

**Month 3
(June)**



**East Suffolk and
North Essex**
NHS Foundation Trust

Performance report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors

1st August 2019

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

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

1 NHSI Single Oversight Framework

NHS Improvement (NHSI) implemented the Single Oversight Framework (SOF) in January 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

This report shows the June performance for each of the SOF metrics for the Trust along with relevant trend information (where available).

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. Continuing the work that 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 consequence, its purpose is to ensure that the Trust delivers its promises to patients and stakeholders.

3 Performance against the Trust's Strategy



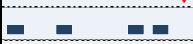
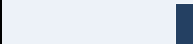


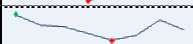


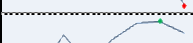


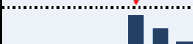



The performance report also needs to reflect the key elements of the organisational strategy.

A draft strategy was presented to the January board, after a period of engagement with staff and stakeholders. The final version of the strategy was presented to and approved by the Board in April.

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 plan.

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.

Quality : Safe, Effective & Caring									
Indicator	Domain	Frequency	Target / Standard	Apr-19	May-19	Jun-19	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	0	91	88	71	↓		Clinical divisions; low, medium, high
Staff Friends and Family Test % recommended - care	Caring	Q	30%	34.5%	36.0%	31.3%	↓		Monthly FFT test response reported
Occurrence of any Never Event	Safe	M	0	1	1	0	↓		No never events were reported in June 2019
Mixed sex accommodation breaches	Caring	M	0	0	0	1	↑		The June 2019 breach occurred on the 'Acute Respiratory Care Unit' at Ipswich.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	96.2%	96.0%	96.1%	↑		
A&E scores from Friends and Family Test – % positive	Caring	M	90%	80.6%	81.8%	85.5%	↑		
Number of emergency c-sections	Safe	M	tbc	80	99	86	↓		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	99.0%	100.0%	97.7%	↓		
- % Recommending - postnatal	Caring	M	90%	98.6%	98.8%	98.0%	↓		
VTE Risk Assessment	Safe	M	95%	95.9%	96.3%	96.5%	↑		
Incidences of Clostridium Difficile infection	Safe	M	1	11	9	8	↓		There were 8 C.difficile cases in June. 3 of these were at Ipswich hospital and 5 cases were at Colchester hospital. A new reporting process means that assignment following CCG sign off will show whether these are cases to be counted against trajectory.
MRSA bacteraemias	Safe	M	0	0	0	0	→		The last MRSA bacteraemia case was isolated at the Ipswich site in December.
HSMR (DFI Published - By Month Data Available)	Effective	Q	100	106.7	107.8	107.3	↑		ESNEFT is one of 5 trusts in the region of 15 non-specialist trusts with a higher than expected HSMR, though missing records are impacting the data.
HSMR Weekend (By Month Data Available)	Effective	Q	100	110.5	112.2	112.1	↑		Trend is for Mar-Jun 2019 only, due to the absence of April to June data for the Ipswich site, caused by an omission from NHS Digital.
Summary Hospital Mortality Indicator	Effective	Q	100	114.1	113.6	113.6	→		12 mths to Dec 2018. This has decreased compared to the previous annual position (to Sept 2018) of 114.1.
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Use of Resources	M	tbc	10.2%	9.4%	8.6%	↓		

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Apr-19	May-19	Jun-19	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	90.7%	92.5%	92.6%	↑		A&E waiting time performance based on economy. ED Economy performance for June 2019 was 95.22% for CGH, and 87.33% for IH.
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Responsive	M	92.0%	87.1%	87.1%	85.5%	↓		Screening service performance snapshot as reported in Accountability Framework taken at 23rd July 2019.
- urgent GP referral for suspected cancer	Responsive	M	85.0%	77.4%	74.2%	70.0%	↓		Diagnostic performance has improved due to lower waiting lists, meaning that the backlog could be handled more effectively. Good Consultant engagement within Radiology has also assisted.
- NHS cancer screening service referral	Responsive	M	90.0%	84.8%	82.4%	91.8%	↑		
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	3.5%	2.5%	0.8%	↓		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Apr-19	May-19	Jun-19	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	3.4%	3.5%	3.6%	↑		
Staff turnover	Well-led	M	tbc	9.4%	9.0%	9.1%	↑		Voluntary turnover.
Executive team turnover	Well-led	M	tbc	1	0	1	↑		The Director of HR left, officially, on 30th June. The Company Secretary left in April.
NHS Staff Survey - would recommend as place to work**	Well-led	A	tbc	55.30%	55.30%	55.30%			Annual score, based on 2018 staff survey results, released on 26th February 2019. Benchmark average = 61.1%, benchmark best = 77.3%.
NHS Staff Survey - if a friend or relative needs treatment, happy with standard of care provided**	Well-led	A	tbc	68.30%	68.30%	68.30%			Annual score, based on 2018 staff survey results, released on 26th February 2019. Benchmark average = 69.9%, benchmark best = 90.3%.
Proportion of temporary staff	Well-led	Q	tbc	4.1%	4.7%	4.6%	↓		Agency staff % only.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(1,885)	(3,416)	(4,471)	↑		CIP targets reset for 19/20 - Trust target for year £31.9m. Most divisions failed to deliver their CIP targets in Month 3. Prior year values removed from trend.
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Apr-19	May-19	Jun-19	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	4	4	4	4	→		
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	4	4	4	4	→		
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	4	4	4	4	→		
I&E MARGIN : Variance from Plan	Finance	M	1	2	2	4	↓		
Agency Spend : Remain within agency ceiling	Finance	M	1	1	1	1	→		
Overall : Use of Resources Rating	Finance	M	3	3	3	3	→		
Overall : Segment Score									
Indicator	Domain	Frequency	Target / Standard	Apr-19	May-19	Jun-19	Mov't	Trend	Comments
Segmentation	Overall			3	3	3	→		NHSI confirm that ESNEFT is in segment 3, as it relates to the segment Colchester was previously under (as ESNEFT has taken over the Colchester licence). NHSI recognise that the undertakings need to be reviewed with a view to removing those where appropriate to now do so. The Trust is looking at the evidence for this, but current Trust performance may mean it is not possible to remove some of the undertakings.

The Accountability Framework (AF) is the Trust's principal performance management tool.

The AF is the mechanism used to hold both Clinical and Corporate divisions to account for their performance. It is also used to ensure that Trust resources are converted into the best possible outcomes, for both the quality of services and treatment, as well as the value for money of the work performed.

The AF therefore encapsulates the Trust's vision and more detailed objectives, resourcing, delivery, monitoring performance, course correction and evaluation.

19/20 has seen the introduction of a new format and scoring methodology for ESNEFT's AF.

Aggregated AF Score Classification Explained

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

2019/20 reporting

The Divisional Accountability Meetings (DAMs) are held each month to discuss performance against the Accountability Framework (AF), with the most recent meetings being held in July 2019, in relation to May performance. The tables below summarise the key ESNEFT and divisional level scores from April through to June; and also include some commentary to explain the main themes behind these scores. The reporting format aligns with the updated AF policy for 2019/20. The overall scoring at both AF and divisional level is presently distorted by the fact that some metric data is still yet to be submitted; but it is now fully based on the new AF domain methodology.

At the July DAMs (May reporting), there was also an Executive request for particular focus on cancer performance, financial recovery plans and serious incident reporting. These added to focus areas that remained from previous months, which included an update on mandatory training and appraisal compliance, information around CIP identification and delivery and the detail of actions taking place following the recent staff survey. Performance shown in the AF for June will be discussed at the DAMs to be held in early August.

The actual information captured in the AF continues to evolve. Some indicator data was not supplied this month and future developments around indicator definitions and data are progressing, particularly in relation to newly introduced metrics and indicators contained within the new Use of Resources domain. Data issues were also experienced during 2018/19 and it is hoped that the full population of the AF will be possible soon.

ESNEFT level dashboard data

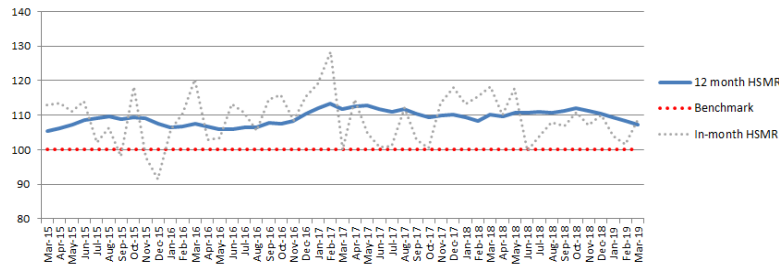
Domain	Apr	May	Jun	Comments
Caring	3	3	2	June score reduced to 2, mainly due to failed Mixed Sex Accommodation metric (weight 4). FFT response rate compliance continues to be variable.
Effective	1	1	1	All mortality metrics failed across 19/20 reporting YTD; these are all weighted at 5.
Responsive	1	1	1	Performance remains scored at 1. Drivers for this include failed A&E, RTT, Cancer and backlog / waiting list metrics.
Safe	1	2	2	April score was driven by data issues, mainly now resolved. High weighted fails include high harm patient falls and WHO surgical checklist.
Use of Resources	1	1	1	Domain performance mainly impacted by the Trust's current financial position, DNA rate and emergency admissions within 30days.
Well-Led	2	2	1	Domain performance impacted by failures against high weighted metrics including complaints, absence, PDRs and training compliance.
Aggregated AF Score	1	1	1	Consistent fails within Effective, Responsive and Use of Resources are having the biggest impact. Only 1 domain can be at a 1 for the score to improve.

Divisional aggregated AF scores

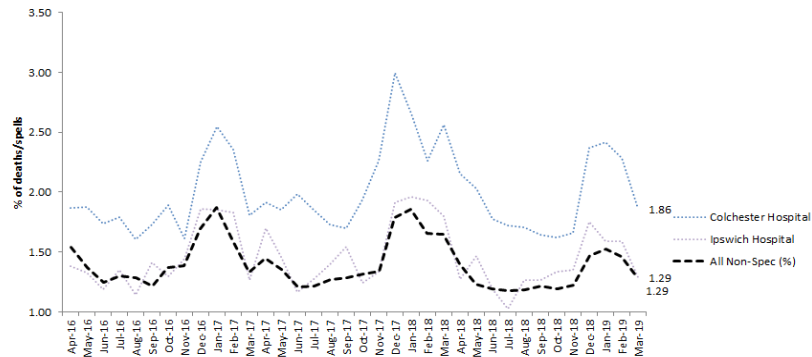
Division	Apr	May	Jun	Comments
Medicine	1	2	2	Improved performance from M1 in Responsive and Well Led.
Cancer & Diagnostics	3	3	3	Consistent aggregate score of 3 achieved; Responsive performance remains challenging.
Women's & Children's	2	2	2	Consistent performance, though Responsive & Well Led compliance require improvement.
MSK & Spec Surgery	2	2	2	Caring and Safe domains performing well. Responsive & Well Led remain challenging.
Surgery & Anaesthetics	1	2	2	Caring and Safe domains performing well. Responsive & Well Led remain challenging.
Integrated Pathways	2	2	2	Compliance and population of Well Led metrics remains a challenge.
Logistics	3	3	3	Limited Safe and Caring metrics performing well. Well Led performance requires improvement.
Corporate	3	3	2	Well Led score low due to non-compliance against PDR's and Mandatory Training.

Mortality

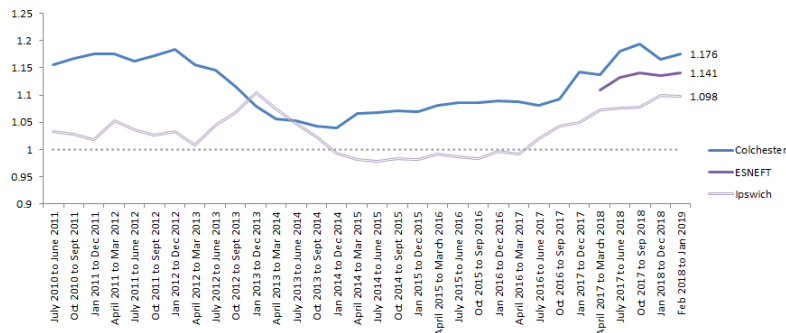
ESNEFT HSMR - In-month & Rolling 12 Months



All Diagnosis Groups - Crude Mortality Rates



SHMI - Rolling 12 months



Commentary

Dr Foster Summary (*9% coded activity missing)

Dr Foster metrics as at March 2019 discharges	ESNEFT incom [*]	IPS incom [*]	COL incom [*]
In-month HSMR	↓109.1	↓86.6	↑141.2
12 month HSMR	↓107.3	↓103.1	↓114.3
Death rate HSMR (nat. 3.3%)	↓3.3%	↓3.0%	↓3.9%
Lower confidence limit (HSMR)	↓103.1 Outlier	↓97.2 As expected	↓108.4 Outlier
All diagnosis groups 12 months	↓104.5	↓102.0	↓109.8
Lower confidence limit (all)	↓100.8 Outlier	↓96.5 As expected	↓104.6 Outlier

Approximately 1,525 ESNEFT records (9%) missed the first deadline for Dr Foster. The data 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.

SHMI – 12 months to January 2019

ESNEFT – ↑1.141 (up from 1.136), higher than expected
 Ipswich – (aggregate pre & post merger) ↓1.098 as expected

Colchester – ↑1.176

There is no statistical difference in weekday vs. weekend mortality for ESNEFT. Both are 'higher than expected'.

Diagnosis Group Monitoring

Pneumonia – the relative risk is 'higher than expected', rank ↓114/133 trusts

Sepsis – the relative risk is 'as expected', rank ↑78/133 trusts

COPD – the relative risk is 'as expected', rank ↓81/133 trusts

Ipswich deaths – 97 including 1 stillbirth
 Colchester deaths – 134

Risks & Mitigating Actions

There are 7 active CUSUMs on the ESNEFT dashboard.

The report for the Imperial College alert for acute bronchitis, due end July, includes the following information:

- The clinical review by Associate Medical Directors for Ipswich and Colchester concluded that patients had received good care.
- The admitting diagnosis for a number of the patients was revised on review, however, it would appear from the audit that the respiratory codes are often used in place of 'frailty'. There is no one code available to clinicians that accurately identifies the risk for a patient with reduced physical reserves.

