



Performance report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors
7th November 2019

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

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

1 NHSI Single Oversight Framework

NHS Improvement (NHSI) implemented the Single Oversight Framework (SOF) in 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 September 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. Following the approval of the Trust Strategy in April, coupled with the continued development of a clinical plan, key elements of both will be reflected in this performance report.

Spotlight reports are also included to provide more detail on performance and recovery actions being implemented.

Quality : Safe, Effective & Caring									
Indicator	Domain	Frequency	Target / Standard	Jul-19	Aug-19	Sep-19	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	0	94	104	127	↑		Clinical divisions; low, medium, high
Staff Friends and Family Test % recommended - care	Caring	Q	30%	33.7%	38.1%	36.1%	↓		Monthly FFT test response reported
Occurrence of any Never Event	Safe	M	0	1	0	1	↑		There was one Never Event in September, which was a surgical/invasive incident. A full investigation is underway.
Mixed sex accommodation breaches	Caring	M	0	6	2	0	↓		The previous 2 breaches in August 2019 occurred on the Critical Care Unit at Ipswich.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	95.5%	95.6%	96.0%	↑		
A&E scores from Friends and Family Test – % positive	Caring	M	90%	86.7%	88.0%	83.8%	↓		
Number of emergency c-sections	Safe	M	tbc	99	82	75	↓		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	98.9%	97.8%	97.2%	↓		
- % Recommending - postnatal	Caring	M	90%	94.9%	97.1%	94.5%	↓		
VTE Risk Assessment	Safe	M	95%	96.7%	95.7%	95.7%	→		
Incidences of Clostridium Difficile infection	Safe	M	9	11	16	5	↓		There were 5 C.difficile cases reported in September. 2 of these were in Ipswich (0 HOHA, 2 COHA) and 3 cases were at Colchester hospital (1 HOHA, 2 COHA).
MRSA bacteraemias	Safe	M	0	0	0	1	↑		There was one MRSA bacteraemia reported at the Ipswich site in September. This under investigation.
HSMR (DFI Published - By Month Data Available)	Effective	Q	100	105.2	103.4	103.4	→		A national data issue found by Dr Foster means that there is no refreshed data to report for this month. Based on last month, ESNEFT is one of 5 Trusts in the region of 15 non-specialist Trusts with an 'as expected' HSMR, though late/missing records are still impacting the data.
HSMR Weekend (By Month Data Available)	Effective	Q	100	111.2	109.0	109.0	→		
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.126	1.117	1.110	↓		12 mths to May 2019. This has decreased compared to the previous annual position (to Mar 2019) of 1.1167.
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Use of Resources	M	tbc	9.8%	8.8%	8.3%	↓		

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Jul-19	Aug-19	Sep-19	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	89.9%	90.3%	87.9%	↓		A&E waiting time performance based on economy. ED Economy performance for September 2019 was 90.16% for CGH, and 83.74% 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%	84.6%	83.5%	82.2%	↓		Screening service performance snapshot as reported in Accountability Framework taken at 28th Oct 2019.
All cancers – maximum 62-day wait for first treatment from:									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	70.5%	77.2%	73.7%	↓		Diagnostic performance has improved in recent months. Services have good grip and are aware of the areas to focus on to ensure continued compliance. ☑
- NHS cancer screening service referral	Responsive	M	90.0%	82.7%	89.3%	66.3%	↓		
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	0.5%	1.0%	0.3%	↓		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Jul-19	Aug-19	Sep-19	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	3.5%	3.2%	3.4%	↑		
Staff turnover	Well-led	M	tbc	8.6%	8.7%	7.8%	↓		Voluntary turnover.
Executive team turnover	Well-led	M	tbc	0	1	0	↓		The Director of Finance left on 30th August 2019.
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	4.7%	4.8%	4.8%	→		Agency staff % only.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(5,648)	(6,988)	(7,993)	↑		Trust CIP target for 2019/20 is £31.9m. Most divisions failed to deliver their CIP targets in Month 6 and all are behind YTD. Trust forecast to deliver £16.9m in 19/20.
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Jul-19	Aug-19	Sep-19	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	4	4	4	→		Trigger:
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	0	4	4	4	→		Poor levels of overall financial performance (score 3 or 4); very poor performance (score 4) in any individual metric.
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	0	4	4	4	→		The deficit position along with adverse variances to I+E plan has contributed to the overall score of a 3 (requires improvement) for September, despite the positive position of agency spend against ceiling.
I&E MARGIN : Variance from Plan	Finance	M	0	4	4	4	→		
Agency Spend : Remain within agency ceiling	Finance	M	0	1	1	1	→		
Overall: Use of Resources Rating	Finance	M	0	3	3	3	→		
Overall : Segment Score									
Indicator	Domain	Frequency	Target / Standard	Jul-19	Aug-19	Sep-19	Mov't	Trend	Comments
Segmentation	Overall			2	2	2	→		NHSI confirm that ESNEFT is in segment 2 (targeted support). Quality of care and operational performance have been identified as support needs. NHSI have removed undertakings associated with ESNEFT taking on the previous Colchester (RDE) licence.

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

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

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

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 September 2019, in relation to August performance. The tables below summarise the key ESNEFT and divisional level scores from June through to September; 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 Trust and divisional level is slightly affected by the Medicine division split, which was introduced to the AF in September, meaning that some retrospective data still needs to be supplied.

At the September DAMs (August reporting), previous Executive requests remained for particular focus on summarising progress on divisional recovery plans, progress against Quality metrics (including outstanding Serious Incident Reports) and Well Led metrics. These added to agenda items that remained from prior months, which included updates on cancer & RTT performance as well as financial recovery plans. Other focus areas that have remained on the agendas for many months now, include a regular update on mandatory training and appraisal compliance, information around CIP identification (and delivery) and detail around the progression of staff survey actions.

Performance shown in the AF for September on the tables below will be discussed at the DAMs to be held in early October

The actual information captured in the AF continues to evolve. Indicator data submissions have improved in the past couple of months, however, the introduction of the Medicine division split has meant that some data requires updating retrospectively. Future developments around indicator definitions and data are progressing, particularly in relation to the Use of Resources domain. Discussions will continue at the Informatics Programme Board and a full review of indicators within the AF should be commencing soon.

ESNEFT level dashboard data

Domain	Jun	Jul	Aug	Sep	Comments
Caring	2	2	2	3	Score improved to 3 in month; mainly due to the high weighted metric mixed sex accommodation breaches passing for the 1st time since May. FFT response rates are generally improving, though not all compliant.
Effective	1	1	1	1	All mortality metrics failed across 19/20 reporting YTD; these are all weighted at 5. There was no update to Dr Foster in September, so last months scores carry over.
Responsive	1	2	2	2	Performance rated at a 2 for third month due to improved overall stroke and subsequent 31 day radiotherapy performance. Score continues to be negatively impacted by RTT & Cancer performance.
Safe	2	2	2	2	High weighted fails in September include high harm patient falls; falls assessments > 24 hrs of admission and compliance against the WHO surgical checklist.
Use of Resources	1	1	1	1	Performance mainly impacted by the Trust financial position, DNA rate and emergency admissions within 30days. Agency spend is within the set ceiling.
Well-Led	1	1	1	1	Domain performance impacted by failures against high weighted metrics including; EoY financial outturn, complaints, DoC, PDRs and training compliance.
Aggregated AF Score	1	1	1	1	Consistent fails within Effective, Use of Resources & Well Led are having the biggest impact. Only 1 domain can be at a 1 for the score to improve.

Divisional aggregated AF scores

Division	Jun	Jul	Aug	Sep	Comments
Medicine (Col)	3	3	3	3	Most scores static at 3, other than Well led which dropped to 2 in Aug. Use of Resources score has been 2 all year.
Medicine (Ips)	3	2	3	2	Both Well led (3 to 2) and Use of Resources (2 to 1) scores dropped in month. All other domain scores are 3 in September.
Cancer & Diagnostics	3	3	3	3	Consistent aggregate score of 3 achieved. Improved performance from July in Caring & Use of Resources
Women's & Children's	2	2	2	2	Consistent performance, Use of Resources dipped to a 1 in August and Safe improved to a 4, both maintained in September.
MSK & Spec Surgery	2	1	2	2	Responsive improved to a 2 in August and Well Led improved to a 2 in September. Use of Resources reduced to a 1 in month.
Surgery & Anaesthetics	1	2	2	1	Caring domain improved to a 3 in Sept. However, Responsive, UoR and Well Led all dropped from a 2 to a 1 in month, bringing the overall score down to 1.
Integrated Pathways	2	3	2	3	Scores for both Safe (2 to 3) and Use of Resources (1 to 2) improved in month. Responsive continues to achieve a 4 (all year), with Well led static at 2 all year.
Logistics	3	3	3	3	Performance static all year for Safe (score 4), Use of Resources (3) and Well Led (2).
Corporate	2	2	2	2	Well Led remains at a 1 since June. Use of Resources has been at 3 since July and Safe has scored 4 all year.

Mortality – Learning from deaths



ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18): Learning from Deaths Dashboard - July 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.

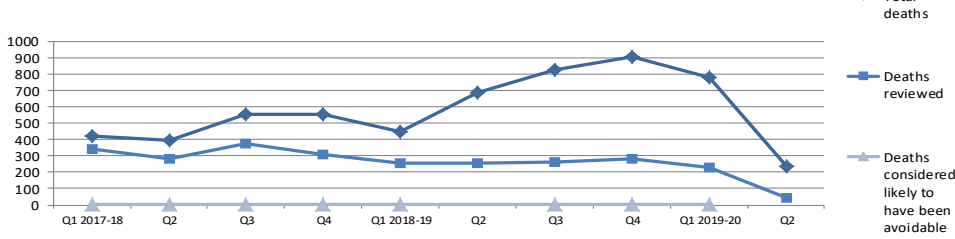
Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

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
238	228	41	49	0	1
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
238	778	41	231	0	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1016	2857	272	1052	1	4

Time Series: Start date 2017-18 Q1 End date 2019-20 Q2

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



Total Deaths Reviewed by Mortality Methodology Score

Score 1	Score 2	Score 3	Score 4	Score 5	Score 6
Definitely due to problems in healthcare	Strong evidence there were problems in healthcare	Probably due to problems in healthcare (more than 50:50)	Probably due to problems in healthcare but not very likely	Slight evidence that death was due to problems in healthcare	Death was definitely not due to problems in healthcare
This Month 0 0.0%	This Month 0 0.0%	This Month 0 0.0%	This Month 1 2.4%	This Month 0 0.0%	This Month 40 97.6%
This Quarter (QTD) 0 0.0%	This Quarter (QTD) 0 0.0%	This Quarter (QTD) 0 0.0%	This Quarter (QTD) 1 2.4%	This Quarter (QTD) 0 0.0%	This Quarter (QTD) 40 97.6%
This Year (YTD) 0 0.0%	This Year (YTD) 0 0.0%	This Year (YTD) 1 0.4%	This Year (YTD) 3 1.1%	This Year (YTD) 5 1.8%	This Year (YTD) 276 96.8%

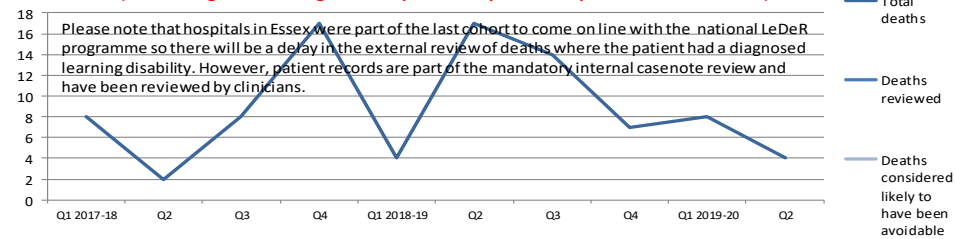
Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

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
4	2	1	0	NK	NK
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
4	8	1	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
12	42	1	0	0	0

Time Series: Start date 2017-18 Q1 End date 2019-20 Q2

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



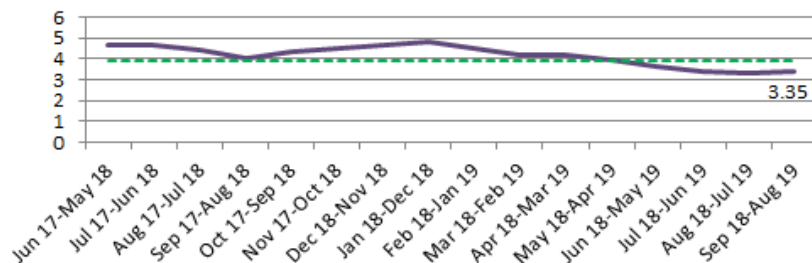
Mortality – Learning from Deaths - Numerical Data and Breakdown

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	July																	
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	LD Deaths	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)
Total Deaths	Total Deaths Reviewed	Deaths	d to death	Defin	Evidnc	>50/50	<50/50	Slight		*LD Deaths	LeDeR Peer Review	Avoidable > 50% LeDeR Review						
Financial Year	Month																	
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	105	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	69	2	0	NK	34	25	74%	9	0
2018-19	June	135	86	0	0	0	0	0	5	81	0	0	NK	52	41	79%	11	1
2018-19	July	223	102	0	0	0	0	2	9	91	7	0	NK	72	61	85%	11	4
2018-19	August	230	77	0	0	0	0	1	5	71	3	0	NK	67	55	82%	12	2
2018-19	September	230	75	0	0	0	0	0	1	70	7	0	NK	64	52	81%	12	2
2018-19	October	252	99	2	0	0	2	2	4	87	4	0	NK	71	63	89%	8	4
2018-19	November	256	59	0	0	0	0	0	3	53	8	0	NK	28	21	75%	7	1
2018-19	December	316	103	0	0	0	0	2	6	88	2	0	NK	79	66	84%	13	1
2018-19	January	329	104	0	0	0	0	2	4	96	4	0	NK	83	67	81%	16	4
2018-19	February	301	97	1	0	0	1	1	2	90	3	0	NK	68	56	82%	12	2
2018-19	March	272	82	0	0	0	0	1	5	72	0	0	NK	64	50	78%	14	1
2019-20	April	277	94	0	0	0	0	1	2	91	2	0	NK	72	59	82%	13	3
2019-20	May	273	88	0	0	0	0	0	3	87	4	0	NK	70	52	74%	18	7
2019-20	June	228	49	1	0	0	1	1	0	58	2	0	NK	65	39	60%	26	5
2019-20	July	238	41	0	0	0	0	1	0	40	4	1	NK	48	24	50%	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."

