



Performance report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors
Thursday 30th January 2020

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This month's performance report provides detail of the December performance for East Suffolk and North Essex NHS Foundation Trust (ESNEFT). The Trust was formed on 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 December 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.

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	Oct-19	Nov-19	Dec-19	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	127	105	95	↓		Clinical divisions; low, medium, high
Staff Friends and Family Test % recommended - care	Caring	Q	30%	38.3%	38.3%	41.7%	↑		Monthly FFT test response reported
Occurrence of any Never Event	Safe	M	0	0	1	1	→		The Never Event in December occurred in A&E at Ipswich.
Mixed sex accommodation breaches	Caring	M	0	14	2	5	↑		All of the breaches in December 2019 occurred on Critical Care Units - 3 at Colchester and 2 at Ipswich.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	95.1%	96.1%	95.7%	↓		
A&E scores from Friends and Family Test – % positive	Caring	M	90%	83.4%	84.0%	84.1%	↑		
Number of emergency c-sections	Safe	M	tbc	108	93	87	↓		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	97.0%	98.2%	97.5%	↓		
- % Recommending - postnatal	Caring	M	90%	96.2%	96.9%	98.5%	↑		
VTE Risk Assessment	Safe	M	95%	95.6%	95.8%	95.0%	↓		
Incidences of Clostridium Difficile infection	Safe	M	9	9	7	4	↓		There were 4 C.difficile cases reported in December. 3 of these were in Ipswich (3 HOHA, 0 COHA) and 1 case was at Colchester hospital (1 HOHA, 0 COHA).
MRSA bacteraemias	Safe	M	0	0	0	0	→		The last MRSA bacteraemia was reported at Ipswich in September.
HSMR (DFI Published - By Month Data Available)	Effective	Q	100	106.2	107.6	106.4	↑		ESNEFT is one of 6 Trusts in the region of 15 non-specialist Trusts with a 'higher than expected' HSMR; however, it should be noted that approximately 1,130 spells missed the 1st data deadline.
HSMR Weekend (By Month Data Available)	Effective	Q	100	111.2	112.6	110.5	↓		Both weekday and weekend HSMR is 'higher than expected' at Colchester and 'as expected' at Ipswich.
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.110	1.098	1.101	↑		12 mths to July 2019. This has increased compared to the previous annual position (to June 2019) of 1.0977.
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Use of Resources	M	tbc	9.3%	9.1%	8.7%	↓		

Operational Performance										
Indicator	Domain	Frequency	Target / Standard	Oct-19	Nov-19	Dec-19	Mov't	Trend	Comments	
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	86.6%	87.1%	84.8%	↓		A&E waiting time performance based on economy. ED Economy performance for December 2019 was 88.14% for CGH, and 78.31% 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%	81.4%	81.3%	79.6%	↓		Screening service performance snapshot as reported in Accountability Framework taken at 21st Jan 2020.	
All cancers – maximum 62-day wait for first treatment from:										
- urgent GP referral for suspected cancer	Responsive	M	85.0%	73.4%	78.3%	68.1%	↓			Diagnostic performance has improved this year. Services have good grip and are compiling robust plans to ensure continued compliance.
- NHS cancer screening service referral	Responsive	M	90.0%	70.3%	75.9%	76.5%	↑			
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	0.2%	0.2%	0.5%	↑			
Quality : Organisational Health										
Indicator	Domain	Frequency	Target / Standard	Oct-19	Nov-19	Dec-19	Mov't	Trend	Comments	
Staff sickness	Well-led	M	3.5%	4.1%	4.1%	4.0%	↓		Voluntary turnover.	
Staff turnover	Well-led	M	tbc	8.0%	7.8%	7.6%	↓			
Executive team turnover	Well-led	M	tbc	0	0	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%	4.4%	4.0%	↓		Agency staff % only.	
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(9,135)	(10,387)	(11,293)	↑		Trust CIP target for 2019/20 is £31.9m. Most divisions failed to deliver their CIP targets in Month 9 and all are behind YTD. Trust forecast to deliver £17.2m in 19/20.	
Finance and Use of Resources										
Indicator	Domain	Frequency	Target / Standard	Oct-19	Nov-19	Dec-19	Mov't	Trend	Comments	
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	4	4	4	→		Trigger: Poor levels of overall financial performance (score 3 or 4); very poor performance (score 4) in any individual metric. The deficit position along with adverse variances to I+E plan has contributed to the overall score of a 3 (requires improvement) for December, despite the positive position of agency spend against ceiling.	
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	0	4	4	4	→			
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	0	4	4	4	→			
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	Oct-19	Nov-19	Dec-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). All 8 meetings were cancelled in January due to capacity constraints within the organisation. The tables below summarise the key ESNEFT and divisional level scores from September through to December; and also include some commentary to explain the main themes behind these scores.

For January DAM preparation (November 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 carried over 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 December on the tables below will be discussed at the DAMs to be held in early February

Indicator data submissions have improved in the past few months and data within the AF is mostly complete. Discussions will continue regarding indicator definitions and data, particularly in relation to the Use of Resources domain, at the Informatics Programme Board. A full review of indicators within the AF will be commencing soon.

ESNEFT level dashboard data

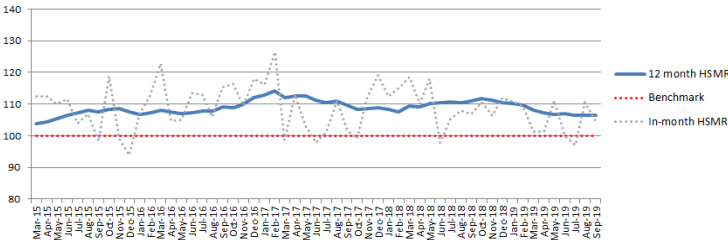
Domain	Sep	Oct	Nov	Dec	Comments
Caring	3	2	3	2	Score deteriorated to a 2 in month; mainly due to reduced response rates for the FFT survey. Most other metric performance was consistent compared to November.
Effective	1	1	1	1	All mortality metrics failed across 19/20 reporting YTD; these are all weighted at 5. SHMI is improving and HSMR metrics improved in November.
Responsive	1	1	1	1	Failed high weighted metrics consistent with November reporting. Notable high weighted fails across the financial year include the A&E 4 hour standard, ambulance handovers in 60 minutes and 18/52 incomplete pathways.
Safe	2	2	2	1	High weighted fails consistent across the year including 1 reported Never Event, non-compliance against falls (high harm or death) & the WHO Surgical Checklist. Deterioration in month score due to reporting of 1 maternal death.
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 score continually impacted by failures against high weighted metrics including; EoY financial outturn, complaints, absence, PDR and training compliance.
Aggregated AF Score	1	1	1	1	Consistent fails within Effective, UoR and Well Led are having the biggest impact, with Safe now also at a 1. Only 1 domain can be at a 1 for the score to improve.

Divisional aggregated AF scores

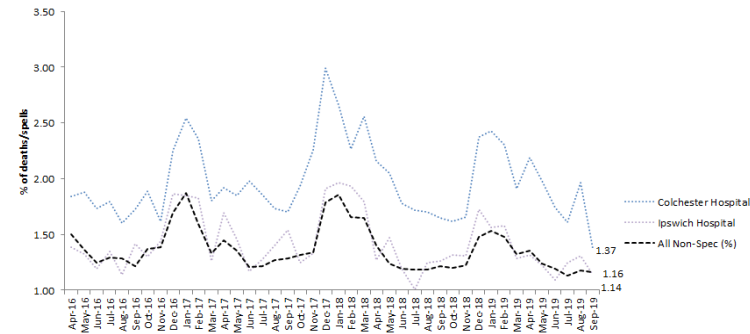
Division	Sep	Oct	Nov	Dec	Comments
Medicine (Col)	3	3	3	2	Safe and Caring have maintained a score of 3 since the divisional split while Responsive and Use of Resources have maintained a 2, Well Led deteriorated to a 2 in December.
Medicine (Ips)	2	3	3	3	Use of Resources maintained a score of 3 from October. Well Led also maintained its score of 2 over the last quarter. All other domain scores are 3 in December.
Cancer & Diagnostics	3	3	3	3	Consistent aggregate score of 3 achieved. Caring has maintained a 4 since August, whilst Repsonse & Use of Resources maintained a 3. Safe deteriorated to a 3 in month.
Women's & Children's	2	2	2	2	Consistent performance, UoR improved to a 2 in December though Safe deteriorated to a 3. Caring maintained a 3 while Repsonse and Well Led have maintained a 2 across the financial year.
MSK & Spec Surgery	2	2	2	1	Responsive maintained a 2 in December and Caring improved to a 4. Safe maintained a score of 3, however both Use of Resources and Well Led scored a 1 in month.
Surgery & Anaesthetics	1	2	2	2	Caring maintained a 3 in month while Use of Resources and Well-Led maintained scores of a 2. Both Safe and Caring scored a 3 in December.
Integrated Pathways	3	2	3	2	Use of Resources deteriorated to a 1 in month though Caring improved to a 4. Responsive continues to achieve a 4 (all year), with Well Led static at 2 all year. Safe deteriorated to a 2 in December.
Logistics	3	3	3	3	Performance static all year for Safe (score 4) and Use of Resources (3). Well Led maintained a 2 from November.
Corporate	2	3	3	3	Well Led maintained a 2 in December. Use of Resources has been at 3 since July and Safe has scored 4 all year.

Mortality

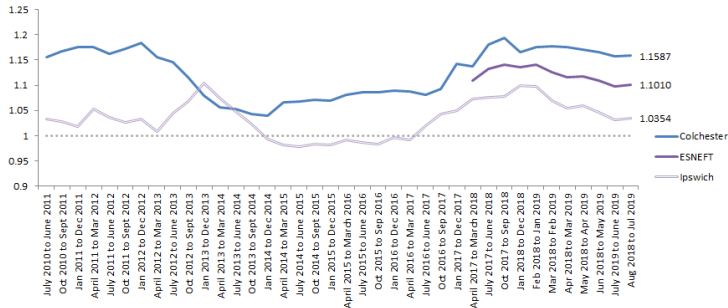
ESNEFT HSMR - In-month & Rolling 12 Months



All Diagnosis Groups - Crude Mortality Rates



SHMI - Rolling 12 months



Commentary

Dr Foster Summary – compared to August 2019 discharges

Dr Foster metrics as at Sept 2019 discharges	ESNEFT	IPS	COL
In-month HSMR	↓104.8	↓98.1	↓120.1
12 month HSMR	↓106.4	↓103.7	↓112.6
Death rate HSMR (nat. 3.2%)	↑3.3%	→3.0%	↓3.8%
Lower confidence limit (HSMR)	↓102.3 Outlier	↓97.8 As expected	↓106.8 Outlier
All diagnosis groups 12 months	↓103.3	↓100.9	↓109.0
Lower confidence limit (all)	↓99.6 As expected	↓95.5 As expected	↓103.8 Outlier

ESNEFT is 1 of 6 trusts in the region of 15 non-specialist trusts with a ‘higher than expected’ HSMR; however, it should be noted that approximately 1,130 spells, including 1 death, missed the first data deadline. When this data is processed next month, HSMR and Crude mortality will drop.

SHMI – 12 months to July 2019

ESNEFT ↑1.1010 up from 1.0977 – ‘as expected’ Ipswich (aggregate pre & post merger) ↑1.0354 ‘as expected’, Colchester ↑1.1587, ‘as expected’.

For ESNEFT, weekend HSMR emergency admissions are ‘higher than expected’; for Colchester, both weekday and weekend are ‘higher than expected’, for Ipswich, both weekday and weekends are ‘as expected’.

Inpatient deaths

	J	F	M	A	M	J	J	A	S	O	N	D	T
Ips	133	123	111	110	107	86	107	109	89	102	125	124	1326
Col	176	152	140	154	148	126	113	131	101	150	136	143	1670

Risks & Mitigating Actions

There are no patient safety indicators alerting currently in Dr Foster.

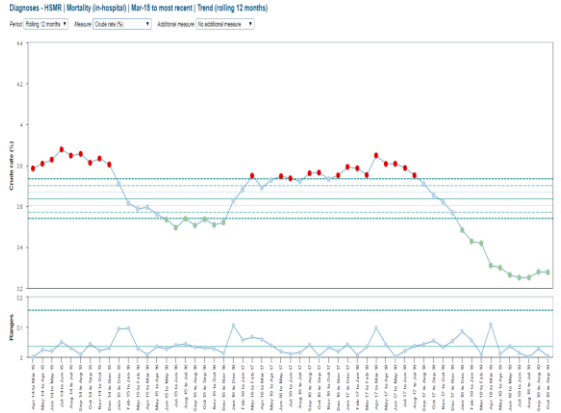
There are 2 active CUSUMs on the ESNEFT dashboard:

- Respiratory failure, insufficiency, arrest (adult)
- Schizophrenia and related disorders (corrected by coding review)

For site-specific CUSUMs, Ipswich MSK is undertaking a review following a high trigger alert for Fracture Neck of Femur.

For 2019, inpatient deaths on the Colchester site (1.7%) were 26% higher than for Ipswich (1.3%).

As a trust, crude mortality within the HSMR group of diagnoses has been gradually decreasing (rolling 12 months since May 2018) – 3.8% to 3.3%.