- Clearly, a greater focus is needed on the work already undertaken by the Palliative Care teams to support this particular group of inpatients, ensuring that they are identified quickly so that additional care is delivered earlier in the admission. The Sepsis and Deteriorating Patient group will be developing a joint treatment and escalation form for adult patients which will become part of the Sentinel e-obs system. This will then prompt consideration of a palliative care referral if appropriate. Action plans are being shared across Integrated Pathways relating to end of life care and staff have received training from St Helena Hospice on advanced communication skills which includes the completion of DNACPR forms.

Mortality – Learning from deaths



ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18): Learning from Deaths Dashboard - April 2019-20



Description:

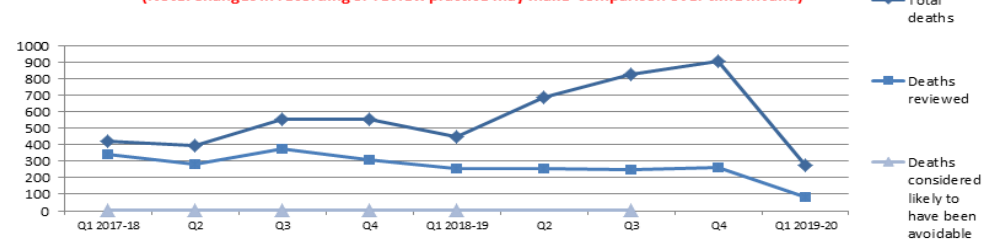
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

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
277	273	80	72	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
277	903	80	259	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
277	2857	80	1012	0	3

Time Series: Start date 2017-18 Q1 End date 2019-20 Q1

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

Total Deaths Reviewed by Mortality Methodology Score

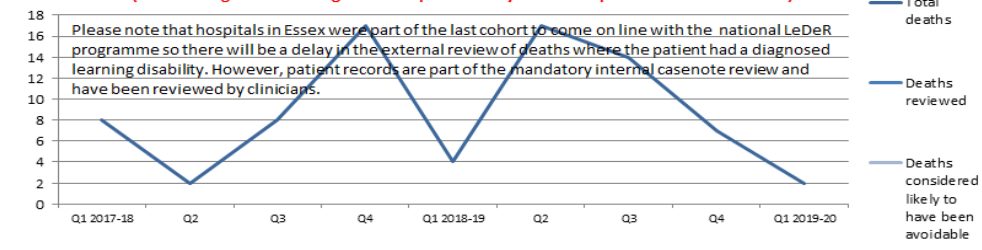
Score 1	Score 2	Score 3	Score 4	Score 5	Score 6
Definitely due to problems in healthcare	Strong evidence there were problems in healthcare	Probably due to problems in healthcare (more than 50:50)	Probably due to problems in healthcare but not very likely	Slight evidence that death was due to problems in healthcare	Death was definitely not due to problems in healthcare
This Month	This Month	This Month	This Month	This Month	This Month
0	0	0	1	2	66
0.0%	0.0%	0.0%	1.4%	2.9%	95.7%
This Quarter (QTD)	This Quarter (QTD)	This Quarter (QTD)	This Quarter (QTD)	This Quarter (QTD)	This Quarter (QTD)
0	0	0	1	2	66
0.0%	0.0%	0.0%	1.4%	2.9%	95.7%
This Year (YTD)	This Year (YTD)	This Year (YTD)	This Year (YTD)	This Year (YTD)	This Year (YTD)
0	0	0	1	2	66
0.0%	0.0%	0.0%	1.4%	2.9%	95.7%

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	0	0	0	NK	NK
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
2	7	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
2	42	0	0	0	0

Time Series: Start date 2017-18 Q1 End date 2019-20 Q1

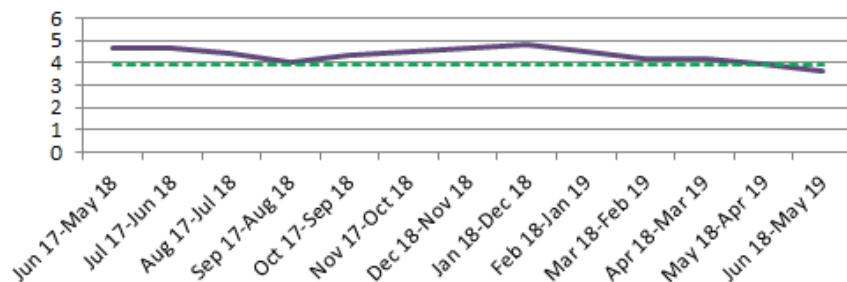
Mortality over time, total deaths reviewed and deaths considered to have been potentially avoidable
(Note: Changes in recording or review practice may make comparison over time invalid)

Mortality – Learning from Deaths - Numerical Data and Breakdown

Trust	ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18)			Total deaths include inpatients, paediatrics, maternity, ED Total deaths also includes patients with LD reviewed under SJR criteria by local team - additional LeDeR death reviews are shown separately Deaths within 30 days of discharge will be included where a concern has been raised. *LD Deaths include deaths within 30 days of discharge.														
Org Code	432																	
Month	April																	
Year	2019-20																	
Not all deaths are subject to mandatory review.														Review of mandatory case records				
		Deaths likelihood > 50% contribute to death			Deaths judged to have been due to problems in healthcare					Deaths judged not due to problems in care		LD Deaths LeDeR Peer Review	LD Deaths Avoidable > 50% 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	d to death	Defin	Evidnc	>50/50	<50/50	Slight	↓	*LD Deaths	Reviewe	Review	review	returned	complete	outstanding	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	4
2017-18	August	126	90	0	0	0	0	0	3	84	1	0	NK	30	28	93%	2	0
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	3
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	125	1	0	0	1	2	8	104	9	0	NK	49	48	98%	1	3
2017-18	February	153	92	1	0	0	1	1	5	83	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	97	1	0	1	0	1	1	93	2	0	NK	30	25	83%	5	1
2018-19	May	149	71	0	0	0	0	1	1	68	2	0	NK	34	25	74%	9	0
2018-19	June	135	86	0	0	0	0	0	4	81	0	0	NK	52	41	79%	11	1
2018-19	July	223	102	0	0	0	0	1	7	91	7	0	NK	72	61	85%	11	4
2018-19	August	230	77	0	0	0	0	1	5	69	3	0	NK	67	55	82%	12	1
2018-19	September	230	74	0	0	0	0	0	1	70	7	0	NK	65	51	78%	14	2
2018-19	October	251	94	2	0	1	1	1	4	86	4	0	NK	70	58	83%	12	3
2018-19	November	256	54	0	0	0	0	0	3	48	8	0	NK	28	18	64%	10	1
2018-19	December	316	98	0	0	0	0	2	5	83	2	0	NK	78	60	77%	18	3
2018-19	January	329	98	0	0	0	0	1	3	88	4	0	NK	82	59	72%	23	3
2018-19	February	301	89	0	0	0	0	1	2	63	3	0	NK	67	50	75%	17	1
2018-19	March	273	72	0	0	0	0	0	3	64	0	0	NK	70	40	57%	30	1
2019-20	April	277	80	0	0	0	0	1	2	66	2	0	NK	72	48	67%	24	2

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."

Rolling 12 month ESNEFT Stillbirth rate per 1000 births with MBRRACE National Benchmark 2016



Rolling 12 months	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Colchester	5.25	5.29	4.52	4.55	4.57	4.01	3.74
Ipswich	4.01	4.35	4.39	3.80	3.77	3.81	3.54

The stillbirth rate for the UK for 2016 (most recent MBRRACE data release June 2018) is **3.93** per 1000 births or 0.39%.

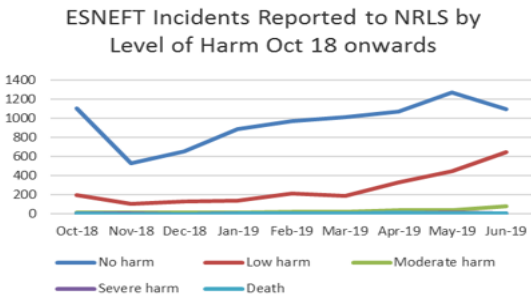
Mortality – Learning from Deaths (commentary)

Learning from Deaths	Learning from Deaths
<p>Learning from Deaths Group 5th July 2019</p> <p>There were three patient cases in April where slight issues in healthcare were identified and eight cases where there was room for improvement in clinical/organisational care:</p> <p>Learning themes:</p> <ul style="list-style-type: none"> anticoagulation therapy not being recommenced after surgery leading to CVAs/arrests fluid overload in patients with heart failure – failure to refer to medics and monitor fluid balance. glucose management patients being transferred with empty oxygen cylinders failure to recognize sepsis <p>These elements will be picked up by the AMD for Clinical Effectiveness in a briefing to staff.</p> <ul style="list-style-type: none"> The Director of Nursing for NEECCG attended the Learning from Deaths group and advised that cross community training could be delivered using the 'Enhanced Health in Care Homes' framework. This would support the cross-community respiratory projects under consideration. The Deputy Chief Nurse for Suffolk CCGs was also in attendance. The planned roll-out of MEs at Ipswich has been delayed to August 2019 to allow the induction of new trainee doctors to be completed The annual LeDeR report has been published and incorporated into the Trust action plan; three key areas for community development are sepsis, pneumonia and cancer, with training for staff and easy-read leaflets for patients with mild Learning Disabilities/Autism to help them identify their own symptoms where sepsis may be suspected. 	<ul style="list-style-type: none"> 'My Care Wishes' is being promoted in Suffolk, with some GPs being very proactive. The possibility of extending the My Care Choices Register to Suffolk is being considered Compliance with the return of mandatory review forms is 42% at Ipswich and 81% Colchester for the seven months to April 2019. Clinical leads have been sent lists of patient cases requiring review. <p>What was done well?</p> <ul style="list-style-type: none"> Quick identification of deterioration, OOH review and early contact with next of kin so they could be with their loved one at the time of death. Good communication with families. Appropriate involvement of MDTs. Symptom control was achieved at the end-of-life and visits to the 'Time Garden' were facilitated in the patient's last days. Identification of impending death, setting of ceilings of care and making sure comfort was a priority.

Patient Safety – Incidents

Total incidents and harm

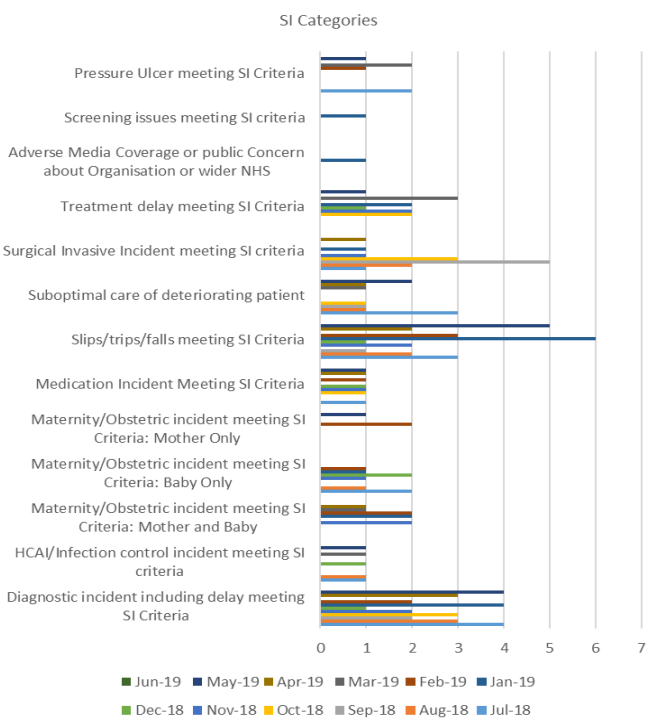
There were a total of 2,241 ESNEFT incidents reported in June 2019. This represented a decrease relative to May (2,274 incidents). 1,826 of these incidents were patient safety related and 1,823 were reported to the National Reporting and Learning System (NRLS). Overdue incidents have increased from last month at 2,169 (2,115).



Serious Incidents

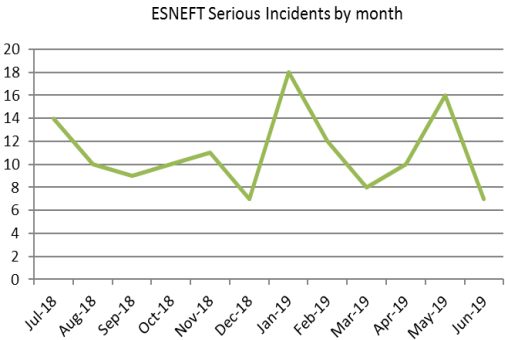
7 (16) ESNEFT incidents were considered to meet the criteria of being a serious incident during June. These included 2 slips, trips and falls incidents meeting SI criteria, 4 Maternity incidents meeting SI criteria, and 1 sub-optimal care of the deteriorating patient, meeting SI criteria.

Serious incidents by category



Never events

There were no Never Events declared during June.



Patient Safety – compliance with serious incident reporting, overdue action plans and Duty of Candour

Compliance with serious incident reporting

The Trust achieved 100% (100%) compliance in reporting 3 day reports to the CCG.

There were 15 SI investigation reports due to be submitted by ESNEFT during June and 4 were submitted within the required time-frame, 1 from Cancer and Diagnostics, 1 from Integrated Pathways and 2 from Women's and Children's. Reports are still due to be submitted from Logistics, MSK and Specialist Surgery, Surgery & Anaesthetics and from Cancer and Diagnostics. ESNEFT compliance is 33% (20%) for June.

Overdue Action Plans

There are currently 119 (137) overdue action plans for serious incidents still waiting for evidence at ESNEFT. Serious Incidents will not be fully closed until evidence for each action has been received.

The number of outstanding action plans has decreased in the past month.

Duty of Candour

Compliance for Duty of Candour (pre investigation) has decreased to 79% (100%) during June at ESNEFT. Of the 14 initial Duty of Candour that were due during June, 9 were performed within the required time-frame; 3 for Integrated Pathways, 1 for MSK and Specialist Surgery, 3 for Women's and Children's, 2 for Medicine.

5 initial Duty of Candour were not performed within the required time-frame, 1 from Surgery and Anaesthetics was performed 4 days late and 4 from Medicine were performed late; 10 days late, 9 days late and 6 days late. All initial Duty of Candour reports due in June have been completed.

ESNEFT post Duty of Candour compliance following the conclusion of the SI investigation increased slightly to 80% (69%). There were 10 Post Duty of Candour due, 8 were completed within the required time-frame however 3 were not. 1 from Surgery, 1 from Women's and Children's and 1 from Integrated Pathways have not been completed within the required time frame.

