



Performance report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors
Thursday 7th May 2020

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This month's performance report provides detail of the March 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 March 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 divisional 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.

Impact of COVID-19

Please note that because of the exceptional circumstances of the COVID-19 pandemic, many aspects of the Trust's 'normal' working have been dramatically impacted. In a number of areas, both national and internal reporting has been suspended or amended (for example, divisional accountability meetings are not being held between March and May). Where reporting does continue, performance may vary appreciably from previous months. Coupled with the need to minimise the administrative burden on operational staff that contribute to this report, consequently, there are sections where the usual content is abridged or no longer included.

Quality : Safe, Effective & Caring

Indicator	Domain	Frequency	Target / Standard	Jan-20	Feb-20	Mar-20	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	121	96	92	↓		Clinical divisions; low, medium, high
Staff Friends and Family Test % recommended - care	Caring	Q	30%	38.4%	37.1%	29.1%	↓		Monthly FFT test response reported
Occurrence of any Never Event	Safe	M	0	0	0	1	↑		The never event in March occurred in Urology Day Unit at Colchester.
Mixed sex accommodation breaches	Caring	M	0	0	1	N/S	↑		The last breach, in February 2020, occurred on the Critical Care Unit at Colchester. March data awaited.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	95.6%	95.4%	95.4%	→		
A&E scores from Friends and Family Test – % positive	Caring	M	90%	86.2%	85.5%	89.7%	↑		
Number of emergency c-sections	Safe	M	tbc	143	96	79	↓		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	97.4%	100.0%	100.0%	→		Scores based on Envoy data
- % Recommending - postnatal	Caring	M	90%	93.5%	95.1%	97.1%	↑		
VTE Risk Assessment	Safe	M	95%	95.6%	96.5%	95.1%	↓		
Incidences of Clostridium Difficile infection	Safe	M	9	5	6	7	↑		There were 7 C.difficile cases reported in March. 4 of these were in Ipswich (3 HOHA, 1 COHA) and 3 cases were at Colchester hospital (2 HOHA, 1 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	106.5	N/S	N/S	↑		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 860 spells missed the 1st data deadline (incl 1 death).
HSMR Weekend (By Month Data Available)	Effective	Q	100	112.7	N/S	N/S	↑		Most Dr Foster metrics are 'higher than expected' at Colchester and 'as expected' at Ipswich. Final figures for February & March are awaiting confirmation.
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.099	1.089	1.090	↑		12 mths to Oct 2019. This has increased compared to the previous annual position (to Sept 2019) of 1.0892.
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Use of Resources	M	tbc	9.5%	9.1%	8.1%	↓		

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Jan-20	Feb-20	Mar-20	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	83.9%	87.1%	88.6%	↑		A&E waiting time performance based on economy. ED Economy performance for March 2020 was 90.44% for CGH, and 85.38% for IH. Screening service performance snapshot as reported in Accountability Framework taken at 28th April 2020. Diagnostic performance had improved this year. Services are working to ensure continued compliance, although current circumstances have impacted.
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Responsive	M	92.0%	79.3%	77.9%	75.7%	↓		
All cancers – maximum 62-day wait for first treatment from:									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	73.4%	77.1%	80.7%	↑		
- NHS cancer screening service referral	Responsive	M	90.0%	55.7%	64.7%	86.8%	↑		
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	1.1%	0.5%	2.7%	↑		

Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Jan-20	Feb-20	Mar-20	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	4.0%	4.0%	4.6%	↑		
Staff turnover	Well-led	M	tbc	7.6%	7.4%	7.1%	↓		Voluntary turnover.
Executive team turnover	Well-led	M	tbc	0	0	2	↑		The Chief Nurse left on 1st March 2020 and the Director of HR left on 20th March 2020.
NHS Staff Survey - would recommend as place to work**	Well-led	A	tbc	55.30%	57.30%	57.30%			Annual score, based on 2019 staff survey results, released on 18th February 2020. 2018: 55.3%, benchmark average: 64.0%, benchmark best: 81.0%.
NHS Staff Survey - if a friend or relative needs treatment, happy with standard of care provided**	Well-led	A	tbc	68.30%	66.90%	66.90%			Annual score, based on 2019 staff survey results, released on 18th February 2020. 2018: 68.3%, benchmark average: 71.0%, benchmark best = 90.5%.
Proportion of temporary staff	Well-led	Q	tbc	4.0%	4.3%	4.2%	↓		Agency staff % only.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan Ek	Well-led	M	0	(12,596)	(13,715)	(14,960)	↑		The Trust CIP target for 19/20 was £31.9m. All divisions failed to deliver their CIP targets in year. ESNEFT delivered £16.9m CIP in 19/20, £13.8m being recurrent.

Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Jan-20	Feb-20	Mar-20	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	4	4	3	↑		Trigger: Poor levels of overall financial performance (score 3 or 4); very poor performance (score 4) in any individual metric. The liquidity position is the main contributor to the overall score of a 3 (requires improvement) for March, despite improvements with the surplus position, the I&E plan being met, capital service cover and 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	2	↑		
I&E MARGIN : Variance from Plan	Finance	M	0	4	1	1	→		
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	Jan-20	Feb-20	Mar-20	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.

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.

2019/20 reporting

The Divisional Accountability Meetings (DAMs) are held each month to discuss performance against the Accountability Framework (AF). Following review of all non-essential meetings during the exceptional circumstances of the COVID-19 pandemic; April, May and June 2020 meetings have been suspended.

There has been national guidance to suspend some areas of data capture for the Accountability Framework, and there are a number of relevant metrics not being populated during this period.

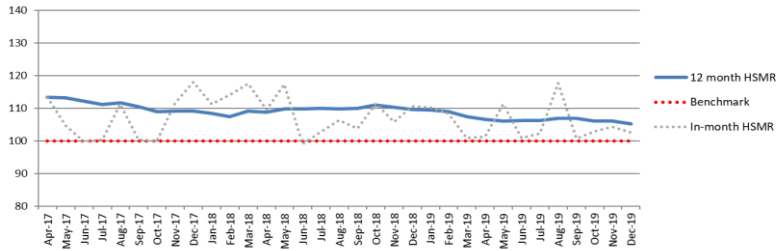
Work has begun to set up the relevant structure of the framework for 2020/21 reporting.

Aggregated AF Score Classification Explained

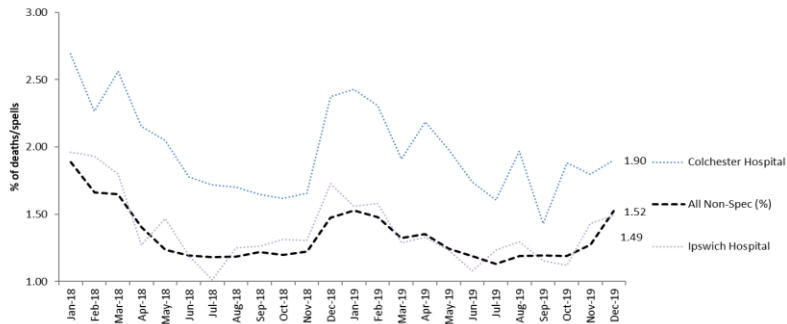
Domain Scores	Aggregated AF Score	
Two or more domains scoring '1'	1	Inadequate
Three or more domains scoring '2' or below, with / or any domain score of '1' occurring once only	2	Requires Improvement
Other combinations of domain scores between an overall domain score of '2' and '4'	3	Good
Two or more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

Mortality

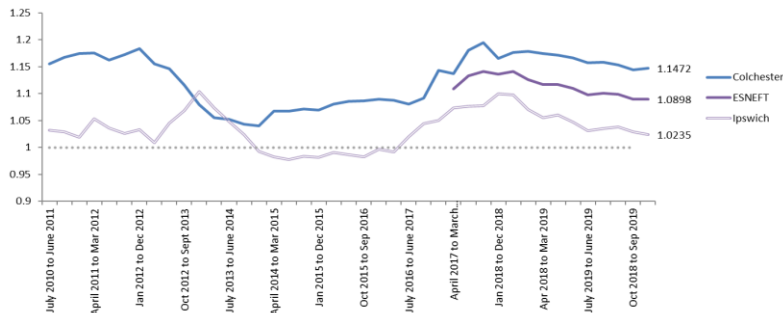
ESNEFT HSMR - In-month & Rolling 12 Months



All Diagnosis Groups - Crude Mortality Rates



SHMI - Rolling 12 months



Commentary

Dr Foster Summary – compared to Nov 2019 discharges

Dr Foster metrics as at Dec 2019 discharges	ESNEFT	IPS	COL
In-month HSMR	↓102.6	↓99.7	↓108.1
12 month HSMR	↓105.3	↓102.6	↓111.3
Death rate HSMR (nat. 3.2%)	→3.3%	↓2.9%	↓3.8%
Lower confidence limit (HSMR)	↓101.2 Outlier	↓96.7 As expected	↓105.6 Outlier
All diagnosis groups 12 months	↓102.5	↓99.7	↓108.7
Lower confidence limit (all)	↓98.8 As expected	↓94.4 As expected	↓103.5 Outlier

ESNEFT is 1 of 6 trusts in the region of 15 non-specialist trusts with a 'higher than expected' HSMR. It should be noted that approximately ↓860 spells, including 1 death, missed the first data deadline.