Mortality – Learning from deaths



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

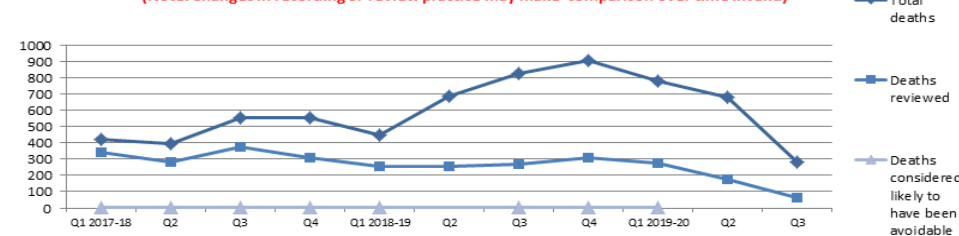
Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

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
188	252	46	72	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
678	778	178	276	0	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1740	2857	514	1085	1	4

Time Series: Start date 2017-18 Q1 End date 2019-20 Q3

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 2.2%	This Month 0 0.0%	This Month 45 97.8%
This Quarter (QTD) 0 0.0%	This Quarter (QTD) 0 0.0%	This Quarter (QTD) 0 0.0%	This Quarter (QTD) 5 3.0%	This Quarter (QTD) 7 4.1%	This Quarter (QTD) 157 92.9%
This Year (YTD) 0 0.0%	This Year (YTD) 0 0.0%	This Year (YTD) 1 0.2%	This Year (YTD) 10 2.0%	This Year (YTD) 19 3.8%	This Year (YTD) 472 94.0%

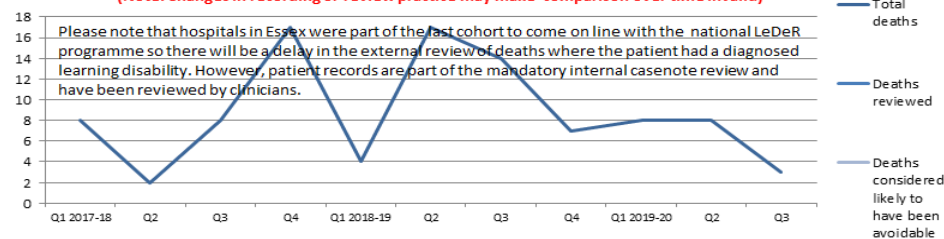
Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

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	2	0	0	NK	NK
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
8	8	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
19	42	0	0	0	0

Time Series: Start date 2017-18 Q1 End date 2019-20 Q3

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)

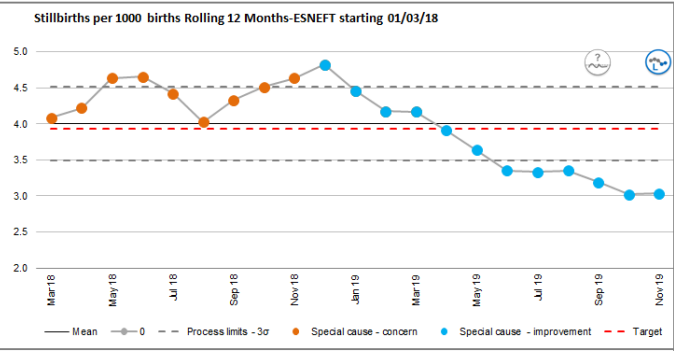


Mortality – Learning from Deaths - Numerical Data and Breakdown

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	September																									
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		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	Deaths Reviewed	Deaths contribute to death	Defin	Evidnc	>50/50	<50/50	Slight	↓ 1	↓ 2	↓ 3	↓ 4	↓ 5	↓ 6	Deaths	Peer Review	LeDeR Review								
2017-18	April	133	110	0	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	101	2	0	0	2	2	4	89	4	0	NK	71	64	90%	7	4								
2018-19	November	256	60	0	0	0	0	0	3	53	8	0	NK	27	22	81%	5	1								
2018-19	December	316	106	0	0	0	0	2	6	92	2	0	NK	79	67	85%	12	1								
2018-19	January	329	119	0	0	0	0	3	5	107	4	0	NK	84	74	88%	10	4								
2018-19	February	301	103	1	0	0	1	1	3	95	3	0	NK	68	61	90%	7	2								
2018-19	March	272	88	0	0	0	0	1	5	77	0	0	NK	64	55	86%	9	1								
2019-20	April	277	99	0	0	0	0	1	3	95	2	0	NK	70	63	90%	7	3								
2019-20	May	273	100	0	0	0	0	0	4	95	4	0	NK	69	58	84%	11	7								
2019-20	June	228	77	1	0	0	1	3	1	72	2	0	NK	69	51	74%	18	5								
2019-20	July	238	60	0	0	0	0	2	1	56	4	0	NK	47	37	79%	10	3								
2019-20	August	252	72	0	0	0	0	2	6	56	2	0	NK	73	51	70%	22	1								
2019-20	September	188	46	0	0	0	0	1	0	45	2	0	NK	53	27	51%	26	0								
2019-20	October	284	60	0	0	0	0	1	4	53	3	0	NK	77	38	49%	39	0								

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 months	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19
Colchester	5.25	5.29	4.52	4.55	4.56	4.01	3.74	3.74	3.99	4.01	3.13	2.54	2.55
Ipswich	4.01	4.35	4.39	3.80	3.77	3.81	3.54	2.95	2.66	2.67	3.24	3.52	3.55

The SPC chart demonstrates a statistically significant improvement in the stillbirth rates.

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)

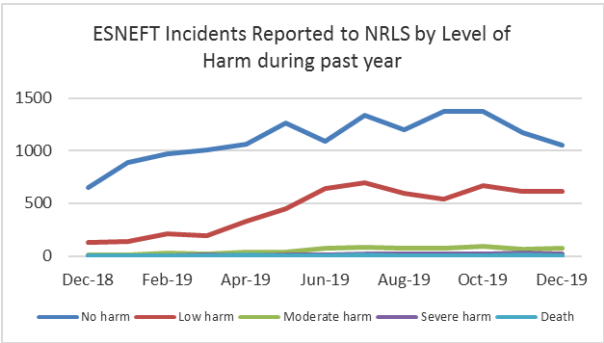
Learning from Deaths	Learning from Deaths
<p>Learning from Deaths meeting January</p> <ul style="list-style-type: none"> ▪ Triannual updates from Integrated Pathways and Cancer & Diagnostics identified more deaths on the Colchester site within the same specialty. Both teams will be comparing casemix and clinical practice to try to understand why. ▪ All specialties are committed to harmonizing the mortality review process. ▪ Integrated pathways has emphasized the importance of limiting the number of ward moves for patients with delirium/dementia and promoting advanced care planning. ▪ NHS England has awarded a fund to extend the care home programme. The Clinical Quality Improvement Manager for North East Essex CCG took an action to use GIFT data to look at working with Care Homes to ensure that patient wishes are observed if care can be delivered in the community. ▪ Presentations were given for Medicine on the Colchester site only. Dr Jamieson will pursue the appointment of a mortality lead on the Ipswich site. The Colchester ED is up to date with the reviews of all deaths and meets monthly to ensure that learning is shared and actions delivered in a timely fashion. There has been a downward trend for deaths in the department since July, with seasonal picture looking much better than the same time the previous year. ▪ For Cancer & Diagnostics, concern was expressed by the group about the lack of consultant reviews on the oncology wards following an audit undertaken since July 2019 (prompt/daily senior review and review of patients out of specialty). Angela Tillet advised that as a Trust, we would be taking this very seriously; she will meet with the Matron and Divisional Director to understand the data and this will be a focus for the 7-day services programme. 	<ul style="list-style-type: none"> ▪ Learning points included: <ul style="list-style-type: none"> ○ the need to QA the work of new locum consultants ○ omissions on the MDT proforma to be corrected ○ radiology documentation- ensure this includes complications ○ focus on the safe transfer of acutely unwell patients ○ the importance of ensuring that patients understand their diagnosis so they can make informed decisions. ▪ There have been concerns from GP colleagues that they do not routinely receive electronic discharge summaries for patients who die in hospital. Work is underway to ensure that junior doctors completing death certificates with the Medical Examiners also complete an EDS at the same time. ▪ There will be a simulation event for a ruptured aneurysm pathway in the Colchester ED, from pre-alert to theatre, including radiology. This will then be replicated on the Ipswich site to identify any areas for improvement for patient care ▪ The Trust will be using data from a new GIRFT litigation pack to review cases from high cost specialties. ▪ The new MBRRACE report has been released with cross specialty learning. This has been shared with clinical leads as cardiovascular disease remains the leading cause of women's deaths during or after pregnancy. The national report identified that symptoms which would normally have been investigated had been attributed to pregnancy. ▪ Compliance with mandatory mortality reviews October 2018 to November 2019 is 58% for Ipswich and 78% for Colchester.

Patient Safety – Incidents

Total incidents and harm

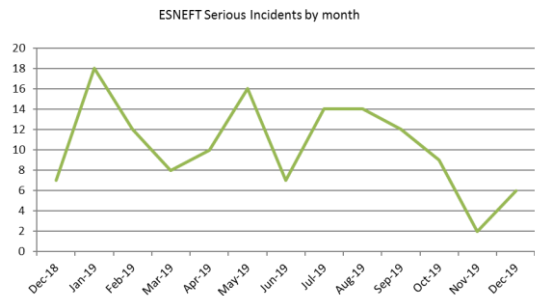
There were a total of 2,145 (2309) ESNEFT incidents reported in December 2019 (including patient and non-patient incidents). The graph shows that the majority of incidents are reported as no or low harm or near misses.

Patient safety incidents are reported to the NRLS (national reporting and learning system)

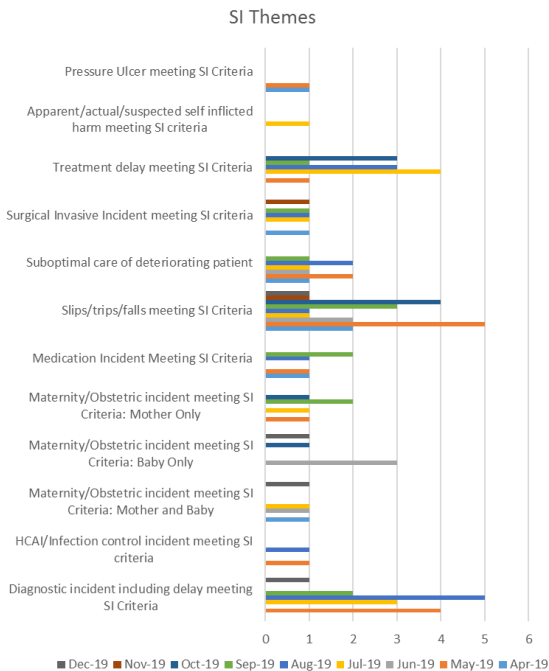


Serious Incidents

6 (2 in November) ESNEFT incidents were considered to meet the criteria of being a serious incident during December. The Serious Incidents (SI's) included 1 Never Event at Ipswich Hospital, 1 Diagnostic for Medicine Colchester, 1 slip trip and fall in Surgery & Anaesthetics, 1 Medication incident and 1 maternity incident for Women & Children and 1 incident for Cancer & Diagnostics.



Serious incidents by category



Never Events

There was 1 Never Event (category of serious incident) declared in December at Ipswich Hospital involving the administration of air instead of oxygen. A full investigation is in progress.

Mitigating actions

There was immediate sharing of initial learning identified within the department and wider across to Colchester site.

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

Compliance with serious incident reporting time lines

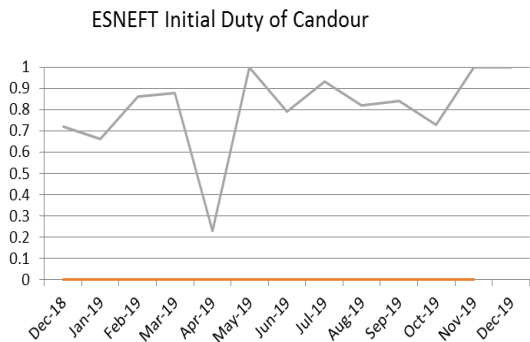
The Trust achieved 100% (100%) compliance in reporting 3 day reports to the CCG.

There were 14 SI investigation reports due to be submitted by ESNEFT during December, 1 report was submitted on time. ESNEFT compliance is 7% (0%) for December. 10 reports were submitted in December: 3 from Women’s and Children’s Services of which 1 was due in September, 1 due in October and 1 in November; 2 from Medicine Ipswich, 1 which was due in July and 1 due in October; 2 from Surgery and Anaesthetics, 1 which was due in August and 1 due in October; 1 from MSK and Specialist Surgery which was due in October; 1 from Cancer and Diagnostics which was due in November and 1 from Medicine Colchester submitted on time.

There are currently 18 overdue Serious Incident reports. The number of significantly overdue reports continues to decrease month on month with the majority now overdue from November and December.

Duty of Candour

Compliance for Duty of Candour (pre investigation) has remained at 100% during December.



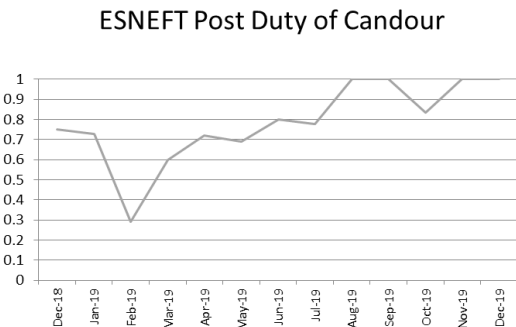
Mitigating actions

The number of reports that exceed the 60 day completion standard is reducing month on month (29 November, 23 December, 18 January).

Plans continue to be developed to move to the new framework for incident reporting with specialist investigators being identified. The current compliance standards for process measures will change with a greater focus on outcome measures.

Further information will be shared as this develops.

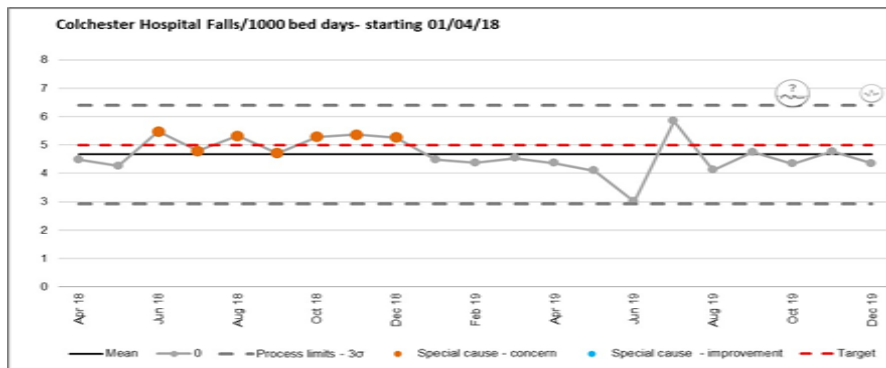
ESNEFT post Duty of Candour compliance following the conclusion of the SI investigation remained at 100%.



Patient Safety – Falls

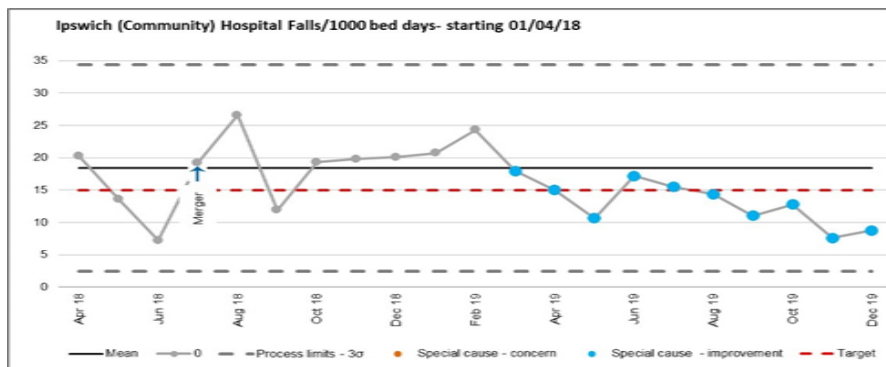
Colchester site

Colchester had a marginal decrease in falls at 68 (74) for December, with 3 patients who fell more than once. There were 2 (3) falls resulting in harm this month. December shows a small reduction from 4.77 to 4.35 falls per 1,000 bed days.