Mitigating actions

Monitoring of compliance through the divisional management meetings continues with a focus on sustainability. All divisions have made good progress with the exception of cancer and diagnostics division who have had a high number of investigations with depleted governance team support; additional support is being offered from the PST.

Mitigating actions

The CCG and the Trust have aligned the data collected to ensure the total number of action plans overdue is accurate. The CCG are supporting closure of action plans that align with ongoing QI work, e.g. sepsis.

Mitigating actions

Issues previously experienced in relation to ensuring Duty of Candour documentation is in place have contributed to some delayed reporting in previous months, including June. This issue has now been resolved.

ESNEFT Initial Duty of Candour



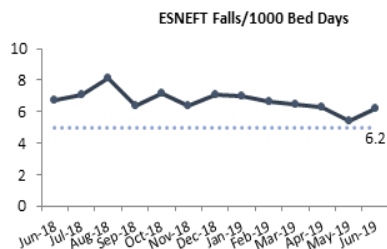
ESNEFT Post Duty of Candour



Patient Safety – Falls

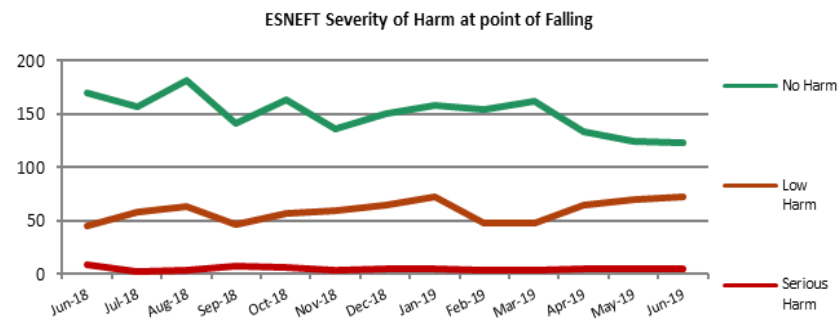
Colchester

Inpatient falls decreased to 46 (66) in June. 1 patient fell more than twice in June and the continued dedication of staff towards reducing falls is having an impact. 3 controlled lowers to the floor were included in this month's figures. However there were two falls with serious harm this month, which repeats the trend of the previous month. Falls per 1,000 bed days decreased slightly from May to 3.01 (4.07).



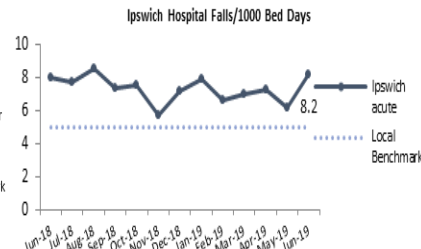
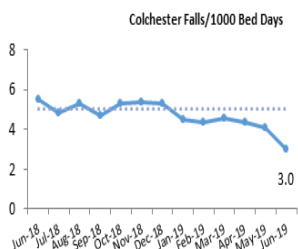
Falls with serious harm

There were 5 falls with serious harm in June across ESNEFT. This included 3 Fractured NOFs (Haughley, West Bergholt, Aldham). To date, ESNEFT has had 15 falls recorded as serious harm for the current reporting year, which is higher than the same time last year. A thematic review of these falls will be shared with the falls steering group.



Ipswich (including Community hospitals)

There was an overall increase in falls in the month with a combined total of 152 (132) falls; with 30 (20) at Community Hospitals and 122 (112) at Ipswich Hospital. Aldeburgh had 12 falls, with 3 patients falling more than once; Felixstowe had 9 patients who fell, with one who fell twice; Bluebird Lodge had 9 patients who fell but no multiple fallers. Incidence rates per 1,000 bed days for June were 8.23 (6.2) at Ipswich Hospital and 17.20 (10.70) in the Community Hospitals.



Commentary

Colchester's falls rates remain consistent with the local target and the number of multiple fallers recorded in June was very low. Work continues to update the competency database to support more efficient use of falls monitoring equipment. The continued levels of falls resulting in serious harm remains a point of analysis and focus for the Falls Lead, particularly as Aldham had another fall resulting in serious harm this month.

Ipswich Hospital had an increase in falls numbers, including the number of multiple fallers. 3 high falls reporting inpatient areas are actively implementing the complete bay watch principles with support from the Falls Lead for the month of June. Bay watch is a change in staff working and utilises all staff in ward areas, therefore an embedded change will take several months and where it has been implemented well, has shown to reduce falls in that bay area for that shift.

The community hospitals reported a slight increase in falls for June compared to the previous month, but levels remain under the average for the previous 6-9 months, with no patients suffering high harm. This supports the increased awareness of staff in these areas of how to actively manage their patients who are actively undertaking rehabilitation and independence.

Mitigating actions

A falls summit was called due to the lack of progress and improvement on the Ipswich site. Support is being given by transformation to ensure that QI methodology is employed. QPS has commissioned a deep dive presentation in September.

Bay watch will continue to be a focus in the current areas of implementation and the support of all staff in clinical areas remains a key element of successful implementation.

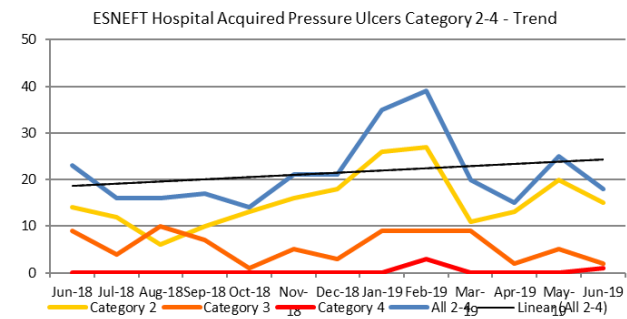
The purchase of new monitoring equipment and trial equipment has been undertaken with training being planned and availability to ward areas expected early in July. Whilst this needs to be used in conjunction with all the key elements of falls prevention, this will support staff to monitor patients in areas where bay watch is not able to be implemented. Staff training for use of current equipment provision at Colchester continues.

Patient Safety – Pressure ulcers

ESNEFT

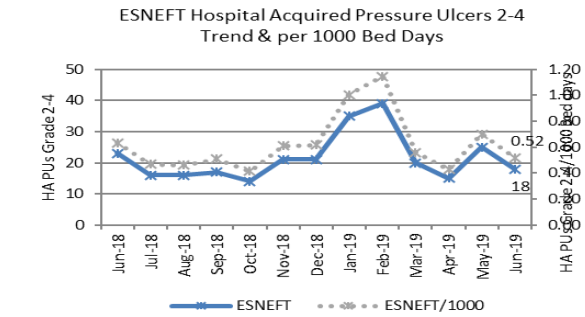
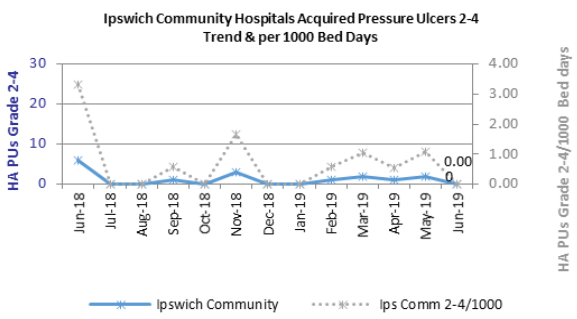
For ESNEFT, there were a total of 18 developed grade 2-4 pressure ulcers in June 2019 (ESNEFT hospital beds), a decrease from the 25 recorded in May.

Overall, the Trust rate of pressure ulcers per 1,000 bed days was 0.52 in June, a decrease compared to 0.70 in May.



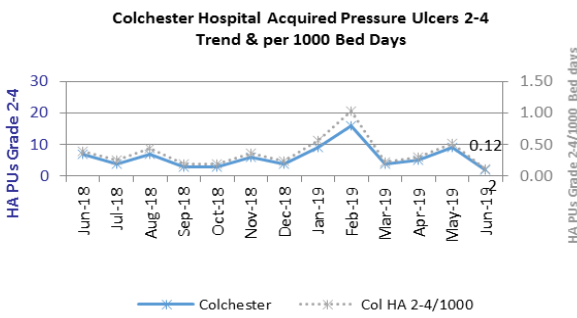
Ipswich and community hospitals

There were 0 (2) reportable Category 2 developed pressure ulcers for the community hospitals in June. There were 13 (10) Category 2 developed pressure ulcers reported for Ipswich Hospital and 2 (4) Category 3 developed pressure ulcers. There was 1 category 4 pressure ulcer reported. There was 1 (10) reported Deep Tissue Injuries this month. Developed Pressure damage per 1,000 bed days for Ipswich Hospital in June is 0.98 (0.85) and 0 (1.08) for Community Hospitals.



Colchester

There were 2 (7) Category 2 developed pressure ulcers reported in June 2019, and 0 (2) Category 3 developed pressure ulcers. There were 0 (2) Deep Tissue Injuries. This gives a per 1,000 bed days figure of 0.12 for June, a slight decrease on the previous month (0.51).



Working Towards Future Prevention

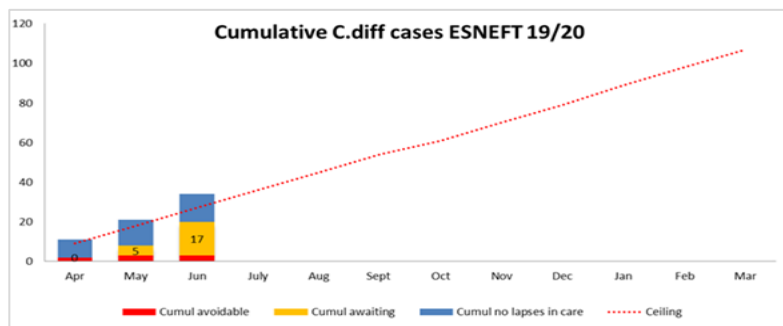
Equipment deliveries have been received and the harm free team have ensured a sustainable model is in place to avoid problems with availability in the future. The managed service for specialised mattresses at the Ipswich site is planned to commence 1st August 2019.

Patient Safety – Infection Control

Clostridium difficile (C.diff)

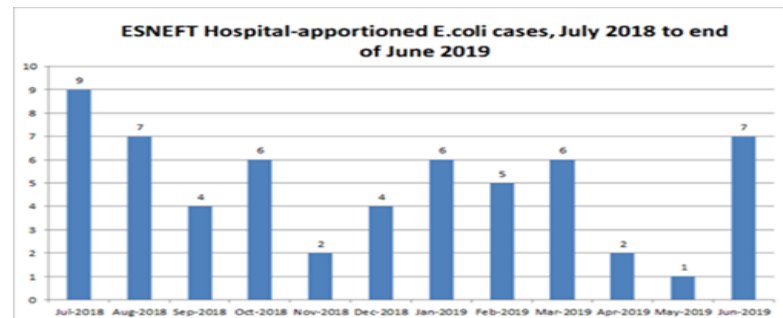
The reporting for the C.diff cases has changed. HOHA & COHA are now apportioned to the Acute Trust to collate the data and undertake full investigations. The trajectory for ESNEFT is no more than 107 cases in the year. Due to the new process, these cases are awaiting assignment following sign off from CCG to update as to whether they should be counted against trajectory.

There were 5 cases of C.diff on the Colchester site in June (3 COHA, 2 HOHA); and 3 cases at the Ipswich site (2 COHA, 1 HOHA).

**Escherichia coli (E. coli)**

There were 3 cases of E.coli for June at Ipswich Hospital, Saxmundham – UTI, Shotley – LRTI, Haughley – Hepatobiliary.

There were 4 E.coli bacteraemia cases at the Colchester site in June. Peldon – falls patient, Hepatobiliary source, Easthorpe – urinary source, Critical Care – source unknown, Fordham – urinary source.

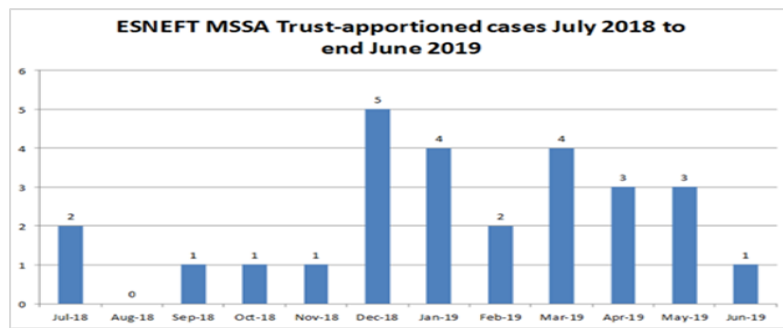
**Meticillin-resistant staphylococcus aureus (MRSA)**

There have been 0 MRSA bacteraemia cases for ESNEFT in June 2019. The MRSA outbreak on Shotley ward continued through June. 3 weeks of negative screens for the ward were received, and the outbreak was officially declared as being over on 8th July 2019. The SI investigation is in progress.

Meticillin-susceptible staphylococcus aureus (MSSA)

There was 1 case of MSSA at Ipswich Hospital in June, in a Haematology patient. The vas cath tip was also positive for MSSA. The patient received renal dialysis. The patient died during this admission.

There were no MSSA bacteraemia cases identified at Colchester Hospital during June 2019.

**General****Key actions from Infection Control Committee:**

- Group Strep A outbreak continues in the Mid Essex community, awareness of key issues raised with staff.
- Decontamination update (policy now live), and planning in progress for issues with ageing equipment at Clacton site.
- IC Net risk – negotiation of new contract and upgrade to Colchester system in progress.
- Assurance given that informal feedback from CQC and any required actions in place.
- Bergholt point of care flu testing-getting ready for winter planning.
- Decant for Shotley ward following the MRSA outbreak planning in progress.

Patient Safety – Maternity

Maternity key performance indicators (May data)

Caesarean section rate

The Caesarean section rate for May was 31.05% for the Colchester site and on the Ipswich site it was 30.0%. The combined ESNEFT rate for May was 30.24%. The NMPA rate nationally is 24.5%.

Midwifery led births

The percentage of Midwifery led births reduced this month to 15.52% for Colchester. The Ipswich percentage stayed static this month at 16.33%. Across ESNEFT the total is 15.81%. This was a drop for both sites in May, but is in line with the rise in caesarean sections and instrumental deliveries. However the total for ESNEFT is above the NMPA average for England at 13.20%.

