for staff on the IH site and community by the end of January, resulting in staff having access to packages such as safeguarding level 2 where compliance currently is low across the organisation.

Data loads of records from the IH site that were previously held on spreadsheets continues.

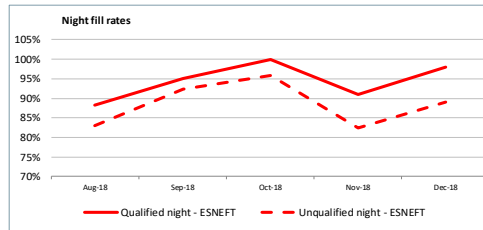
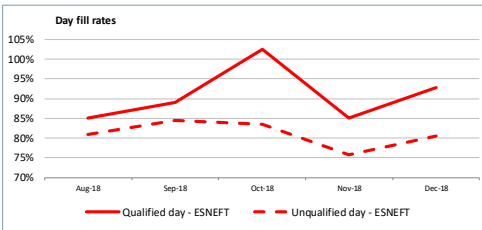
Work is underway to audit the e-assessments that were completed by staff on the IH site. Previous data loads have shown that when the e-assessment was completed not all of the associated competencies were transferred to individual's records.

Records for staff based in the community are in the process of being transferred from their own training data base to ESR



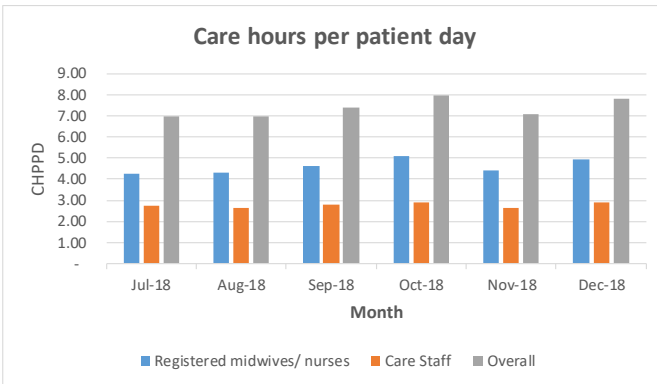
**Nursing Fill Rates (including care hours per patient day)**

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Qualified day - ESNEFT	85.1%	89.1%	102.5%	85.1%	92.7%
Qualified night - ESNEFT	88.3%	95.1%	100.0%	90.9%	98.0%
Unqualified day - ESNEFT	81.0%	84.4%	83.5%	75.8%	80.4%
Unqualified night - ESNEFT	83.1%	92.4%	95.9%	82.5%	89.1%
Overall (average) fill - ESNEFT	84.6%	90.1%	96.2%	83.9%	90.5%



**Care hours per patient day**

Care hours per patient day	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Registered midwives/ nurses	4.26	4.31	4.60	5.09	4.44	4.93
Care Staff	2.72	2.65	2.81	2.89	2.62	2.88
<b>Overall</b>	<b>6.98</b>	<b>6.96</b>	<b>7.41</b>	<b>7.98</b>	<b>7.06</b>	<b>7.81</b>



**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.

The overall fill rates for Qualified (Registered) nurses and midwives has shown improvement in December.

Activity and patient acuity has risen, as would be expected during the winter months and the opening of additional capacity has required some redeployment of staff to support the emergency pathway. Not all of this workforce realignment is captured in the fill rate data due to the flexibility required.

Despite additional beds being open at both acute hospital sites fill rates have remained acceptable.

**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.

Forward planning using forecasting data which includes modelling turnover is supporting more proactive recruitment, which reduces gaps in establishments due to vacancies.

The next recruitment event for registered nurses will take place at the end of January for nursing students who qualify in September 2019.

The Trust continues to support overseas recruitment with regular cohorts of new recruits joining each month.