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

SHMI – 12 months to October 2019

ESNEFT ↑1.0898 – 'as expected' (previous release to September 2019, 1.0892)
 Ipswich acute 1.0235 – as expected (down from 1.0292)
 Colchester 1.1472 – as expected (up from 1.1443)

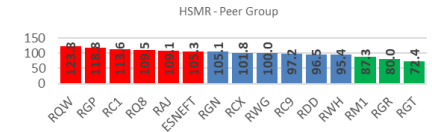
	Mar 20 No. Deaths	Mar 19 No. deaths	Rolling 12 mths
Ips acute	116 (105)	111	110
Col acute	140 (118)	140	134
Ips ED	7 (5)	6	7
Col ED	14 (4)	9	10

Figure in brackets = previous month

Risks & Mitigating Actions

There are 2 active CUSUMs on the ESNEFT dashboard:

- Respiratory failure, insufficiency, arrest (adult) – a coding review has been partially completed
- (Schizophrenia, which has been recorded)



Mandatory Mortality Reviews

Compliance with the completion of mandatory mortality reviews October 2018 to January 2020 is 78% (67% Ipswich, 82% Colchester) – it is hoped that the new scanning process for the final admission of deceased patients will facilitate access and review.

Deaths with a Covid-19 positive screen

In the month of March, there were 16 Ipswich hospital deaths and 18 Colchester. The median age at death was 81. There have been notable rises in the mortality rates late March/early April – limited to Covid-wards.

Colchester ED

1 confirmed COVID-19, 4 out of hospital cardiac arrests, 1 MI, 1 peri-arrest/breathless, 1 collapse, 2 sepsis, 1 hypo, 1 fall, 1 injury to leg, 1 urinary retention – median age 82, (age range 22 - 96yrs)

Ipswich ED

1 confirmed Covid-19, 1 out of hospital cardiac arrest, 1 Covid pre-alert, 1 SOB, 1 sepsis, 1 fall, 1 infection – median age 86 (age range 70 - 93yrs)

Mortality – Learning from deaths



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

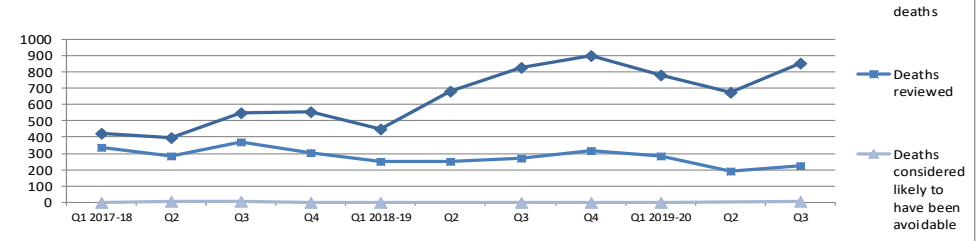
Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

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
287	281	70	66	3	1
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
852	677	222	193	4	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
2307	2858	702	1098	5	5

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	This Month	This Month	This Month	This Month	This Month
0	0	3	0	4	63
0.0%	0.0%	4.3%	0.0%	5.7%	90.0%
This Quarter (QTD)	This Quarter (QTD)	This Quarter (QTD)	This Quarter (QTD)	This Quarter (QTD)	This Quarter (QTD)
0	1	3	2	13	200
0.0%	0.5%	1.4%	0.9%	5.9%	91.3%
This Year (YTD)	This Year (YTD)	This Year (YTD)	This Year (YTD)	This Year (YTD)	This Year (YTD)
0	1	4	11	34	645
0.0%	0.1%	0.6%	1.6%	4.9%	92.8%

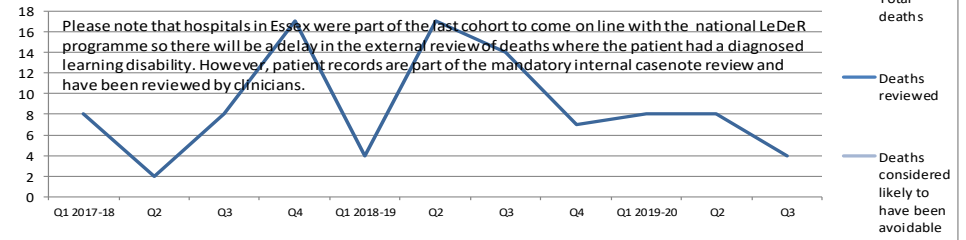
Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

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

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total No. of deaths considered to have been potentially due to problems in healthcare	
This Month	Last Month	This Month	Last Month	This Month	Last Month
1	0	0	0	NK	NK
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
4	8	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
20	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)



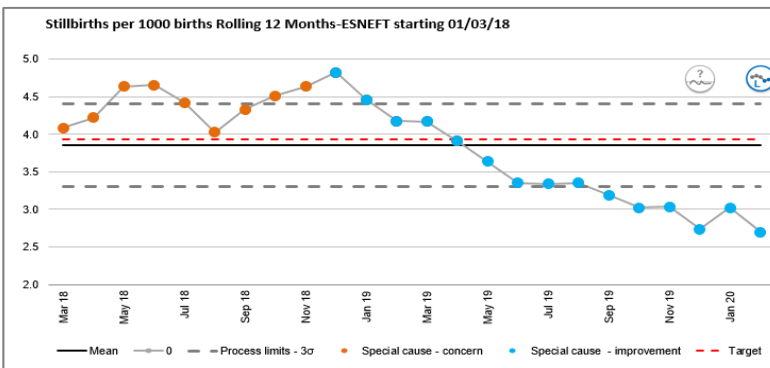
Mortality – Learning from Deaths - Numerical Data and Breakdown

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	December	
Year	2019-20	

Not all deaths are subject to mandatory review.										Review of mandatory case records								
Financial Year	Month	Deaths likelihood >50% contribute to death			Deaths judged to have been due to problems in healthcare					LD Deaths Avoidable >50%	LD Deaths Peer 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)		
		Total Deaths	Deaths Reviewed	Deaths >50% contribute to death	Defin	Evidnc	>50/50	<50/50	Slight								In care	
2017-18	April	133	110	0	0	0	0	0	4	96	2	0	NK	50	50	100%	0	2
2017-18	May	142	120	1	0	1	0	2	2	110	3	0	NK	63	63	100%	0	2
2017-18	June	146	109	0	0	0	0	0	0	100	3	0	NK	27	27	100%	0	1
2017-18	July	142	103	3	0	1	2	1	3	92	1	0	NK	37	37	100%	0	4
2017-18	August	126	90	0	0	0	0	0	3	84	1	0	NK	30	28	93%	2	0
2017-18	September	128	88	1	0	0	1	2	1	83	0	0	NK	22	22	100%	0	1
2017-18	October	140	91	1	0	0	1	0	3	82	0	0	NK	25	25	100%	0	3
2017-18	November	183	114	2	0	0	2	4	3	99	1	0	NK	40	37	93%	3	3
2017-18	December	229	168	2	0	0	2	3	7	154	7	0	NK	53	50	94%	3	3
2017-18	January	212	125	1	0	0	1	2	8	105	9	0	NK	49	48	98%	1	3
2017-18	February	153	92	1	0	0	1	1	5	83	5	0	NK	20	19	95%	1	0
2017-18	March	189	89	0	0	0	0	1	5	79	3	0	NK	25	22	88%	3	0
2018-19	April	164	97	1	0	1	0	1	1	93	2	0	NK	30	25	83%	5	1
2018-19	May	149	71	0	0	0	0	1	1	69	2	0	NK	34	25	74%	9	0
2018-19	June	135	86	0	0	0	0	0	5	81	0	0	NK	52	41	79%	11	1
2018-19	July	223	102	0	0	0	0	2	9	91	7	0	NK	72	61	85%	11	4
2018-19	August	230	77	0	0	0	0	1	5	71	3	0	NK	67	55	82%	12	2
2018-19	September	230	75	0	0	0	0	0	1	70	7	0	NK	64	52	81%	12	2
2018-19	October	252	105	2	0	0	2	2	5	92	4	0	NK	71	67	94%	4	4
2018-19	November	256	62	0	0	0	0	0	3	55	8	0	NK	26	24	92%	2	1
2018-19	December	316	107	0	0	0	0	2	6	93	2	0	NK	79	68	86%	11	3
2018-19	January	329	123	1	0	0	1	3	6	110	4	0	NK	84	77	92%	7	4
2018-19	February	302	104	1	0	0	1	1	3	96	3	0	NK	68	61	90%	7	2
2018-19	March	272	89	0	0	0	0	2	5	78	0	0	NK	63	56	89%	7	1
2019-20	April	276	100	1	0	0	1	1	3	94	2	0	NK	71	65	92%	6	3
2019-20	May	273	104	0	0	0	0	0	6	97	4	0	NK	68	61	90%	7	8
2019-20	June	229	83	0	0	0	0	3	2	78	2	0	NK	68	56	82%	12	5
2019-20	July	237	64	0	0	0	0	2	3	59	4	0	NK	48	40	83%	8	3
2019-20	August	252	77	0	0	0	0	2	7	66	2	0	NK	73	55	75%	18	1
2019-20	September	188	52	0	0	0	0	1	0	51	2	0	NK	52	33	63%	19	0
2019-20	October	284	86	0	0	0	0	1	5	79	3	0	NK	78	59	76%	19	3
2019-20	November	281	66	1	0	1	0	1	4	58	0	0	NK	82	42	51%	40	1
2019-20	December	287	70	3	0	0	3	0	4	63	1	0	NK	94	55	59%	39	3