On the Ipswich site, the criteria for midwife led births for women with low risk inductions has been reviewed and the numbers of women commencing their birth in the low risk environment should increase. Women who are low risk inductions are now induced on the Nova Suite and transferred, once in established labour to the Brook Birth Centre. The Ipswich site have had a new Lead midwife in post, who has invigorated the unit with a more homely environment and has held open days for women and their partner to visit.

Third and fourth degree tears

The May rate at Colchester was 5.24% and at Ipswich it was 4.29%, meaning that that the ESNEFT rate for May was 4.74%. These rates showed an increase over both sites above the national average for England, which is 3.6%. Data from incidence has been reviewed and there are no trends from the outcomes. All staff who are involved in STOMP programme (reducing 3 and 4th degree tears) are met by the specialist midwife to review their practice.

PPH ≥1500mls

The rate across both sites remains below the NMPA trajectory for the PPH rate which is 2.7%. On the Colchester site the rate slightly decreased to 1.81% and the rate slightly increased to 2.37% at Ipswich. This results in a decrease for ESNEFT to 2.10%. This increase at Ipswich may relate to an increase in caesarean sections and third and fourth degree tears.

Unit placed on divert

Neither unit went on divert in May.

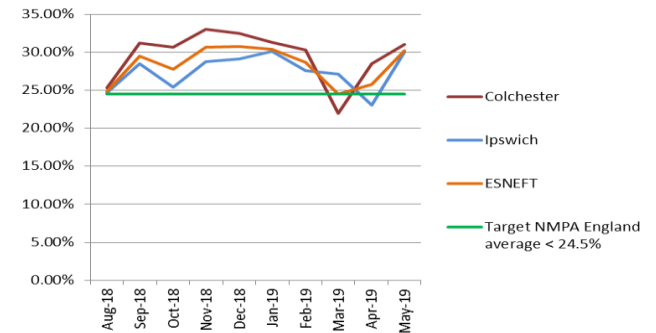
Neonatal deaths within 28 days

There were no NNDs on either site.

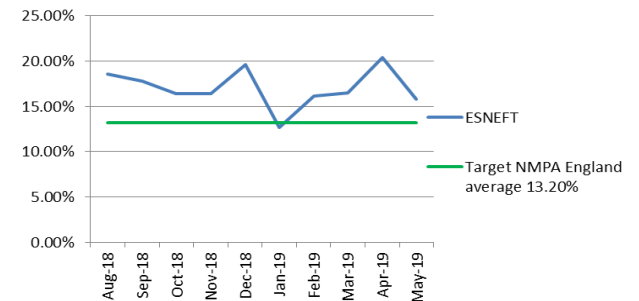
Stillbirths

There were 2 stillbirths across ESNEFT sites in May, 1 at Ipswich and 1 at Colchester – both related to termination of pregnancy for congenital abnormality.

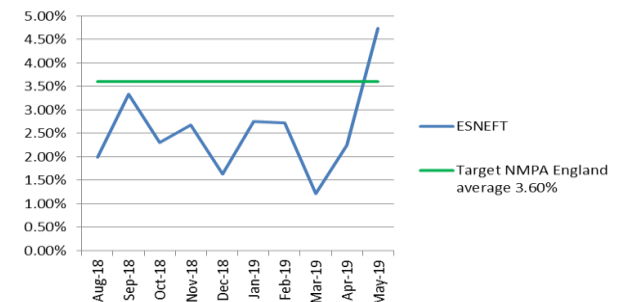
Caesarean Section



Midwifery Led Birth - ESNEFT



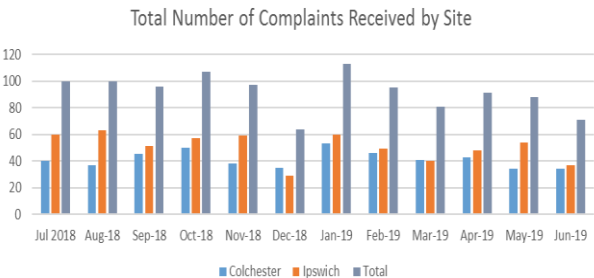
Third & Fourth Degree Tears of Total Births



Patient Experience - Complaints

Total complaints

ESNEFT total number of complaints received

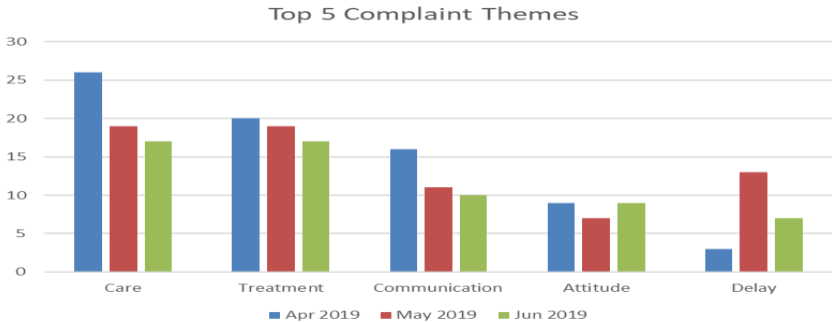


Overall complaint numbers for ESNEFT in June decreased to 71 (88). Complaints in June at Colchester remained static at 34 and there was a decrease to 37 (54) at Ipswich.

Complaint themes

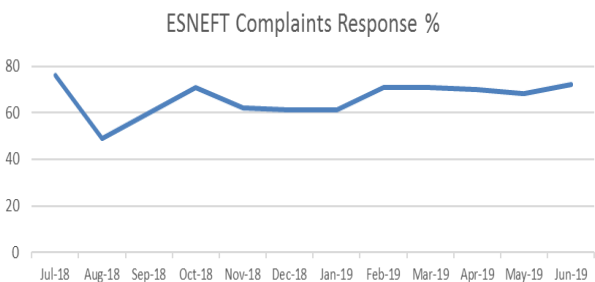
The most commonly reported themes for the month of June were Care and Treatment. A review of the themes within these categories shows a variety of reasons for the complaints, including the feeling that staff were not caring for the patient appropriately, being unhappy with the type of ward the patient was on and regarding the overall care received on wards across both acute sites. The complaints relating to treatment tend to focus on delays in receiving treatment and the type of treatment being offered to the patients. The deep dive into communication is planned for August.

There were 9 complaints attributed to attitude. In general in these complaints, the patients felt the Doctors, Midwives or Nurses were rude or patronising. Following completion of the investigation, staff are asked to complete a reflective account of what occurred to support learning and changes, where required.



Response compliance

ESNEFT response % compliance



Overall response rate compliance has increased from 68% to 72% in June. A total of 78 (64) complaints were responded to in the month of June.

Mitigating actions

Compliance with response times continues to be on an improvement trajectory, with a commitment to achieve full compliance for September.

There has been a steady reduction in the number of complaints received at ESNEFT since Jan 2019 and there is improved satisfaction with complaint responses.

PALS

The number of PALS contacts per site increased significantly at Colchester Hospital due to the Dermatology service transfer. This is only starting to be reflected in the overall numbers as the team have reverted to paper recording to meet the needs of the patients, and therefore the backlog is being recorded on Datix retrospectively.

The current reported figures show an increase for Colchester 375 (283) and a decrease for Ipswich 265 (321). The Dermatology hotline has just been established, allowing patients direct access to a team within Dermatology to discuss their concerns. These will continue to be logged on Datix wherever possible.

User involvement/Engagement Activity

Chaplaincy

The agreed business case prior to merger has been slightly amended to provide funding for a strategic Head of Chaplaincy to join the team. The job description is currently with the HR matching panel and once approved, the Trust will commence advertising for the post. The successful applicant will support the transformation work already in process and give strategic leadership to enable Chaplaincy to be a valuable asset to the MDT and to the health and well being of staff. The volunteer chaplaincy programme will shortly be rolled out across Ipswich Hospital to begin to develop the valuable service which is already in place on the Colchester site.

FFT (Healthcare Communications)

Healthcare Communications (Envoy) is the company under contract to prepare and present our FFT information for the Unify report and subsequent external reporting. This month they were unable to upload all of the Trust's surveys within the expected timeframe and urgent discussions are underway to identify the challenges to present data in the correct timeframe.

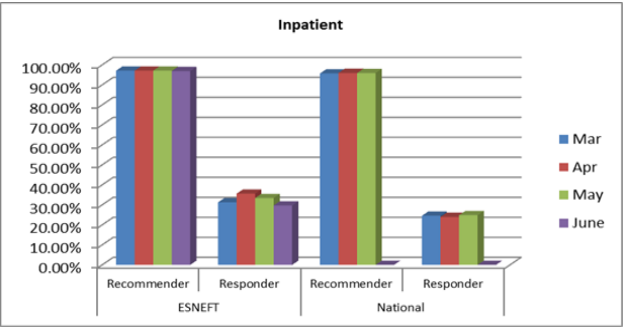
Head of Patient Experience

A review of the role and future requirements has been undertaken and a revised job description has been developed and job matched. The new role will be advertised for recruitment in August.

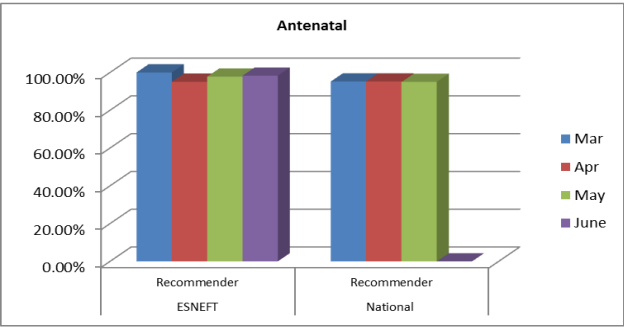
Patient Experience – friends and family test

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

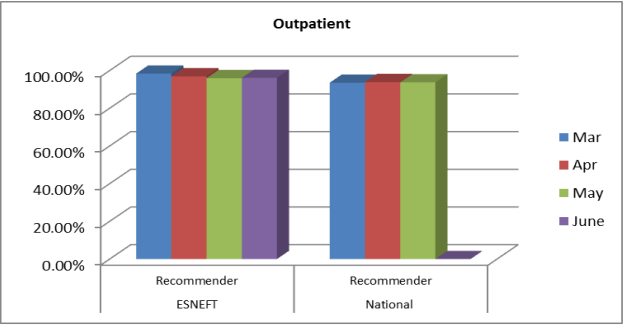


Commentary

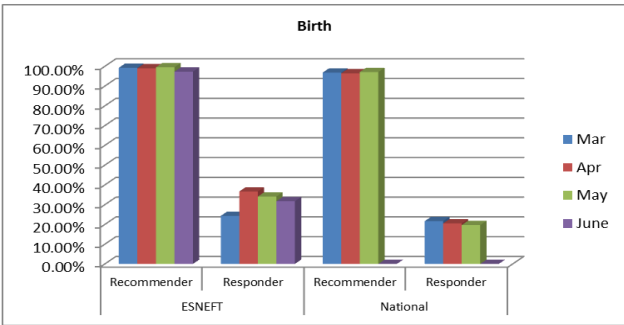
There has been no significant change in the overall scores or response rates for FFT.

The response rate for A&E at the Ipswich site remains low but with the new FFT provider in place, we anticipate seeing significant improvement with the use of SMS.

Outpatients

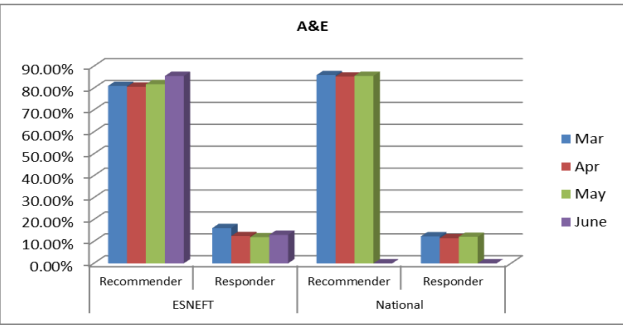


Mat - birth

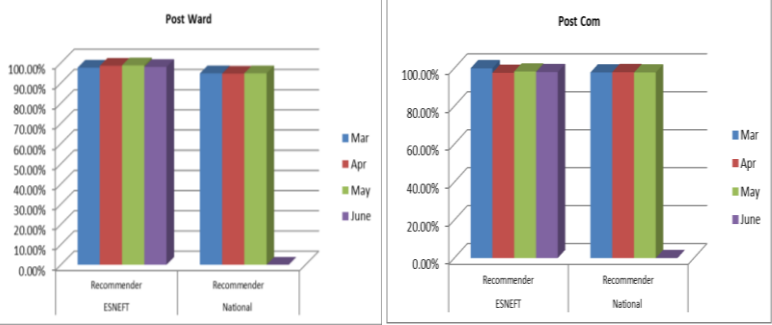


Response Rates:
Colchester A&E - 19.97%
Ipswich A&E - 7.95%

Emergency Dept.