Of the 4 cases identified since July 2018 3 are currently confirmed SIs.

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



Rolling 12 months	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Colchester	5.29	4.52	4.55	4.56	4.01	3.74	3.74	3.99	4.02
Ipswich	4.35	4.39	3.80	3.77	3.81	3.54	2.95	2.66	2.67

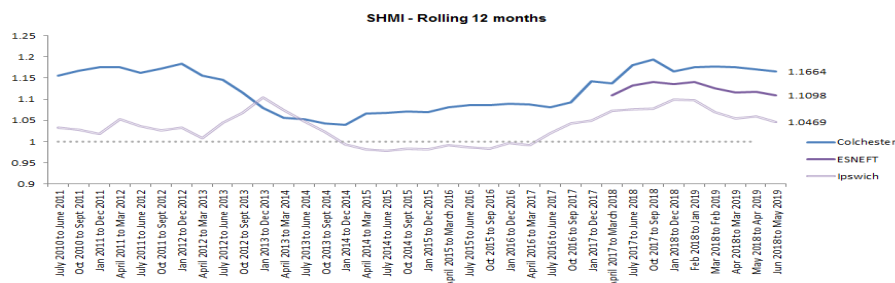
The stillbirth rate for the UK for 2016 (most recent MBRRACE data release June 2018) is **3.93** per 1,000 births or 0.39%.

Mortality – Learning from Deaths (commentary)

Mortality

Dr Foster Intelligence has encountered errors in the July discharges data release. Publication has been suspended for one month while these are resolved.

SHMI 12 months to May 2019



ESNEFT 1.1098 'as expected' Ipswich acute 1.0469, 'as expected' (aggregate score)
Colchester 1.1664, 'as expected'

SHMI	ESNEFT	Eng Avg
% spells with palliative care coding	2.2	1.8
% deaths with palliative care coding	32	36
Crude % mortality rate elective admissions	0.0	1.0
Crude % mortality rate non-elective admissions	4.5	3.4
% deaths in hospital	67	70

Learning from Deaths Group 11th October 2019

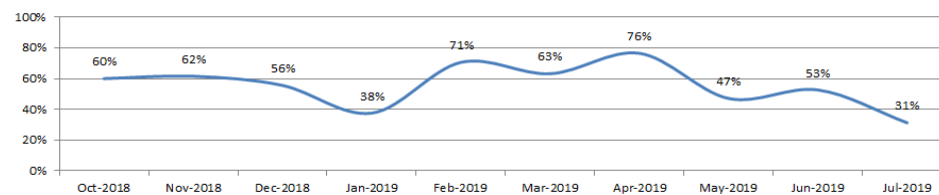
Presentations were given by Medicine (Colchester) and Cancer Services (ESNEFT). The leads noted that:

- Although improving, the recognition of end of life, use of the ICPLDL and anticipatory prescribing need a greater focus.
- Teams noted good support from the specialist palliative care team.
- In some cases, teams are reviewing cases and not sharing the learning locally.
- The 2-hourly board round in the ED is being used to ensure that guidance from the Royal College of Emergency Medicine is observed, e.g. ensuring that no patient is discharged without a senior review.

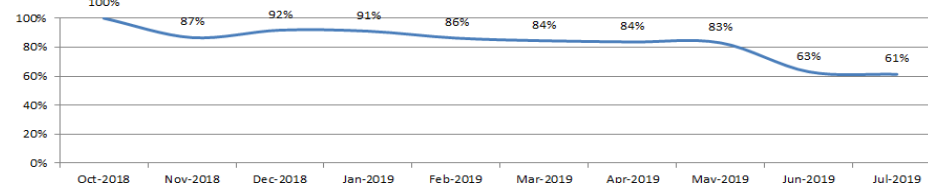
Learning from Deaths (continued)

- There has been teaching around the use of the ED mental health pro-forma to ensure that additional supervision is put in place if there is an absconding risk.
- Following reviews, emphasis is being placed on NEWS, deterioration, sepsis and vital signs monitoring.
- When patients are pre-alerted, staff are using the time prior to arrival to check the MCCR, DNACPR status and Advanced Directives; using this information to determine treatment ceilings on arrival as per patient wishes.
- Part of the ED mortality review process is now to check the PM results.
- For Cancer Services, more work requires to be done around ensuring that patients with a curative cancer are referred early to Critical Care, with regular consultant to consultant discussion.
- A response has been sent following an NHS Digital mortality outlier alert for surgical outcomes for bowel cancer (Ipswich Hospital). A review has identified that many patients had metastatic disease and were on reflection not suitable for surgery. There was only one death identified due to surgical intervention.
- There was one case identified in July where the death was possibly due to problems in healthcare; this related to failure to identify and treat sepsis in a frail patient with multiple comorbidities.

Compliance with Mandatory Mortality Reviews - Ipswich



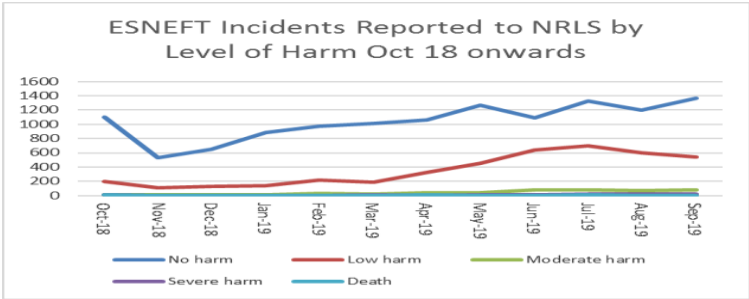
Compliance with Mandatory Mortality Reviews - Colchester



Patient Safety – Incidents

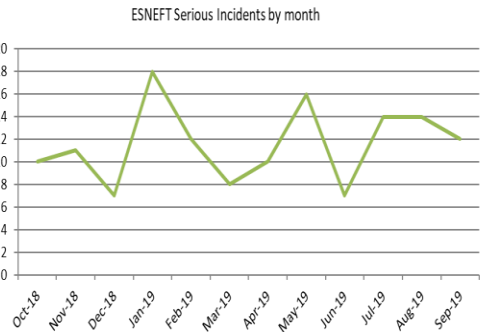
Total incidents and harm

There were a total of 2,375 (2,307) ESNEFT incidents reported in September 2019 (including patient and non-patient incidents). 2,022 of these incidents were patient safety related and 2,010 were reported to the NRLS. Overdue incidents have increased from last month 2,875 (2,713), updated spreadsheets have been sent to the Divisions for comment and to return to the Datix team, who will close these on their behalf.

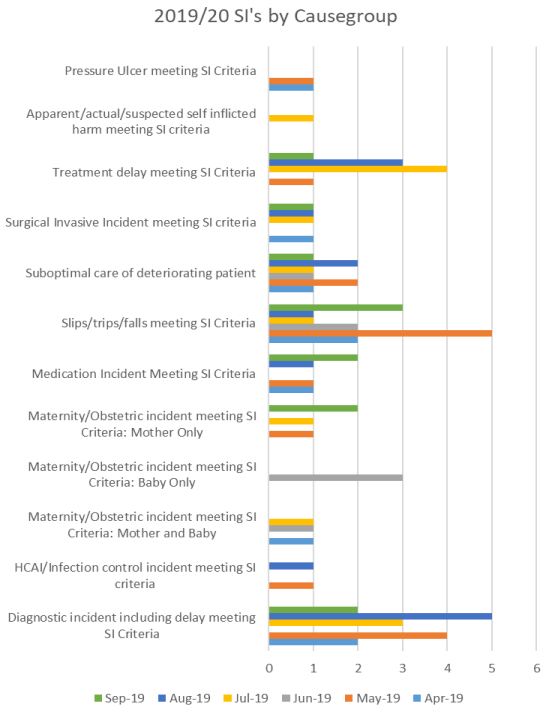


Serious Incidents

12 (14) ESNEFT incidents were considered to meet the criteria of being a serious incident during September, including 1 Never Event. The Never Event was a surgical/invasive procedure incident meeting SI criteria (wrong side block). The Serious Incidents included 3 slips, trips, fall incidents, 2 medication incidents, 2 Maternity/Obstetrics incidents: mother only, 2 Diagnostic incidents, 1 treatment delay and 1 sub-optimal care of the deteriorating patient.



Serious incidents by category



Never Events

There was 1 Never Event reported in the month – a wrong side injection, a full investigation is underway.

Mitigating actions

A more detailed review of serious incidents was presented at the Quality and Patient Safety Committee this month. This included discussion around the challenges with meeting timelines for completing investigations and how the national framework for management of SI's will change next year.

ESNEFT (as part of the STP) will be a pilot system for the new framework, which will focus on quality improvement and thematic review as there is recognition nationally that the current system is not driving sufficient change and is overly focused on process.

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 at both sites, Ipswich and Colchester.

There were 6 SI investigation reports due to be submitted by ESNEFT during September and 1 was submitted within the required time-frame from Women's & Children's. Women's & Children's submitted 2 reports late, Medicine failed to submit 1 report and MSK submitted 2 reports late. ESNEFT compliance is 16% (6.25%) for September.

Overdue Action Plans

There are 149 overdue action plans and 2 action plans were closed in September. The CCG have agreed to close all falls action plans based on the falls improvement plan developed and are working with the Director of Midwifery to hold a learning event across ESNEFT to close the action plans related to Maternity. However, the CCG have yet to confirm closure and so the numbers are not yet reflected.

Duty of Candour

Compliance for Duty of Candour (pre investigation) has sustained the improvement at 84% (81.8%) during September at ESNEFT.

Of the 13 Initial Duty of Candour that were due during September, 11 were performed within the required time-frame; 1 for Cancer & Diagnostics was due 11th of September and was completed late, 1 for Surgery & Anesthetics was due on the 11th of September and was completed 4 days late.

ESNEFT post Duty of Candour compliance following the conclusion of the SI investigation remained at 100%.

There were 6 Post Duty of Candour due and 6 were completed within the required time-frame.

Mitigating actions

There are currently 24 overdue Serious Incident reports. The concerns regarding this position has been discussed at Trust Executive meeting and at Divisional Performance meetings with an associated recovery plan.

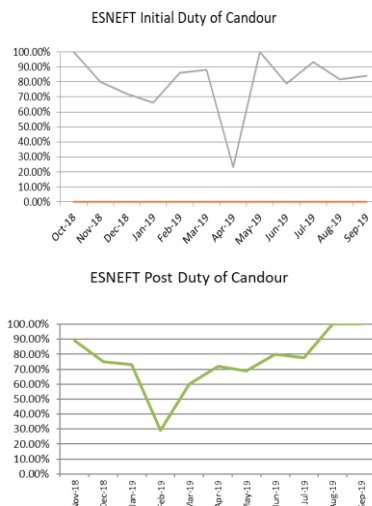
Mitigating actions

A meeting has taken place with the CCG and wherever possible the action plans will be closed where learning events or current workstreams are in place. Future action plans will also be theme based to support immediate closure of the action plan wherever possible.

ESNEFT have been chosen as one of the pilot sites for the updated SI Framework. An introduction day took place on the 11th of October, which the Chief Nurse and Associate Director of Clinical Governance attended, along with the CCG and EPUT. Changes can be found within the SI deep dive and further information is awaited from NHSE/I.

Mitigating actions

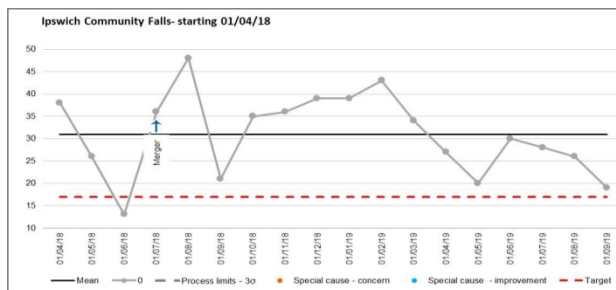
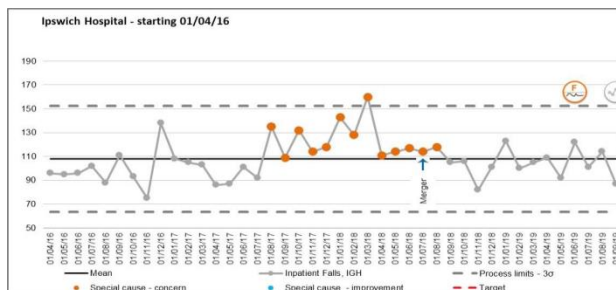
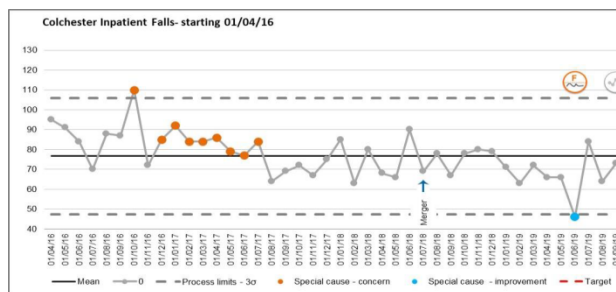
The outstanding Duty of Candour is logged on the SI agenda and reminder emails are sent to the Divisions from the Patient Safety Team.