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	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	Jan 20	Feb 20
Colchester	5.29	4.52	4.55	4.56	4.01	3.74	3.74	3.99	4.01	3.13	2.54	2.54	2.55	2.54	2.23
Ipswich	4.35	4.39	3.80	3.77	3.81	3.54	2.95	2.66	2.67	3.24	3.52	3.55	2.93	3.52	3.19

The SPC chart demonstrates a statistically significant improvement in the stillbirth rates. The foetal mortality rate has been halved. Instrumental to this has been the full roll-out of the ‘Grow’ and Saving Babies’ Lives programmes which include a focus on reduced foetal movement. The stillbirth rate for the UK for 2016 (most recent MBRRACE data release June 2018) is **3.93** per 1000 births or 0.39%. For the 12 months to February ESNEFT was 2.7.

Mortality – Learning from Deaths (commentary)

Learning from Deaths

There was no Learning from Deaths meeting in April 2020

Covid-19 – a review of cases will be undertaken using common themes from King’s Critical Care Team as a basis for review of care.

For patients who died in **December 2019**, there were 4 cases identified with slight issues in healthcare and 3 cases where the reviewer identified issues in healthcare which had a greater than 50:50 chance of having had some impact on patient outcome.

Slight issues

Patient 1

SI 2019/087 and Never Event – A patient had an out of hospital cardiac arrest and had a period of low oxygen saturations owing to equipment issues. It is not thought that this was directly related to the outcome however there is important learning:

Actions following completion of SI report

- Emergency Department to introduce immediate safety measures as outlined by NHS Improvement:
 - Medical air terminal units (wall outlets) are covered with designated caps in areas where there is no need for medical air.
 - Medical air flowmeters are removed from terminal units (wall outlets) and stored in an allocated place when not in active use.
 - Air flowmeters are fitted with a labelled, movable flap.
- An Operating Department Practitioner be available via bleep and routinely attend the Emergency Department to provide expert support at all resuscitations and intubations.
- ‘Emergency intubation checklist’ and documentation to be reviewed and used during all intubations within the Emergency Department.

Learning from Deaths

Patient 2

Patient with poor physiological reserves admitted with pyrexia, desaturation, cellulitis and tachycardia. Treatment was commenced but reassessed as futile given frailty. The patient’s wishes to stop treatment were respected.

Patient 3

Atypical presentation aortic aneurysm. A bedside USS (ultrasound scan) was performed but images and measurements were not saved on the USS.

Action: further develop an USS pathway and securely save the USS images with PACS.

Patient 4

(Reviewed by the senior SJR team) This patient was an elective admission with incomplete clerking. Excellent peri-procedure checks after that. The following have been fed back to the team who looked after this patient and the reviewing team advised that outcome would not have been affected:

1. Lack of complete clerking on admission
2. Limited documentation by consultants.
3. Reminder to document when chest x-rays are reviewed
4. ‘Confusion’ not included on NEWS score

>50:50 issues

Patient 1. SI 2019/091 – delay in the escalation of a deteriorating patient which may have contributed to the patient outcome – SI due end March 2020 – actions to follow.

Patient 2. SI 2019/109 – possible delays to surgical intervention – this is still under investigation – 60 day report due 09/06/2020.

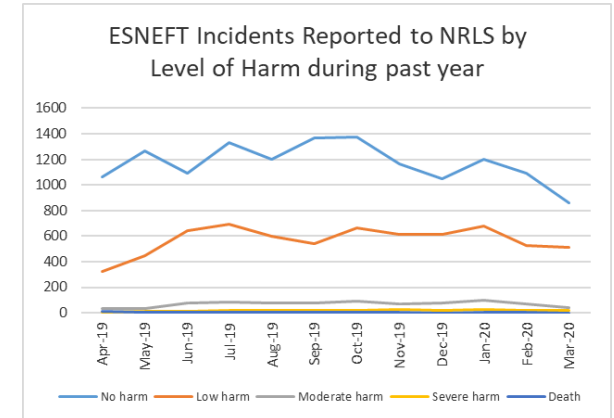
Patient 3. Datix incident raised following return of a mortality review – the reviewer felt that there may have been missed diagnosis opportunities in a complex case. Outcome to follow.

Patient Safety – Incidents

Total incidents and harm

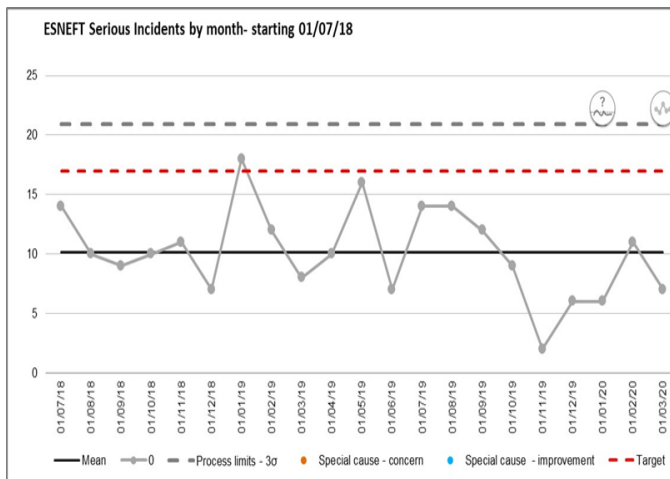
There were a total of 1,715 (2,066) ESNEFT incidents reported in March 2020 (including patient and non-patient incidents).

1,430 of these incidents were patient safety related and all were reported to the NRLS.

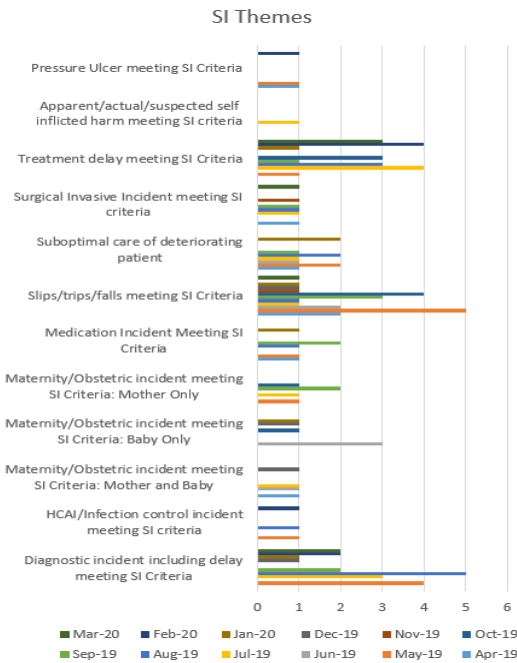


Serious Incidents

7(11) ESNEFT incidents were considered to meet the criteria of being a serious incident during March. The Serious Incidents included 3 Treatment Delays (in Surgery & Anaesthetics and MSK & Specialist Surgery), 2 Diagnostic Incidents Including Delay (Surgery & Anaesthetics), 1 Slips/Trips/Falls (Surgery & Anaesthetics) and 1 Surgical Intervention (Surgery & Anaesthetics).