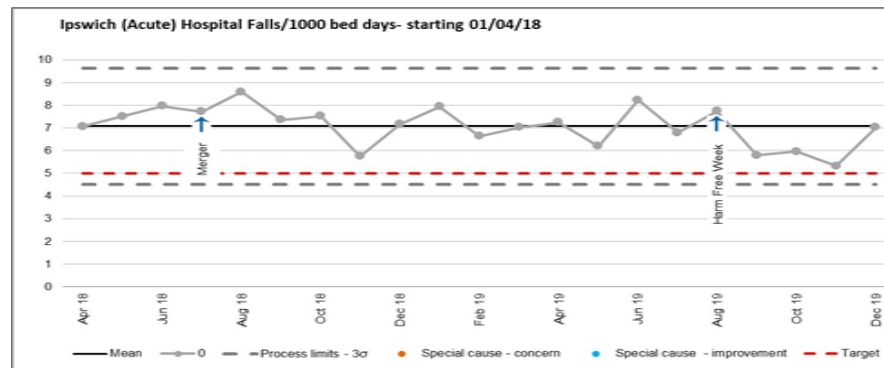
Community Hospitals

The Community Hospitals had a marginal increase in December from 13 to 15 falls in the month, although Aldeburgh Hospital reported 0 falls in the month. There were 2 falls with harm at Felixstowe Hospital,. December shows an increase from 7.6 to 8.77 falls per 1,000 bed days.



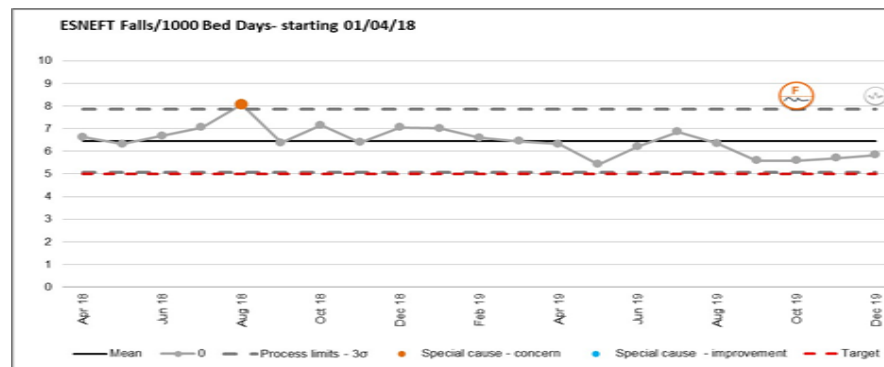
Ipswich site

Ipswich showed an increase in falls from 80 to 107 following a three month reduction, with 8 patients falling more than once. There was one fall with harm, December shows an increase from 5.33 to 7.03 falls per 1,000 bed days.



ESNEFT

The Acute areas continue to work hard to reduce the number of falls and cohorting with Bay Watch is being utilised across both sites. December shows a marginal increase overall from 5.70 to 5.83 falls per 1,000 bed days.



Patient Safety – Pressure ulcers

ESNEFT

At Trust level, there were a total of 31 developed grade 2-4 pressure ulcers in December 2019 (ESNEFT hospital beds). Four were category 3, 1 was category 4 and twenty-six were category 2. Overall, the Trust rate of pressure ulcers per 1,000 bed days was 0.87 in December, an increase compared to 0.42 in November.

Ipswich and Community Hospitals

Ipswich had 25 (10) Category 2-4 developed pressure ulcers, a significant increase. The areas with an increase include integrated pathways, medicine and orthopaedics.

December shows an increase from November, from 0.6 to 1.49 per 1,000 bed days.

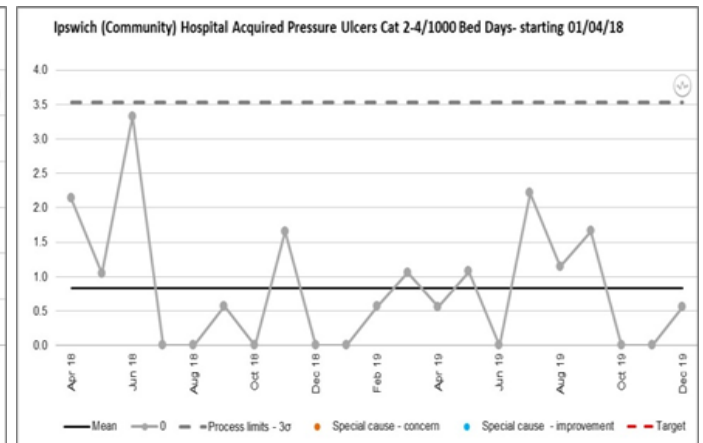
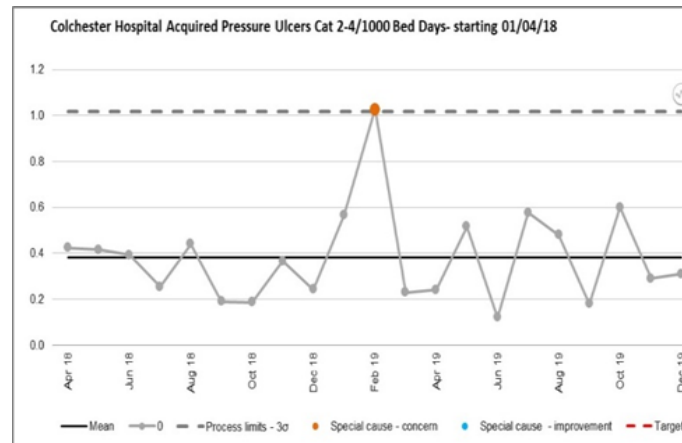
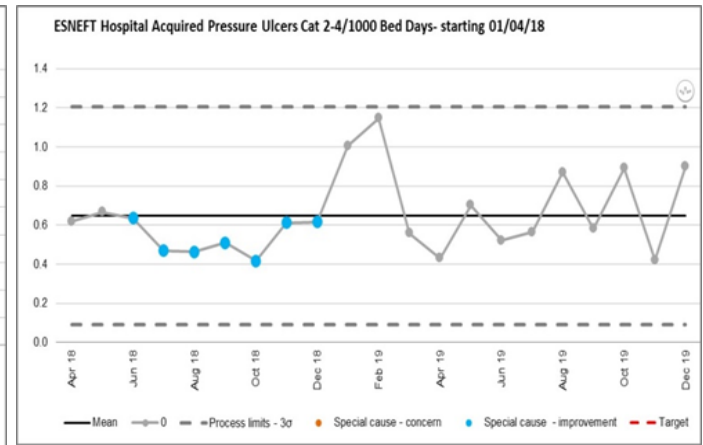
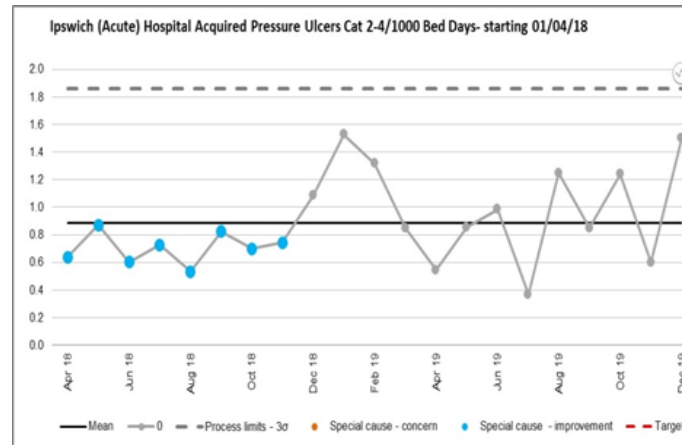
There was 1 (0) reported pressure ulcer within the Community Hospitals following two months of reporting nil, resulting in 0.58 per 1,000 bed days.

Colchester

Colchester had 5 (6) reported Category 2 pressure ulcers develop in our care in December. Two on Birch and one each on Peldon, Aldham and Fordham Wards. There were four identified on the sacrum and one on an elbow. There were no category 3 developed pressure ulcers again this month. December remained at 0.29 developed pressure ulcers per 1,000 bed days.

Working towards future prevention

A deep dive into the increase in developed pressure ulcers at Ipswich Hospital shows 50% are associated with moisture damage and a significant number of the developed ulcers are sacral, indicating that continence needs may be a contributory factor - however as this is an in month change, this needs further analysis. The trend over the last two years for the same period has seen an increase during November, December and January; however a review is taking place including RCAs for the current number developed on the Ipswich site to identify where contributory factors and key learning can be identified and what further support is required for the teams involved. There has also been an increase in the number of patients admitted with pressure damage, of which a large number have not been in receipt of any care.

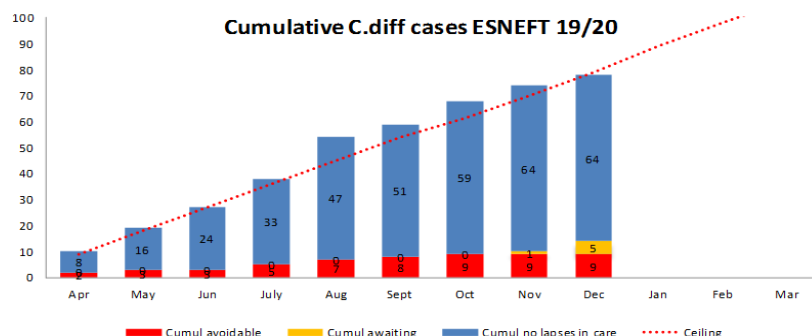


Patient Safety – Infection Control

Clostridium difficile (C.diff)

There was 1 case of C.diff on the Colchester site in December (0 COHA, 1 HOHA); and 3 cases at the Ipswich site (0 COHA, 3 HOHA).

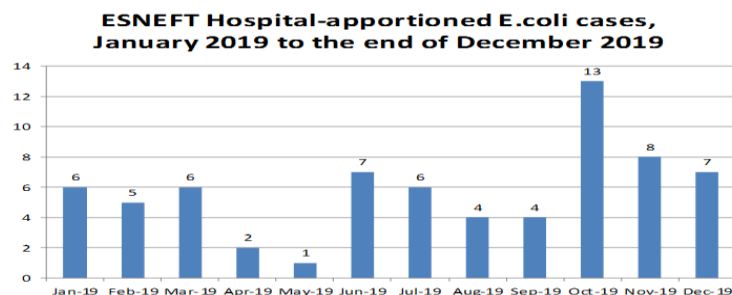
The trajectory for ESNEFT is no more than 107 cases in the year. As of the end of December, there have been 78 hospital apportioned cases (a rate of 8-9/month). Of these, there have been a total of 4 cases (YTD) of lapses in care at Ipswich Hospital and 5 cases at Colchester Hospital (total of 9 for ESNEFT). There appears to be fewer cases identified this month compared to others. At the current average rate of 8/9 cases/month, ESNEFT would come under trajectory at 105.



Escherichia coli (E. coli)

There was 1 case of E.coli bacteraemia at Ipswich Hospital during December (source upper urinary tract).

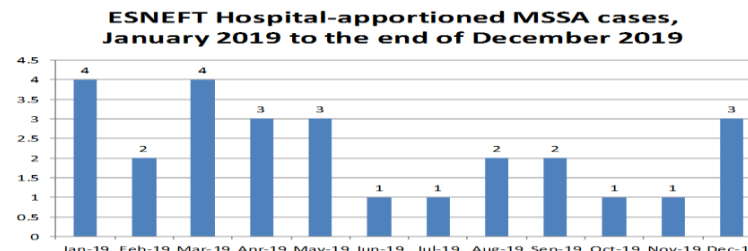
There were 6 E.coli bacteraemia cases at the Colchester site in December (1 x source hepatobiliary, 4 x source urinary tract) and 1 x source respiratory tract).



Meticillin-susceptible staphylococcus aureus (MSSA)

There were 3 cases of MSSA at Colchester Hospital in December; (1 likely to be contaminant, 1 source PVC associated and 1 source CVC associated, skin/soft tissue).

There were no MSSA bacteraemia cases identified at Ipswich during December 2019.



Meticillin-resistant staphylococcus aureus (MRSA)

There were 19 new hospital acquired MRSA isolates identified during December 2019 (18 at Ipswich - 5 associated with areas under IP&C management - and 1 at Colchester).

The Sproughton MRSA colonisation outbreak was closed on the 27th December 2020, with no new cases to date. An internal incident management team met in December to commence the formulation of a trust wide MRSA action plan in response to concerns at IH since May 2019. Further isolates have been identified at the Croydon Unit, Felixstowe Hospital, during November and December.

Current Activity

- There have been 4 incidents of increased MRSA colonisation in 2019 at Ipswich Hospital. Local action has been taken. A trust wide incident management team has been formed to formulate a trust wide plan to mitigate against further issues.
- The agenda for ICC to include an update on the assurances surrounding theatre ventilation.
- Lack of decant space presents a risk to short and longer term planning of environmental upgrades and effective cleaning in response to an IP&C incident as a result of the requirement to have additional beds open to meet emergency demand. A proposed risk register entry will be reviewed at ICC with development of an action plan.

Patient Safety – Maternity – November data

Caesarean Section

The Caesarean Section rate in December was 26.85% for the Colchester site. The caesarean section rate for Ipswich was 31.50%. The rates on both sites decreased from last month, but are above the NMPA rate nationally, which is 24.5%. Overall rate for ESNEFT in November was 28.80%.

Midwifery Led Births

The percentage of Midwifery led births has decreased this month to 20.47% for Colchester, including Freestanding Midwife Led Unit (Clacton), with a Home Birth rate of 1.34%. There was an increase at Ipswich this month to 19.79%, with a Home Birth rate of 2.27%.

Both sites are above the NMPA average for England of 13.20%.

Unit placed on divert:

Neither Unit was placed on divert November.

Neonatal Deaths within 28 days

There were no neonatal deaths within 28 days at either site.

Third and fourth degree tears of total births

Colchester saw an increase to 2.75% 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 Matron to review their practice.

Ipswich showed an increase to 4.97%. All data from these incidents is reviewed and there are no trends from the outcomes.

PPH ≥1500mls

On the Colchester site, the rate has increased in November to 2.35%. The rate at Ipswich Hospital is 2.27%, which is a reduction from last month. There is an on-going Quality Improvement 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.

Each PPH has an RCA review in order that any trends can be identified. Both sites remain under the national average, which is 2.70%.

Stillbirths

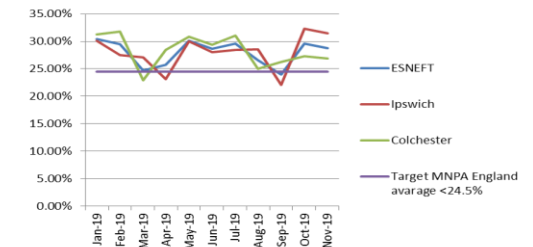
There were 2 stillbirths on the Ipswich site in November. One has been identified for investigation by the HSIB. Colchester did not report any stillbirths for the month.