Patient Safety – Falls (Deep dive, rather than monthly update)

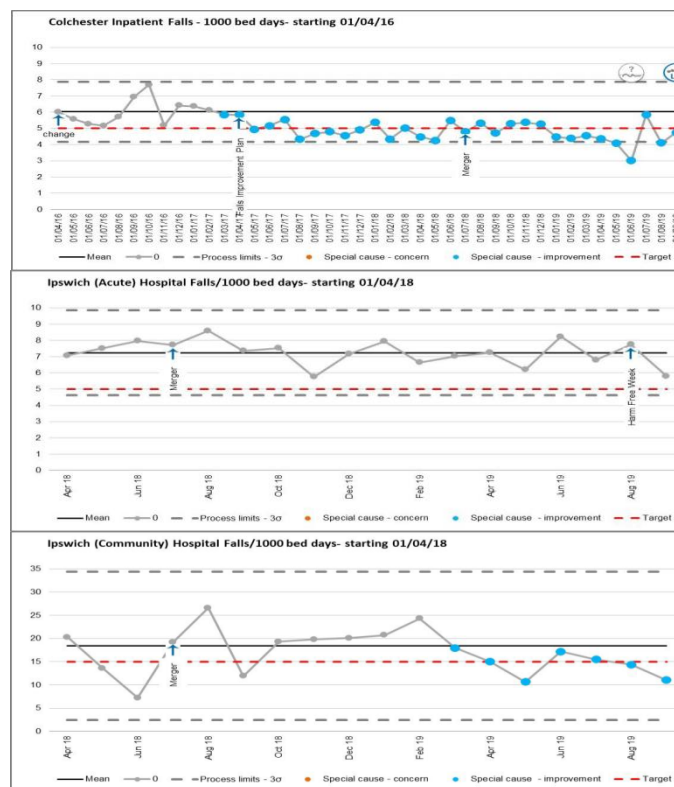
Number of inpatient falls to date

A more detailed review of the falls prevention programme, with supporting data analysis was presented and discussed at the Quality and Patient Safety Committee this month. The importance of ensuring that we maintain balance between functional decline and falls prevention was also discussed, with the emphasis to ensure that and reduction of risk from falls is not transferred to risk of harm from functional decline.



Falls per 1,000 bed days

Across the NHS, falls data is measured by number of falls per 1,000 bed days. The current national figure is 6.1 per 1,000 bed days. Colchester Hospital's 2017/18 quality priority was to reduce the number of falls per 1,000 bed days to less than 5, which was achieved and the number continues to remain below this on average. Therefore, the 2019/20 priority was chosen to aim to reduce falls across all acute beds to less than 5 per 1,000 bed days and reduce the number of falls in the community hospitals below 15 falls per 1,000 bed days. (2015/16 figures published by NHSI/E show the community fall rate to be 19.7 per 1,000 bed days nationally). Falls per 1,000 bed days show an improvement since March 2019, based on the average of 16.97 since April 2018.



Falls where harm is sustained

Falls where patients have sustained moderate or above harm have occurred, despite the improvements made. There have been 23 moderate or above harm falls at ESNEFT since the start of 2019/20, compared to 29 in total during 2018/2019. 12 of these falls have occurred at Colchester Hospital, 10 have occurred at Ipswich Hospital and 1 occurred in the community at Aldeburgh Hospital.

Falls improvement plan

Harm Free week was held in August 2019, with a focus on falls at Ipswich Hospital. Face to face support given by the harm free team to the Ipswich wards and teams were asked to focus on cohorting, bay tagging and the MDT approach to supporting patients with falls. Deep dives were undertaken on Haughley and Grundisburgh, to support identification of areas for focus. Following the extraction of data from Datix, the times of falls occurring were plotted on a chart and the Ward Managers were able to identify points of 'distraction' such as medication rounds, break times and ward rounds. A reduction in the number of falls per week is emerging on Grundisburgh & Haughley Wards – ongoing support is key to ensure this reduction is maintained.

Additional support and expertise is being recruited to the harm free team and future plans include a focus on the delirium pathway, cohorting and bay tagging, falls risk assessments, assistive technology and ward falls champions.

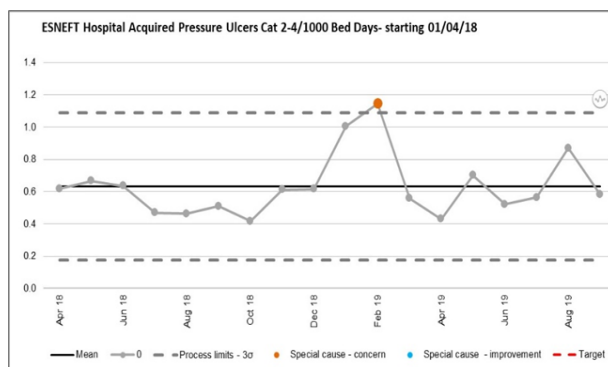
Trajectory for improvement

Colchester has consistently met the target of less than 5 falls per 1,000 bed days, since April 2017. Following the harm free week at Ipswich, the number of falls reduced in the month of September, and the impact has yet to be assessed as the data shows there have been improvements in the previous months which were not sustained. This supports a realignment of the trajectory for improvement. The falls per 1,000 bed days at Ipswich is anticipated to achieve the target by the end of the financial year, however in order to provide evidence of sustained improvement, the priority and targets are expected to continue to be a focus in 2020/2021.

Patient Safety – Pressure ulcers

ESNEFT

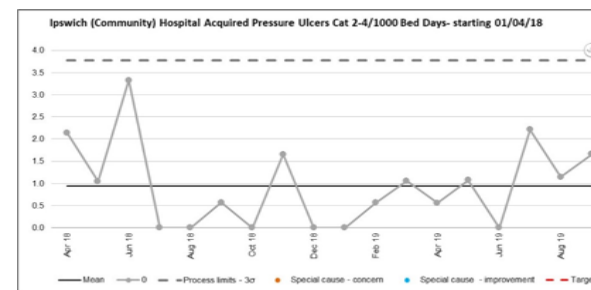
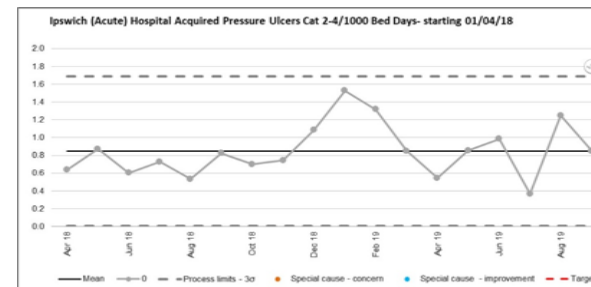
September shows 20 developed pressure ulcers, four Category 3 and seventeen Category 2. The only themes identified in the case reviews were those attributed as device related damage on respiratory areas. This gave a per 1,000 bed day figure for September of 0.58.



Ipswich and community hospitals

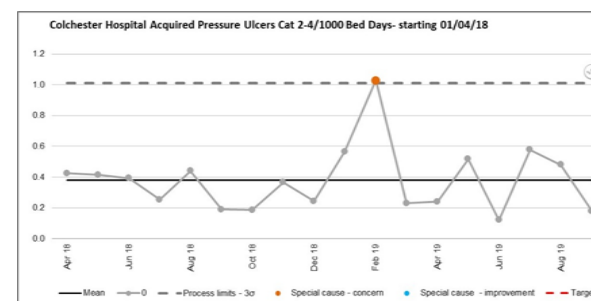
Ipswich had eleven Category 2 developed pressure ulcers, of which five were device related damage. There were three Category 3 pressure ulcers, two were device related damage. The device related damage were all with acutely unwell respiratory patients, whom despite precautions, developed damage from life-preserving therapy. Total 0.85 per 1,000 bed days in September.

In the community hospitals there were 3 developed pressure ulcers. One Category 3 pressure ulcer was found following the removal of a Plaster of Paris cast to a heel. There were two Category 2 pressure ulcers to heels this month. These were on a patient who has a level of mobility and the suggestion is more friction based from footwear. September's per 1,000 bed days is 1.66.



Colchester

Colchester had three reported Category 2 pressure ulcers developed in our care in September. All three were heel damage. Initial informal investigation suggests delayed use of off-loading equipment and monitoring as the key issues, rather than manual handling. September resulted in a per 1,000 bed days figure of 0.18, a decrease from August.



Working towards future prevention

At Ipswich, mattress decontamination and availability appears to have improved as a whole, although there are still some ordering and usage issues by the acute wards, which the team will target in October as this impacts on availability.

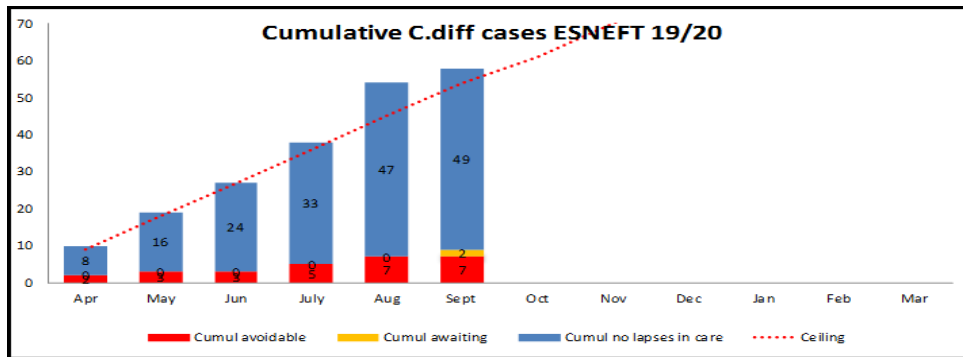
Patient Safety – Infection Control

Clostridium difficile (C.diff)

The trajectory for ESNEFT is no more than 107 cases in the year.

As of the end of September, there were 60 hospital apportioned cases, of which, there have still been 2 cases of lapses in care at Ipswich Hospital and 5 cases of lapses in care at Colchester Hospital.

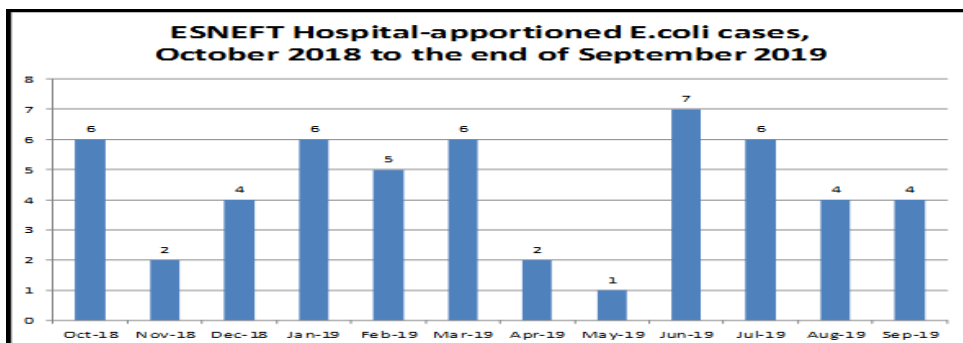
There were 5 C.difficile cases reported in September. 2 of these were in Ipswich (0 HOHA, 2 COHA) and 3 cases were at Colchester hospital (1 HOHA, 2 COHA).



Escherichia coli (E. coli)

Colchester Hospital: There was 1 E.coli bacteraemia during September 2019 (source was gastrointestinal).

Ipswich Hospital: There were 3 E.coli bacteraemia cases, 2 cases identified source as hepatobiliary and one case source unknown.



Meticillin-resistant staphylococcus aureus (MRSA)

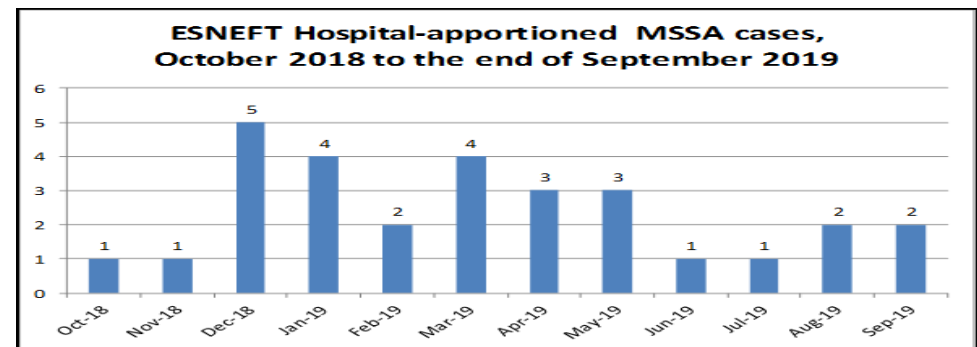
There has been 1 MRSA bacteraemia case, occurring at Ipswich Hospital in September 2019. This is currently under investigation. There is a community MRSA bacteraemia where the patient was discharged from Ipswich Hospital 5 days previously. This case is undergoing a full investigation, which will include peer review and environmental auditing.

There were 3 new hospital acquired MRSA isolates identified during September 2019 (2 at Ipswich and 1 at Colchester).

Meticillin-susceptible staphylococcus aureus (MSSA)

Ipswich Hospital - There were 2 MSSA bacteraemia cases identified; Case reviews have taken place and been discussed with the clinical team, with oversight from the Infection Control Committee.

Colchester Hospital - There were no MSSA bacteraemia cases.



General

Key actions from Infection Control Committee:

- The IP&C team are working with the estates team to ensure that environmental concerns relating to IP&C are captured to inform prioritisation of ward /department refurbishment and back log maintenance planes for 20/21
- Flu testing – Arrangements for funding for 24 hour Flu tests – This funding should come straight from the division.
- The Flu vaccination programme for staff commenced on 2st October. To date uptake has exceeded last year with 33% uptake report in 5 days.

Patient Safety – Maternity

Maternity key performance indicators (August data)

Caesarean Section

The Caesarean Section rate decreased to 25.09% for the Colchester site in August. The caesarean section rate for Ipswich increased to 28.52%. The NMPA rate nationally is 24.5%.