Serious incidents by category



Never Events

There was 1 never events declared at ESNEFT in March, a wrong site block.

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

Compliance with serious incident reporting time lines

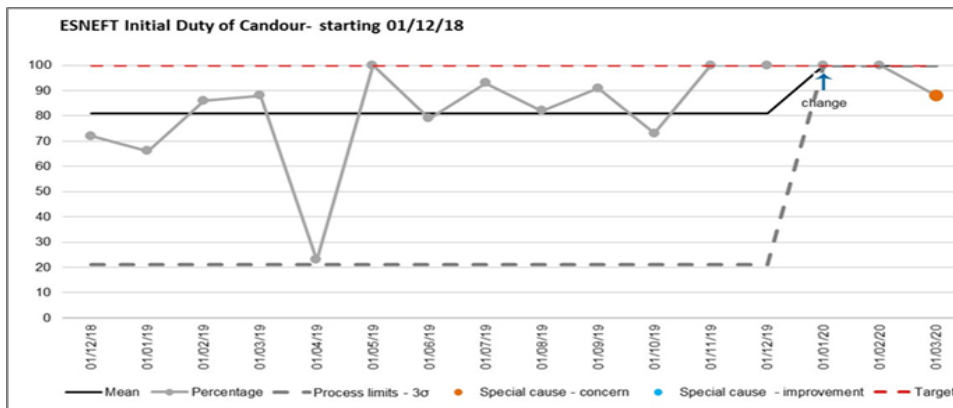
There were 2 SI investigation reports due to be submitted by ESNEFT during March, 1 report was submitted on time by Cancer & Diagnostics and one has yet to be submitted by Women’s and Children. ESNEFT compliance is 50% (16%) for March. The Patient Safety Team is working to investigate and complete SI reports on behalf of the Divisions at this time.

9 reports were submitted in March: 2 from Surgery and Anaesthetics which were due in February; 2 for Medicine – Colchester which were due in November and February; 2 for Medicine – Ipswich which were due in December and February and 3 for Women’s and Children’s which were due in December and February

There are currently 4 (4) overdue Serious Incident reports. The number of overdue reports continues to decrease month on month with the oldest overdue reports from November.

Duty of Candour

Compliance for Duty of Candour (pre investigation) decreased to 88% during March. There was 1 incident where verbal duty of candour had been performed on time, however the initial letter was sent out after the 10 day timeframe. This occurred in the Division of Surgery and Anaesthetics.

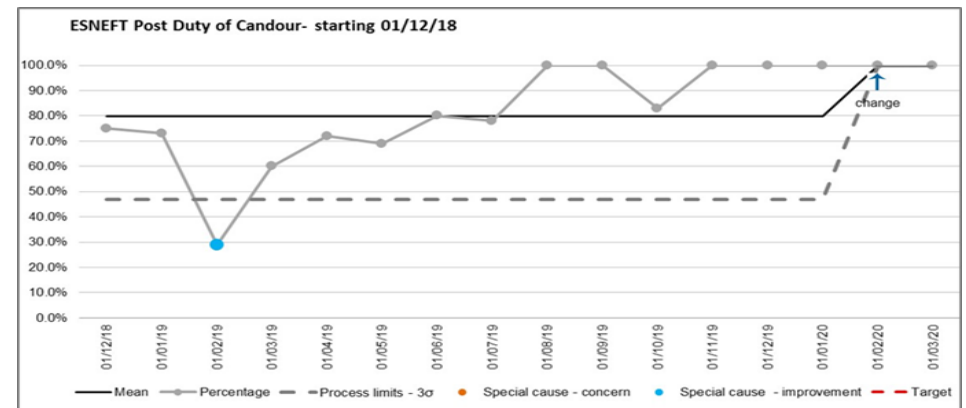


Overdue action plans

There are currently 129 overdue action plans. There were 6 completed action plans closed by the CCG in March.

A review of all open action plans will take place as time allows by ESNEFT and the CCG with the view to closing the backlog of action plans.

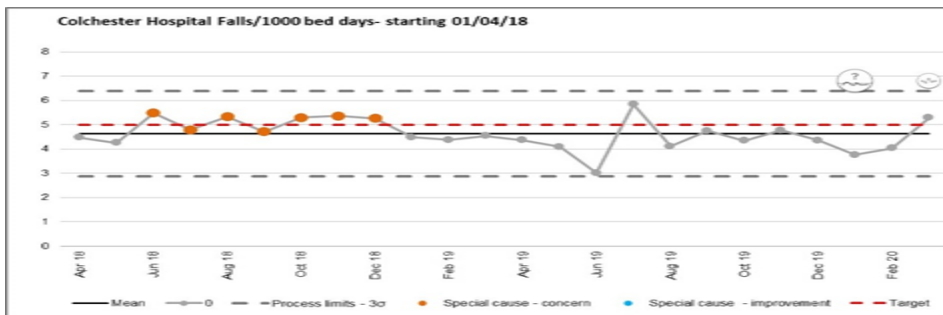
ESNEFT post Duty of Candour compliance decreased to 93% during March. There were 14 Post Duty of Candour due, 2 for Cancer and Diagnostics, 1 for MSK & Specialist Surgery, 3 for Surgery & Anaesthetics, 5 for Women & Children, 2 for Medicine – Colchester and 3 for Medicine – Ipswich, one was sent late from the Ipswich Medicine Division.



Patient Safety – Falls

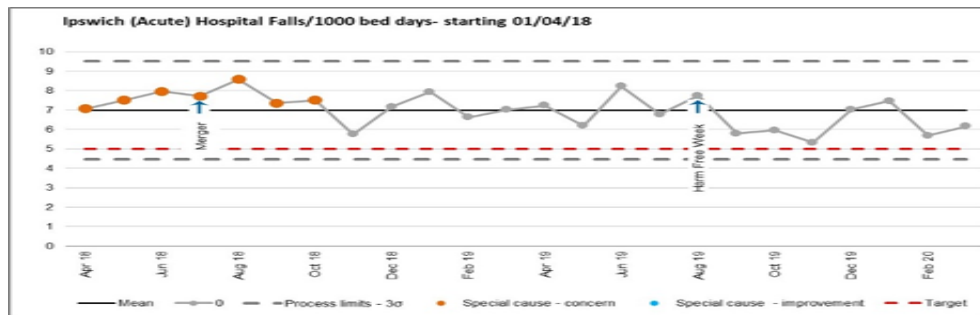
Colchester site

Colchester reported 71 (63) falls in March, with six patients who fell more than once on Brightlingsea, Layer Marney, Tiptree & the Stroke Unit. One patient suffered a serious harm fall with transfer to Addenbrookes for treatment: the patient is recovering well. This gives a per 1,000 bed days figure of 5.29 just outside the target of 5.



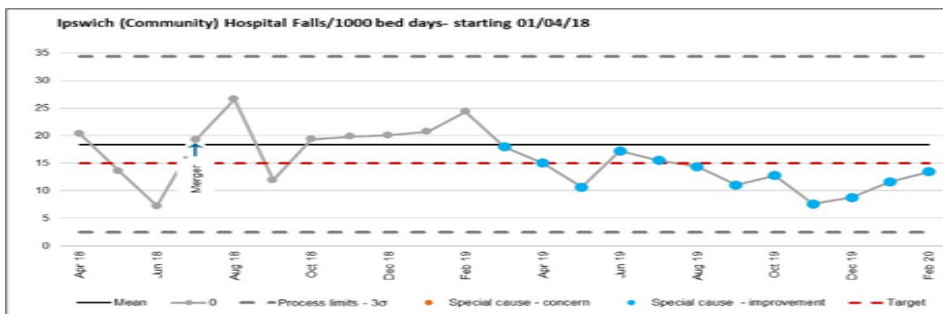
Ipswich site

Ipswich reported 81 (88) falls in March. There were two serious harm falls: one fractured hip on Sproughton and one head injury on Washbrook. There were 6 patients who fell more than once, with four falling three or more times which is higher numbers than the previous months. Woodbridge, Lavenham & EAU had the highest number of reported falls. This gives a per 1,000 bed days figure 6.16, above the Trust target of 5.