Community



TOP FIVE ISSUES

A&E Economy
Performance

92.59%

Colchester

95.22%

Ipswich

87.33%

Cancer Performance

70.59% (unvalidated)

RTT Performance

85.5%

Ambulance Handover

37 excess of 60 mins

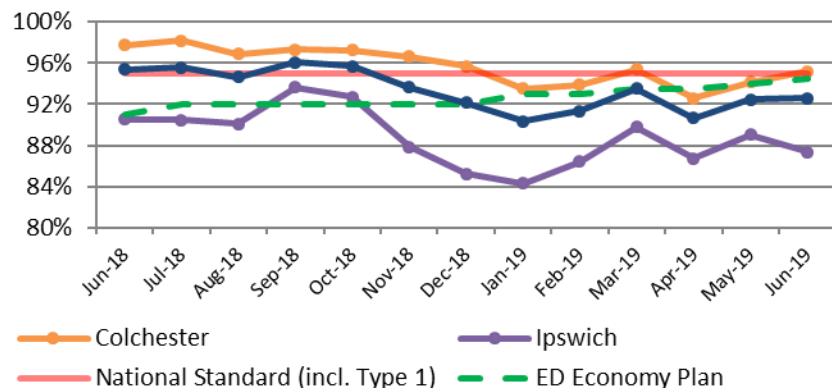
Diagnostics Performance

0.84%

URGENT CARE

Exception Report Needed

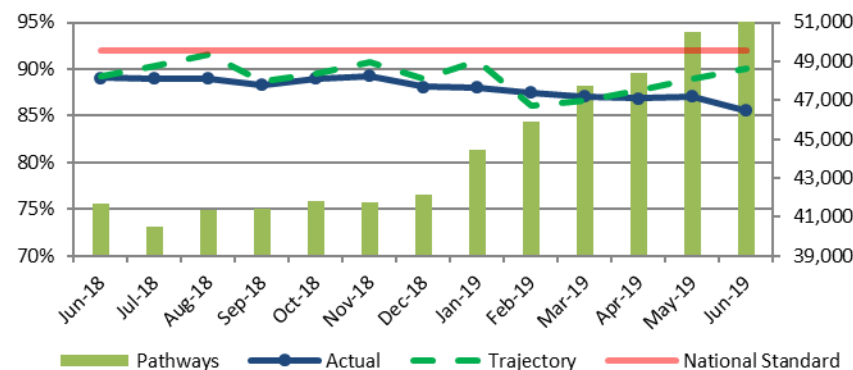
ED Economy 4 Hr Standard -Trajectory vs Actual



RTT

Exception Report Needed

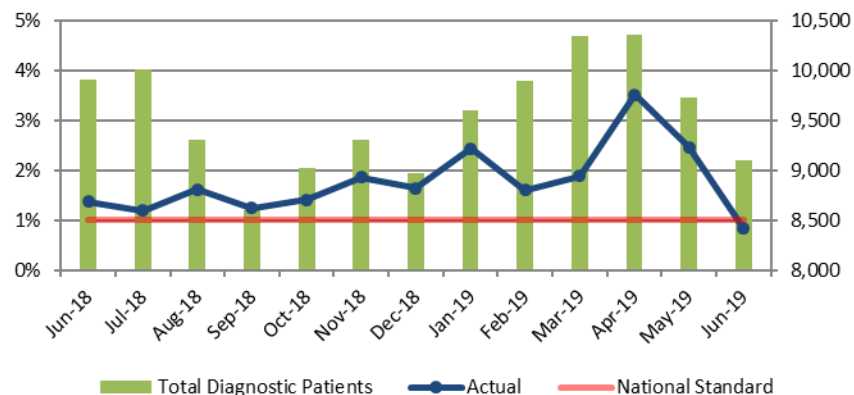
RTT Incompletes - Trajectory vs Actual



DIAGNOSTICS

Performance in line with National Standard

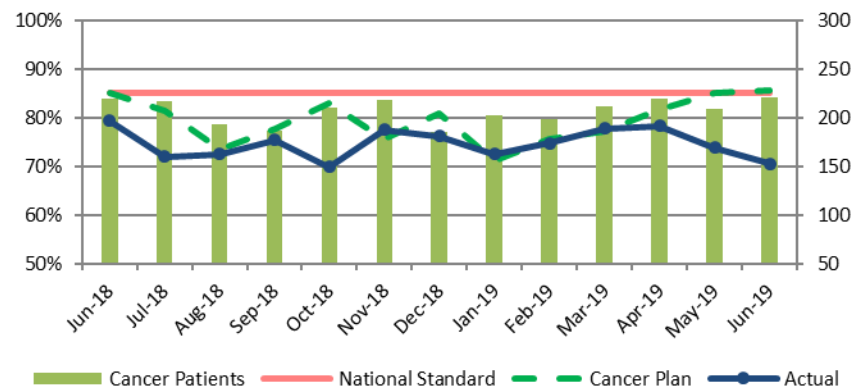
Diagnostic Standard



CANCER

Exception Report Needed

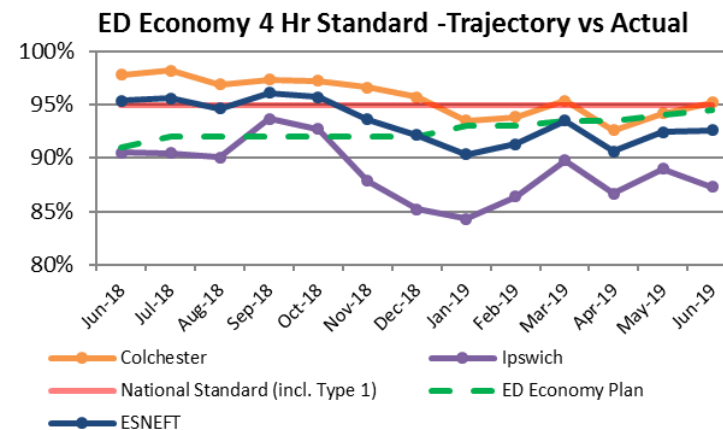
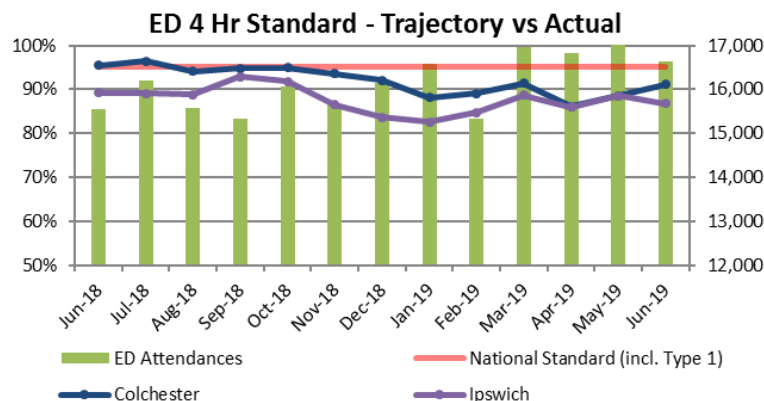
Cancer 62 Waits Standard - Trajectory vs Actual



Performance against the 4 hr standard for June 2019 was 91.16% for Colchester, which was an improvement on May. For Ipswich it was 86.72%, which was a decline on the previous month's performance.

ED Economy performance for June 2019 was 95.22% for Colchester and 87.33% for Ipswich. The ESNEFT performance was 92.59%, which is a slight improvement on May's performance of 92.45%, but below the trajectory set at 94.5% and below the National Standard of 95%.

1 Monthly Trend



We have seen an increase in attendances during this quarter compared to last year, at both sites. Colchester has had an increase of 5.61% in attendances during the first quarter of 2019, compared to last year. Ipswich has had an increase of 11.37% in attendances during the first quarter of 2019, compared to last year. In June, we have seen an increase of 5.32% in attendances at Colchester and 8.75% at Ipswich.

2 Service Commentary

1. Daily monitoring (site operations), to monitor both acute and community flow and capacity, is continuing.
2. Revised ED Trigger score and text system has commenced, to illustrate pressure points.
3. Corridor and reverse corridor protocols have been continued to assist with capacity and delays, due to continued attendance pressures and surges in Ambulance arrivals.
4. Additional seasonal pressure staffing now agreed and financed, with a review due in March 2020.
5. Tactical Support Manager introduced on Ipswich site to support team and flow.
6. Community beds monitored on a daily basis to ensure backdoor flow.
7. Health and social care collaborative working in place to ensure discharge and reduce DTOCs.
8. Contingency beds remain open due to continued pressure, to maximise flow and reduce crowding in the departments.
9. Boarding activated in times of pressure both sites.
10. Contingency area flexed at time of capacity peaks within the departments continued.
11. ESNEFT/Alliance commenced planning for seasonal pressures.
12. Commenced alliance working with all partners to reduce manage and pressure on Emergency Departments.
13. Ambulance/Alliance workshop July 31st 2019 to include admission avoidance/redirection.
14. ED Action Plans for performance improvement both sites – continuing and monitored at ED Board.

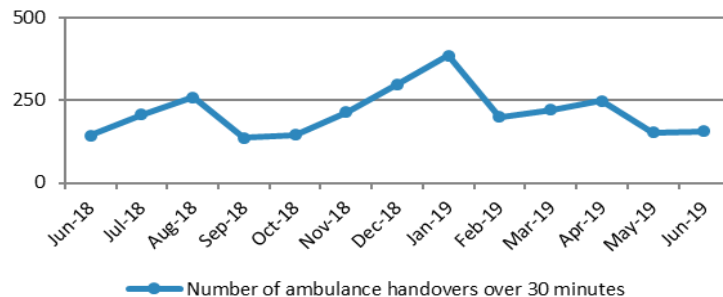
60 minute handover breaches for June 2019 increased to 37 from 18 reported in May 2019

Handovers over 30 minutes increased from 152 in May to 156 in June 2019

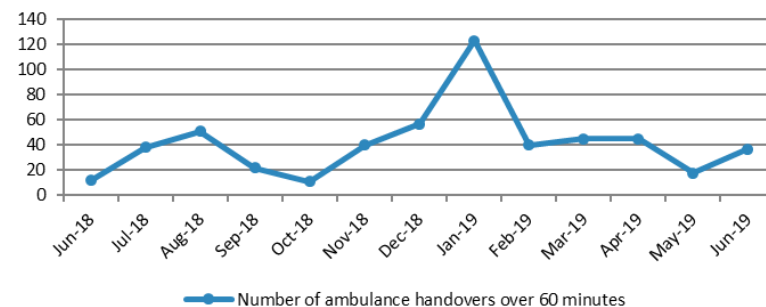
Handover breach penalties are no longer paid by the Trust due to the move to block contract.

1 Monthly Trend

Number of ambulance handovers over 30 minutes



Number of ambulance handovers over 60 minutes



2 Service Commentary

ESNEFT – Working with alliance and Ambulance service to further reduce over 30 minutes and over 60 minute handovers. Ambulance/Alliance workshop organised 31st July for all sites on handover trajectory improvement. Alliance action plan commenced and monitored at ED boards for Ambulance handover trajectories continued. Root cause analysis to be completed on all over 60 minute handover breaches

Ipswich:

Offload delays and higher number of waits to be seen due to reduced hospital flow.
Corridor and reverse corridor implemented and additional majors bays in use in times of escalation continued.
Additional nursing staff numbers, who will assist

Ambulances have increased by 6.2% this June on last year

June 2018 = 2,243 arrivals - 121 offload delays between 30-60 mins and 11 offload delays >60 mins

June 2019 = 2,382 arrivals - 152 offload delays between 30-60 mins and 33 offload delays >60 mins

Colchester:

The pressure of ED ambulance handovers continues due to acuity of patients and challenges of capacity and flow within the hospital and community beds.

HALO new appointments commenced to ensure 24/7 cover.

Ambulances have increased by 2% this June on last year

June 2018 = 2,734 arrivals - 11 offload delays between 30-60 mins and 1 offload delay >60 mins

June 2019 = 2,789 arrivals - 4 offload delays between 30-60 mins and 0 offload delays >60 mins

62 Day Cancer Waits for 1st Treatment remains below target. Performance for June 2019 is 70.59%, this is 14.9% below the trajectory of 85.5% and below the 85% National standard.

2WW wait from referral to first seen is below target at **70.0% for June 2019 against a 93% national standard

31 day wait from decision to treat to treatment for June 2019 is below the national standard of 96% at 93.5%

The number of patients currently waiting (snapshot) 104+ days on a 62 day first Cancer pathway has increased from 37 in May to 68 in June 2019.

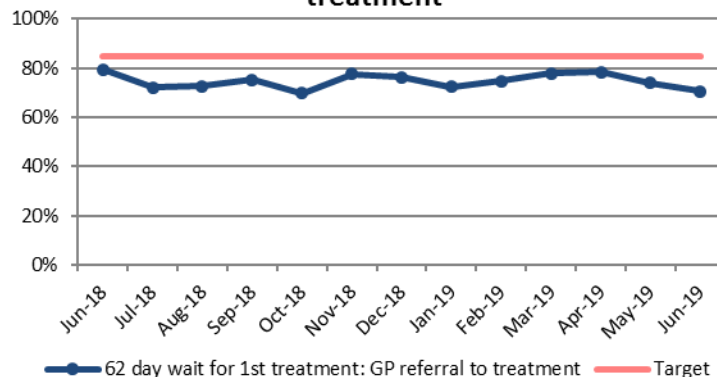
* From Apr 17 only reporting 62 day first patients waiting 104+ days

*Unvalidated figures as at 16/07/2019. Final figures for June will be available in August 2019 after submission

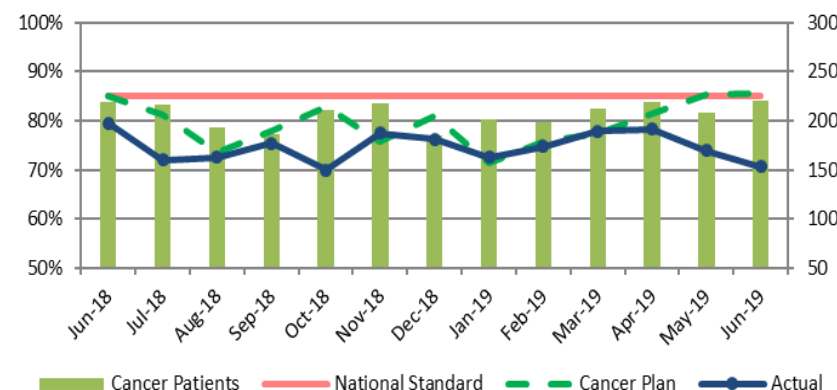
** Ipswich data incomplete for 2WW

① Monthly Trend

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



Cancer 62 Waits Standard - Trajectory vs Actual



② Service Commentary: June position - Unvalidated

2WW: The number of 2WW attendances at Ipswich hospital remains unvalidated due to a data input error. Date first seen entries have to be put on the system manually and these have not been completed for June, at the time of writing this report. The overall percentage however will be below standard as Colchester Breast have only delivered 11.6% against the 93% target and are still polling at day 27. The volume of Skin referral delays have resulted in performance of just 53% at Colchester.

31 day first: Currently 2.5% below standard and unlikely to be compliant. Capacity is the main breach reason.