Midwifery Led Births

The percentage of Midwifery led births was 19.59% for Colchester including Freestanding Midwife Led Unit (Clacton). Ipswich was at 19.86%, which is above the NMPA average for England of 13.20%.

The Juno Suite Sister has met with the Brook Birth Centre Sister to look at the admission criteria and improve cross site working to work towards increasing the birth rates, to promote continuity of carer and to produce ESNEFT guidance for both sites.

Ipswich Brook Birth Centre has its own Facebook Page with videos of the environment and monthly ward tours.

Neonatal Deaths within 28 days

There were no NNDs on either site in August

Third and fourth degree tears of total births

Colchester's rate is 1.93%, showing a slight increase this month. This remains under the national average which is 3.6%. Data from incidence has been reviewed and there are no trends from the outcomes. All staff who are involved in the STOMP programme (reducing 3rd and 4th degree tears) are met by the specialist midwife to review their practice.

Ipswich 2.02% which is a decrease from last month. There are no trends from the outcomes.

PPH ≥1500mls

On the Colchester site, the rate has decreased in August to 2.91%. There is an on-going QI project of identifying women who may be at risk of PPH on admission in labour by completing a risk assessment and following the appropriate plan of care according to the risk identified. The rate on the Ipswich site is 3.27%, which is a reduction from last month. Each PPH has an RCA review, which is attached to Datix in order that any trends can be identified. Ipswich is currently undertaking a QI project of identifying women who may be at risk of PPH on admission in labour. This is a dynamic risk assessment, which will continue throughout labour and postpartum.

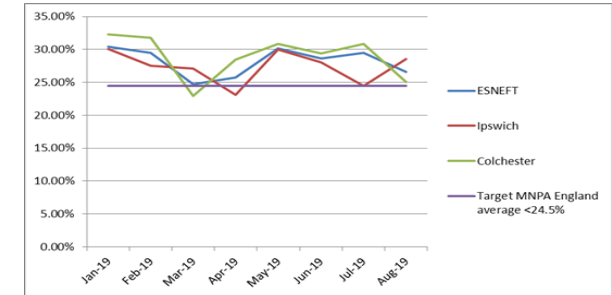
Stillbirths

Stillbirth of twins at 21+4 weeks was reported in month on Ipswich site. There was also one stillbirth on Colchester site. Full case reviews have been undertaken.

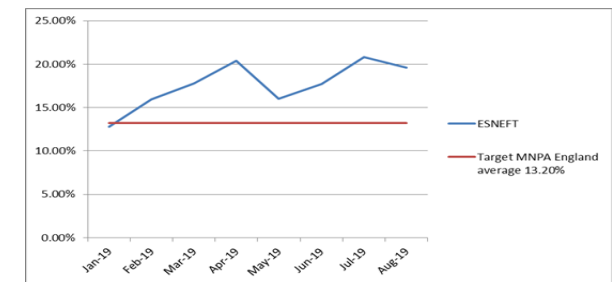
Serious Incident Reporting

No serious incidents reported for either Ipswich or Colchester in August.

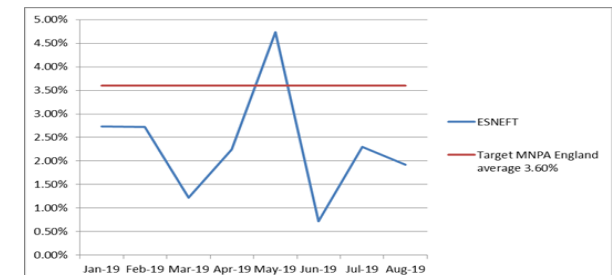
Caesarean Section



Midwifery Led Birth - ESNEFT



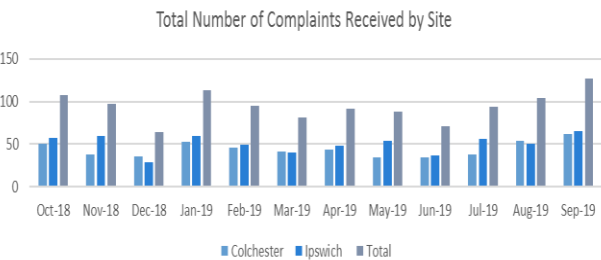
Third & Fourth Degree Tears of Total Births



Patient Experience - Complaints

Total complaints

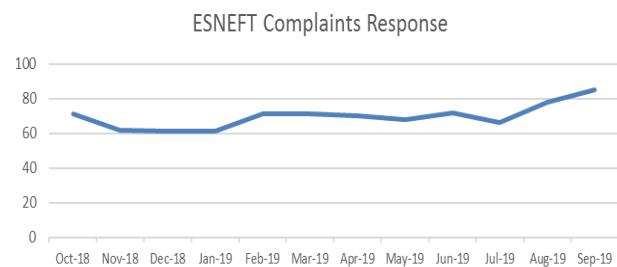
ESNEFT total number of complaints received



Overall complaint numbers for ESNEFT in September increased to 127 (104). Complaints in September at Colchester increased to 62 (58) and increased to 65 (50) at Ipswich.

Response compliance

ESNEFT response % compliance



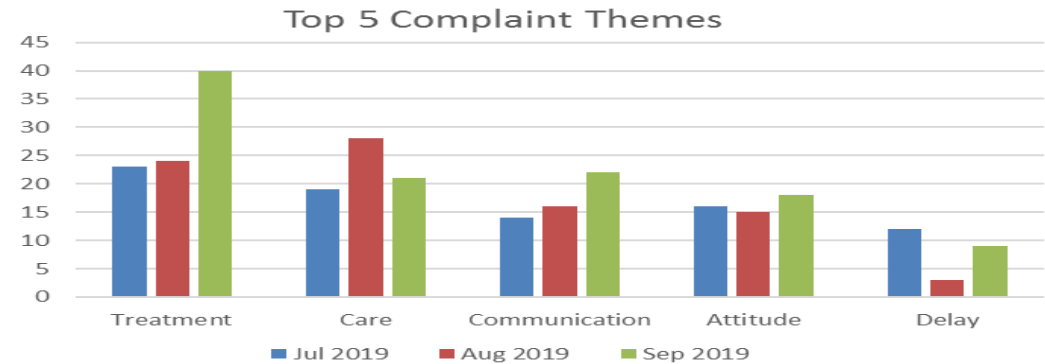
Overall response rate compliance has increased from 78% to 85% in the month of September. There were 121 complaints closed in the month of September, up from 111 in the previous month, and the number of very overdue complaints continues to decrease month on month.

Mitigating actions

There has been sustained improvement in the compliance with timeframes for responding to complaints. A detailed review of communication as a theme was presented at the patient experience group and it was acknowledged that improving the detail of coding would support thematic review in future. For example, complaints associated with end of life care where communication is key, requires detail of where a failure occurred to ensure improvement actions are effective. The number of end of life complaints has reduced this year compared to last year, where we have been able to target actions.

Complaint themes

The most commonly reported theme for the month of September is Treatment. A review of the themes within this category shows a variety of reasons for the complaints, including the type of treatment received or offered and the diagnosis given.



PALS

The number of PALS contacts is now gradually returning to the levels expected prior to the Colchester Site taking responsibility for Dermatology Services in North East Essex. At the time of this report, the Dermatology Hotline was still in place, however the number of contacts were reducing. The line is being managed by one person rather than 2, which has had a small impact on the number of PALS contacts being received, as Dermatology services are not easily accessible. The situation continues to be monitored. Total number of PALS contacts in September: Colchester 200 (183) and Ipswich 256 (225).

User involvement/Engagement Activity

Patient Information Project

Design services identified that the Trust has over 2,000 information leaflets/booklets and multiple duplicates. Ownership of leaflets is hard to manage as staff move and reviews are not completed, causing leaflets to be suspended and impacting patient experience due to lack of availability.

After identifying the need for all patient information to be streamlined and offered in varying formats, the Patient Experience team, Design Services, the Website team and the libraries have come together to work in partnership with patients, public and staff. A robust and manageable process will be developed through co-production and ensuring patient information is up to date and appropriate for the intended audience. The libraries will manage patient information and the Patient Experience team will develop the readers panel, offering health literacy training. This will include staff, patients and public. Design Services will be freed up to focus on production only. Partnership working has already shown increased progress of the project and has widened the audience range in a short space of time.

Partnership Engagement

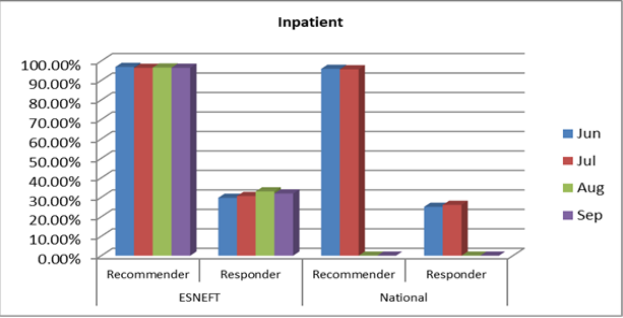
Admiral nurses and staff have highlighted that staff supporting patients with dementia impacts directly on daily tasks, resulting in having to catch up on tasks, or requiring other staff to add on to their daily tasks. A scoping exercise identified ward and departmental requirements and a clear need for this type of volunteer.

One area where this is highlighted is T&O, due to increased risk and patient safety. Alzheimer's Society are about to launch a community project called 'side by side', which supports people with dementia to have a trained volunteer to sit, walk and talk with them for a couple of hours. Patient Experience and Voluntary Services will work in partnership with the Alzheimer's Society to create opportunities for side by side volunteers within the Trust to support staff in all departments, reducing stress for staff and ensuring excellent patient care. The first step will be to conduct a pilot for 6 weeks where staff feedback will be collected to measure the impact on daily routines for both staff and patient/ carer/ relative experience, where possible.

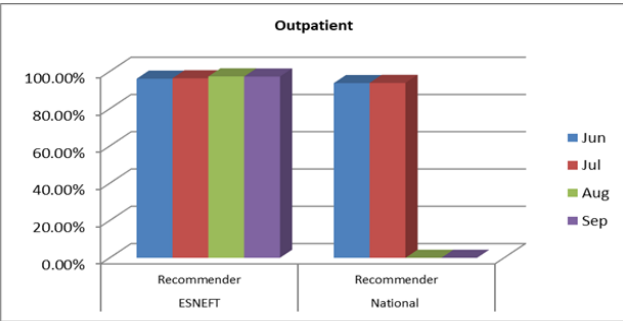
Patient Experience – friends and family test

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.

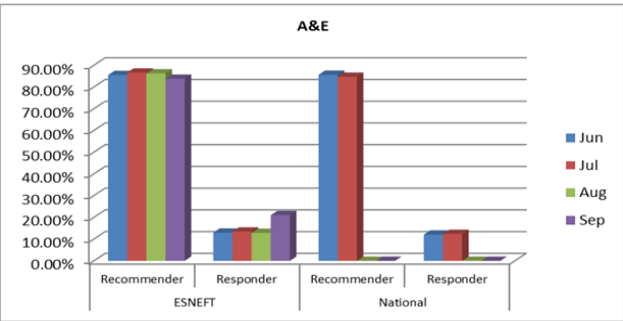
Inpatients



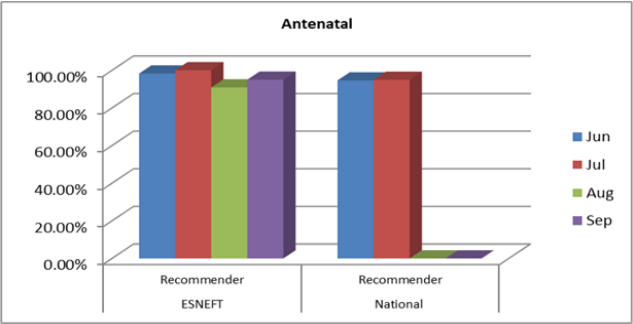
Outpatients



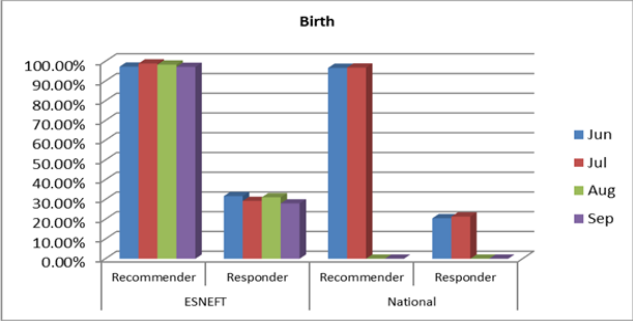
Emergency Dept.



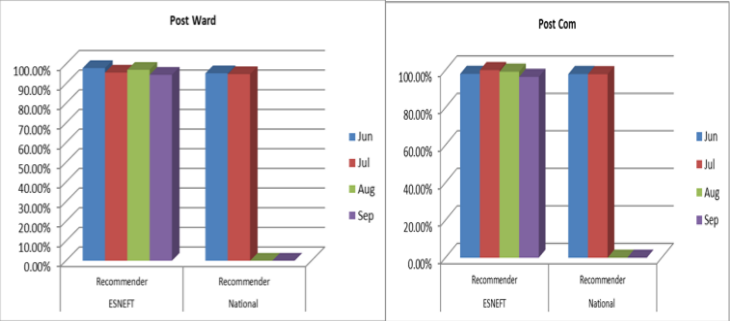
Mat - antenatal



Mat - birth



Community



Commentary

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

Each clinical area reviews their feedback received through FFT and to support local change where required. There is oversight of any concerns and lessons learned through the divisional accountability meetings.