**RAG rules**

Less than 80% : Red

80 - 95%: Yellow

95 - 101%: Green

More than 101%: Amber

## POD Profiles - Trust Level

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
<b>All Staff</b>													
Headcount	4,689	4,711	4,717	4,722	4,712	4,729	4,770	9,449	9,446	9,556	9,561	9,554	9,576
Establishment (including agency)	4,684	4,641	4,641	4,692	4,687	4,701	4,716	9,153	9,170	9,127	9,139	9,130	9,181
In post	4,057	4,079	4,093	4,119	4,093	4,102	4,128	8,182	8,250	8,264	8,334	8,278	8,294
Vacancy	627	562	547	573	594	599	588	970	921	863	805	852	887
Vacancy %	13.4%	12.1%	11.8%	12.2%	12.7%	12.8%	12.5%	10.6%	10.0%	9.5%	8.8%	9.3%	9.7%
Establishment (excluding agency)	4,612	4,575	4,575	4,606	4,638	4,652	4,662	9,137	9,155	9,106	9,113	9,106	9,155
Vacancy (excluding agency)	555	496	482	488	545	550	534	955	906	842	779	828	861
Vacancy % (excluding agency)	12.0%	10.8%	10.5%	10.6%	11.7%	11.8%	11.5%	10.5%	9.9%	9.2%	8.5%	9.1%	9.4%
<b>Turnover</b>													
<sup>1</sup> Turnover (12 Month)	15.1%	14.9%	14.8%	14.4%	14.3%	14.4%	14.1%	14.0%	13.5%	13.4%	13.3%	13.3%	13.0%
<sup>1</sup> Voluntary Turnover (12 Month)	11.8%	11.8%	11.7%	11.9%	11.7%	11.6%	11.3%	11.1%	10.7%	10.5%	10.4%	10.4%	10.1%
<sup>1</sup> Starters (to Trust)	46	78	56	63	66	67	73	83	93	142	141	77	101
<sup>1</sup> Leavers (from Trust)	47	44	46	90	48	51	37	117	93	122	98	112	80
<b>Sickness</b>													
% In Mth	3.9%	4.1%	3.6%	3.6%	3.6%	3.4%	3.3%	3.8%	3.7%	3.7%	3.8%	4.2%	4.0%
WTE Days Absent In Mth	4,887	5,084	4,129	4,493	4,332	4,280	4,041	9,553	9,354	9,161	9,773	10,267	10,526
% of sickness Short-term	42.0%	56.2%	45.4%	42.8%	36.5%	38.7%	38.0%	42.5%	34.7%	43.7%	46.8%	45.2%	42.2%
% of sickness Long-term	58.0%	43.8%	54.6%	57.2%	63.5%	61.3%	62.0%	57.5%	65.3%	56.3%	53.2%	54.8%	57.8%
<b>Mandatory Training &amp; Appraisal Compliance</b>													
Mandatory Training	93.1%	93.3%	93.5%	93.3%	93.9%	93.4%	94.0%	74.6%	74.2%	73.7%	72.9%	74.1%	74.9%
Appraisal	87.6%	89.2%	88.1%	86.1%	87.2%	85.7%	80.2%	69.9%	66.6%	65.7%	57.8%	55.6%	65.1%
<b>Temporary staffing as a % of spend</b>													
Substantive Pay Spend	14,818	14,952	15,102	14,926	15,096	15,232	15,079	31,036	32,407	31,471	31,207	31,620	31,451
Overtime Pay Spend	118	102	102	96	114	105	94	344	277	163	205	152	172
Bank Pay Spend	587	680	747	798	679	703	693	1,299	1,494	1,403	1,410	1,530	1,525
Agency Pay Spend	1,881	1,853	1,876	1,975	1,574	1,738	1,661	2,406	2,633	2,412	2,172	2,295	2,331
Total Pay Spend	17,404	17,588	17,826	17,795	17,463	17,778	17,527	35,085	36,812	35,448	34,994	35,598	35,478
Agency & Bank %	14.7%	14.9%	15.2%	16.2%	13.6%	14.5%	14.2%	11.8%	12.3%	12.0%	11.5%	12.1%	12.1%
Agency %	10.8%	10.5%	10.5%	11.1%	9.0%	9.8%	9.5%	6.9%	7.2%	6.8%	6.2%	6.4%	6.6%

<sup>1</sup> Excludes training grade junior doctors

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

## POD Profiles - Trust Level

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
<b>Nursing (Qualified) - excluding Midwives</b>													
Establishment (including agency)	1,201	1,198	1,198	1,201	1,209	1,204	1,200	2,504	2,534	2,517	2,532	2,523	2,540
In post	1,015	1,009	1,004	1,002	1,000	1,011	1,022	2,222	2,216	2,215	2,243	2,275	2,283
Vacancy	186	190	194	198	209	192	178	282	318	302	288	247	257
Vacancy %	15.5%	15.8%	16.2%	16.5%	17.3%	16.0%	14.8%	11.2%	12.5%	12.0%	11.4%	9.8%	10.1%
<b>Nursing (Band 5) - excluding Midwives</b>													
Establishment (including agency)	621	621	619	624	629	629	626	1,428	1,458	1,441	1,438	1,436	1,446
In post	496	492	485	483	476	487	492	1,173	1,162	1,165	1,182	1,211	1,218
Vacancy	125	128	134	142	153	142	134	255	296	277	256	224	228
Vacancy %	20.1%	20.7%	21.7%	22.7%	24.3%	22.6%	21.3%	17.9%	20.3%	19.2%	17.8%	15.6%	15.8%
<b>Consultants</b>													
Establishment (including agency)	221	220	221	234	223	223	223	458	459	460	460	462	460
In post	192	195	194	196	197	199	198	408	403	406	408	404	406
Vacancy	30	25	27	38	26	24	25	50	56	55	52	58	54
Vacancy %	13.3%	11.3%	12.2%	16.2%	11.8%	10.9%	11.3%	10.8%	12.2%	11.9%	11.3%	12.5%	11.7%
<b>Junior Medical</b>													
Establishment (including agency)	324	318	320	321	318	316	317	618	618	619	620	619	620
In post	268	267	271	275	278	272	275	558	620	582	626	595	595
Vacancy	56	51	49	46	40	45	43	61	(2)	37	(6)	23	25
Vacancy %	17.2%	16.0%	15.4%	14.3%	12.6%	14.1%	13.4%	9.8%	-0.3%	6.0%	-1.0%	3.8%	4.1%
<b>Scientific, Technical and Therapeutic</b>													
Establishment (including agency)	906	904	904	912	925	926	927	1,697	1,710	1,706	1,692	1,698	1,701
In post	811	811	812	823	808	812	824	1,554	1,570	1,606	1,601	1,592	1,589
Vacancy	95	93	92	89	117	114	103	143	140	100	91	106	112
Vacancy %	10.5%	10.3%	10.2%	9.8%	12.6%	12.3%	11.1%	8.4%	8.2%	5.9%	5.4%	6.2%	6.6%

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