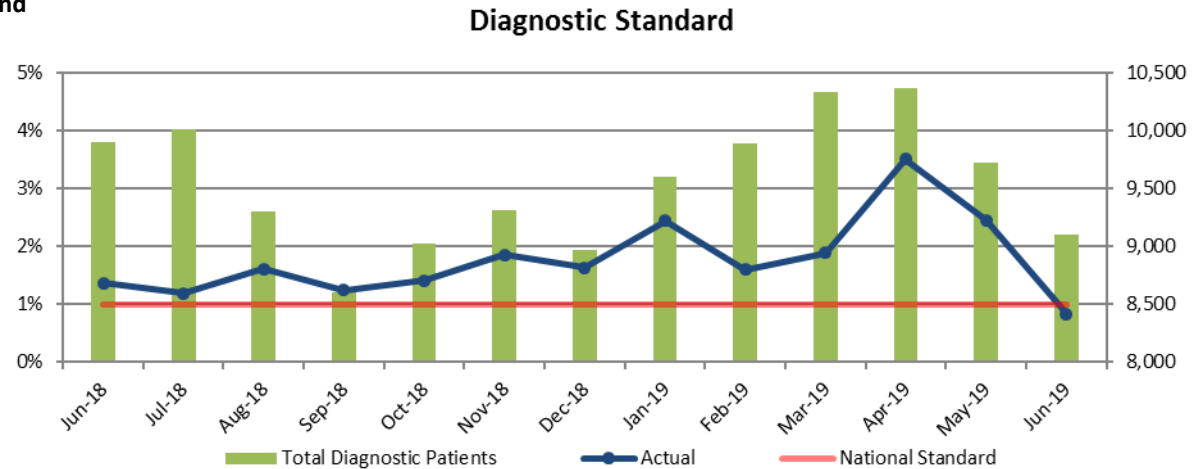
62 day first: June's performance is significantly below trajectory and this means that the Trust will miss the forecast recovery position for the second month. June has seen a very high number of breaches in all specialties. It is likely that the good May position (6 specialties compliant in Ipswich and 5 in Colchester) had masked the number of patients that were, for a number of reasons, not able to complete treatment in May but were already in a breach position.

Ipswich are in a stronger position than Colchester (78% compared to 63%) as they have completed 140 treatments, compared to 92 in Colchester. Skin performance at Colchester is also unknown as the MDTC's are awaiting clinic letters to be completed before updating the tracking. There are likely to be a number of breaches due to the service embedding and the sheer volume of patient numbers mean that tracking the whole PTL is becoming increasingly difficult. A plan has been agreed with the lead clinician to manage the PTL in terms of clinical review turnaround times, which should greatly reduce the number of patients waiting longer than 62 days.

Other Cancer Standards	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
2 week wait from referral to date first seen: All	93%	91.5%	94.4%	94.3%	94.8%	93.6%	92.6%	94.1%	90.4%	88.1%	86.9%	82.8%	86.3%	70.0%
31 day wait from diagnosis to 1st treatment	96%	97.2%	96.6%	95.5%	97.8%	96.6%	95.1%	98.7%	91.9%	95.9%	97.5%	95.8%	94.7%	93.5%
62 day wait for 1st treatment: GP referral to treatment	85%	79.5%	72.1%	72.6%	75.4%	69.9%	77.5%	76.3%	72.5%	74.7%	77.8%	78.3%	73.9%	70.6%
104+ days on 62 day first PTL (showing 100+ prior to Mar 17)	0	21	19	28	39	35	34	24	34	34	23	28	37	68

Diagnostic performance for June 2019 was 0.84%, which was under the National standard of 1%.

1 Monthly Trend



2 Service Commentary

The Trust were compliant against the DM01 standard for June. The waiting list was significantly lower than previous months, which enabled us to manage the backlog effectively. There has been good consultant engagement within Radiology, which has allowed us to book additional ultrasound lists. Now that the position has been stabilised in the short term, a longer term sustainable plan needs to be developed within Radiology. This will primarily involve:

- In depth capacity and demand, to determine what our staffing requirements are to manage the demand effectively. NHSI are supporting the department with this work.
- Work closely with the CCG to see how we can streamline clinical pathways and ensure we are only scanning the right patients. This work has already been started.
- Work with the CCG and ACE to determine how we can help each other. A meeting is being set up with contracting and ACE to start this conversation.
- Train Sonographers in more complex ultrasound and recruit to vacancies. Robust recruitment and retention plan needed.
- Ensure access policy is followed by all admin staff.
- In June, Cardiorespiratory also had a backlog of TOE's which they did not have the capacity to scan due to staffing. There was also a lack of visibility of these patients initially. They were not able to clear the backlog within month, but additional lists have been put on throughout July and August and the service now have sight on these patients.

Diagnostic Standard - Details	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
DM01 6+ week breaches	135	119	150	107	127	171	147	234	158	195	363	239	76
DM01 Endoscopy 6+ week breaches	17	17	35	5	42	101	35	13	20	5	17	8	2
DM01 Imaging 6+ week breaches	97	96	100	80	52	46	89	182	104	151	267	164	34
DM01 Physiology 6+ week breaches	6	4	3	5	2	21	6	15	22	33	24	23	40
DM01 Waiting List	9900	10005	9303	8599	9026	9300	8974	9599	9890	10335	10359	9726	9099

The Initial Value for Direct to Stroke Unit is below the target of 90%, at 71.4% for June 2019

Scanned within one hour meets the 50% target for ESNEFT in June 2019 at 51.3%

The Initial Value reported for June 2019 performance or patients spending 90% of time on stroke unit is below the target of 80% at 79.7%

① Monthly - ESNEFT

Stroke - ESNEFT combined AF Values

Standard	Target	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
% patients admitted directly to stroke unit within 4 hours of hospital arrival	90%	78.8%	71.8%	87.8%	88.6%	85.9%	87.4%	78.3%	74.4%	78.9%	83.1%	86.3%	71.4%
	Numerator/Denominator	63/80	56/78	72/82	70/79	73/85	83/95	65/83	61/82	60/76	49/59	69/80	40/56
% patients who scanned within one hour of hospital arrival	50%	69.0%	68.4%	66.7%	61.5%	64.5%	51.8%	54.4%	72.3%	68.0%	65.9%	71.9%	51.3%
	Numerator/Denominator	49/71	39/57	50/75	40/65	49/76	29/56	31/57	47/65	34/50	27/41	41/57	20/39
Patients spending => 90% of their stay on a stroke unit	80%	89.0%	82.7%	82.7%	88.5%	82.6%	92.5%	94.5%	85.5%	91.8%	87.0%	90.8%	79.7%
	Numerator/Denominator	73/82	67/81	62/75	69/78	76/92	74/80	69/73	65/76	56/61	47/54	69/76	47/59

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

Stroke 4 hours Standard – 71.4% (40/56) - Position deteriorated in June and from a review of the breaches, a number were due to delayed referrals from ED. Training to recognise stroke symptoms is on-going and Acute Stroke Nurses continue to pull potential stroke patients from ED. Atypical presentations are also a common factor.

51.3% of Patients were scanned (20/39) within one hour of hospital arrival - The 60 minute scan key performance indicator is at target and the departments continue to work closely with ED Consultants. All breaches are reviewed down to patient level detail and trends analysed to ensure future avoidable breaches are reduced. Following a re-run of the data (due to a delay in SNAP data being uploaded from Colchester), the position has increased to 54.4% for the month of June 2019 (25/46).

79.7% of patients spent 90% of time on the stroke unit (47/59) - The services are compliant against this metric and following a re-run of the data (due to a delay in SNAP data uploaded from Colchester), the position has improved to 81.8% and is compliant for the month of June (54/66).

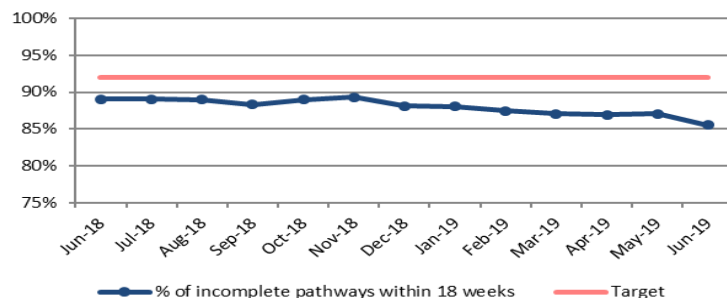
It should be noted that all data for July 18 – December 18 is subject to change.

June 2019 (current) RTT position was 85.5%. This is below the trajectory set of 90.1% for the month.

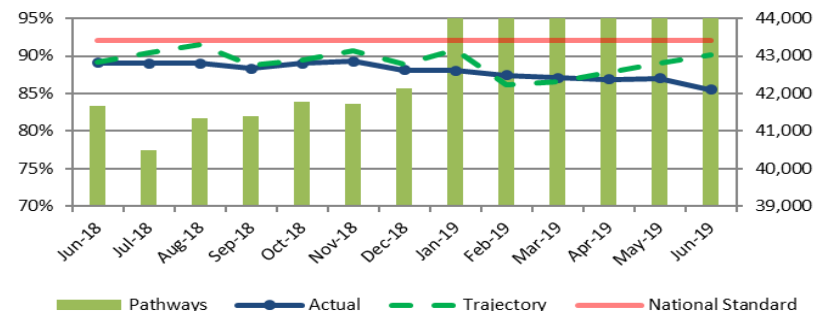
There were two 52+ week breaches for June 2019, both at Ipswich.

1 Monthly Trend

% of incomplete pathways within 18 weeks



RTT Incompletes - Trajectory vs Actual



Note: RTT Trajectory used from April – September 2019 reflects what the Operational teams have signed up to for the Trust's achievement in September 2019. After this date the NHSI Activity Plan has been used.

2 Service Commentary

There have been a number of factors which have contributed to the deterioration in performance which include lack of validation, reduced additional sessions due to pension/ tax changes, theatre capacity, an increase in the waiting list size and number over 18 weeks due to the NEE Dermatology Patients being added as well as some other speciality specific issues.

The actions that are being taken to improve performance are as follows:

- Each Division has provided a plan to recover and reduce the size of their waiting lists and this was presented to the Elective Care Performance Group in July 2019. Further clarification and trajectories has been requested by 19th July 2019.
- A fortnightly RTT working group with the Associate Director of Operations has been established
- The elective care big six workshops have commenced which includes Urology, Colorectal, Gastro, Rheumatology, Ophthalmology, Neurology and Dermatology referred as the 7th based on the scale of opportunity available. The intention of these workshops is to produce a clear plan of action in regards to addressing the priorities of the Elective Care Charter, at pace, and on a scale big enough to achieve significant gains to support the achievement of the constitutional standards. Divisions have been asked to identify three key actions to implement and embed during the 100 day challenge.
- A new RTT e-learning package provided by NHSE has been rolled out to operational teams whilst the RTT team work with the Trust internal training team to convert this package into an in-house E learning package. The expectation is that all training will be completed by 19th August 2019.
- Additional weekly validation support has been allocated to the surgical specialities from the central team at Ipswich. Each Division has identified further internal support and the plan is to have all PTLs fully validated by the end of July. The Missing outcome and attendance backlog is being cleared and progress is monitored at the weekly PTL meeting.
- The over 40 week position remains a challenge in Urology and Orthopaedics & Gynaecology positions are being closely monitored due to predicted increases for July.
- There were two 52 week breaches in June both within Urology, one patient was medically unfit for a short period and the second was a complex case that required input from two specialties and we have no patients in July that are due to breach.

Other RTT Standards	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
% of incomplete pathways within 18 weeks - admitted	92%	72.7%	73.3%	70.7%	70.0%	71.5%	70.9%	66.4%	65.3%	63.5%	62.7%	66.8%	66.7%	61.4%
% of incomplete pathways within 18 weeks - non-admitted	92%	91.8%	91.9%	92.3%	91.7%	92.6%	93.0%	92.7%	93.3%	92.8%	92.4%	91.8%	91.8%	90.1%
Number of RTT Incomplete pathways >52 weeks	0	11	4	3	1	1	0	1	2	3	0	0	2	2
Total Backlog	-	4550	4447	4553	4833	4605	4473	5005	5314	5756	6172	6344	6540	7814

Headlines	Commentary on key items	Forecast / Trends
<p>In June the Trust incurred a deficit of £13.1m; adverse to plan by £9.6m and adverse to budget by £9.8m</p> <p>The year to date deficit stands at £13.2m; adverse to plan by £10.5m and to budget £13.2m. The position includes a loss on impairment (£4.8m) and will not count against the Trust's financial delivery. The position also includes the loss of £3.9m of PSF/FRF as the Trust's Q1 financial plan was not met.</p> <p>Against budget the underlying year to date variance is adverse by £4.5m. The main reason for these adverse variances is the under delivery of CIP but this is compounded by other significant unplanned overspends. Other key drivers are overspends on junior doctors and income shortfalls on the specialised services contract</p> <p>The Trust held cash of £3.6m at the end of June, £15.5m less than planned. This shortfall was because the expected receipt of Q4 and bonus PSF from 18/19 was not received in June as planned.</p> <p>The Trust's Use of Resources Rating (UoR) is assessed as 3 ('requires improvement').</p>	<p>Income: Income was behind budget by £5.3m in June, and for the year to date is now behind budget by £6.7m. The main reason for this significant variance is the loss of £3.9m of PSF/FRF as the Trust's Q1 financial plan was not met. There is a significant shortfall against the specialized services contract which remains a cost and volume contract (under delivery of £0.8m in M3).</p> <p>Pay expenditure: Pay expenditure was overspent against budget in June by £0.2m, with the overspend primarily related to junior doctors (£0.4m spend beyond budget was reported in Medicine, predominantly in ED). However, the overall pay run rate in June reduced compared to prior months. Nursing spend returned to budget in month following the release of funding for the acuity review.</p> <p>Temporary pay: NHSI set the Trust an annual agency expenditure ceiling for 2019/20 of £24.5m. Agency spend is under this ceiling for the year to date (£4.9m v £5.9m ceiling). However, the Trust has a comparatively high ceiling for agency spend. Actual spend in June was relatively comparable to the previous month.</p> <p>Non-pay: For the year-to-date non-pay is adverse to budget by £1.5m, with undelivered CIP the main reason for this. Nonetheless, total non-pay expenditure was actually underspent against budget in June by £0.4m (a VAT rebate relating to 18/19 (£0.7m) offset clinical and general supplies and premises spend).</p> <p>Cost improvement plans: There was an under-delivery of £1.2m against June's plan, with all divisions failing to achieve their planned values. For the year-to-date, the total shortfall against plan is £4.5m.</p> <p>Cash: The Trust held cash of £3.6m at the end of June, £15.5m less than planned. The reason for the significant variance to plan is the late receipt of 2018/19 PSF. Guidance received indicated that Q4 and bonus PSF from 18/19 would be paid in June. This was not the case. Payment is now expected in July.</p> <p>Capital programme: The capital plan submitted to NHS Improvement of £32.2m is made up of 'business as usual' capital budgets, strategic development, divisional and STP schemes. At the end of June there was an underspend of £1.1m (28%). Due to national pressures on capital budgets, NHSI required all Trusts to review their capital plans to reduce spending. The revised plan has been developed on the basis that capital programmes would slip delivery into the start of 2020/21. There are no programmes that have been ceased as the Trust has a robust prioritisation and assessment process for capital schemes.</p>	<p>Cost improvement plans: The Trust CIP plan for 19/20 is £31.9m – this total is recognised as being very challenging. A risk rated CIP pipeline of £20.5m has currently been identified. The Trust is currently forecasting to deliver £15.2m against the £31.9m target, a shortfall of £16.7m</p> <p>Forecast: A financial forecast has been undertaken based on Month 3's position. The year end forecast before recovery actions is a £59.9m deficit (this does not include donated asset charitable fund income which cannot be used to meet the control total). This exceeds the control total of £8.6m deficit by £51.3m which includes the application of the PSF/FRF loss that this would generate (£26.2m).</p> <p>Divisions have developed recovery plans to the value of £5.0m and a central recovery plan is assumed around a more optimistic reserves position of £3.6m. If these recovery actions are delivered this reduces the forecast adverse variance against control total to £16.4m before loss of PSF/ FRF.</p>