TOP FIVE ISSUES

A&E Economy Performance

Cancer Performance

RTT Performance

Ambulance Handover

Diagnostics Performance

87.92%

Colchester

Ipswich

73.7% (unvalidated)

82.2%

80 excess of 60 mins

0.28%

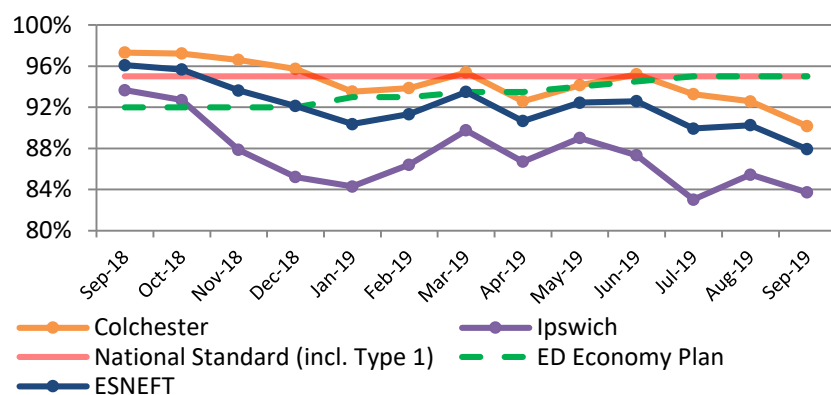
90.16%

83.72%

URGENT CARE

Exception Report Needed

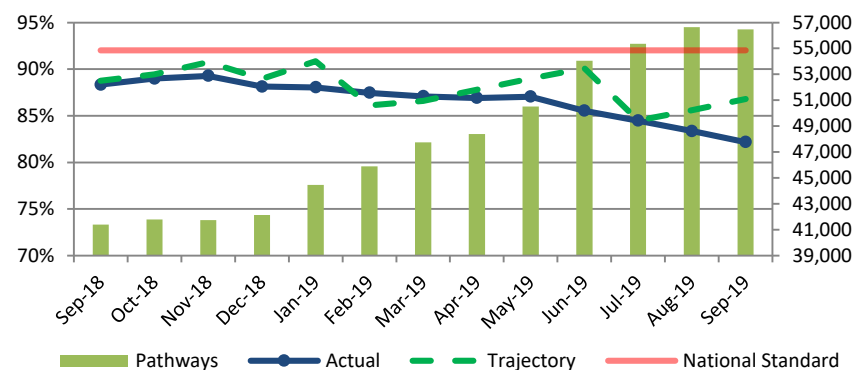
ED Economy 4 Hr Standard - Trajectory vs Actual



RTT

Exception Report Needed

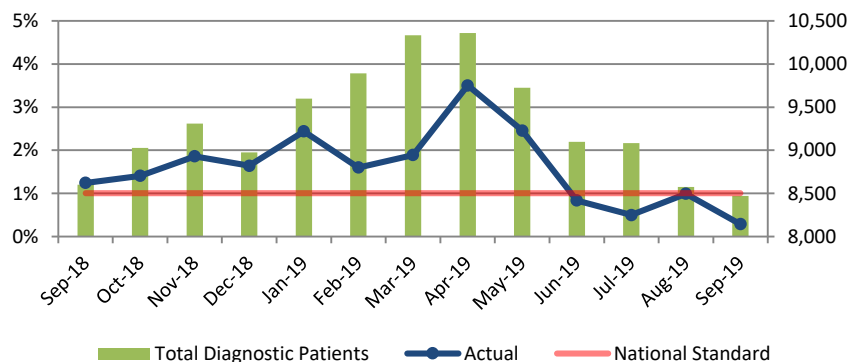
RTT Incompletes - Trajectory vs Actual



DIAGNOSTICS

Performance in line with National Standard

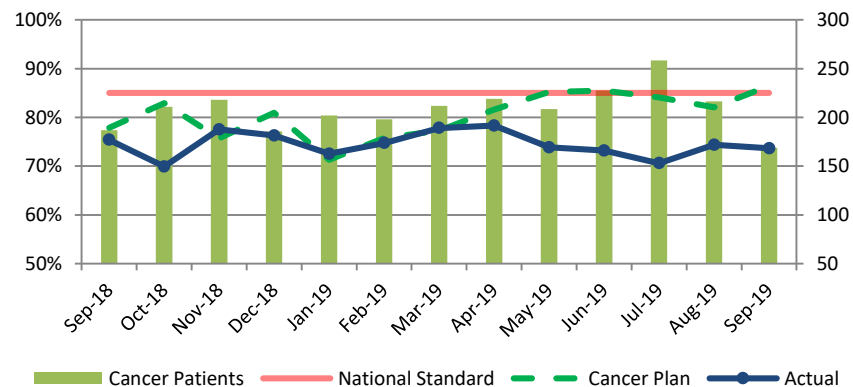
Diagnostic Standard



CANCER

Exception Report Needed

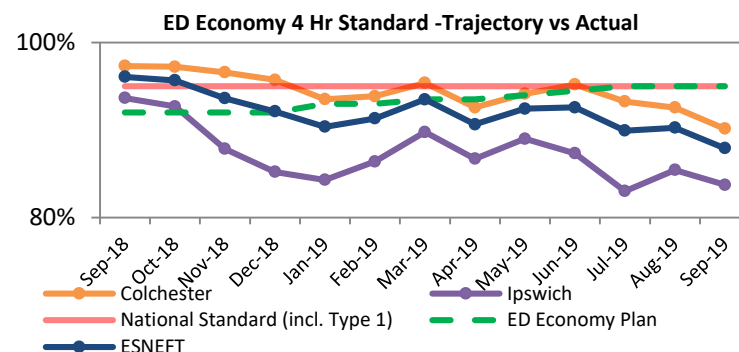
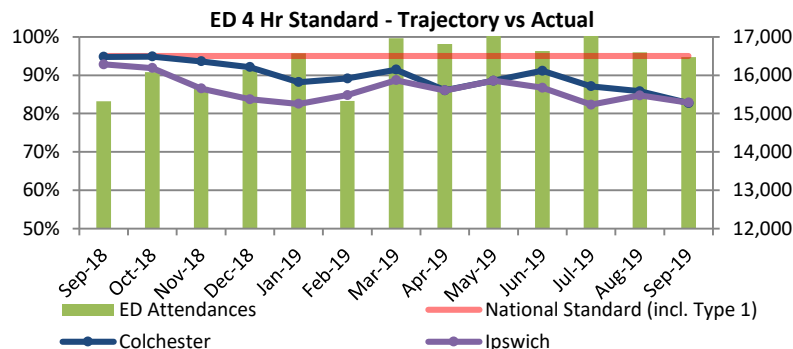
Cancer 62 Waits Standard - Trajectory vs Actual



Performance against the 4 hr standard for September 2019 was 82.73% for Colchester, which was a decline on August's performance of 85.82%. Ipswich also saw a decrease to 82.86% in September, from 84.71% in August.

ED Economy performance for September 2019 was 90.16% for Colchester and 83.72% for Ipswich. The ESNEFT performance was 87.92% in September, which was a decline on August's performance of 90.26%; below both the trajectory and the National Standard of 95%.

1 Monthly Trend



2 Service Commentary

Ipswich

1. Fresh start fortnight identified areas of improvement: IT system – visit to Sheffield 7.10.19 to look at their process for patients coming into ED – recording “live”. Early intervention data recording – plans put into place – stickers in cards to identify those requiring early intervention, working well currently. GP federation integrated working – collaborative working groups set up.
2. Final version of single clerking document requiring changes – approved at CDG level but roll-out date now to be beginning of December 2019.
3. Due to ED staffing vacancies, unable to corridor/reverse corridor on all occasions where required – interview dates set.
4. GP streaming coverage improved during September for Ipswich to 81.13% (weekdays 81%, weekends 81.5%).
5. Medical rota and skill mix review business case for ED – approved and recruitment task force commenced for medical staffing – establishment requests raised and approved for 4 x Middle Grade, 4 x Junior, 4 x FY2.
6. Nursing: IHT - EAU floor co-coordinator - appointed 2.84 WTE – re-advertised for remaining posts. ED acuity review – due to inconsistencies with the review, a meeting with finance is scheduled for 8.10.19 to finalise the vacancies and approval required for recruitment of: Trainee ACP x 2, Band 7 x 0.6, Band 5 x 5.09 (1.63 secondment to cover maternity leave) . If approved by mid-October and advertised by end of the month, interviews could be scheduled for November.
7. Signposting at front door by streaming nurse – agreements in place with the GP Fed to ensure correct pathways for patients
8. Meeting Ambulance/Alliance/IHT 23rd September at IHT to specifically focus on seasonal variation issues and how to work together to meet demands over forthcoming winter period. Suggestions/initiatives put forward to DMT and future monthly meetings being held.

Colchester

1. Streaming service was moved to Walk in Centre at end of Sept and was reduced due to lack of GP uptake of sessions. Service has ceased with opening of UTC in October.
2. Daily meeting at 9am to review staffing now include UTC to ensure that 24 hour plan is in place for both services.
3. Bed occupancy reduction schemes in place and achieving 92%.
4. Demand continues to increase with both ambulance and ambulatory patients.
5. UTC opened 1st October. Early indications are reductions of unscheduled care activity around the system has reduced with a 23% reduction to activity in ED majors.
6. ED and UTC sustainability plan combined with actions to improve performance.

ESNEFT

1. ED Action Plans for performance improvement both sites – continuing and monitored at ED Board.
2. Weekly 14/21 day length of stay review - Director led weekly in addition to Red to Green continued on both sites within ECIST guidance.
3. Contingency beds remain open due to continued pressure, to maximise flow and ease crowding in the departments.
4. Alliance board focusing work on ED admission avoidance with all partners on specific schemes in-conjunction with seasonal plan.
5. Review of ambulatory pathways to improve patient experience, and potentially create space in ED.
6. Weekly 14/21 day length of stay review - Director led weekly in addition to Red to Green continued on both sites within ECIST guidance.
7. 92% bed occupancy schemes being actively monitored.

Ipswich:

Type 1 Attendances have increased by 9.7% this September on last year:
September 2018 = 7196 /
September 2019 = 7896

Colchester:

Type 1 Attendances have increased by 5.6% this September on last year:
September 2018 = 8126 /
September 2019 = 8579

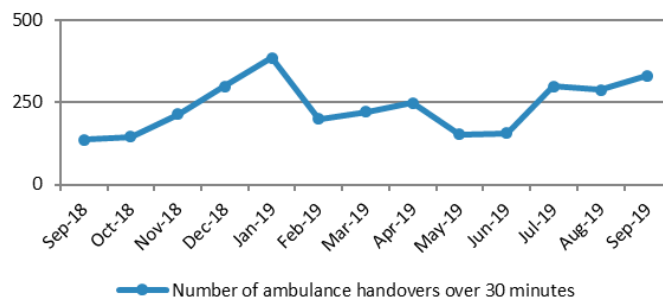
60 minute handover breaches for September 2019 were 79, an increase from 73 in August

Handovers over 30 minutes also increased for September 2019, from 294 in August 2019 to 333 in September 2019

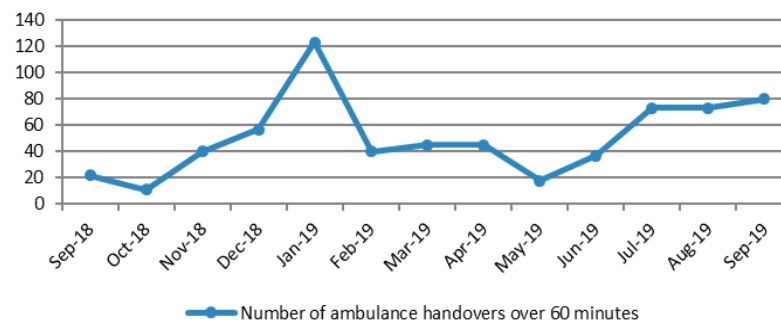
Handover breach penalties are no longer paid by the Trust due to the move to block contract.

① Monthly Trend

Number of ambulance handovers over 30 minutes



Number of ambulance handovers over 60 minutes



② Service Commentary

ESNEFT:

Continued working with Alliance and Ambulance service to further reduce over 30 minutes and over 60 minute handovers.
HALO training package introduced to ensure consistency and continuity of the role commenced 23rd September.
Weekly monitoring of performance - Performance Lead, General Managers and Alliance Lead.
ED board assurance for Ambulance handover trajectories continued monthly.

Ipswich:

Ambulances have increased by 5.6% this September on last year - offload delays have increased due to capacity and flow within the hospital.
September 2018 = 2,163 arrivals with 123 offload delays (95 between 30-60 minutes and 28 >60 minutes)
September 2019 = 2,284 arrivals with 268 offload delays (206 between 30-60 minutes and 62 >60 minutes)
Offload delays due to overcrowding in the department and ongoing flow issues within the Trust.
Hourly huddles between HALO and Floor Co-ordinators commenced.
Additional ambulance team member will attend 0830 bed meeting and remain in department until HALO shift begins – will handover to HALO.
Operational meetings between IHT/Ambulance/Alliance commenced and will continue monthly.
The introduction of the Band 7 safety nurse will enable extra support in high risk areas, including corridor and ambulance handover.

Colchester:

Ambulances have increased by 2% this September on last year, however offload delays have increased significantly due to capacity and flow within the hospital.
September 2018 = 2,659 arrivals with 5 offload delays between 30-60 minutes and 0 >60 minutes
September 2019 = 2,712 arrivals with 65 offload delays (48 between 30-60 minutes and 17 >60 minutes)
The pressure of ED ambulance handovers continues - challenges of capacity and flow within the hospital, especially between 15th to 24th September when bed waits were high.
ED contingency area continued to be fully utilised to reduce offload delays.
Corridor/reverse corridor protocol enacted to minimise delays continuing.
Operational meetings between IHT/Ambulance/Alliance commenced and will continue monthly.
HALO 24/7 fully recruited.

62 Day Cancer Waits for 1st Treatment remains below Target. Performance for September 2019 is 73.7%, this is 0.3% below the NEW trajectory of 74% and 11.3% below the 85% National standard.