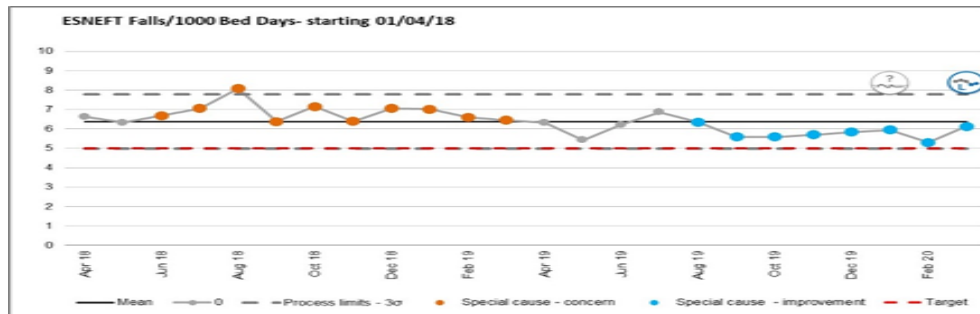
Community Hospitals

The Community Hospitals continue to report relatively low numbers, with 21 (23) in total for March. Aldeburgh hospital reported 3 falls, Bluebird Lodge reported 16 falls and Felixstowe Hospital reported 2 falls. There were no falls with serious harm. This gives a per 1,000 bed days figure of 12.28, below the target of 15.



ESNEFT

ESNEFT continues to aim for less than 5 falls per 1,000 bed days target for the Acute sites & less than 15 falls per 1,000 bed days in the Community. The inpatient areas at Ipswich have been able to Baywatch and cohort effectively supporting the reduced numbers seen. Both Acute sites reported falls numbers with in what would normally be acceptable ranges & show a collective rate of 5 falls per 100 bed days, bed days are reduced with the current admission & discharge priorities under Covid-19 plans. This gives ESNEFT an overall figure per 1,000 bed days of 6.12 (draft figure) which is just over the target of 5.



Patient Safety – Pressure ulcers

ESNEFT

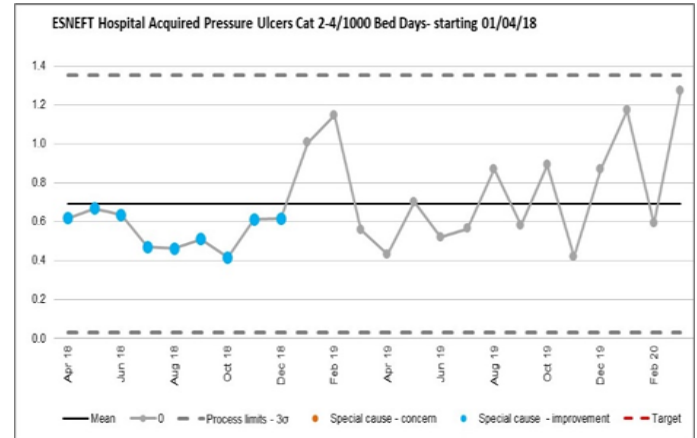
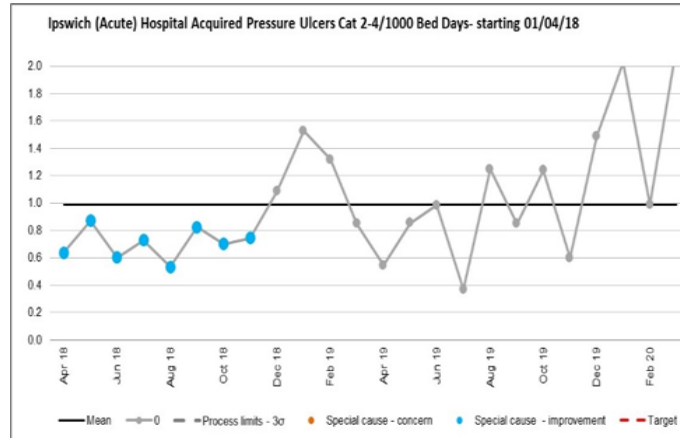
At Trust level, March shows 33 (21) developed pressure ulcers resulting in an increase from 0.59 to 1.17 pressure ulcers per 1,000 bed days. There is no available benchmarking data for developed pressure ulcers per bed days.

Ipswich and Community Hospitals

Ipswich had 20 (17) Category 2 developed pressure ulcers, a slight increase. This included two device related pressure ulcers. There were 5 category 3 pressure ulcers reported in March.

This provides a per 1,000 bed days figure of 2.15 an increase on February.

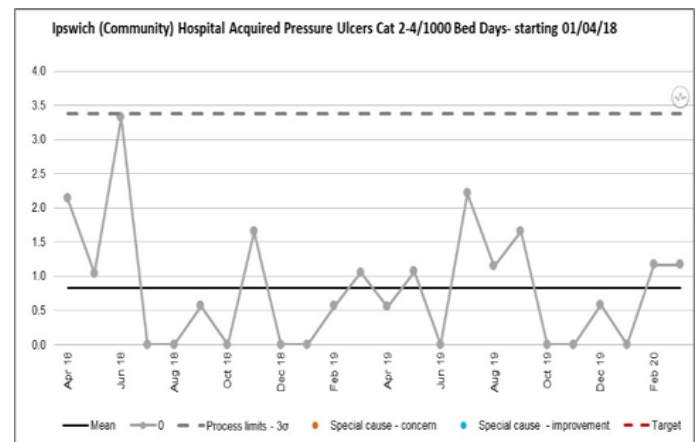
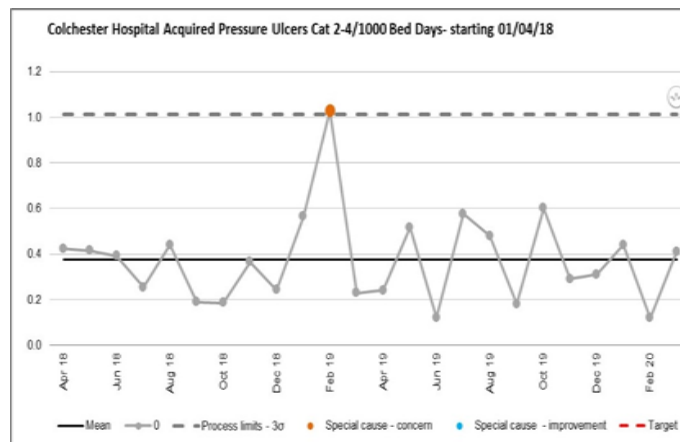
Felixstowe and Aldeburgh Community Hospitals reported two Category 2 pressure ulcers, giving a per 1000 bed day figure of 1.17.



Colchester

Colchester had 6 (2) reported Category 2 pressure ulcer and no Category 3 pressure ulcers develop in our care in March. Two reported on EAU, and one each on Mersea, Gt Tey and Birch. Layer Marney had one that was device related.

March resulted in a per 1,000 bed days figure of 0.41, an increase from February.



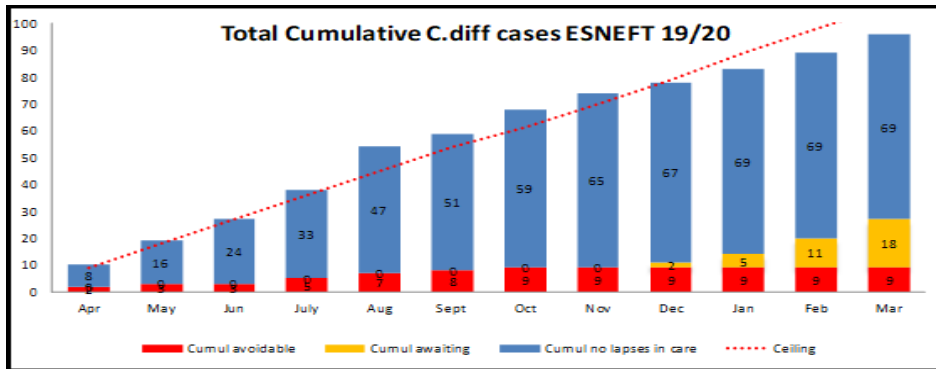
Working towards future prevention

As part of planning for possible clinical redeployment, ward resource packs have been produced to provide supporting information to staff on how to manage pressure ulcers, moisture damage, common wounds and support and guidance for increased damage from oxygen treatment/therapy and prone nursing for Covid-19 patients. Ipswich has agreed the lease of additional dynamic mattresses under planning to support the increased vulnerability and likely increased risk of developing pressure damage either due to supportive respiratory nursing procedures, increased use of oxygen therapy and delivery systems, or medical status of patients admitted with Covid-19. Colchester has sufficient mattresses under the current lease contract with Talley.