Divisional Performance

Division	Year to Date			RAG
	Budget	Actual	Variance	
Cancer and Diagnostics	4,198	5,308	(1,110)	
Medicine	(1,844)	2,393	(4,236)	
MSK and Specialist Surgery	1,398	3,213	(1,814)	
Surgery and Anaesthetics	2,855	5,101	(2,246)	
Logistics	761	686	75	
Integrated Pathways	3,932	4,889	(957)	
Women's and Children's	1,006	(1,225)	(219)	
Corporate Services	1,985	1,787	198	
Total	14,292	22,151	(10,310)	

Commentary/Actions

Divisional budgets showed an adverse variance of £10.3m year to date. Pay is overspent YTD by £2.5m, most notably in Medicine (£1.9m) and Surgery divisions, though this is partially offset by favourable pay positions reported by both Women's and Children's (£0.3m) and Corporate (£0.6m). Non-pay is overspent by £4.3m overspent against all divisions including Corporate. Most divisions failed to deliver their CIP targets for the month.

Cost Improvement Plan (CIP)

Division/CDG (£000)	June			Year to date		
	Plan	Actual	Fav / (Adv)	Plan	Actual	Fav / (Adv)
Cancer and Diagnostics	556	135	(421)	1,667	325	(1,342)
Integrated Pathways	323	200	(124)	970	304	(667)
Logistics	58	42	(16)	175	61	(114)
Medicine	417	49	(368)	1,250	161	(1,089)
MSK and Specialist Surgery	225	134	(92)	676	458	(218)
Surgery and Anaesthetics	415	240	(175)	1,244	724	(521)
Women's and Children's	(57)	80	137	342	166	(176)
Total Operations	1,937	880	(1,058)	6,324	2,197	(4,127)
Corporate Services	458	327	(131)	1,384	1,040	(344)
Non-Divisional	-	-	-	-	-	-
Total Trust	2,395	1,206	(1,189)	7,708	3,238	(4,471)

Commentary / Actions

In June, £1.2m of CIP was delivered against a plan of £2.4m, representing under-delivery of £1.2m in month. Similarly, against the target level of £7.7m year-to-date, only £3.2m has been delivered to date, of which £1m represents recurrent savings.

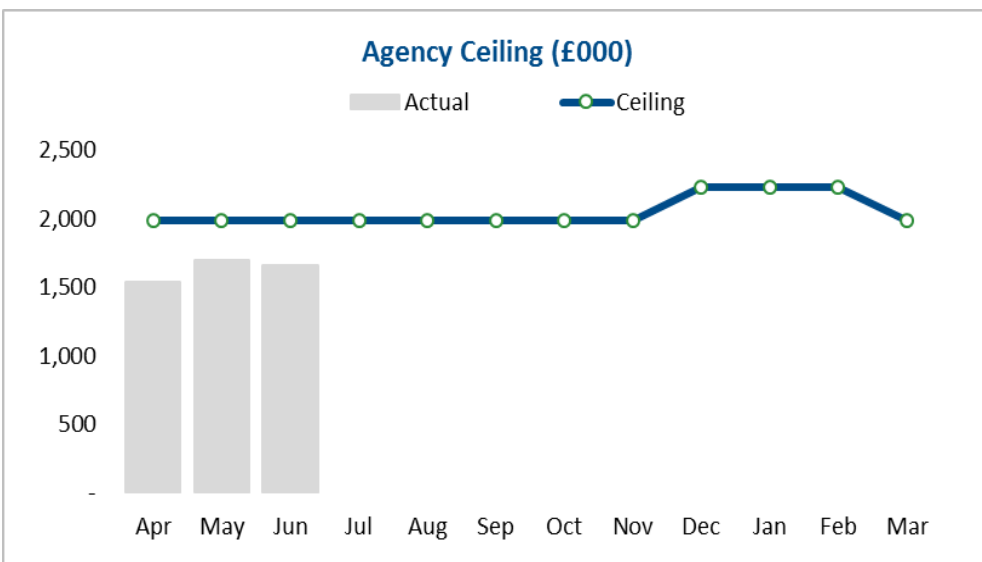
Key cumulative shortfalls are in:

- Cancer and Diagnostics - £1.3m
- Medicine - £1.1m
- Integrated Pathways- £0.7m

The Trust has identified £20.5m of risk rated CIP opportunities, representing 64% of the total £31.9m requirement, and a shortfall of £11.4m. The Trust is currently forecasting to deliver £15.2m against the £31.9m target, a shortfall of £16.7m.

Weekly CIP review meetings with Divisions are continuing to ensure progression of schemes, with outlying Divisions attending on a more regular basis. External support has been approved to provide additional capacity, embed processes and transfer learning.

Agency Price Cap and Frameworks Compliance



Commentary / Actions

For 2019/20 NHSIE have set a limit on agency expenditure. The Trust's ceiling is £24.5m. This is the same target as 2019/20 which the Trust achieved.

For Month 3 actual agency costs were under the ceiling (£1.7m v £2.0m ceiling). The year to date position is also under the NHSI limit (£4.9m v £5.9m ceiling).

However, it is important to note that the Trust has a comparatively high ceiling and must therefore continue to reduce spending on agency staff to more affordable levels for the benefit of the overall financial plan.

Workforce Dashboard

June 2019

Trust Level

Key Metrics

Performance

Target

Achieved

Vs Prior Month

Prior Month

Vacancy (Ex Agency)

8.8%

Budget 9272wte

Contracted 8460wte



8.9%

Pay (YTD)

£0.7m

Budget £109.5m

Spend £110.2m



£0.08m

Sickness

3.6%

3.5%

3.6%



3.5%

Mandatory Training

89.2%

95%

View portal for detail



87.0%

Appraisal

79.2%

85%

6443 out of 8136 staff



78.9%

Voluntary Turnover

9.1%

12%

9.0%



9.0%

Ceiling

£1.05m

(£5.95m)

(£4.90m)



£0.72m

Ward Fill Rate

89.3%

95%

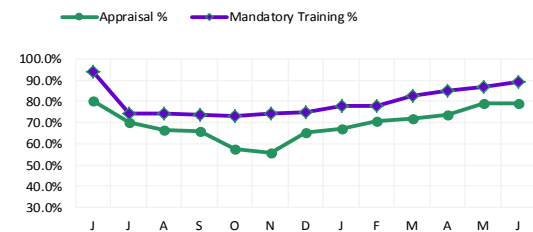
89.8%



89.8%

Appraisals & Mandatory Training Compliance

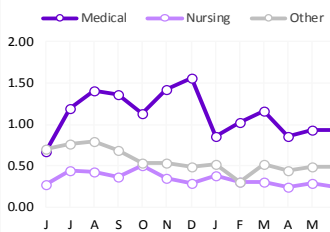
%



Agency Trends

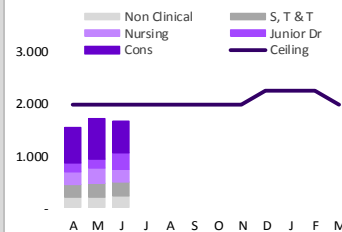
(ex Locum)

£m

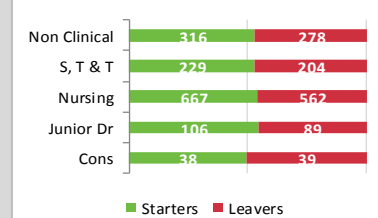


Agency Ceiling

£m

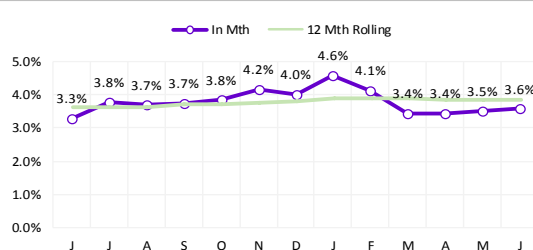
Starter - Leavers
(12Mth Rolling)

Headcount



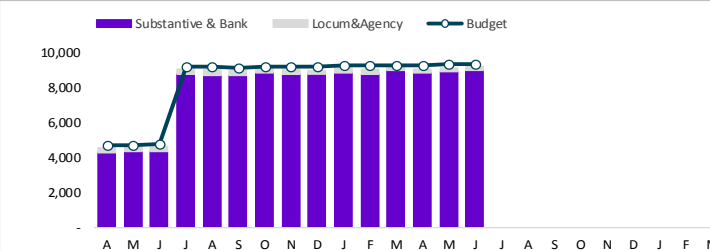
Sickness

%

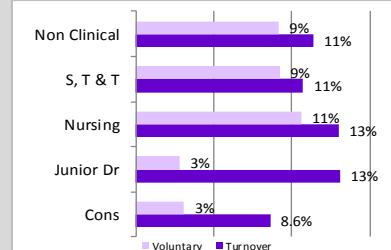


Workforce Trends

wte

Turnover by Staff
Group

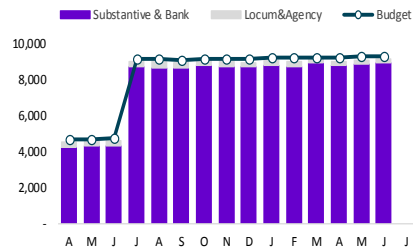
Headcount



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

Workforce Trends

wte

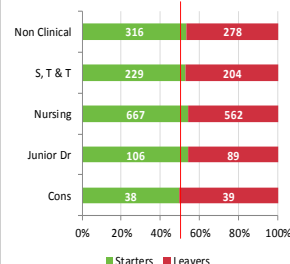
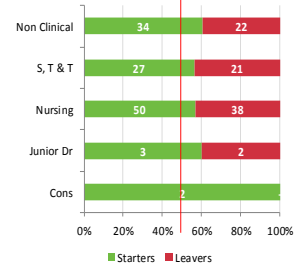


Starters / Leaver Head Count

In Mth

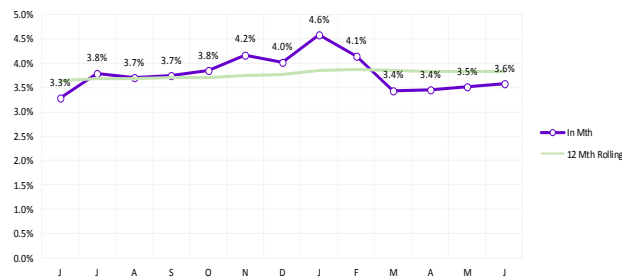
Starters / Leaver Head Count

12 Mths Rolling



Sickness Trend - All Staff

%



Commentary

Only data from July 2018 is ESNEFT data; all prior months are Colchester site only.

In June, the number staff in post increased to 8,460 WTE (May 8,423). The Trust continues to have more starters than leavers overall and in the majority of clinical groups.

The Trust's rolling voluntary turnover for June was 9.1%, increasing slightly from 9.0% in May. This had been steadily improving in recent months, and compares well nationally.

Sickness: June's sickness rate was 3.6%, which is slightly higher than the 3.5% recorded in May. 5 divisions reported a sickness level in June higher than the Trust target of 3.5%. The June sickness rate keeps the Trust within 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).

The most frequent reasons for sickness are gastrointestinal (279 episodes), anxiety/stress/depression (198) and coughs/colds/flu (188). However, when looking at the WTE days lost, anxiety/stress/depression is highest with 2,687 days lost, followed by other MSK at 1,163; indicating that employees have a longer period of sick leave due to these reasons. Of particular note is that days lost due to anxiety/stress/depression has increased month on month since January 2019 and is now higher than any month in the preceding 12 months.

Risks & Mitigating Actions

Recruitment

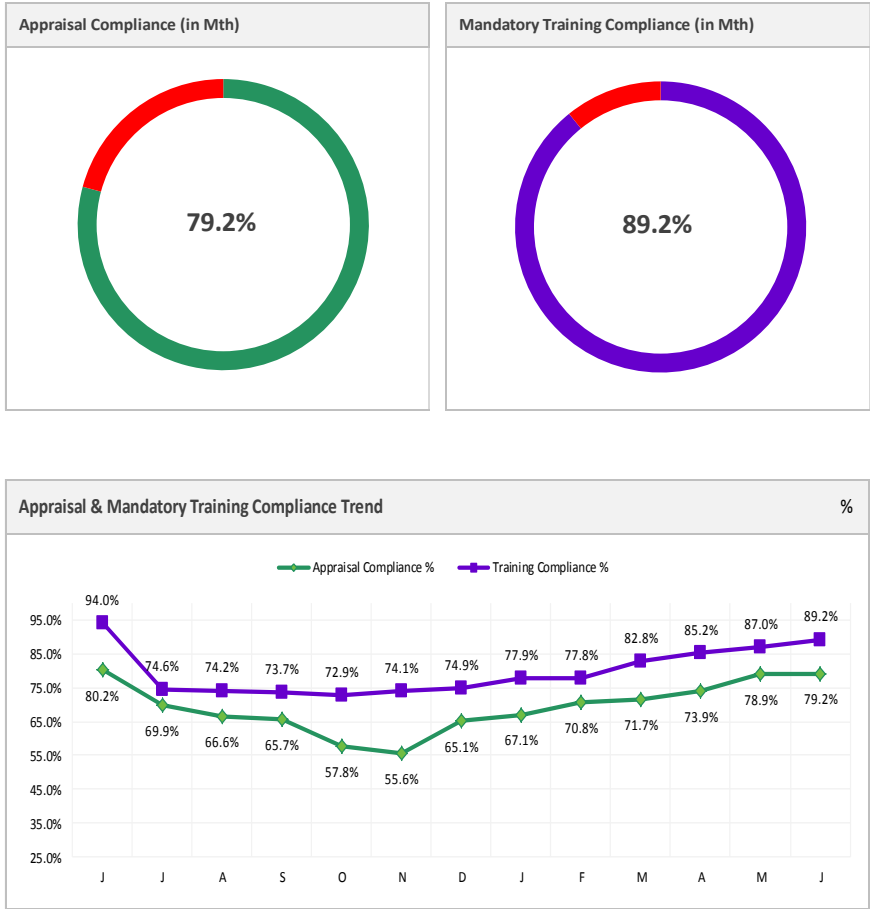
Between May & June, the time from advert go live to unconditional offer increased by 3.8 days, leading to the conditional offer to unconditional offer time increasing by 5.3 days. This was due to two divisions taking significant time to advise on successful candidates and the time taken for references to be received.