2WW wait from referral to first seen is below target at 79.3% for September 2019, against a 93% National standard.

31 day wait from decision to treat for September 2019 is 92.1%, which is below the National standard of 96%

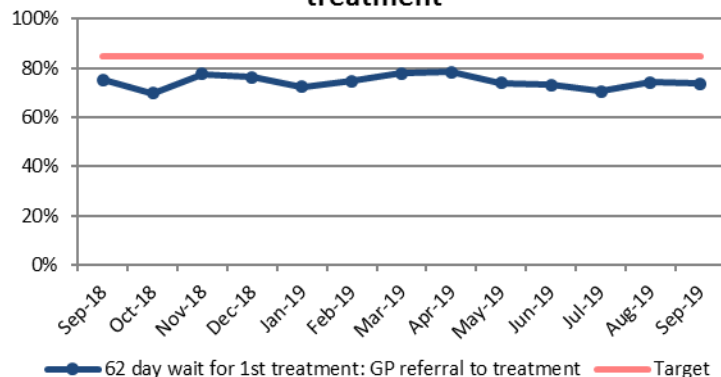
The number of patients currently waiting (snapshot) 104+ days on a 62 day first Cancer pathway has increased significantly from 69 in August to 117 in September 2019.

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

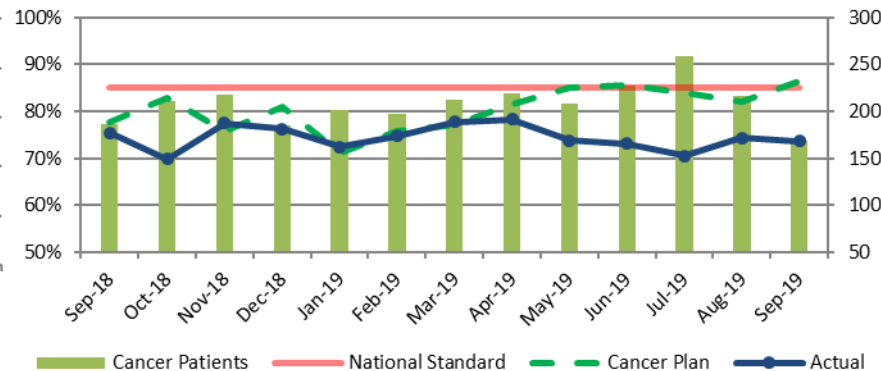
**Unvalidated figures as at 17/10/2019. Final figures for September will be available in November 2019 after submission*

1 Monthly Trend

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



Cancer 62 Waits Standard - Trajectory vs Actual



2 Service Commentary: REVISED 62 day trajectory submitted from September 2019 – new September trajectory is 74%. Current performance 73.7%.

2WW performance has improved from August's performance. This mainly relates to the improvements in the booking of Skin referrals, which has moved to direct booking through the ERS system, now that the clinics have been confirmed and published on the DOS. Breast performance at Colchester and Gynaecology at Ipswich are the two main areas of under performance.

31 day performance is below standard mainly due to performance at Colchester, with 4 tumour sites not meeting the standard (Breast and H&N having the greatest impact). Ipswich would have achieved the standard, however skin had 6 breaches, achieving just 76% and bringing overall performance down.

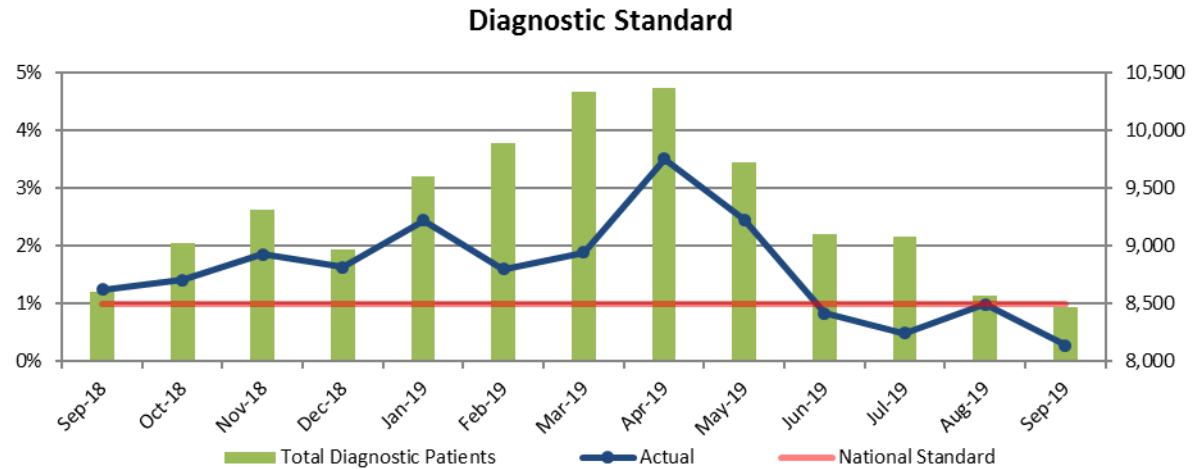
62 day performance: Ipswich overall treatment numbers are low, especially in Urology where the number is about half of what we would normally see. Number of breaches in both Upper and Lower GI has also increased, which directly relates to the significant increase in backlog. Colchester performance is below plan, with currently 15 less treatments than forecast, however, September is still to be validated.

104 day position at Colchester is worse due to skin backlog, however, in every other specialty there has been considerable improvement (now only 9 above 104 days). Ipswich remains the same, with concerns mainly relating to Lower GI backlog.

Other Cancer Standards	Target	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
2 week wait from referral to date first seen: All	93%	94.8%	93.6%	92.6%	94.1%	90.4%	88.1%	86.9%	82.8%	86.3%	78.3%	79.0%	74.2%	79.3%
31 day wait from diagnosis to 1st treatment	96%	97.8%	96.6%	95.1%	98.7%	91.9%	95.9%	97.5%	95.8%	94.7%	93.8%	92.0%	90.8%	92.1%
62 day wait for 1st treatment: GP referral to treatment	85%	75.4%	69.9%	77.5%	76.3%	72.5%	74.7%	77.8%	78.3%	73.9%	73.2%	70.6%	74.4%	73.7%
104+ days on 62 day first PTL (showing 100+ prior to Mar 17)	0	39	35	34	24	34	34	23	28	37	68	69	69	117

Diagnostic performance for September 2019 was 0.28%, achieving the National standard of 1%.

1 Monthly Trend



2 Service Commentary

ESNEFT has seen a further improvement in the diagnostic performance, with the number of breaches at the lowest they have been over the past year. Services have good grip and control of their diagnostics and are aware of the areas to focus on to ensure continued compliance.

Diagnostic Standard - Details	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
DM01 6+ week breaches	107	127	171	147	234	158	195	363	239	76	45	85	24
DM01 Endoscopy 6+ week breaches	5	42	101	35	13	20	5	17	8	2	12	7	6
DM01 Imaging 6+ week breaches	80	52	46	89	182	104	151	267	164	34	0	15	12
DM01 Physiology 6+ week breaches	6	4	3	5	2	21	6	15	22	33	24	23	6
DM01 Waiting List	8599	9026	9300	8974	9599	9890	10335	10359	9726	9099	8997	8573	8469

The Initial Value for Direct to Stroke Unit is below the target of 90% at 84.4% for September 2019

Scanned within one hour meets the 50% target for ESNEFT in September 2019, at 64.1%

The Initial Value reported for September 2019 performance or patients spending 90% of time on stroke unit is above the target of 80%, at 87.8%

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	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
% patients admitted directly to stroke unit within 4 hours of hospital arrival	90%	87.8%	88.6%	85.9%	87.4%	78.3%	74.4%	78.9%	83.1%	86.3%	71.4%	84.6%	78.8%	84.4%
	Numerator/Denominator	72/82	70/79	73/85	83/95	65/83	61/82	60/76	49/59	69/80	40/56	77/91	67/85	76/90
% patients who scanned within one hour of hospital arrival	50%	66.7%	61.5%	64.5%	51.8%	54.4%	72.3%	68.0%	65.9%	71.9%	51.3%	82.3%	73.7%	64.1%
	Numerator/Denominator	50/75	40/65	49/76	29/56	31/57	47/65	34/50	27/41	41/57	20/39	65/79	56/76	50/78
Patients spending => 90% of their stay on a stroke unit	80%	82.7%	88.5%	82.6%	92.5%	94.5%	85.5%	91.8%	87.0%	90.8%	79.7%	92.7%	86.3%	87.8%
	Numerator/Denominator	62/75	69/78	76/92	74/80	69/73	65/76	56/61	47/54	69/76	47/59	76/82	69/80	72/82

② Service Commentary

Stroke 4 hours Standard – 84.4% (76/90). Percentage has increased from previous month. All breaches have been reviewed and common reasons across both units are the presentation of challenging diagnosis; atypical presentations and late referrals from ED. While some breach reasons may be within our control, if a late referral or an initial diagnosis is difficult; the patient may not be automatically be referred to the stroke clinicians. Actions in place to improve the position include are a weekly performance meeting with the service and ED; ASNs are pulling patients directly from ED, patients directly admitted to the Units and greater working with EAU to ensure patients are clerked in a more timely manner. Stroke beds continue to be ring-fenced.

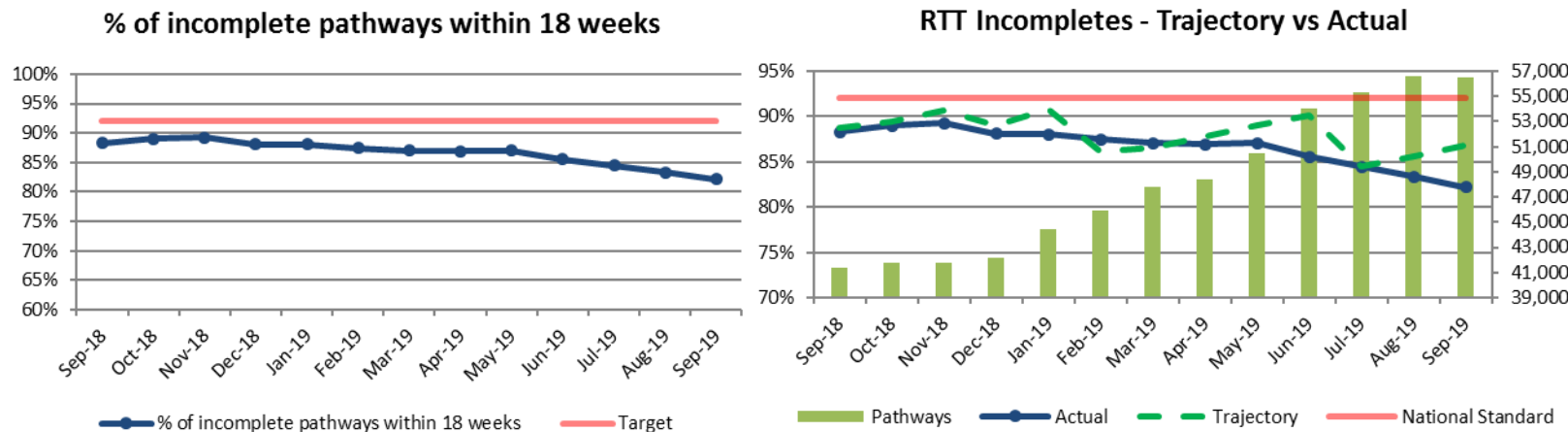
64.1% of Patients were scanned (50/78) within one hour of hospital arrival. The 60 minute scan key performance indicator is compliant and the position has reduced in month. Departments continue to work closely with ED Consultants to ensure that potential Stroke patients are picked up as early as possible. Maintaining scanning above 50% is closely monitored and all breaches are reviewed down to patient level detail and trends analysed to fully understand the reasons for non compliance and if any were avoidable

87.8% of patients spent 90% of time on the stroke unit (72/82). The position is compliant; and is dependent on the types of strokes presented. The services have again seen a high number of elderly patients with large strokes, which automatically increases the length of stay. The position has improved from the previous month.

September 2019's current RTT position is 82.2%. This is below the trajectory set of 86.8% for the month.