Smoking Rates

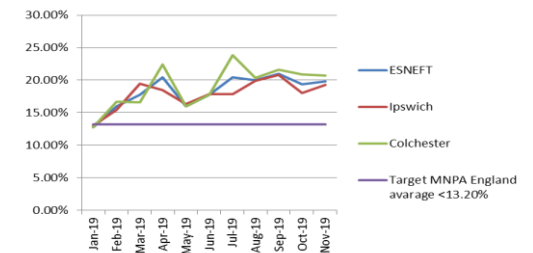
On the Colchester site a small increase was noted in smoking rate to 13.54%.

On the Ipswich site, the smoking rate decreased to 5.81% at delivery. The smoking cessation midwife is making a positive impact on the smoking at delivery rates on both sites.

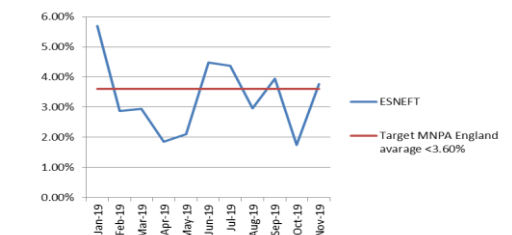
Caesarean Section



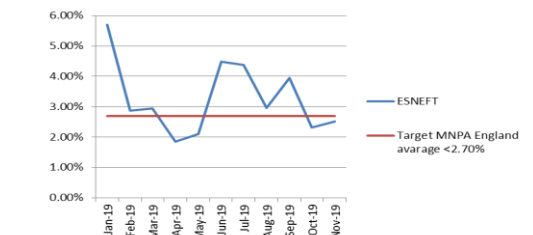
Midwifery Led Birth - ESNEFT



Third & Fourth Degree Tears of Total Births



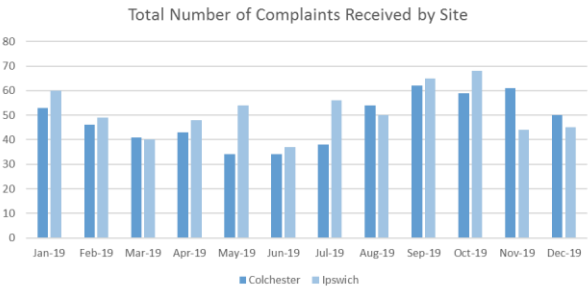
PPH ≥ 1500mls - ESNEFT



Patient Experience - Complaints

Total complaints

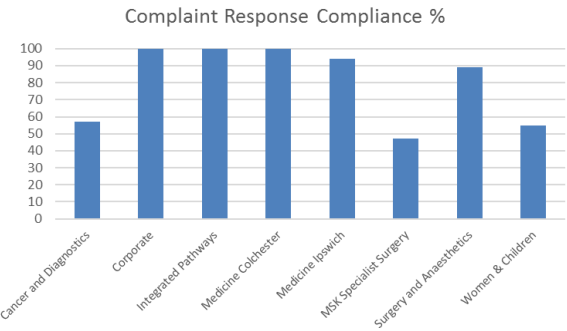
ESNEFT total number of complaints received



Overall complaints numbers for ESNEFT in December were 95 (105). Complaints in December at Colchester decreased to 50 (61) and increased to 45 (44) at Ipswich.

Response compliance

ESNEFT response % compliance



Overall response rate compliance has increased marginally from 71% to 79% in the month of December. There were 134 (132) complaints closed in the month of December. Overdue complaints increased from 30 to 39.

Mitigating actions

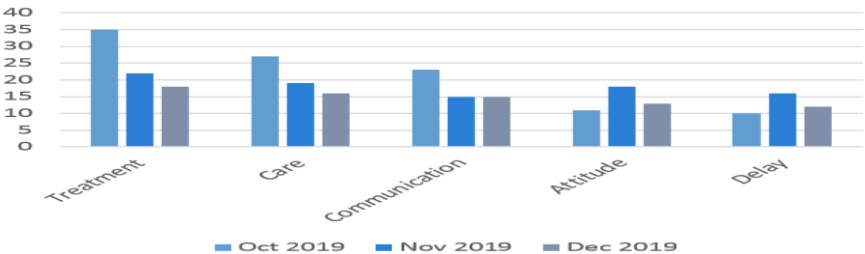
The number of complaints received has steadily reduced since the Autumn.

Further work is planned to improve capture of actions taken as a result of complaints to better support shared learning. Actions will be logged on the Dtaix system, this will also support improved reporting.

Complaint themes

The most common theme for the month of December is Treatment. Upon further review, a number of complaints relate to patients reporting complications following surgery, feeling that they were misdiagnosed or that a thorough investigation did not take place.

ESNEFT Top 5 Complaint Themes



PALS

The number of PALS contacts increased slightly in the month, T&O and Specialist Surgery continue to show the highest number of PALS enquiries, however the overall number has decreased marginally in the month from 148 to 129. Total number of PALS in month: Colchester 224 (286) and Ipswich 205 (236).

Top Themes from PALS:

The top theme for PALS for the month of December 2019 is Communication, followed by Delays. PALS concerns raised in regards to delays relate to patients not receiving appointments when expected, not receiving appointment letters on time, delays in patient's receiving dates for surgery and delays in patient's receiving results.

User involvement/Engagement Activity

Patient Story To the Board

Novembers patient story to the Board was well received and raised questions around the expectant mother's capacity to understand information at the time of an emergency caesarean section. Better communication to prepare expectant mothers for the 'just in case' scenario during the antenatal period would support decision making should the need for an emergency caesarean section arise. The Divisional Director for Women's and Children invited the patient to the Divisional team away day to present her experience and explore further where a better service could be provided. Staff were engaged as her questions linked to a recent national conference which raised similar points for change. The patient was able to present suggestions for improvements in patient preparation/communication and has been invited to work closely on the Trust and National maternity project.

Maternity experience event

Ipswich hosted the 'Whose Shoes?' Maternity experience event, which was a great success with a large number of attendees from a wide range of areas such as maternity staff, maternity users, general non-clinical hospital staff and lots of babies. 'Whose Shoes' is a well established tool which allows people to walk in each others shoes and therefore generate crucial conversations and help to foster a culture of openness and insight. A graphic artist was present during the event and a large mural depicting themes of the day has been produced. This is soon to be displayed on the ground floor of the maternity block near reception.

Healthwatch Essex

New direct links with Healthwatch Essex project groups and forums will support the Trust to engage, communicate and listen to a wider and more diverse community especially with hard to reach communities, rural areas and patient participation groups. The aim is to be able to create links between existing community groups and hospital patient representative groups to obtain feedback, share service information and support co production within the Trust.

Chaplaincy

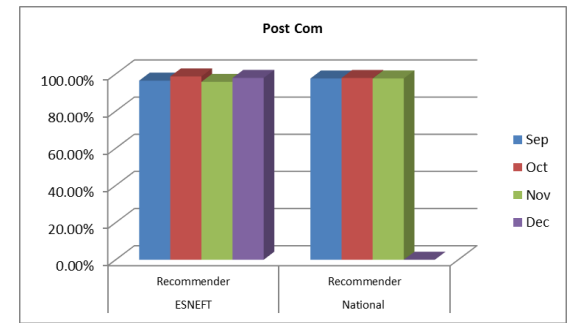
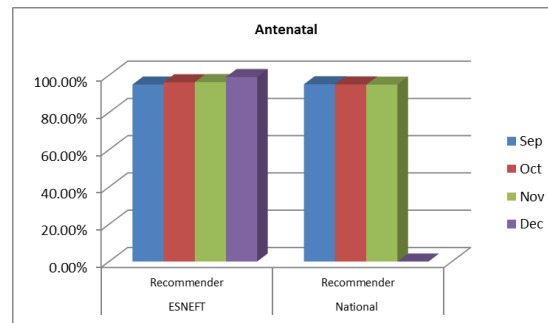
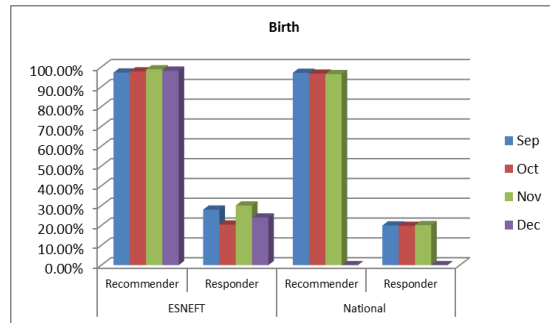
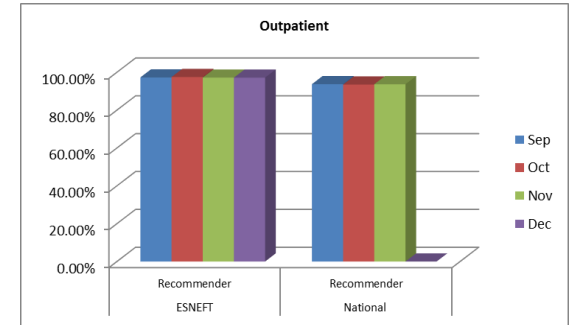
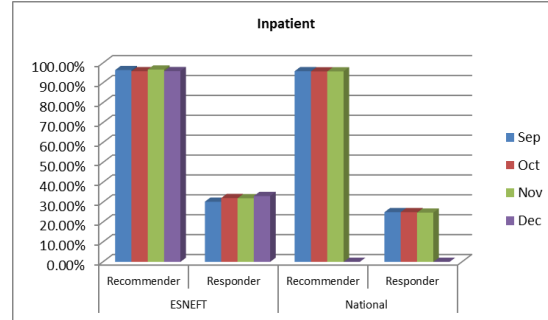
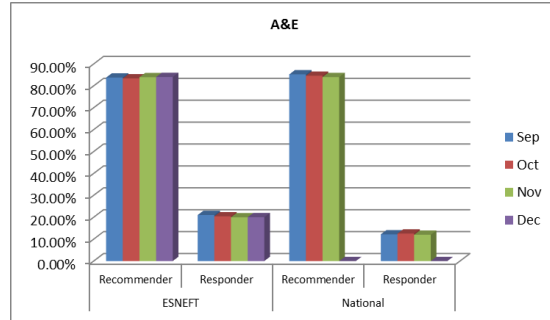
The 24hour chaplaincy service has been in place at Ipswich Hospital since the 1st of January. The number of call outs at Ipswich Hospital has historically been very low, less than 50 per year; however reassurance has been given that the service is up and running again, including a presentation at Sisters and Matrons.

New appointments

The Head of Chaplains will take up post on the 3rd of February and the Head of Patient Experience on the 5th February.

Patient Experience – friends and family test (1 of 2)

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.



A&E		Sep	Oct	Nov	Dec
ESNEFT	Recommender	83.79%	83.41%	83.95%	84.05%
	Responder	21.03%	20.42%	20.00%	20.03%
National	Recommender	85.25%	84.61%	84.01%	N/A
	Responder	12.20%	12.57%	12.00%	N/A

Inpatient		Sep	Oct	Nov	Dec
ESNEFT	Recommender	96.46%	95.88%	96.71%	95.93%
	Responder	30.26%	32.10%	32.00%	33.10%
National	Recommender	95.90%	95.77%	95.80%	N/A
	Responder	24.98%	25.02%	24.76%	N/A

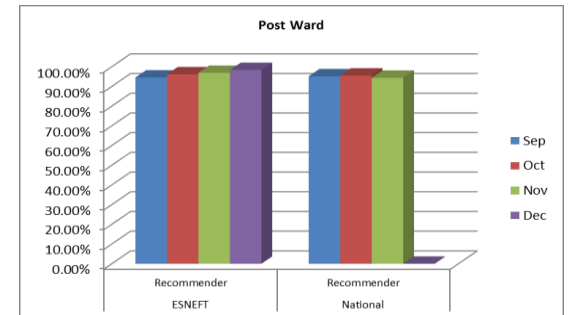
Birth		Sep	Oct	Nov	Dec
ESNEFT	Recommender	97.17%	97.74%	98.80%	98.10%
	Responder	28.00%	20.50%	30.10%	24.00%
National	Recommender	97.04%	96.61%	96.38%	N/A
	Responder	20.01%	19.84%	20.19%	N/A

Outpatient		Sep	Oct	Nov	Dec
ESNEFT	Recommender	97.25%	97.48%	97.17%	97.15%
National	Recommender	93.71%	93.50%	93.66%	N/A

Antenatal		Sep	Oct	Nov	Dec
ESNEFT	Recommender	95.00%	96.20%	96.29%	99.02%
National	Recommender	95.11%	95.03%	94.92%	N/A

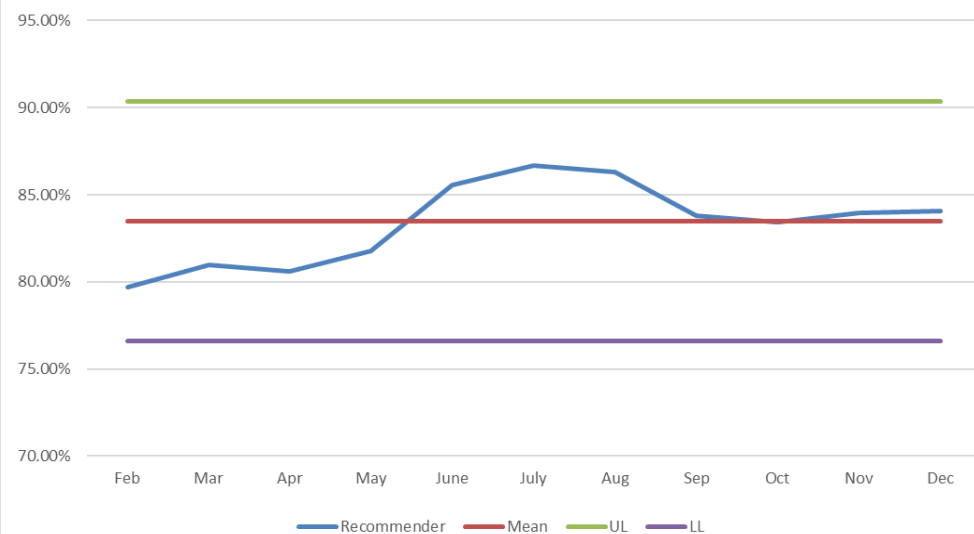
Post Ward		Sep	Oct	Nov	Dec
ESNEFT	Recommender	94.53%	96.15%	96.89%	98.35%
National	Recommender	95.16%	95.51%	94.38%	N/A

Post Com		Sep	Oct	Nov	Dec
ESNEFT	Recommender	96.42%	98.68%	95.74%	97.87%
National	Recommender	97.56%	97.84%	97.58%	N/A