Patient Safety – Infection Control (Quarter 3 update)

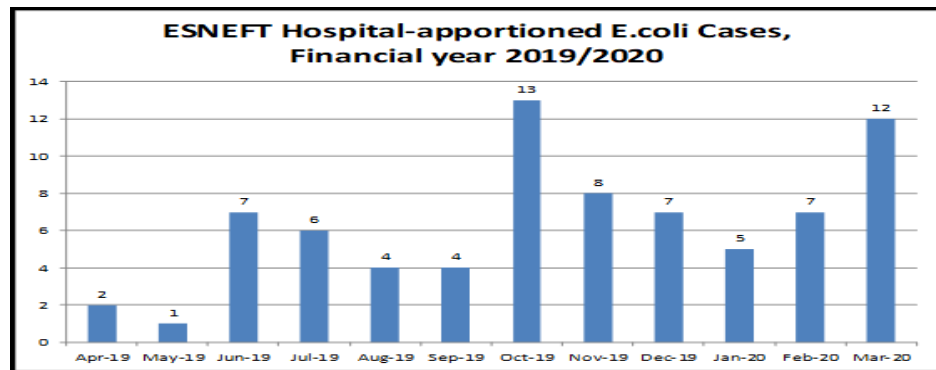
Clostridium difficile (C.diff)

Colchester reported 3 cases of C.diff in March (2 HOHA, 1 COHA), Ipswich reported 4 cases (3 HOHA, 1 COHA). The trajectory of no more than 107 cases in the year has been met with 96 hospital apportioned cases. There were 4 lapses of care at Ipswich Hospital and 5 at Colchester. The usual process for C diff reporting is currently delayed due to COVID 19 work and the CCG is aware.



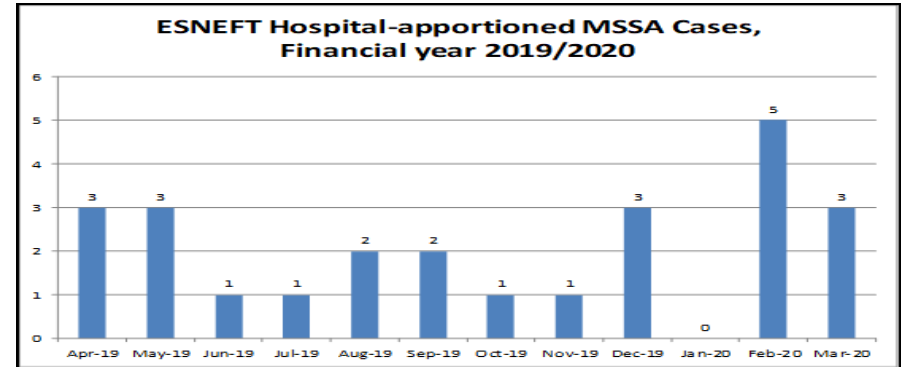
Escherichia coli (E. coli)

There were 6 E.coli bacteraemia cases identified during March 2020 at the Ipswich site, and 6 cases identified at the Colchester site.



Meticillin-susceptible staphylococcus aureus (MSSA)

There were 3 Trust apportioned cases at Ipswich Hospital and 0 cases at Colchester Hospital during March.



Meticillin-resistant staphylococcus aureus (MRSA)

Reporting of MRSA is being trialled in a different format. It will now be shown as patients who have exhibited a positive MRSA sample after 48 hours of admission, in any specimen type during a calendar month of admission. After a short-term increase in new hospital acquired MRSA isolates identified during December 2019 (18 at Ipswich (where 5 are associated with outbreak areas, and 1 at Colchester), the isolate figures have returned to stable levels during the first quarter of this year.

Month	Trust site	MRSA new isolates
March 2020	Colchester	1
March 2020	Ipswich	5

Infection Prevention and Control Committee

- Ongoing demand and control for COVID 19 management is impacting on the ability of the IP&C team to perform business as usual activities and reporting.
- There are no active MRSA outbreaks at Ipswich and Felixstowe.
- Assurance has been requested of the Water Safety Committee – given there continue to be issues within the Gainsborough Wing and Collingwood centre.
- There is a lack of negative pressure facilities within the trust. This has been registered as risk 720.
- Another risk (719) has been raised regarding the provision of a decant space to allow for refurbishments, and deep cleaning.

Patient Safety – Maternity – February data

Caesarean Section

The Caesarean Section rate in February reduced to 27.6% for the Colchester site. The caesarean section rate for Ipswich was 27.3%, which is a decrease from last month.

Overall rate for ESNEFT in February was 24.5%. (National 25.5%)

Midwifery Led Births

The percentage of Midwifery led births has increased this month to 28.28% for Colchester site. It has increased this month at Ipswich this month to 20.72%.

Overall rate for ESNEFT in February was 24.06%

Units placed on Divert

Neither unit was placed on divert in the month.

Neonatal Deaths within 28 days

There were no neonatal deaths on the Colchester site in February. There was 1 neonatal death on the Ipswich site in the month. This was an expected neonatal death due to the baby's known abnormalities.

Third and fourth degree tears of total births

Colchester saw a decrease from 2.25% to 0.93% this month, this is equivalent to 2 women sustaining a tear. Ipswich remained at 3.17%, the equivalent to 7 women sustaining a tear. ESNEFT rate for February was 2.06%, the national average is 3.6%.

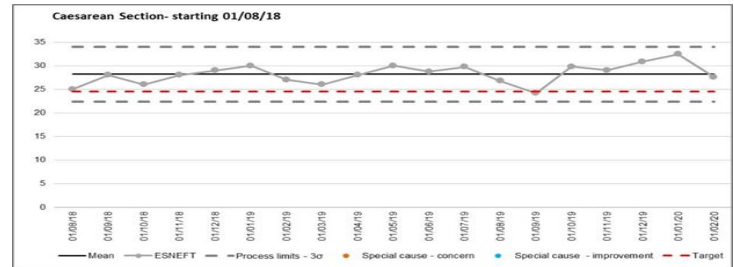
PPH ≥1500mls

On the Colchester site the rate has increased to 4.38%. The rate at Ipswich Hospital was 3.17% which is a decrease from last month. Each PPH has an RCA review in order that any trends can be identified. The ESNEFT rate for the month was 3.87%, remaining above the national average of 2.70%.

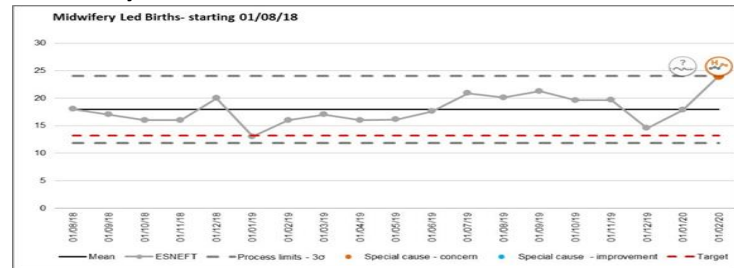
Stillbirths

There were no stillbirths at Colchester or Ipswich.

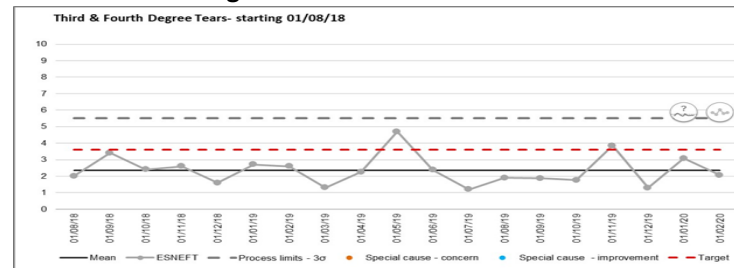
Caesarean Section



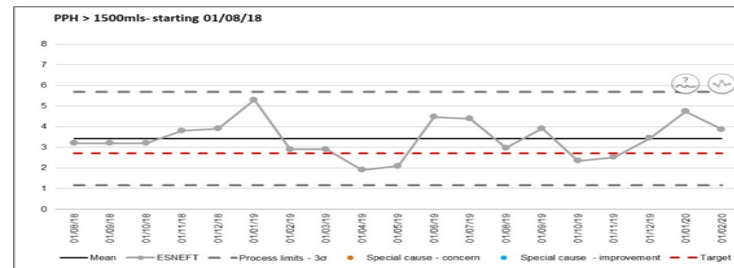
Midwifery Led Birth - ESNEFT



Third & Fourth Degree Tears of Total Births



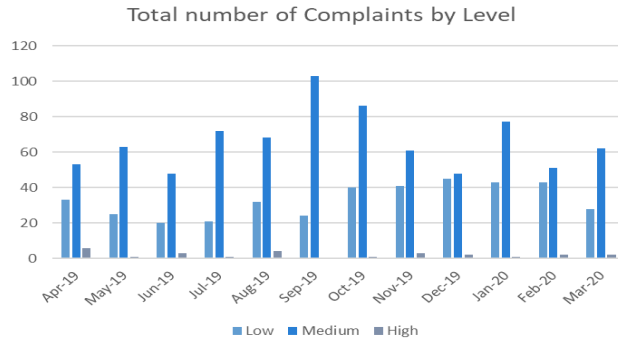
PPH ≥ 1500mls - ESNEFT



Patient Experience - Complaints

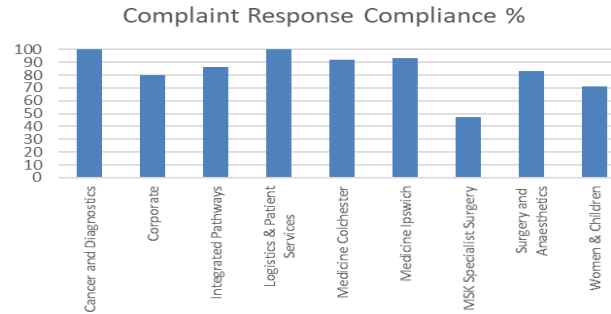
Total complaints

ESNEFT total number of complaints received



Response compliance

ESNEFT response % compliance



Overall complaints numbers for ESNEFT in March were 92 (96). Complaints in March at Colchester decreased to 49 (50) and decreased to 43 (46) at Ipswich.