The recruitment service is changing during August to remove much of the administrative burden from the managers and provide a dedicated recruitment advisor for each division. This, together with the end to end process review, is expected to see a significant improvement in the next quarter.

Sickness

The new Absence Policy requires managers to refer staff absent due to stress or MSK conditions to Occupational Health (OH) within 48 hours of the absence commencing. Supporting the policy will be a Reasonable Adjustments Passport, which the employee and manager will complete to ensure the cause of the stress is addressed.

The OH service is now fully staffed and nursing appointments can be offered within 5 days and doctor appointments within 10, this is the agreed service KPI. However, there is always a nurse on call for emergencies and likewise the OH consultant can see urgent cases the same day. Recognising the differing levels of support people have in relation to mental health, we can now offer access to an employee support programme, CBT, counselling, psychology and a psychiatrist. For physical health issues we can now fast track our staff into specific services. Work is also continuing with Suffolk Mind, including the roll out of 'Your Needs Met' training, initially to senior managers. Additionally, Jo Wood has successfully qualified as a trainer in Mental Health First Aid, who will deliver the programme locally to managers and staff.



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Appraisals. June’s compliance rate was slightly better than in May, at 79.2% (78.9%).

Performance in four of the Divisions improved in June, with Integrated Pathways (73.4%) and Logistics (76.3%) reporting the lowest levels of compliance.

Mandatory Training. June’s compliance rate has been improved to 89.2% from the May position of 87.0%.

Compliance with mandatory training has been a continued focus for all divisions, with only Cancer & Diagnostics reporting a slight decrease of 0.2%, which is due to sickness in the division (up 0.4% in month).

Overall, the trust wide compliance sits at 89%, with paediatric life support training having the lowest level of compliance, at 70%. The team have been reviewing this on an individual basis as there is a discrepancy with alignment of the competency. This is expected to be resolved by the August reporting period.

Risks & Mitigating Actions

Appraisals

The rate of appraisal compliance has seen a deterioration over the last month in four of the eight divisions. Comparing data with this time last year, although the reporting systems were not as robust, a similar dip in performance was reported indicating a number of people have an appraisal date at this point. An additional factor is that the reporting method for Ipswich and community staff is new and taking time to bed in.

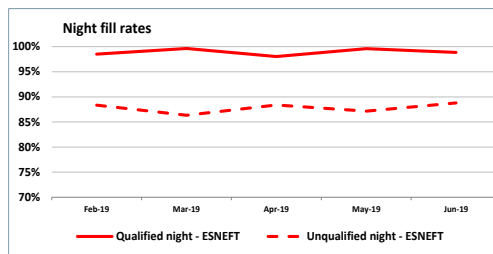
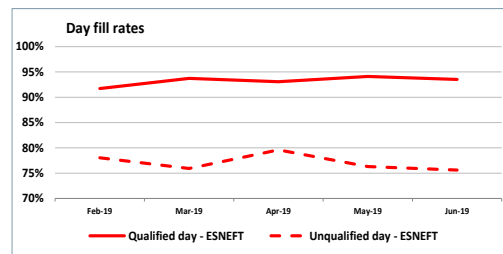
To bring this back into line with expected performance, the HRBPs are undertaking deep dives to identify hotspot areas to ensure robust action plans are in place. The divisional directors are emailing individuals together with using the weekly management meetings to review the situation; with subsequent performance discussions for people who continue to not comply.

Mandatory Training

Although Corporate is a high performer at 92.1% this masks an issue with locum doctors which has come to the fore. Previously locum doctors were aligned to the division they first worked in, although they often moved roles subsequently. This meant no single manager / service was overseeing if they were compliant. All locums have now been moved to one code within the HR service line to enable medical staffing to manage this. Currently compliance sits at 30%, which is significantly lower than any other staff group. Medical staffing are contacting each individual to ensure this improves. The target is to bring this up to the Trust level by October 19, given that some of the locums work infrequently.

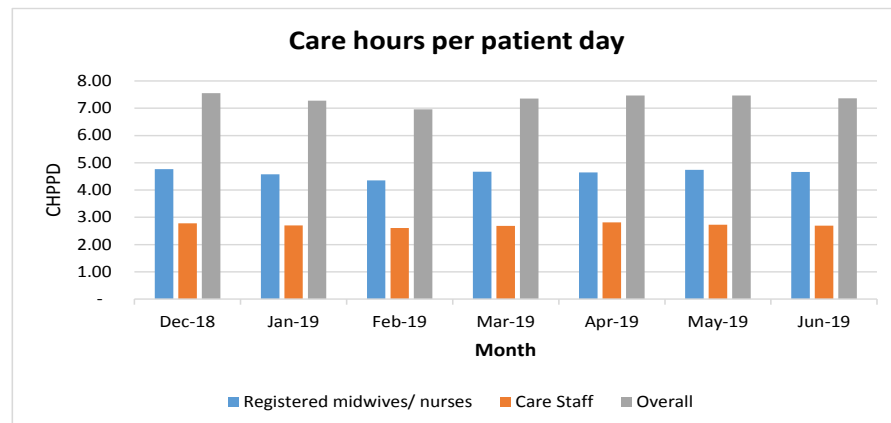
Nursing Fill Rates (including care hours per patient day)

	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Qualified day - ESNEFT	91.7%	93.7%	93.1%	94.1%	93.5%
Qualified night - ESNEFT	98.5%	99.6%	98.0%	99.6%	98.9%
Unqualified day - ESNEFT	78.0%	75.9%	79.6%	76.3%	75.6%
Unqualified night - ESNEFT	88.4%	86.3%	88.4%	87.2%	88.8%
Overall (average) fill - ESNEFT	89.4%	89.6%	90.2%	89.9%	89.6%



Care hours per patient day

Care hours per patient day	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Registered midwives/ nurses	4.77	4.58	4.35	4.67	4.65	4.74	4.66
Care Staff	2.78	2.70	2.61	2.69	2.82	2.73	2.70
Overall	7.55	7.28	6.96	7.36	7.46	7.47	7.36



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 have remained consistent with the values reported for the previous month.

Roster templates are being updated based on the recently approved acuity review and should be reflected in September reporting.

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.

The roll out plan of Safecare for the Ipswich site should commence in September.

The Trust continues to have more starters than leavers in nursing, bucking the national trend.

The new ward rosters to support the acuity review will be finalised by the end of August and active recruitment is underway.

Overseas recruitment – the numbers of overseas nurses joining the Trust has been reduced for the remaining financial year (down to 10 from 16 per month), reflecting the reducing vacancy rate and to ensure that sufficient support is available for all new learners and new starters.

Newly qualified students (95 of them) who have accepted roles at the Trust will commence their roles during September and October. High OCSE pass rates have been maintained.

RAG rules

Less than 80% : Red

80 - 95%: Yellow

95 - 101%: Green

More than 101%: Amber

POD Profiles –Trust Level

	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
All Staff													
Headcount	4,770	9,449	9,446	9,556	9,561	9,554	9,576	10,027	10,030	10,045	10,169	10,144	10,190
Establishment (including agency)	4,716	9,153	9,170	9,127	9,139	9,130	9,181	9,204	9,247	9,224	9,258	9,283	9,312
In post	4,128	8,182	8,250	8,264	8,334	8,278	8,294	8,327	8,334	8,373	8,373	8,423	8,460
Vacancy	588	970	921	863	805	852	887	877	913	852	886	859	852
Vacancy %	12.5%	10.6%	10.0%	9.5%	8.8%	9.3%	9.7%	9.5%	9.9%	9.2%	9.6%	9.3%	9.2%
Establishment (excluding agency)	4,662	9,137	9,155	9,106	9,113	9,106	9,155	9,147	9,198	9,194	9,214	9,243	9,272
Vacancy (excluding agency)	534	955	906	842	779	828	861	820	864	822	842	820	812
Vacancy % (excluding agency)	11.5%	10.5%	9.9%	9.2%	8.5%	9.1%	9.4%	9.0%	9.4%	8.9%	9.1%	8.9%	8.8%
Turnover													
¹ Turnover (12 Month)	14.2%	14.1%	13.6%	13.5%	13.4%	13.4%	13.1%	13.1%	12.8%	12.6%	12.3%	12.0%	11.9%
¹ Voluntary Turnover (12 Month)	11.4%	11.2%	10.8%	10.5%	10.5%	10.5%	10.2%	10.0%	9.8%	9.5%	9.2%	9.0%	9.1%
¹ Starters (to Trust)	73	83	93	142	141	77	101	122	101	100	142	138	116
¹ Leavers (from Trust)	37	117	93	122	98	112	80	102	82	129	74	80	83
Sickness													
% In Mth	3.3%	3.8%	3.7%	3.7%	3.8%	4.2%	4.0%	4.6%	4.1%	3.4%	3.4%	3.5%	3.6%
WTE Days Absent In Mth	4,041	9,553	9,354	9,161	9,773	10,267	10,526	11,716	9,593	8,863	8,612	9,125	9,020
% of sickness Short-term	38.0%	42.5%	34.7%	43.7%	46.8%	45.2%	42.2%	52.6%	51.0%	45.7%	45.2%	47.1%	44.2%
% of sickness Long-term	62.0%	57.5%	65.3%	56.3%	53.2%	54.8%	57.8%	47.4%	49.0%	54.3%	54.8%	52.9%	55.8%
Mandatory Training & Appraisal Compliance													
Mandatory Training	94.0%	74.6%	74.2%	73.7%	72.9%	74.1%	74.9%	77.9%	77.8%	82.8%	85.2%	87.0%	89.2%
Appraisal	80.2%	69.9%	66.6%	65.7%	57.8%	55.6%	65.1%	67.1%	70.8%	71.7%	73.9%	78.9%	79.2%
Temporary staffing as a % of spend													
Substantive Pay Spend	15,079	31,036	32,407	31,471	31,207	31,620	31,451	31,016	31,441	32,729	34,100	33,132	32,952
Overtime Pay Spend	94	344	277	163	205	152	172	157	159	141	164	138	169
Bank Pay Spend	693	1,299	1,494	1,403	1,410	1,530	1,525	1,602	1,534	1,832	1,479	1,540	1,593
Agency Pay Spend	1,661	2,406	2,633	2,412	2,172	2,295	2,331	1,762	1,637	1,974	1,541	1,699	1,659
Total Pay Spend	17,527	35,085	36,812	35,448	34,994	35,598	35,478	34,538	34,771	36,677	37,285	36,509	36,373
Agency & Bank %	14.2%	12.1%	13.1%	13.9%	12.6%	14.2%	13.4%	12.3%	12.1%	13.7%	11.5%	11.8%	12.1%
Agency %	9.5%	6.9%	7.2%	6.8%	6.2%	6.4%	6.6%	5.1%	4.7%	5.4%	4.1%	4.7%	4.6%

¹ Excludes training grade junior doctors

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POD Profiles – Trust Level

	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	1,200	2,504	2,534	2,517	2,532	2,523	2,540	2,567	2,579	2,553	2,559	2,560	2,555
In post	1,022	2,222	2,216	2,215	2,243	2,275	2,283	2,313	2,315	2,325	2,350	2,375	2,387
Vacancy	178	282	318	302	288	247	257	254	264	228	209	185	168
Vacancy %	14.8%	11.2%	12.5%	12.0%	11.4%	9.8%	10.1%	9.9%	10.2%	8.9%	8.2%	7.2%	6.6%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	626	1,428	1,458	1,441	1,438	1,436	1,446	1,446	1,448	1,447	1,425	1,428	1,416
In post	492	1,173	1,162	1,165	1,182	1,211	1,218	1,233	1,236	1,243	1,279	1,298	1,308
Vacancy	134	255	296	277	256	224	228	212	212	204	147	129	107
Vacancy %	21.3%	17.9%	20.3%	19.2%	17.8%	15.6%	15.8%	14.7%	14.6%	14.1%	10.3%	9.1%	7.6%
Consultants													
Establishment (including agency)	223	458	459	460	460	462	460	465	468	461	467	486	488
In post	198	408	403	406	408	404	406	409	407	410	406	411	412
Vacancy	25	50	56	55	52	58	54	56	60	51	61	75	77
Vacancy %	11.3%	10.8%	12.2%	11.9%	11.3%	12.5%	11.7%	12.0%	12.9%	11.1%	13.1%	15.4%	15.7%
Junior Medical													
Establishment (including agency)	317	618	618	619	620	619	620	619	628	620	626	632	635
In post	275	558	620	582	626	595	595	600	600	600	601	589	587
Vacancy	43	61	(2)	37	(6)	23	25	19	28	20	25	42	48
Vacancy %	13.4%	9.8%	-0.3%	6.0%	-1.0%	3.8%	4.1%	3.1%	4.5%	3.2%	4.0%	6.7%	7.5%
Scientific, Technical and Therapeutic													
Establishment (including agency)	927	1,697	1,710	1,706	1,692	1,698	1,701	1,686	1,699	1,689	1,716	1,719	1,726
In post	824	1,554	1,570	1,606	1,601	1,592	1,589	1,612	1,589	1,583	1,581	1,583	1,594
Vacancy	103	143	140	100	91	106	112	74	110	106	135	137	132
Vacancy %	11.1%	8.4%	8.2%	5.9%	5.4%	6.2%	6.6%	4.4%	6.5%	6.3%	7.8%	8.0%	7.6%

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