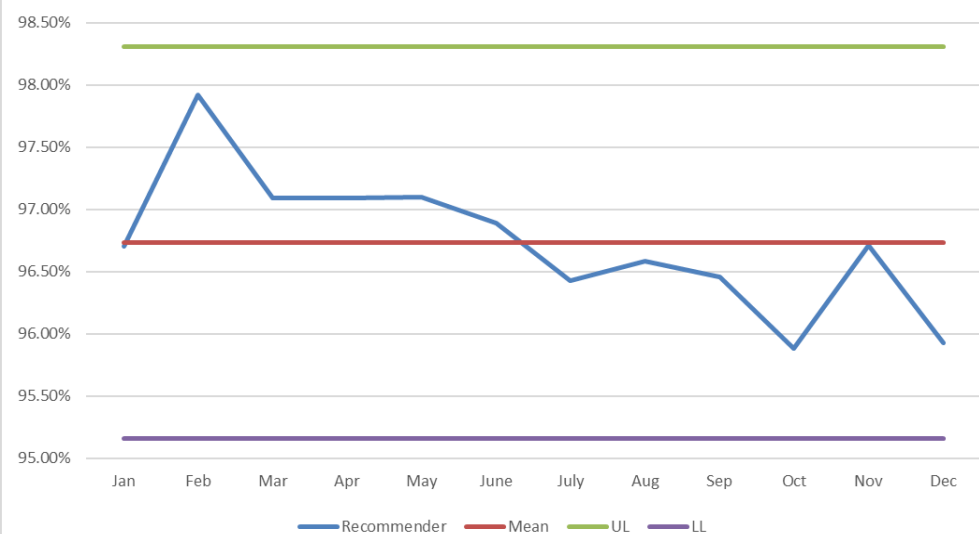


Patient Experience – friends and family test (2 of 2)

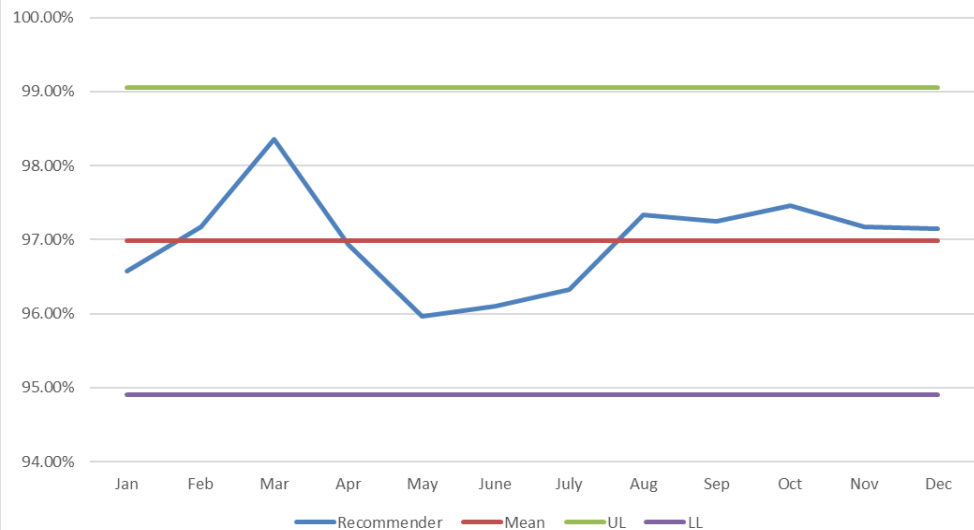
ED Recommender



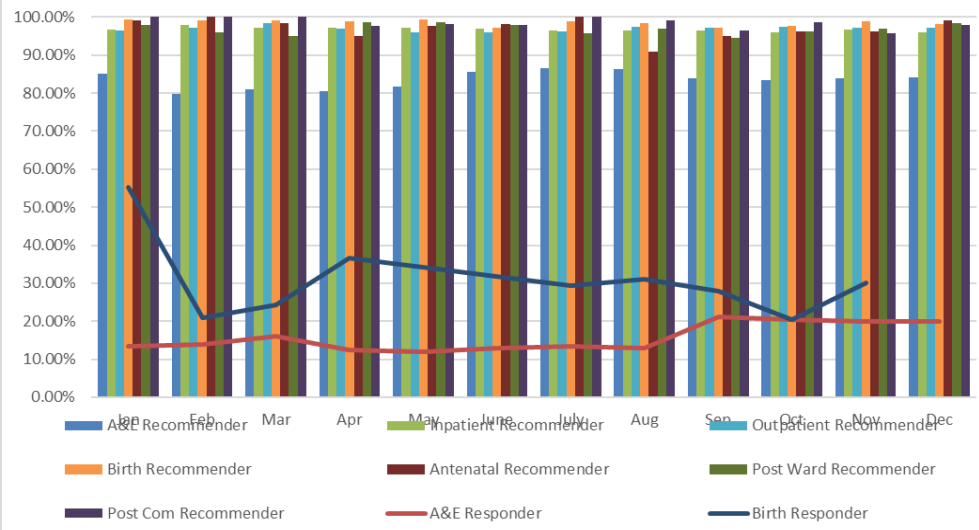
In Patient



Outpatient



ESNEFT Scores



TOP FIVE ISSUES

A&E Economy Performance

84.77%

Colchester

88.14%

Ipswich

78.31%

Cancer Performance

***68.1% (unvalidated)**

RTT Performance

***79.7%**

Ambulance Handover

202 excess of 60 mins

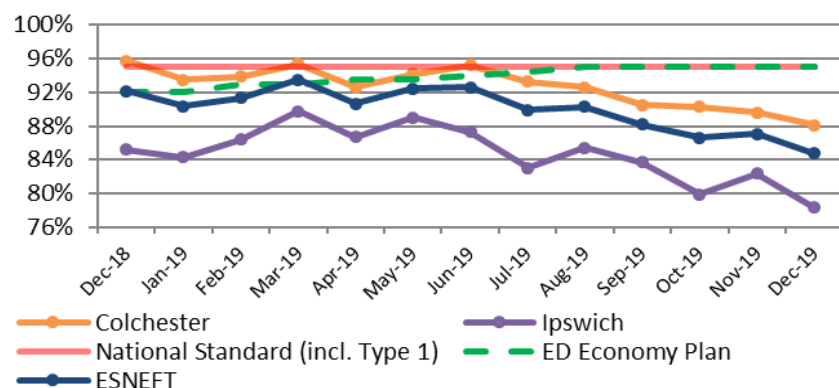
Diagnostics Performance

0.5%

URGENT CARE

Exception Report Needed

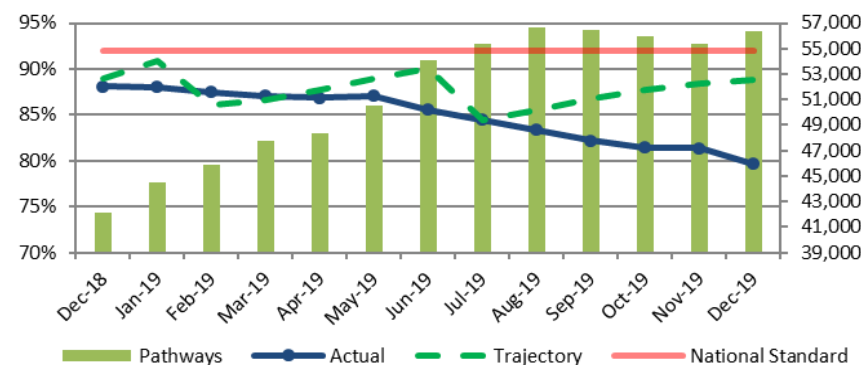
ED Economy 4 Hr Standard - Trajectory vs Actual



RTT

Exception Report Needed

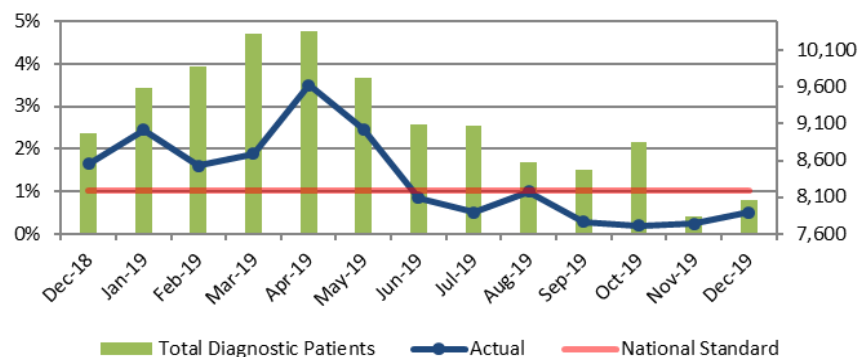
RTT Incompletes - Trajectory vs Actual



DIAGNOSTICS

Performance in line with National Standard

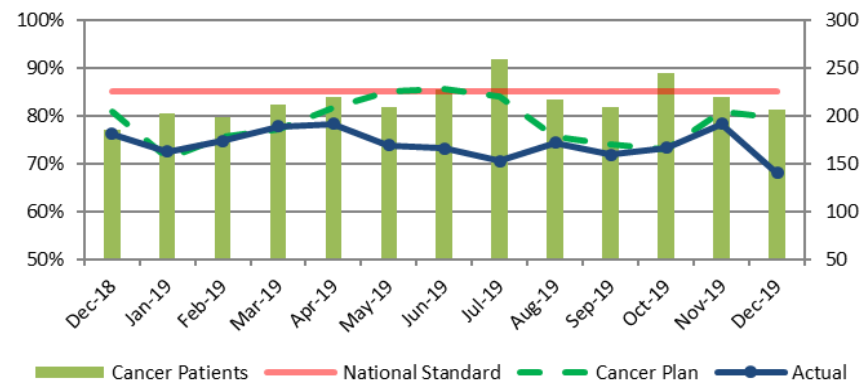
Diagnostic Standard



CANCER

Exception Report Needed

Cancer 62 Waits Standard - Trajectory vs Actual

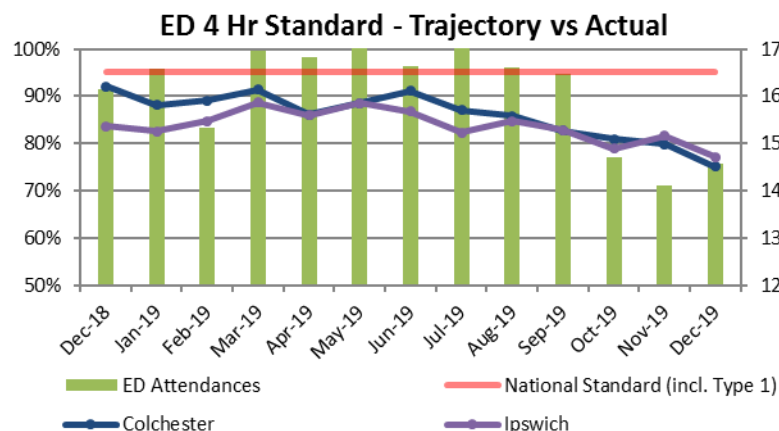


Performance against the 4 hr standard for December 2019 reported 75.07% for Colchester which was a decline on November's performance of 79.88%. Ipswich also reported a decline in performance to 77.20% in December 2019 from 81.60% in November 2019.

ED Economy performance for December 2019 reported 88.14% for Colchester and 78.31% for Ipswich.

The ESNEFT performance reported 84.77% in December 2019 which was a decline on November performance of 87.08%; both below the trajectory and the National Standard of 95%.

1 Monthly Trend



2 Service Commentary

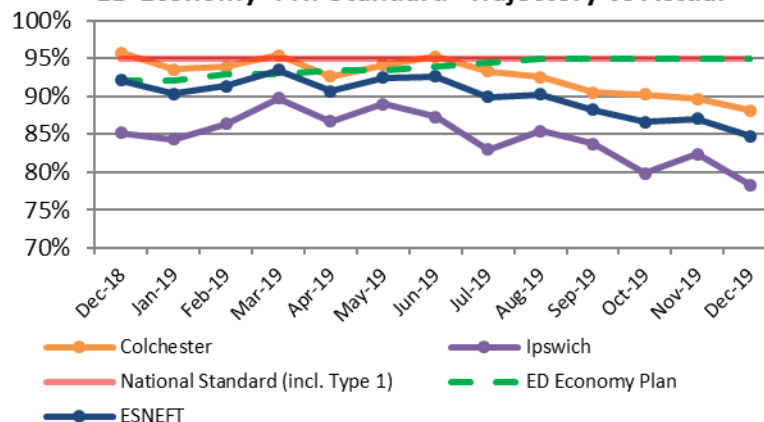
Colchester

Total Colchester reported activity increased from November and also had a high acuity of patients presenting in the department. UTC activity significantly increased into December with approximately 1000 attendances more than in November. Type 1 activity into ED still remains down on pre October activity. Breach position at Colchester relates to a number of reasons including acuity of patients presenting in department through ambulance and walk ins, surge in the evenings, capacity to see and treat patients in the department in a timely manner during surge and at times flow issues due to lack of beds. Demand continues to increase with ambulances and surge times in evening are significant with surge of arrivals, plans to ensure that as many patients as possible following alternative pathways to ED including AMSDEC and UTC. Mental health pathways in UTC and ED remain an issue contributing to performance issues. Operations teams for Urgent Care and Mental Health have and reviewed all plans and improve day to day operational links. Agreed actions to be taken forward collaboratively. Crisis Café, MH EIV are now due to open in February to ease this pressure. ED and UTC sustainability plan combined with actions to improve performance. Governance and structure to ensure delivery of these plans is in place. Breach task force team to be implemented end of January

Ipswich

Increase in patient attends from November to December and also an increase compared to December last year with an increase in ambulance attends and acuity. Peak of activity in late morning and early evenings with capacity within wider hospital decreased due to full assessment areas and contingency areas open, 4 hour performance remains above average for the region. Productivity and process reviews on going including refreshing corridor policy to assist with reverse corridor and offloading of ambulance so that patients can be assessed in cubicles. Work ongoing with BI and IT to improve data capture and use of power BI to allow teams to be reactive to demand

ED Economy 4 Hr Standard -Trajectory vs Actual



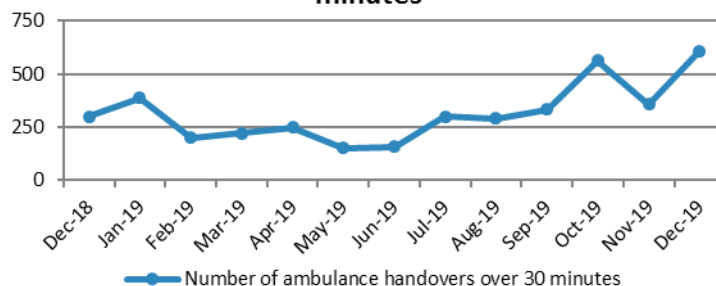
60 minute handover breaches for December 2019 reported 202 an increase from 76 in November 2019

Handovers over 30 minutes also increased from 356 in November 2019 to 609 in December 2019

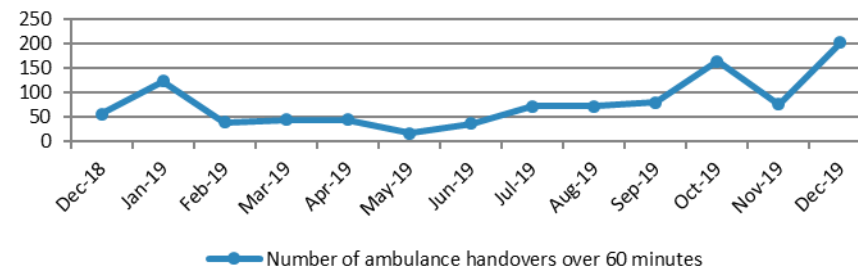
Handover breach penalties are no longer paid by the Trust due to the move to block contract.