There were no 52+ week breaches for September 2019

1 Monthly Trend



2 Service Commentary

2.1 - The waiting list has seen a slow but steady reduction for the past 5 weeks and it now stands at 54,103

The waiting list has decreased by 791 patients in the last 5 weeks

2.2 - The Trust is continuing to report no 52 week breaches. No 52 week breaches are currently anticipated for October 2019

2.3 - Performance against RTT is currently at 82.2%, up from 81.7% in September

Performance against trajectory for September is 82.2% against a trajectory of 86.8%

2.4 - The number of patients waiting over 40 weeks has reduced by 25% since September from 391 to 292

2.5 - The overall diagnostic waiting list for ESNEFT is at the lowest it has been since the merger 8,469 (as @ end of June 2018 – 9,960)

2.6 - The Trust is remains fully compliant with DMO1, the diagnostics waiting time standard

2.7 - The Launch of the BIG 6 100 day challenge began October 4th

2.8 - Demand in referrals continues across a number of the specialities

Other RTT Standards	Target	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
% of incomplete pathways within 18 weeks - admitted	92%	70.0%	71.5%	70.9%	66.4%	65.3%	63.5%	62.7%	66.8%	66.7%	61.4%	60.2%	59.1%	59.3%
% of incomplete pathways within 18 weeks - non-admitted	92%	91.7%	92.6%	93.0%	92.7%	93.3%	92.8%	92.4%	91.8%	91.8%	90.1%	89.1%	87.7%	86.4%
Number of RTT Incomplete pathways >52 weeks	0	1	1	0	1	2	3	0	0	2	2	1	0	0
Total Backlog	-	4833	4605	4473	5005	5314	5756	6172	6344	6540	7814	8598	9430	10067

Headlines	Commentary on key items	Forecast /Trends
<p>The Trust is £4.5m behind its year to date plan as at the end of September, excluding lost PSF/FRF.</p> <p>This position is supported by the non-recurrent release of revenue reserves (£4.2m), VAT rebates from 18/19 (£1.5m) and release of other accruals and provisions from 2018/19 (£1.6m).</p> <p>Under-delivery of CIP is a significant driver of overspend. Other drivers include overspend on junior doctors and income shortfalls on the specialised services contract.</p> <p>The Trust held cash of £19m at the end of September (£13.3m more than planned).</p> <p>The Trust's Use of Resources Rating (UoR) is assessed as 3 ('requires improvement').</p>	<p>Income: Income is behind budget by £2.8m for the year to date. This is mainly driven by under performance against the specialized services contract. The variance at Month 6 saw further under recovery of clinical income, totalling £0.7m.</p> <p>Pay expenditure: Pay expenditure was under budget by £0.9m in September. There are overspends on junior doctors and consultant pay which are mitigated by underspends especially on non clinical. Overspend on junior doctors was driven by Colchester Medicine, MSK, and Surgery & Anaesthetics. Consultant overspend year to date is driven by premium (agency) costs especially in Ipswich Medicine and Surgery & Anaesthetics (£0.2m). This month's underspend is caused by an accrual release in relation to the medical pay award.</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 (£10.1m v £11.9m ceiling). However, the Trust has a comparatively high ceiling for agency spend. Temporary pay expenditure for the year to date is £10.1m and accounts for 4.6% of all pay costs. Actual spend in September was lower than in August.</p> <p>Non-pay: For the year-to-date non-pay is adverse to budget by £3.1m (£0.3m under in September), with undelivered CIP the main reason for this. Undelivered CIP of £1.0m has been mitigated by release of reserves. This mainly offsets expenditure on 'other' non pay expenditure.</p> <p>Cost improvement plans: There was an under-delivery of £1m against September's plan, with all divisions failing to achieve their planned values. For the year-to-date, the total shortfall against plan is £8m.</p> <p>Cash: The Trust held cash of £19m at the end of September, £13.3m more than planned. The main reason for the variance to plan is the receipt of unplanned bonus PSF from 18/19 (£13.5m).</p> <p>Capital programme: The capital plan submitted to NHSI of £32.2m has been restored to its full value after a temporary reduction at NHSI's request. At the end of August there was an underspend of £7.9m (52%), the majority of which (£6.7m) is related to the Retail Development project.</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 £19.6m has currently been identified. The Trust is currently forecasting to deliver £16.9m against the £31.9m target, a shortfall of £15m.</p> <p>Forecast: An updated forecast has been undertaken which indicates an adverse variance to control total (before the loss of PSF/FRF) of £9.4m. This is the same position as reported for month 5.</p> <p>The Trust is in discussion with the CCG regarding mitigations to this financial variance.</p> <p>Operational and Corporate Divisions have been challenged by the Trust Executive team to improve divisional 'control totals'.</p> <p>Other risks & opportunities will continue to be assessed and monitored as the year progresses.</p>

Cost Improvement Plan (CIP)

CIP Delivery by Division	September			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	556	251	(304)	3,334	887	(2,447)
Integrated Pathways	323	132	(192)	1,941	663	(1,277)
Logistics	13	9	(4)	304	176	(128)
Medicine Ipswich	223	30	(194)	223	30	(194)
Medicine Colchester	193	19	(174)	2,277	334	(1,942)
MSK and Specialist Surgery	225	156	(69)	1,352	1,099	(253)
Surgery and Anaesthetics	415	288	(127)	2,488	1,566	(922)
Women's and Children's	114	149	35	684	432	(251)
Total Operations	2,063	1,033	(1,029)	12,603	5,188	(7,415)
Corporate Services	509	533	24	2,821	2,242	(578)
Total Trust	2,572	1,567	(1,005)	15,423	7,430	(7,993)

Commentary / Actions

In September, £1.6m of CIP was delivered against a plan of £2.6m, representing under-delivery of £1m in month. Similarly, against the target level of £15.4m year-to-date, only £7.4m has been delivered to date, of which £6.9m represents recurrent savings.

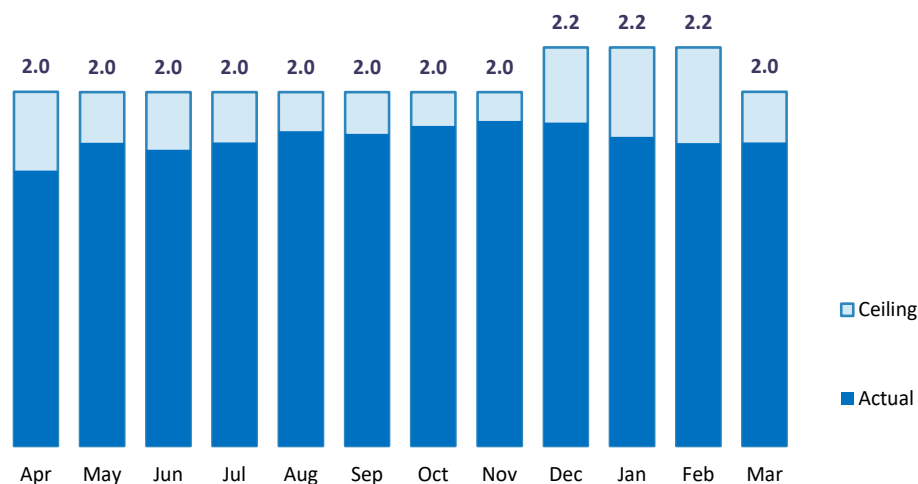
Key cumulative shortfalls are in:

- Cancer and Diagnostics - £2.4m
- Medicine Colchester - £1.9m
- Integrated Pathways - £1.3m

The Trust has identified £19.6m of risk rated CIP opportunities, representing 61% of the total £31.9m requirement, and a shortfall of £12.3m. The Trust is currently forecasting to deliver £16.9m against the £31.9m target, a shortfall of £15m.

Weekly CIP review meetings with Divisions are continuing to ensure progression of schemes, with outlying Divisions attending on a more regular basis.

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 6 actual agency costs were under the ceiling (£1.7m v £2.0m ceiling). The year to date position is also under the NHSI limit (£10.1m v £11.9m 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

September 2019

Trust Level

Key Metrics

Performance

Target
Achieved
Vs Prior Month
Prior Month

Vacancy (Ex Agency)

9.6%

Budget 9492wte
Contracted 8585wte

8.3%

Pay (YTD)

(£0.9m)

Budget £220.4m
Spend £219.6m

£0.01m

Sickness

3.4%

3.5%
3.4%

3.1%

Mandatory Training

89.2%

95%
View portal for detail

89.3%

Appraisal

83.6%

85%
6917 out of 8270 staff

82.6%

Voluntary Turnover

7.8%

12%

8.7%

Ceiling

£1.78m

(£11.89m)
(£10.11m)

£1.55m

Ward Fill Rate

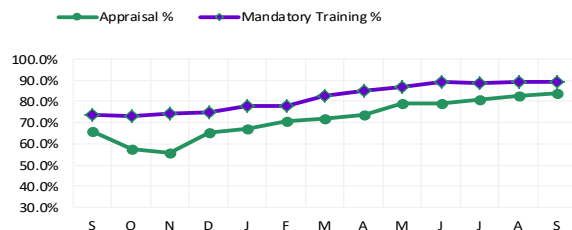
89.2%

95%

90.0%

Appraisals & Mandatory Training Compliance

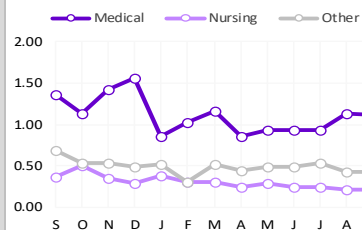
%



Agency Trends

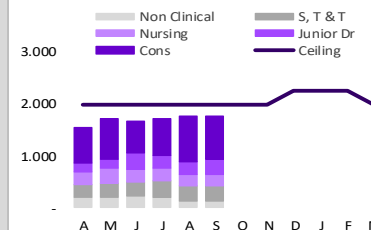
(ex Locum)

£m



Agency Ceiling

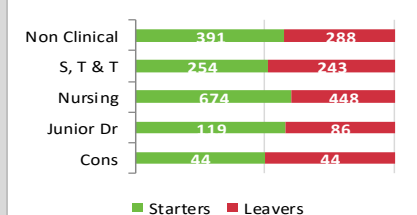
£m



Starter - Leavers

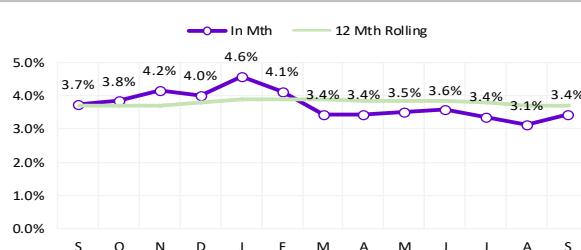
(12Mth Rolling)

Headcount



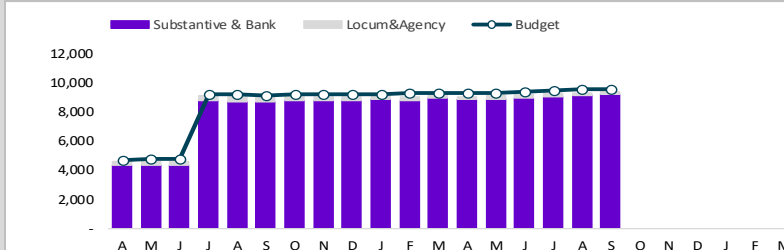
Sickness

%



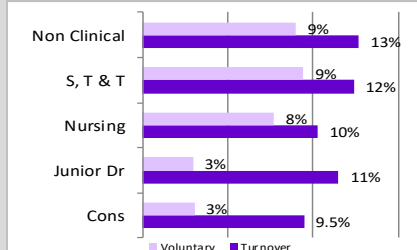
Workforce Trends

wte



Turnover by Staff Group

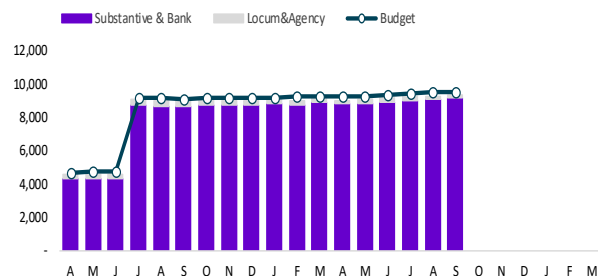
Headcount



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

Workforce Trends

wte

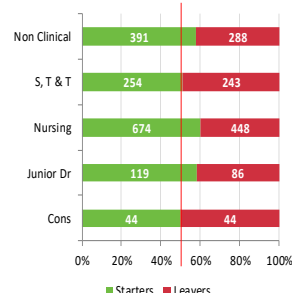
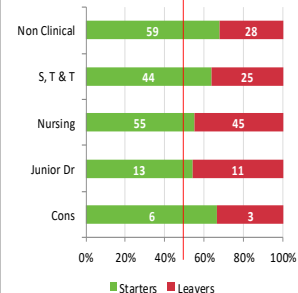


Starters / Leaver Head Count

In Mth

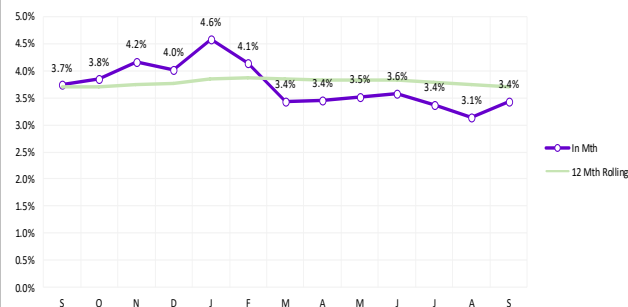
Starters / Leaver Head Count

12 Mths Rolling



Sickness Trend - All Staff

%



Commentary

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

In September, the number of staff in post decreased to 8,585 WTE (August 8,645). The Trust continues to have more starters than leavers overall and in the majority of clinical groups.

The Trust's rolling voluntary turnover for September was 7.8%, which decreased from the 8.7% reported in August. This has been steadily improving in recent months, and compares well nationally.

Sickness: Sickness increased in September, with 3.4% reported – an increase from 3.1% in August. This compares favourably with the latest national level of 4.29% and East of England average of 3.83% (as of April 19).

This saw the cost of sickness rise to £685k (from £645k) and the number of WTE days lost increase to 8,727 (from 8,238).

The most frequent reasons for sickness are coughs/colds/flu (303), gastrointestinal (281 episodes) and stress, anxiety and depression (196).

Risks & Mitigating Actions

Recruitment

The vacancy rate has increase in month due to establishment changes following additional service provision via the UTC which was not fully staffed on transfer from the previous provider. Active recruitment is in progress.

The consultant vacancy level has increased also due to service changes with the overall reported vacancy rate being reviewed with the divisions to establish recruitment plans and is a key area of focus for the coming months.

The recruitment partners continue to make a positive impact on the overall time to hire; several posts have completed from interview to contract issues within 5 working days. While this is not a regular occurrence, the team are working towards making this a standard. The Trust AI team are involved in helping automate as much of the process as possible.