Overall response rate compliance has decreased marginally from 83% to 81% in the month of March. There were 102 (116) complaints closed in the month of March. Overdue complaints decreased from 24 to 20.

PALS

There were 169 PALS concerns logged for Colchester and 121 for Ipswich for the month of March 2020.

Top Themes from PALS

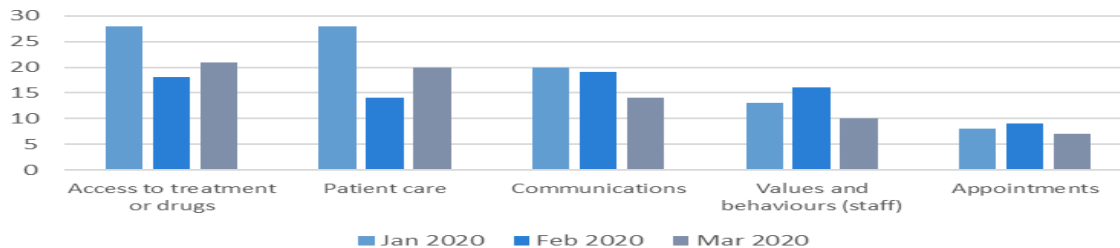
PALS concerns raised in regards to delays relate to patients not receiving appointments when expected, not receiving appointment letters on time, delays in patient's receiving dates for surgery and delays in patient's receiving results.

The reduction in PALS enquiries is related to the current COVID-19 restrictions. The setting up of the Cancer hot-line resulted in a large number of enquiries being redirected and the patients and carers then had their questions answered by the appropriate specialists.

Complaint themes

The most commonly reported theme for the month of March is patient care and access to treatment. A review of the themes within this category include patients being unhappy with their diagnosis, changes to medication and decision making around treatment management.

Top 5 Complaint Themes

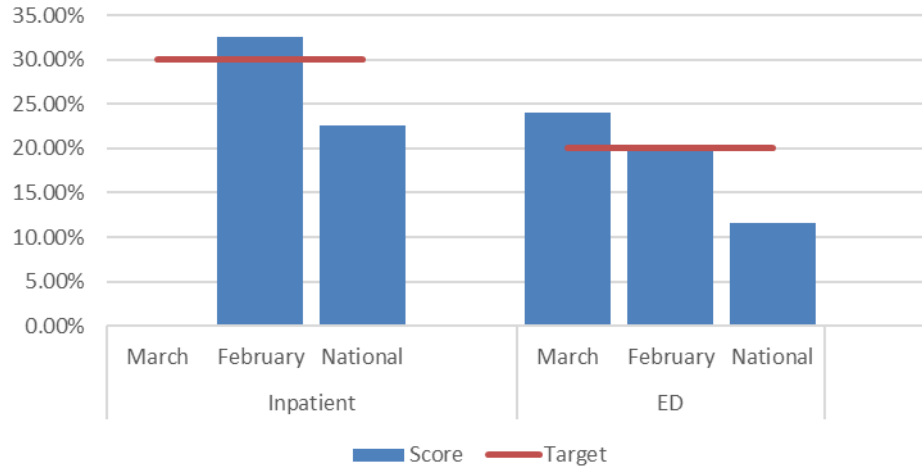


User involvement/Engagement Activity

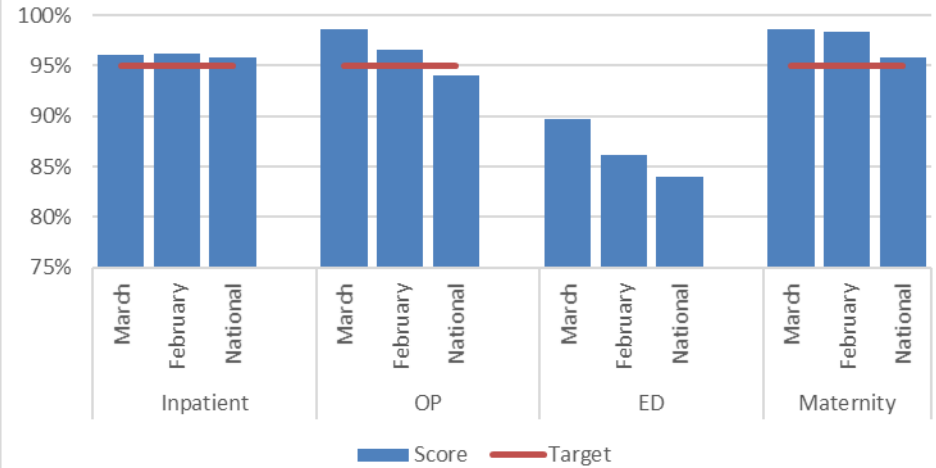
- Patient Experience programmes have been stood down during the COVID-19 pandemic. The Patient Experience Team is working closely with charities and volunteers to enhance patient and carer experience during this time.
- FFT has been suspended from March in line with National Guidance during the COVID-19 response.
- The National Maternity Survey 2020 has been suspended in line with national guidance.

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

Responder Score



Recommender Score



A&E		Dec	Jan	Feb	Mar
ESNEFT	Recommen	84.05%	86.20%	85.51%	89.65%
	Responde	20.03%	22.30%	21.00%	24.00%
National	Recommen	84.07%	85.47%	N/A	96.08%
	Responde	11.58%	11.70%	N/A	N/A

Inpatient		Dec	Jan	Feb	Mar
ESNEFT	Recommen	96.20%	95.98%	96.22%	96.13%
	Responde	33.10%	29.80%	32.60%	N/A
National	Recommen	95.84%	95.79%	N/A	N/A
	Responde	22.59%	23.98%	N/A	N/A

Birth		Dec	Jan	Feb	Mar
ESNEFT	Recommen	98.49%	98.36%	100.00%	100.00%
	Responde	24.00%	22.97%	N/A	N/A
National	Recommen	96.69%	96.97%	N/A	N/A
	Responde	18.20%	18.61%	N/A	N/A

Outpatient		Dec	Jan	Feb	Mar
ESNEFT	Recommen	97.20%	96.10%	96.64%	98.59%
National	Recommen	94.01%	93.84%	N/A	N/A

Antenatal		Dec	Jan	Feb	Mar
ESNEFT	Recommen	99.02%	96.40%	99.01%	98.68%
National	Recommen	95.36%	95.33%	N/A	N/A

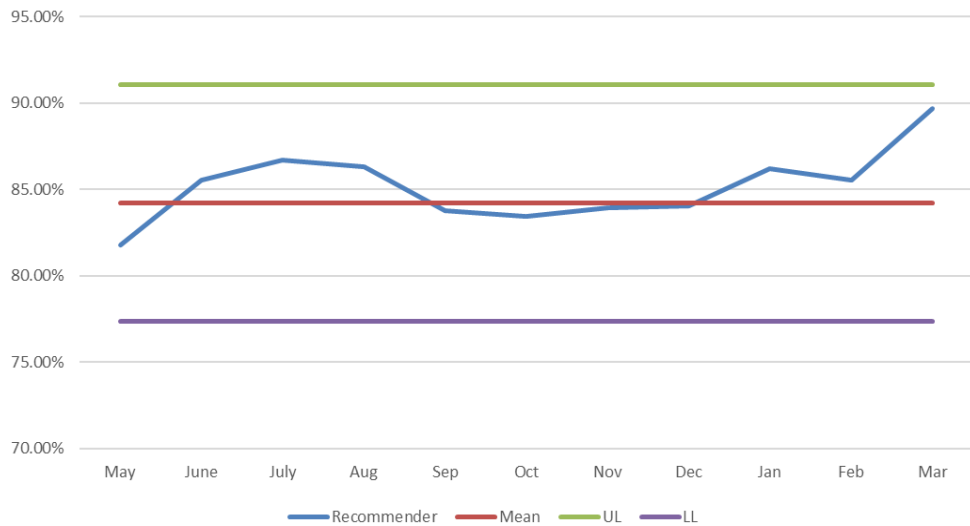
Post Ward		Dec	Jan	Feb	Mar
ESNEFT	Recommen	98.50%	93.54%	95.07%	97.08%
National	Recommen	94.91%	95.22%	N/A	N/A