1 Monthly Trend

Number of ambulance handovers over 30 minutes



Number of ambulance handovers over 60 minutes



2 Service Commentary

Colchester

- Arrivals by ambulance continues to increase at Colchester and the site continues to receive some of the highest numbers of conveyances across the region.
- December 2019 = 3094 arrivals with 356 offload delays (185 between 30-60 mins and 85 >60 mins). Despite the increased activity, Colchester site remain at the top of the regional performance regarding ambulance offloads. ED contingency area continued to be utilised appropriately to reduce offload delays. Acuity of patients and number of pre-alerted patients have been high and these have been managed well.
- 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 although at times there are gaps with cover due to sickness.
- Operational meetings in place with Eeast to work collaboratively on solutions for challenges.

Ipswich

- Ambulances have decreased by 3.7% this December on last year but an increase of 8% on last month - offload delays have increased due to capacity and flow within the department and hospital
- December 2018 = 2619 arrivals with 242 offload delays (205 between 30-60 mins and 37 >60 mins)
- December 2019 = 2522 arrivals with 447 offload delays (292 30-60 mins and 155 >60 mins)
- Offload delays due to overcrowding in the department and ongoing flow issues within the Trust
- Hourly huddles between HALO and Floor Co-ordinators ongoing with site and EAU involvement at 11:30
- HALO to attend the bed meetings at 14:00 and 16:00 daily.
- Operational meetings between IHT/Ambulance/Alliance continuing
- The introduction of the Band 7 safety nurse will enable extra support in high risk areas, including corridor and ambulance handover 14- 2200 Corridor nurse shifts as part of winter pressures money not filling, looking at converting this to agency spend to cover key periods. Band 7 and HALO workshop set up for March to improve relationships and joint working of the roles

62 Day Cancer Waits for 1st Treatment remains below Target. Unvalidated performance for December 2019 is 68.1% this is 11.5% below the trajectory of 79.6% and below the 85% National standard.

2WW wait from referral to first seen is below target at 85.4% for December 2019 against a 93% National standard

31 day wait from decision to treat to treatment for December 2019 is 91.6% which is below the National standard of 96%

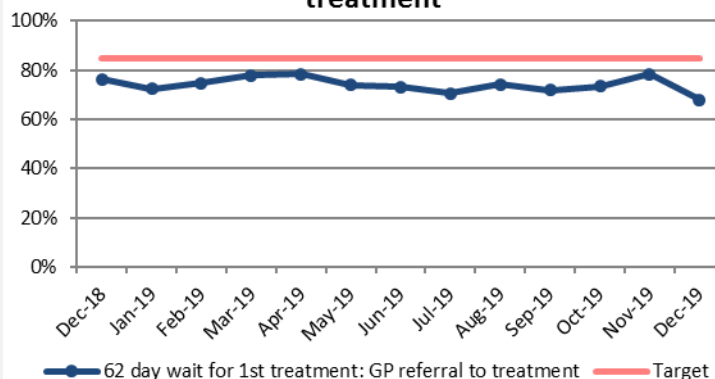
The number of patients currently waiting (snapshot) 104+ days on a 62 day first Cancer pathway has been reported as 168 in December 2019 an increase from November's 152

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

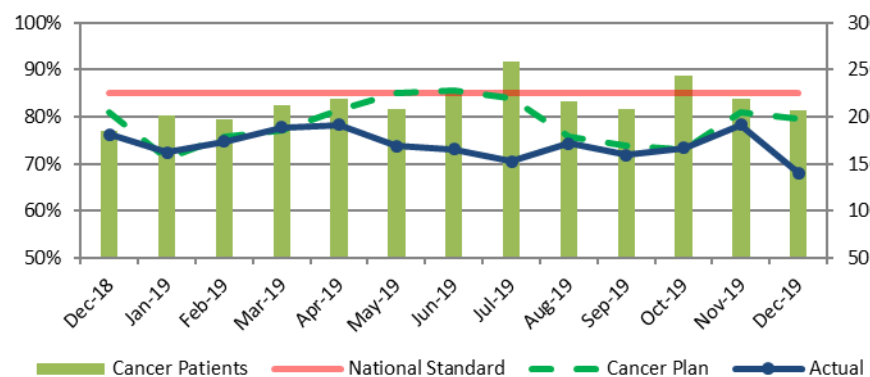
**Unvalidated figures as at 14/01/2020. Final figures for December will be available in February 2020 after submission*

1 Monthly Trend

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



Cancer 62 Waits Standard - Trajectory vs Actual



2 Service Commentary

2ww standard has not been met in December mainly due to Breast and Skin tumours sites which continue to report waits for first appointments up to 28 days. There was also an element of patient choice throughout December in particular over Christmas and New year higher than in the forecast. Referrals would normally reduce through December however this was not seen this year. Colorectal and Breast actually saw an increase in referrals during the first half of the month.

31 day position relates directly to colorectal performance with almost all breaches sitting with Ipswich

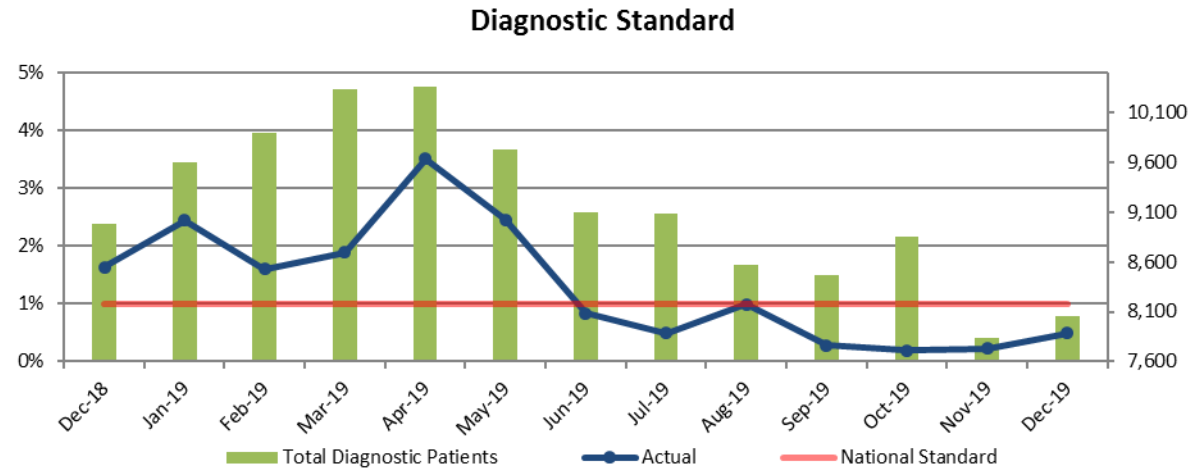
62 day position: The specialties with the greatest under performance (against trajectory) are Gynae, H&N, Colorectal, Skin and UGI. Despite significant work with R2G throughout December, a high number of patients were already in a breach position and treatments were always going to show as breaches in either Dec or January. Wherever possible and patients were in agreement December dates were offered to allow January extra capacity to treat BAU as well as accommodate the patient choice element. Pre-assessment clinic's at Ipswich also added to delay reasons, with some patients waiting up to 22 days to be seen. There is confidence that the position will improve in February due to the cleansing and shape of the PTL

104 day + 168 patients of which 131 are in Skin at Colchester. Colchester only has 5 other patients waiting longer than 104 days. Ipswich has 30 of which 11 are colorectal, 6 urology and 6 skin. These patients are being reviewed on a daily basis and all patients have plans. The skin patients at Colchester all have TCI dates for January (at Colchester) or we are awaiting off pathway letters from MEHT following the success of a Chief Exec to Chief Exec conversation to resolve.

Other Cancer Standards	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
2 week wait from referral to date first seen: All	93%	94.1%	90.4%	88.1%	86.9%	82.8%	86.3%	78.3%	79.0%	74.2%	80.9%	86.5%	85.5%	85.4%
31 day wait from diagnosis to 1st treatment	96%	98.7%	91.9%	95.9%	97.5%	95.8%	94.7%	93.8%	92.0%	90.8%	91.2%	87.6%	94.4%	91.6%
62 day wait for 1st treatment: GP referral to treatment	85%	76.3%	72.5%	74.7%	77.8%	78.3%	73.9%	73.2%	70.6%	74.4%	71.9%	73.4%	78.3%	68.1%
104+ days on 62 day first PTL (showing 100+ prior to Mar 17)	0	24	34	34	23	28	37	68	69	69	117	165	152	191

Diagnostic performance for December 2019 reported 0.5% achieving the National standard of 1%.

1 Monthly Trend



2 Service Commentary

Maintained diagnostic compliance , there continues to be good engagement and oversight for diagnostics across the Trust.

Diagnostic Standard - Details	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
DM01 6+ week breaches	147	234	158	195	363	239	76	45	85	24	17	18	40
DM01 Endoscopy 6+ week breaches	35	13	20	5	17	8	2	12	7	6	2	5	5
DM01 Imaging 6+ week breaches	89	182	104	151	267	164	34	0	15	12	3	3	12
DM01 Physiology 6+ week breaches	6	4	3	5	2	21	6	15	22	33	24	23	23
DM01 Waiting List	8974	9599	9890	10335	10359	9726	9099	8997	8573	8469	8853	7832	8058

The Initial Value for Direct to Stroke Unit is below the target of 90% at 83.5% for December 2019

Scanned within one hour meets the 50% target for ESNEFT in December 2019 at 67.0%

The Initial Value reported for December 2019 performance of patients spending 90% of their stay on stroke unit is above the target of 80% at 87.0%

1 Monthly - ESNEFT

Stroke - ESNEFT combined AF Values

Standard	Target	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% patients admitted directly to stroke unit within 4 hours of hospital arrival	90%	87.4%	78.3%	74.4%	78.9%	83.1%	86.3%	71.4%	84.6%	78.8%	84.4%	76.5%	84.8%	83.5%
	Numerator/Denominator	83/95	65/83	61/82	60/76	49/59	69/80	40/56	77/91	67/85	76/90	65/85	67/79	86/103
% patients who scanned within one hour of hospital arrival	50%	51.8%	54.4%	72.3%	68.0%	65.9%	71.9%	51.3%	82.3%	73.7%	64.1%	68.3%	69.0%	67.0%
	Numerator/Denominator	29/56	31/57	47/65	34/50	27/41	41/57	20/39	65/79	56/76	50/78	56/82	49/71	61/91
Patients spending => 90% of their stay on a stroke unit	80%	92.5%	94.5%	85.5%	91.8%	87.0%	90.8%	79.7%	92.7%	86.3%	87.8%	80.5%	92.5%	87.0%
	Numerator/Denominator	74/80	69/73	65/76	56/61	47/54	69/76	47/59	76/82	69/80	72/82	70/87	62/67	80/92

2 Service Commentary

Stroke 4 hours Standard – 83.5% (86/103). All breaches have been reviewed and common reasons across both units reviewed. Specialist Stroke Nurses are pulling patients directly from ED, patients directly admitted to the Units and greater working with EAU to ensure patients are clerked more timely continues and Stroke beds continue to be ring-fenced. In month; 17 patients did not meet this standard across both units; with a denominator of 103 patients.

67% of Patients were scanned (61/91) within one hour of hospital arrival. The 60 minute scan key performance indicator is compliant and all breached are reviewed. In month 30 patients did not meet this standard across both units; with a denominator of 91.

87% of patients spent 90% of time on the stroke unit (80/92). The position is again compliant; and is dependent on the types of strokes presented. The services have again seen a high number of elderly patients presenting with large strokes which impacts on length of day, 12 patients did not meet this standard across both units; with a denominator of 92.

Both units have seen an increased number of strokes presented in month; and have maintained compliant performance.

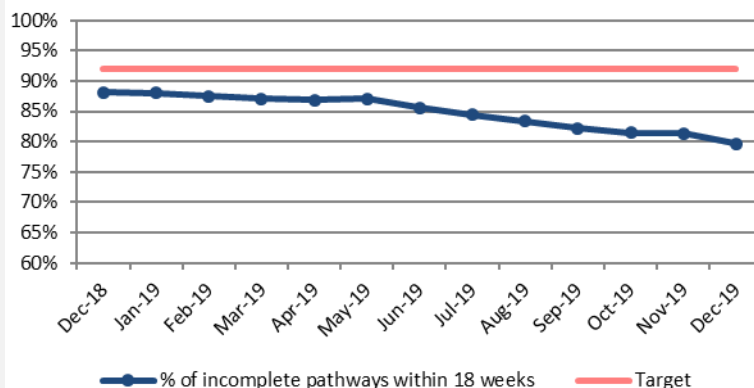
**It should be noted that all data for July 18 – December 18 is subject to change.*

December 2019 current RTT position is 79.7%. This is below the trajectory set of 88.8% for the month.

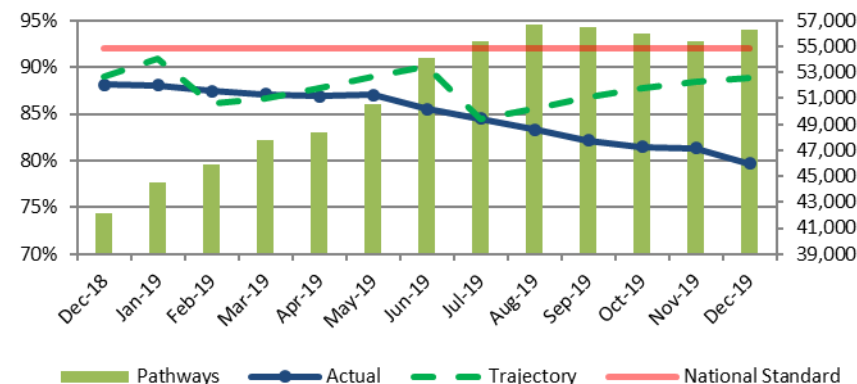
There was one 52+ week breach for December 2019

1 Monthly Trend

% of incomplete pathways within 18 weeks



RTT Incompletes - Trajectory vs Actual



2 Service Commentary

The waiting list increased in the month of December due to the Christmas period but is now reducing again though is slightly higher than it was at the start of December. This decrease is expected to continue. The Services are carrying out validation of both over 18 weeks and below 18 weeks to ensure that the PTL is clean.

Performance against RTT is currently 79.7% which is a decrease in performance. This is being driven by the admitted position primarily within T&O; Urology and General Surgery and the non admitted position within Neurology. General Surgery/Urology are prioritising their cancer patients and this has impacted on their admitted position. T&O had a high number of cancellations due to the pressures around beds and Martlesham Ward being closed.