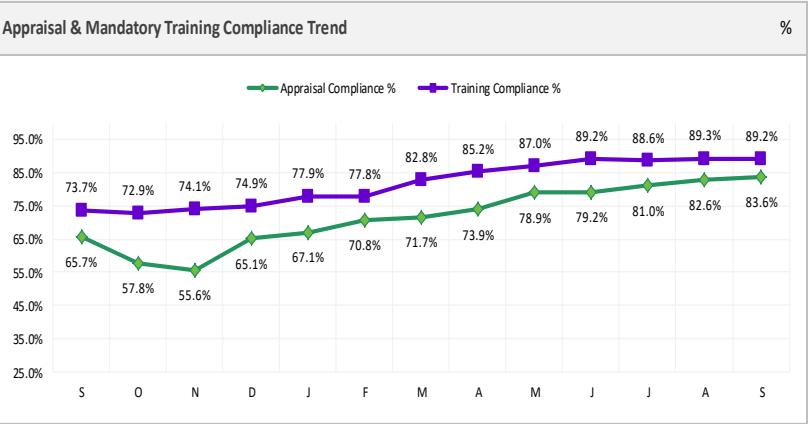
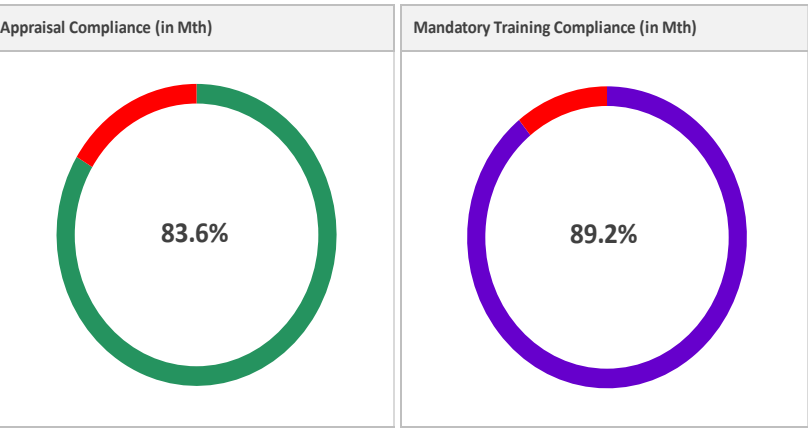
Sickness

The new flu campaign has started successfully with over 5,100 staff vaccinated in the first week. The Trust needs to vaccinate 80% by the end of November.

The rate of anxiety, stress and depression slightly increased in month. Further mental health first aid training has been rolled out with 34 staff now qualified, including non-corporate areas.

The new absence policy training has been well received and continues to be rolled out across the organisation. The intention is that the Reasonable Adjustments Passport, a tool to support employees with a disability (including mental health conditions) and the adjustments required to enable them to remain at work or to support a return to work will start to impact on the stress, anxiety and depression indicators.

A new health economy wide wellbeing group has been established with a first draft of a wellbeing plan expected in January 2020.



Commentary

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

Appraisals. September’s compliance rate was better than in August, at 83.6% (82.6%).

Performance in seven of the divisions improved in September, with Medicine Ipswich (78.9%) and Integrated Pathways (80.8%) reporting the lowest levels of compliance.

Mandatory Training. September’s compliance rate has slightly decreased to 89.2% from August’s rate (89.3%).

Paediatric Basic Life Support training has the lowest level of compliance, at 60.6%. This is one of 5 training areas that had a compliance level below 80% as at the end of September.

Corporate Services remains the lowest divisional compliance rate of 80.1%. It is a combination of 11 service areas of which six remain green, two amber and three red; HR, Medical Director and Trust Board.

Risks & Mitigating Actions

Appraisals

Two divisions reported a deterioration: Integrated Pathways and Medicine in Colchester.

Within Medicine, this remains due to the operational changes at management level with the split to site responsibility. The action plan at Ipswich where compliance was lower last month, has proved positive with an increase in compliance.

The new appraisal documentation is available on the intranet and it was presented at the middle managers conference to increase awareness.

The HRBPs for all areas have been tasked with addressing this as a priority.

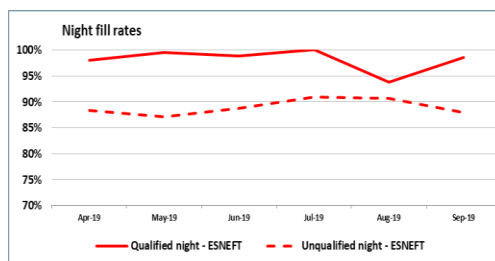
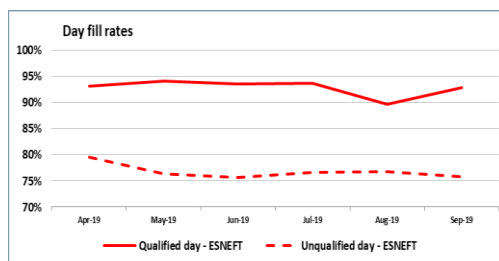
Mandatory Training

The repeated wrong allocation of staff prompted an overall review of the data which has identified a number of wrongly allocated roles and a working group with the finance workforce team is planned but awaiting the work on position per post to be completed as this impacts this work.

The bank doctor compliance rate has increased again in month to 34% which still leaves this group as having the lowest compliance rate. Work is ongoing to address this with the support of the medical directors.

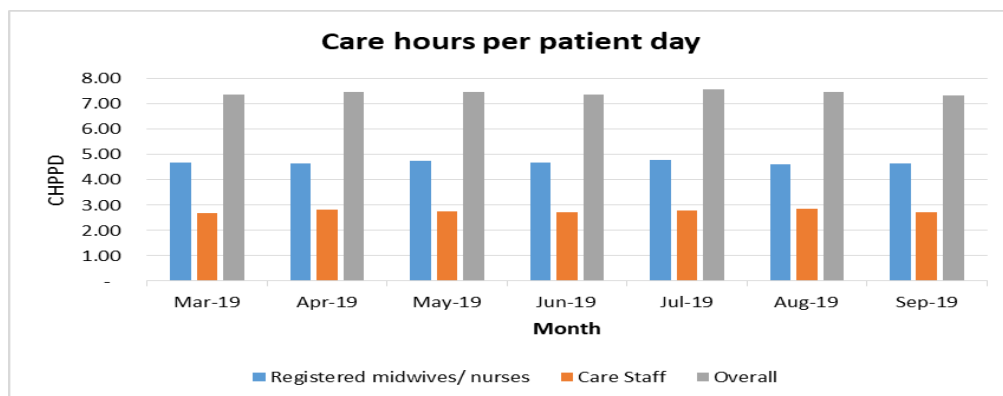
Nursing Fill Rates (including care hours per patient day)

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Qualified day - ESNEFT	93.1%	94.1%	93.5%	93.7%	89.7%	92.9%
Qualified night - ESNEFT	98.0%	99.6%	98.9%	100.1%	93.8%	98.6%
Unqualified day - ESNEFT	79.6%	76.3%	75.6%	76.6%	76.8%	75.8%
Unqualified night - ESNEFT	88.4%	87.2%	88.8%	91.0%	90.7%	87.9%
Overall (average) fill - ESNEFT	90.2%	89.9%	89.6%	90.6%	87.6%	89.2%



Care hours per patient day

Care hours per patient day	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Registered midwives/ nurses	4.67	4.65	4.74	4.66	4.78	4.62	4.63
Care Staff	2.69	2.82	2.73	2.70	2.79	2.85	2.71
Overall	7.36	7.46	7.47	7.36	7.57	7.47	7.34



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.

Risks & Mitigating Actions

Following the acuity review all rotas now reflect the operational need and include headroom for training, leave and sickness.

There is active recruitment ongoing to fill the posts identified by the acuity review and 61 B5 posts have been offered since this began.

2 recruitment events have been held during October to support fill of remaining vacancies with a focus on HCA roles and support for additional capacity required through the winter months.

NHSP continue to improve with a corresponding reduction in the requirement to use agency nurses.

RAG rules

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

POD Profiles - Trust Level

	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19
All Staff													
Headcount	9,556	9,561	9,554	9,576	10,027	10,030	10,045	9,724	9,703	9,752	9,850	9,886	9,974
Establishment (including agency)	9,127	9,139	9,130	9,181	9,204	9,247	9,224	9,258	9,283	9,312	9,431	9,479	9,529
In post	8,264	8,334	8,278	8,294	8,327	8,334	8,373	8,373	8,423	8,460	8,473	8,645	8,585
Vacancy	863	805	852	887	877	913	852	886	859	852	957	834	944
Vacancy %	9.5%	8.8%	9.3%	9.7%	9.5%	9.9%	9.2%	9.6%	9.3%	9.2%	10.1%	8.8%	9.9%
Establishment (excluding agency)	9,106	9,113	9,106	9,155	9,147	9,198	9,194	9,214	9,243	9,272	9,393	9,427	9,492
Vacancy (excluding agency)	842	779	828	861	820	864	822	842	820	812	920	782	907
Vacancy % (excluding agency)	9.2%	8.5%	9.1%	9.4%	9.0%	9.4%	8.9%	9.1%	8.9%	8.8%	9.8%	8.3%	9.6%
Turnover													
¹ Turnover (12 Month)	13.5%	13.4%	13.4%	13.1%	13.1%	12.8%	12.6%	12.3%	12.0%	12.0%	11.5%	11.5%	11.3%
¹ Voluntary Turnover (12 Month)	10.5%	10.5%	10.5%	10.2%	10.0%	9.8%	9.5%	9.2%	9.1%	9.1%	8.7%	8.7%	7.8%
¹ Starters (to Trust)	142	141	77	101	122	101	100	141	138	116	124	144	177
¹ Leavers (from Trust)	122	98	112	80	102	82	129	71	77	81	68	97	112
Sickness													
% In Mth	3.7%	3.8%	4.2%	4.0%	4.6%	4.1%	3.4%	3.4%	3.5%	3.6%	3.4%	3.1%	3.4%
WTE Days Absent In Mth	9,161	9,773	10,267	10,526	11,716	9,593	8,863	8,612	9,125	9,020	8,845	8,238	8,727
% of sickness Short-term	43.7%	46.8%	45.2%	42.2%	52.6%	51.0%	45.7%	45.2%	47.1%	44.2%	41.8%	45.0%	47.7%
% of sickness Long-term	56.3%	53.2%	54.8%	57.8%	47.4%	49.0%	54.3%	54.8%	52.9%	55.8%	58.2%	55.0%	52.3%
Mandatory Training & Appraisal Compliance													
Mandatory Training	73.7%	72.9%	74.1%	74.9%	77.9%	77.8%	82.8%	85.2%	87.0%	89.2%	88.6%	89.3%	89.2%
Appraisal	65.7%	57.8%	55.6%	65.1%	67.1%	70.8%	71.7%	73.9%	78.9%	79.2%	81.0%	82.6%	83.6%
Temporary staffing as a % of spend													
Substantive Pay Spend	31,471	31,207	31,620	31,451	31,016	31,441	32,729	34,100	33,132	32,952	32,692	33,315	32,744
Overtime Pay Spend	163	205	152	172	157	159	141	164	138	169	151	143	161
Bank Pay Spend	1,403	1,410	1,530	1,525	1,602	1,534	1,832	1,479	1,540	1,593	1,618	1,694	1,672
Agency Pay Spend	2,412	2,172	2,295	2,331	1,762	1,637	1,974	1,541	1,699	1,659	1,700	1,763	1,747
Total Pay Spend	35,448	34,994	35,598	35,478	34,538	34,771	36,677	37,285	36,509	36,373	36,161	36,915	36,324
Agency & Bank %	13.9%	12.6%	14.2%	13.4%	12.3%	12.1%	13.7%	11.5%	11.8%	12.1%	13.0%	12.8%	12.7%
Agency %	6.8%	6.2%	6.4%	6.6%	5.1%	4.7%	5.4%	4.1%	4.7%	4.6%	4.7%	4.8%	4.8%

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19
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Nursing (Qualified) - excluding Midwives

Establishment (including agency)	2,517	2,532	2,523	2,540	2,567	2,579	2,553	2,559	2,560	2,555	2,623	2,638	2,670
In post	2,215	2,243	2,275	2,283	2,313	2,315	2,325	2,350	2,375	2,387	2,387	2,397	2,409
Vacancy	302	288	247	257	254	264	228	209	185	168	236	241	261
Vacancy %	12.0%	11.4%	9.8%	10.1%	9.9%	10.2%	8.9%	8.2%	7.2%	6.6%	9.0%	9.1%	9.8%

Nursing (Band 5) - excluding Midwives

Establishment (including agency)	1,441	1,438	1,436	1,446	1,446	1,448	1,447	1,425	1,428	1,416	1,412	1,422	1,437
In post	1,165	1,182	1,211	1,218	1,233	1,236	1,243	1,279	1,298	1,308	1,306	1,306	1,302
Vacancy	277	256	224	228	212	212	204	147	129	107	106	116	135
Vacancy %	19.2%	17.8%	15.6%	15.8%	14.7%	14.6%	14.1%	10.3%	9.1%	7.6%	7.5%	8.2%	9.4%

Consultants

Establishment (including agency)	460	460	462	460	465	468	461	467	486	488	486	491	494
In post	406	408	404	406	409	407	410	406	411	412	415	413	411
Vacancy	55	52	58	54	56	60	51	61	75	77	71	79	83
Vacancy %	11.9%	11.3%	12.5%	11.7%	12.0%	12.9%	11.1%	13.1%	15.4%	15.7%	14.6%	16.0%	16.8%

Junior Medical

Establishment (including agency)	619	620	619	620	619	628	620	626	632	635	637	654	654
In post	582	626	595	595	600	600	600	601	589	587	588	723	642
Vacancy	37	(6)	23	25	19	28	20	25	42	48	49	(69)	13
Vacancy %	6.0%	-1.0%	3.8%	4.1%	3.1%	4.5%	3.2%	4.0%	6.7%	7.5%	7.7%	-10.6%	2.0%

Scientific, Technical and Therapeutic

Establishment (including agency)	1,706	1,692	1,698	1,701	1,686	1,699	1,689	1,716	1,719	1,726	1,754	1,751	1,768
In post	1,606	1,601	1,592	1,589	1,612	1,589	1,583	1,581	1,583	1,594	1,590	1,605	1,598
Vacancy	100	91	106	112	74	110	106	135	137	132	164	146	170
Vacancy %	5.9%	5.4%	6.2%	6.6%	4.4%	6.5%	6.3%	7.8%	8.0%	7.6%	9.3%	8.4%	9.6%