These totalled 23 patients at Ipswich and 61 patient cancellations at Colchester.

We continue to be compliant with the diagnostic standards

1 x 52 week breach patient. This was an oral patient referred back from MEHT at 52 weeks. They have now been treated in January.

Divisions focussing on the ambitions for 2021 through business planning, to determine improvements in RTT performance.

**Unvalidated figures as at 14/01/20. Final figures will be available in next month's report*

Other RTT Standards	Target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
% of incomplete pathways within 18 weeks - admitted	92%	70.9%	66.4%	65.3%	63.5%	62.7%	66.8%	66.7%	61.4%	60.2%	59.1%	59.3%	60.3%	60.6%
% of incomplete pathways within 18 weeks - non-admitted	92%	93.0%	92.7%	93.3%	92.8%	92.4%	91.8%	91.8%	90.1%	89.1%	87.7%	86.4%	85.5%	85.3%
Number of RTT Incomplete pathways >52 weeks	0	0	1	2	3	0	0	2	2	1	0	0	2	4
Total Backlog	-	4473	5005	5314	5756	6172	6344	6540	7814	8598	9430	10067	10378	10478

Headlines	Commentary on key items	Forecast / Trends
<p>The Trust was £1.5m behind it in month control total for December, excluding lost PSF/FRF.</p> <p>Excluding lost PSF/FRF, underlying performance is £7.5m behind plan.</p> <p>Under-delivery of CIP is a significant driver of the overspend. Other drivers include overspend on junior doctors and income shortfalls on the specialised services contract.</p> <p>The Trust's Use of Resources Rating (UoR) is assessed as 3 ('requires improvement').</p>	<p>Income: Income is behind budget by £4.2m in December. This was significantly driven by the loss of PSF/FRF of £2.6m. Performance was also affected by under performance against the specialized services contract. The variance at Month 9 saw specialized income under-recover by £0.8m.</p> <p>Pay expenditure: Pay expenditure was under budget by £0.6m in December. There are overspends on junior doctors and consultant pay which are mitigated by underspends especially in non-clinical. Overspend on junior doctors was driven by over-usage, agency and bank rates though there was underspend on substantive budgets. Nursing spend remains on budget following the release of funding for the acuity review.</p> <p>Non-pay: For the year-to-date non-pay is adverse to budget by £8.9m (£1.4m over in December). Undelivered CIP was £0.9m in month but this mainly sits in 'other' non pay expenditure. Other areas of overspend include secondary commissioning, clinical supplies and drugs.</p> <p>Cost improvement plans: There was an under-delivery of £0.9m against December's plan, with all divisions failing to achieve their planned values. For the year-to-date, the total shortfall against plan is £11.3m.</p> <p>Cash: The Trust held cash of £1.9m at the end of December, £0.2m more than planned. Cash benefits from the receipt of unplanned bonus PSF from 18/19 (£13.5m) have now been eroded by the ongoing adverse variance to the revenue plan.</p> <p>Capital programme: The original capital plan submitted to NHS Improvement of £32.2m has increased to £32.9m after receipt of central funding for point of care testing and winter projects. At the end of December the previously reported underspend has reduced and now stands at £3.4m (15%).</p> <p>Work is ongoing to ensure schemes are appropriately prioritised and that the Trust fully delivers its capital programme in 2019/20.</p>	<p>The forecast has remained static with an adverse variance to control total (before the loss of PSF/FRF) of £9.4m.</p> <p>All risks & opportunities will continue to be assessed and monitored as the year progresses.</p>

Cost Improvement Plan (CIP)

CIP Delivery by Division	December			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	556	216	(340)	5,001	1,518	(3,483)
Integrated Pathways	323	396	72	2,911	1,422	(1,489)
Logistics	51	28	(22)	456	261	(196)
Medicine Ipswich	223	30	(194)	2,057	324	(1,732)
Medicine Colchester	193	41	(152)	1,693	213	(1,480)
MSK and Specialist Surgery	225	167	(59)	2,028	1,613	(415)
Surgery and Anaesthetics	415	281	(134)	3,732	2,421	(1,311)
Women's and Children's	883	907	24	1,794	1,518	(276)
Total Operations	2,869	2,065	(804)	19,673	9,290	(10,382)
Corporate Services	479	377	(102)	4,262	3,351	(911)
Non Divisional	(9)	(9)	-	(24)	(24)	-
Total Trust	3,339	2,433	(906)	23,911	12,617	(11,293)

Commentary / Actions

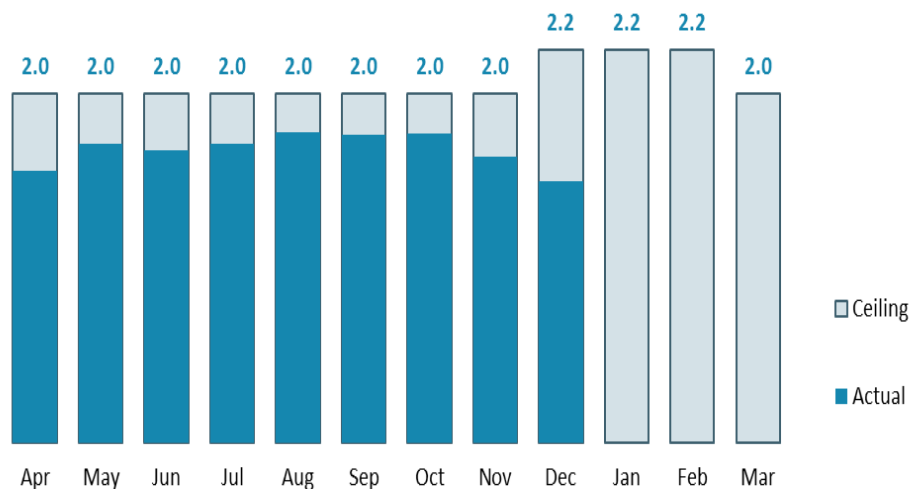
In December, £2.4m of CIP was delivered against a target of £3.3m, representing under-delivery of £0.9m in month. For the target level of £23.9m year-to-date, only £12.6m has been delivered.

For the year to date, the total shortfall against plan is £11.3m. Of this £10.7m was recurrent and £1.9m non-recurrent.

The Trust is currently forecasting to deliver £17.2m against the £31.9m target, a shortfall of £14.6m.

Monthly Financial Recovery Meetings with Divisions are continuing to ensure progression of schemes.

Agency Price Cap and Framework 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 9 actual agency costs were under the ceiling (£1.5m v £2.2m ceiling). The year to date position is also under the NHSI limit (£15m v £18.1m 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

December 2019

Trust Level

Key Metrics

Performance

Target

Achieved

Vs Prior Month

Prior Month

Vacancy (Ex Agency)

9.7%

Budget 9626wte

Contracted 8687wte



10.3%

Pay (YTD)

(£2.9m)

Budget £333.5m

Spend £330.6m



(£2.31m)

Sickness

4.0%

3.5%

4.0%



4.1%

Mandatory Training

90.8%

95%

View portal for detail



90.3%

Appraisal

82.8%

85%

6890 out of 8326 staff



83.6%

Voluntary Turnover

7.6%

12%



7.8%

Ceiling

£3.12m

(£18.09m)

(£14.97m)



£2.37m

Ward Fill Rate

91.8%

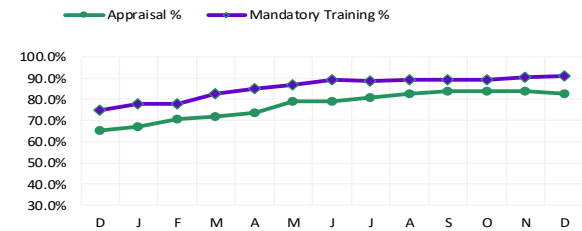
95%



93.8%

Appraisals & Mandatory Training Compliance

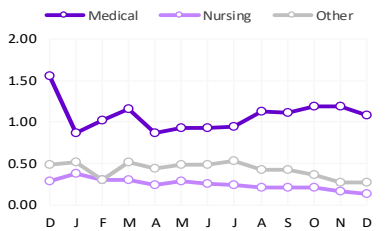
%



Agency Trends

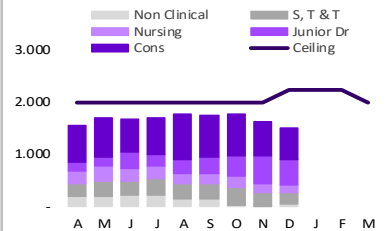
(ex Locum)

£m

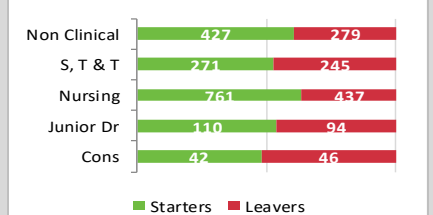


Agency Ceiling

£m

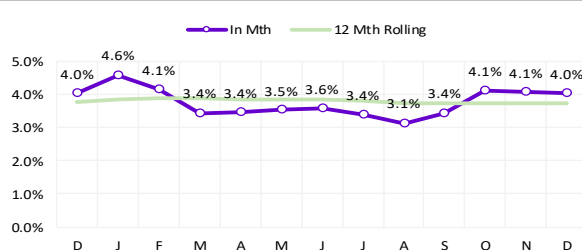
Starter - Leavers
(12Mth Rolling)

Headcount



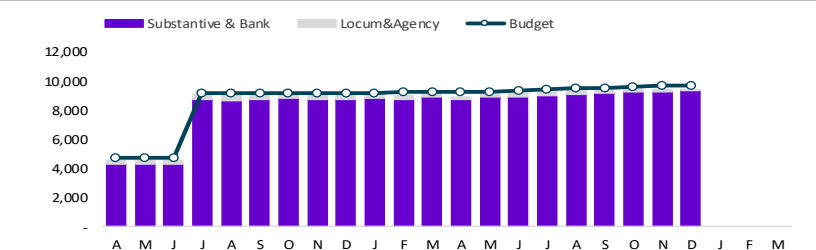
Sickness

%

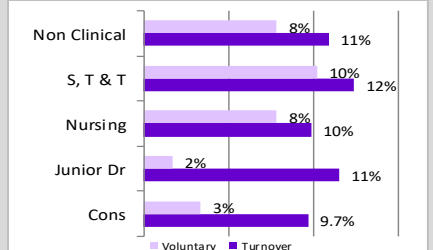


Workforce Trends

wte

Turnover by Staff
Group

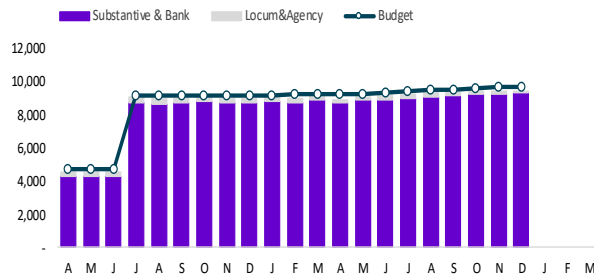
Headcount



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

Workforce Trends

wte

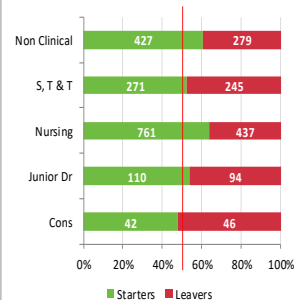
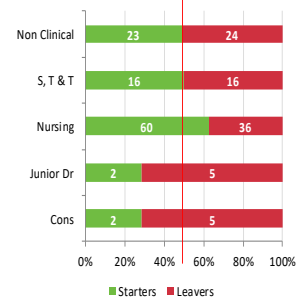


Starters / Leaver Head Count

In Mth

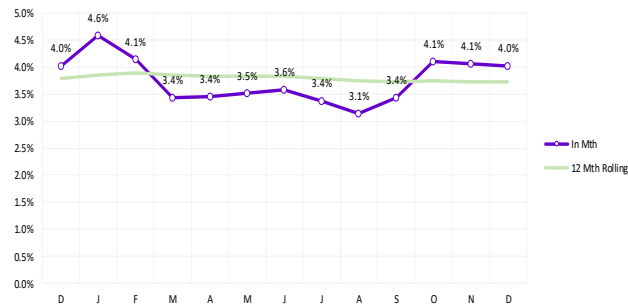
Starters / Leaver Head Count

12 Mths Rolling



Sickness Trend - All Staff

%



Commentary

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

In December, the number of staff in post increased to 8,687 WTE (November 8,648). The Trust continues to have more starters than leavers overall and in the majority of clinical groups.

The Trust's rolling voluntary turnover for December was 7.6%, which decreased from the 7.8% reported in November. This has been steadily improving in recent months, and compares well nationally.

Sickness

Sickness in December decreased to 4.0%, from the 4.1% level reported in November. This compares favourably with the latest national level of 4.29%.

Sickness has decreased in 6 divisions, stayed static in one, and now sits at 4%, 0.5% above the Trust target, and the same as December 18 (4%). MSK and cancer and diagnostics saw an increase in December with both services reporting coughs colds and flu as the primary reason for absence.

Sickness during November and December has cost the Trust £1.79m with 2930 individuals having had at least one period of sickness. Nursing lost the most number of days while sickness rates in the 21 – 25 age group were the lowest at 2.58%, the 60 plus age group rate (5.68%) is significantly above the Trust average.

Risks & Mitigating Actions

Recruitment

The vacancy rate has reduced in month which is primarily due to an additional 60 nurses starting in December (36 left the Trust the same month).

The recruitment team continue to have a positive impact on the recruitment activity and support to divisions. Since the last report:

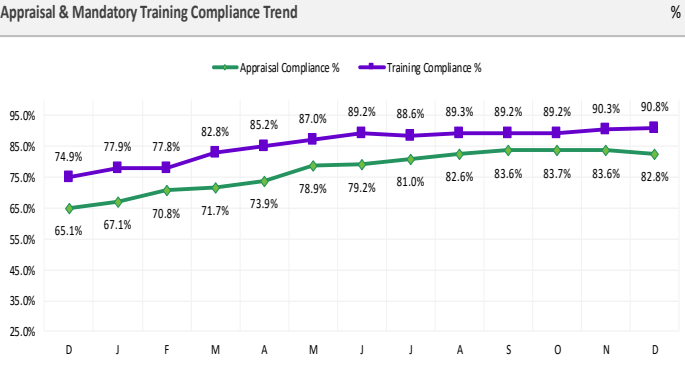
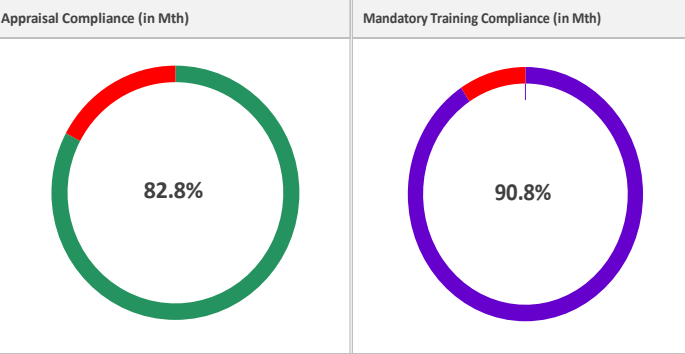
- On Boarding: all new recruits now receive a 'congratulations on your new post' one month before starting and a 'welcome to ESNEFT' card on day one. The new welcome bags given at induction went live 1st January 2020 which includes their ID badge ready for day one and we are working towards all new employees having their smart card too
- Recruitment partners now have full back office support to allow them to spend more time on dedicated recruitment for hard to fill roles
- Social Media: we ran a jobs advent calendar on twitter which was viewed by over 16,000 people and increased applicants by 46%. We are now working with LinkedIn on the recruitment platform to help with medical recruitment and other hard to fill roles

Sickness

With the new power BI tools that link the ESR, finance and HR data we are now able to more effectively monitor sickness cases, especially where staff are entering half or no pay. Currently we have 17 members of staff on half pay and 30 on nil pay. All have management plans.

The new absence policy continues to be embedded and absence workshops for managers have been arranged throughout 2020. To date, one appeal against a written warning at the meeting one stage has been received and the appeal is currently being arranged. The number of appeals, reason and whether upheld, will be monitored to identify whether further training for managers is required.

Work continues on identifying monitoring tools for the impact of the mental health training we are embedding in the organisation and its impact on our anxiety, stress and depression sickness levels.



Commentary

Appraisals

December’s compliance rate was lower than in November, at 82.8% (83.6%). Aside from Integrated pathways, all divisions saw an in month decrease in compliance with Medicine Ipswich (77.0%) reporting the lowest current levels of compliance.

Mandatory Training

December’s compliance rate increased to 90.8%, from 90.3% in November. However, no division is reporting an overall green compliance for mandatory training being at 95%, or above.

Paediatric Basic Life Support training has the lowest level of compliance, at 67.70%. This is one of 4 training areas that had a compliance level below 80% as at the end of December.

The improvement in Corporate Services continues and is up to 83%. Of the 11 service areas, five are green, four are amber and two are red; HR and Medical Director. The red compliance for HR and the medical director contuse to be the non compliance of bank medical staff. Action on this continues with the medical director and divisions.

Risks & Mitigating Actions

Appraisals

There is no specific reason why compliance had decreased. The new framework has been well received and feedback is that it is easier to use and leads to a more meaningful discussion. Appraisal training sessions are taking place on a monthly basis on hospital sites and in the community as well as bespoke sessions to update staff who are experienced appraisers on the new paperwork. Appraisal activity is recorded directly by the appraiser or by e-mailing the education team. There is no backlog in the central inputting.

An appraisal audit was undertaken in MSK and Specialist Surgery to understand why appraisals were not being conducted. Feedback was a lack of confidence in the development that individuals will receive, not receiving the completed paperwork back and feeling it was a “tick box” exercise. This feedback was taken to the senior team development day in December and all attending agreed closer monitoring of compliance and the provision of additional training of appraisers felt it was needed.

It is proposed that this survey is rolled out across the organisation. Whilst it will not necessarily drive up compliance it will give the organisation a good measure of the quality of appraisal and ensure assistance is given to areas where the aforementioned quality is lacking.

Mandatory Training

Work has been completed to ensure that all mandatory training aligned to roles is correct and consistent across ESNEFT. The next step is to forecast if this will have an implication on overall compliance.

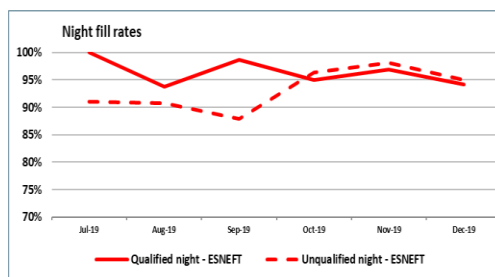
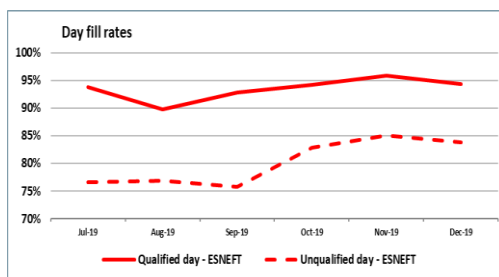
On the IH site it has been approved by EMC that all medical staff will attend the corporate induction and not the concise induction delivered to date. This will have an impact on compliance, as more mandatory subjects will be covered.

There is increased provision of e-learning on the IH site and in the community which will provide easier access. This allows staff, in one session, to receive the required update in health and safety, fire, prevent and non-patient handling without attending separate sessions, as was the previous practice.

The lead for safeguarding children has reviewed the delivery of level 3 training to ensure easier accessibility, which we anticipate, will lead to an increase in compliance.

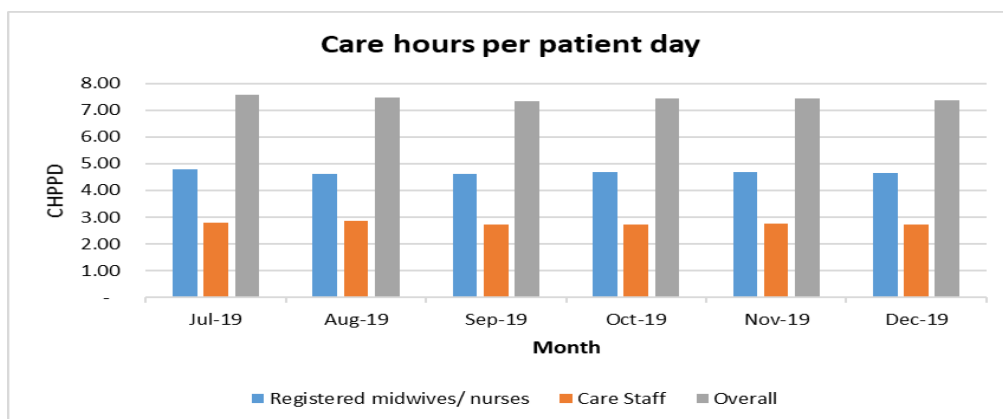
Nursing Fill Rates (including care hours per patient day)

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Qualified day - ESNEFT	93.7%	89.7%	92.9%	94.2%	95.8%	94.3%
Qualified night - ESNEFT	100.1%	93.8%	98.6%	95.0%	97.0%	94.2%
Unqualified day - ESNEFT	76.6%	76.8%	75.8%	82.9%	85.0%	83.8%
Unqualified night - ESNEFT	91.0%	90.7%	87.9%	96.4%	98.1%	94.9%
Overall (average) fill - ESNEFT	90.6%	87.6%	89.2%	92.0%	93.8%	91.8%



Care hours per patient day

Care hours per patient day	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Registered midwives/ nurses	4.78	4.62	4.63	4.69	4.68	4.64
Care Staff	2.79	2.85	2.71	2.74	2.75	2.74
Overall	7.57	7.47	7.34	7.42	7.43	7.38



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 ward fill rate remains red and has seen a decrease of 2% since the last report. This is primarily due to the Christmas period and a decrease in fill rates from our internal bank. Though pressure was felt across the hospitals no ward area had to close due to staffing issues.

The overall fill rates for Qualified (Registered) nurses and midwives, has been impacted by the need to open additional beds to support winter capacity.

The vacancy rate for qualified nurses (excluding Midwives) remains static against substantive posts and Newly Qualified nurses have been appointed for February starts.

HCA fill rate remains similar but has also been impacted with additional beds open.

RAG rules

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

Risks & Mitigating Actions

During December winter capacity has been in use at both acute sites and the fill rates have shown a slight dip as a result.

To improve HCA recruitment the number of HCA's recruited and being supported to go through training and induction in month has increased from 1 to 2 intakes/month.

Planning is in progress to consider further overseas recruitment campaigns. These will be informed by workforce data (turnover rates) and divisional workforce plans, including planning for winter capacity 20/21.

Work continues with the divisions on understanding the discrepancy of bank hours requested when compared to vacancies. This was due to complete in December and be reported to the January POD, however the finance team allocated to support this have been diverted to work on understanding the junior doctor establishment and vacancies which is driving an overspend in several divisions. The original project, when completed, will be reviewed at the Operational Delivery Group ahead of reporting to the March POD.

POD Profiles - Trust Level

	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
All Staff													
Headcount	9,576	10,027	10,030	10,045	10,169	10,144	10,193	10,310	10,361	10,456	10,580	10,547	10,609
Establishment (including agency)	9,181	9,204	9,247	9,224	9,258	9,283	9,312	9,431	9,479	9,529	9,595	9,684	9,680
In post	8,294	8,327	8,334	8,373	8,289	8,423	8,460	8,473	8,645	8,585	8,661	8,648	8,687
Vacancy	887	877	913	852	969	859	852	957	834	944	934	1,035	992
Vacancy %	9.7%	9.5%	9.9%	9.2%	10.5%	9.3%	9.2%	10.1%	8.8%	9.9%	9.7%	10.7%	10.3%
Establishment (excluding agency)	9,154	9,147	9,197	9,194	9,214	9,243	9,272	9,393	9,427	9,492	9,554	9,637	9,626
Vacancy (excluding agency)	861	820	864	822	925	820	812	920	782	907	892	988	938
Vacancy % (excluding agency)	9.4%	9.0%	9.4%	8.9%	10.0%	8.9%	8.8%	9.8%	8.3%	9.6%	9.3%	10.3%	9.7%
Turnover													
¹ Turnover (12 Month)	13.1%	13.1%	12.8%	12.6%	12.3%	12.0%	11.9%	11.3%	11.3%	11.1%	11.0%	10.7%	10.7%
¹ Voluntary Turnover (12 Month)	10.2%	10.0%	9.8%	9.5%	9.2%	9.0%	9.0%	8.6%	8.6%	8.3%	8.0%	7.8%	7.6%
¹ Starters (to Trust)	101	122	101	100	145	138	119	128	157	183	215	100	103
¹ Leavers (from Trust)	80	102	82	129	71	77	81	70	103	109	93	98	86
Sickness													
% In Mth	4.0%	4.6%	4.1%	3.4%	3.4%	3.5%	3.6%	3.4%	3.1%	3.4%	4.1%	4.1%	4.0%
WTE Days Absent In Mth	10,526	11,716	9,593	8,863	8,612	9,125	9,020	8,845	8,238	8,727	10,862	10,520	10,805
% of sickness Short-term	42.2%	52.6%	51.0%	45.7%	45.2%	47.1%	44.2%	41.8%	45.0%	47.7%	50.2%	51.9%	50.0%
% of sickness Long-term	57.8%	47.4%	49.0%	54.3%	54.8%	52.9%	55.8%	58.2%	55.0%	52.3%	49.8%	48.1%	50.0%
Mandatory Training & Appraisal Compliance													
Mandatory Training	74.9%	77.9%	77.8%	82.8%	85.2%	87.0%	89.2%	88.6%	89.3%	89.2%	89.2%	90.3%	90.8%
Appraisal	65.1%	67.1%	70.8%	71.7%	73.9%	78.9%	79.2%	81.0%	82.6%	83.6%	83.7%	83.6%	82.8%
Temporary staffing as a % of spend													
Substantive Pay Spend	31,451	31,016	31,441	32,729	34,100	33,132	32,952	32,692	33,315	32,744	33,402	33,361	33,847
Overtime Pay Spend	172	157	159	141	164	138	169	151	143	161	148	150	160
Bank Pay Spend	1,525	1,602	1,534	1,832	1,479	1,540	1,593	1,618	1,694	1,672	1,714	1,647	1,693
Agency Pay Spend	2,331	1,762	1,637	1,974	1,541	1,699	1,659	1,700	1,763	1,747	1,756	1,621	1,487
Total Pay Spend	35,478	34,538	34,771	36,677	37,285	36,509	36,373	36,161	36,915	36,324	37,019	36,779	37,187
Agency & Bank %	13.4%	12.3%	12.1%	13.7%	11.5%	11.8%	12.1%	13.0%	12.8%	12.7%	12.8%	11.8%	11.4%
Agency %	6.6%	5.1%	4.7%	5.4%	4.1%	4.7%	4.6%	4.7%	4.8%	4.8%	4.7%	4.4%	4.0%

¹ Excludes training grade junior doctors

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

POD Profiles - Trust Level

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

Establishment (including agency)	2,540	2,567	2,579	2,553	2,559	2,560	2,555	2,623	2,638	2,670	2,681	2,700	2,713
In post	2,283	2,313	2,315	2,325	2,350	2,375	2,387	2,387	2,397	2,409	2,456	2,472	2,479
Vacancy	257	254	264	228	209	185	168	236	241	261	225	229	235
Vacancy %	10.1%	9.9%	10.2%	8.9%	8.2%	7.2%	6.6%	9.0%	9.1%	9.8%	8.4%	8.5%	8.7%

Nursing (Band 5) - excluding Midwives

Establishment (including agency)	1,446	1,446	1,448	1,447	1,425	1,428	1,416	1,412	1,422	1,437	1,450	1,450	1,456
In post	1,218	1,233	1,236	1,243	1,279	1,298	1,308	1,306	1,306	1,302	1,324	1,330	1,322
Vacancy	228	212	212	204	147	129	107	106	116	135	126	120	135
Vacancy %	15.8%	14.7%	14.6%	14.1%	10.3%	9.1%	7.6%	7.5%	8.2%	9.4%	8.7%	8.3%	9.2%

Consultants

Establishment (including agency)	460	465	468	461	467	486	488	486	491	494	495	496	495
In post	406	409	407	410	406	411	412	415	413	411	409	413	413
Vacancy	54	56	60	51	61	75	77	71	79	83	87	83	82
Vacancy %	11.7%	12.0%	12.9%	11.1%	13.1%	15.4%	15.7%	14.6%	16.0%	16.8%	17.5%	16.7%	16.6%

Junior Medical

Establishment (including agency)	620	619	628	620	626	632	635	637	654	654	655	655	660
In post	595	600	600	600	518	589	587	588	723	642	623	626	625
Vacancy	25	19	28	20	108	42	48	49	(69)	13	31	28	35
Vacancy %	4.1%	3.1%	4.5%	3.2%	17.3%	6.7%	7.5%	7.7%	-10.6%	2.0%	4.8%	4.3%	5.2%

Scientific, Technical and Therapeutic

Establishment (including agency)	1,701	1,686	1,699	1,689	1,716	1,719	1,726	1,754	1,751	1,768	1,778	1,828	1,780
In post	1,589	1,612	1,589	1,583	1,581	1,583	1,594	1,590	1,605	1,598	1,598	1,595	1,592
Vacancy	112	74	110	106	135	137	132	164	146	170	180	233	189
Vacancy %	6.6%	4.4%	6.5%	6.3%	7.8%	8.0%	7.6%	9.3%	8.4%	9.6%	10.1%	12.8%	10.6%

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