Post Com		Dec	Jan	Feb	Mar
ESNEFT	Recommen	97.87%	99.19%	99.12%	98.70%
National	Recommen	97.53%	97.75%	N/A	N/A

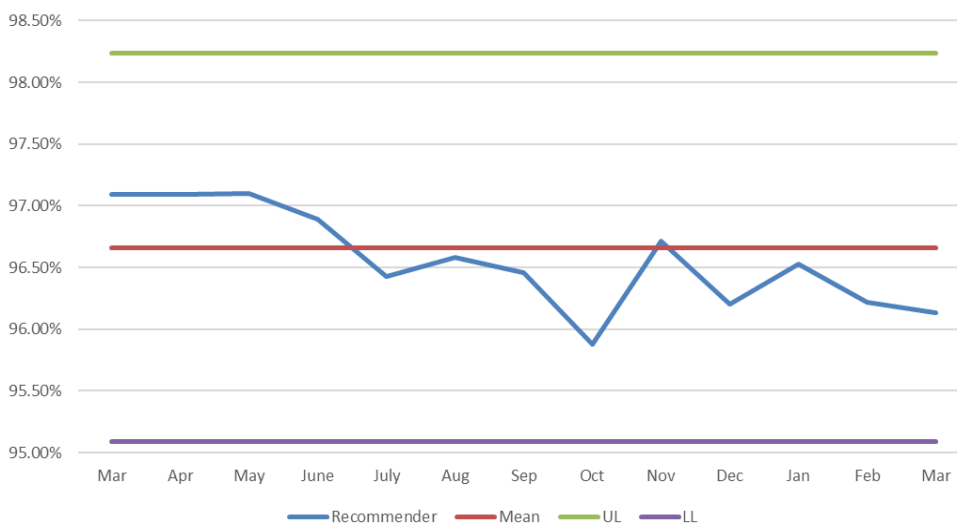
Figures for FFT taken from Envoy, still to be ratified by Business Informatics and may be subject to change next month. FFT has been suspended along with the National Maternity survey 2020 due to COVID-19.

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

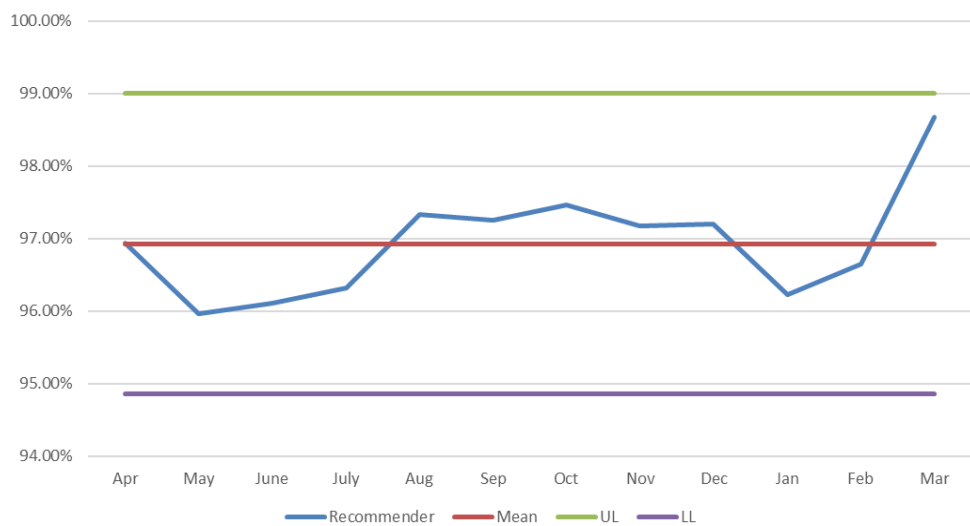
ED Recommender



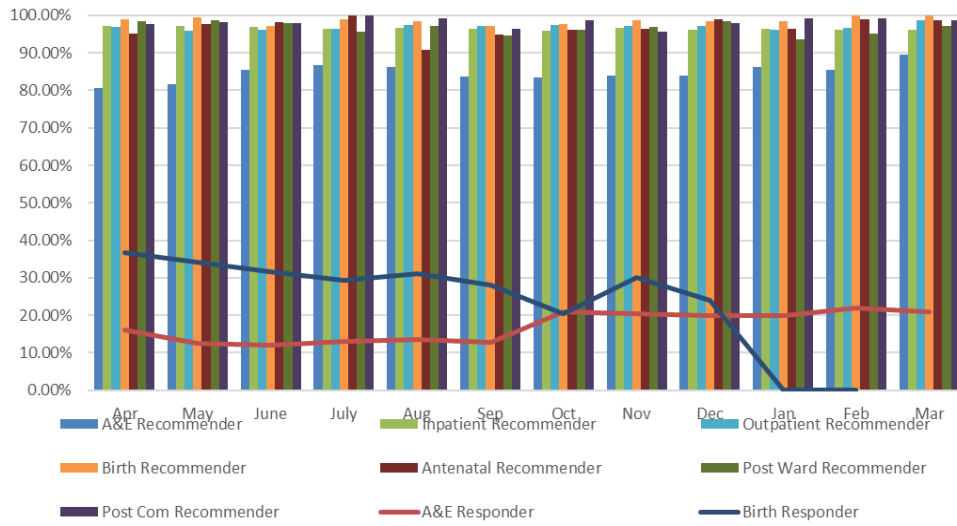
In Patient



Outpatient



ESNEFT Scores



TOP FIVE ISSUES

A&E Economy Performance

Cancer Performance

RTT Performance

Ambulance Handover

Diagnostics Performance

88.60%

***80.66%** (unvalidated)

75.7%

66 excess of 60 mins

2.70%

Colchester
90.44%

Ipswich
85.38%

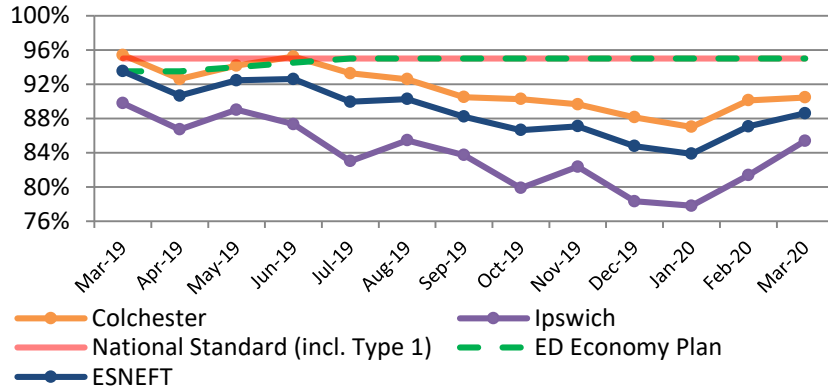
URGENT CARE

Exception Report Needed

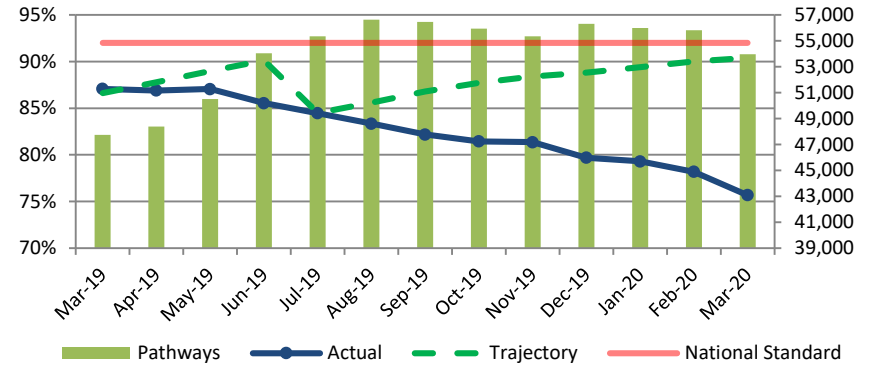
RTT

Exception Report Needed

ED Economy 4 Hr Standard - Trajectory vs Actual



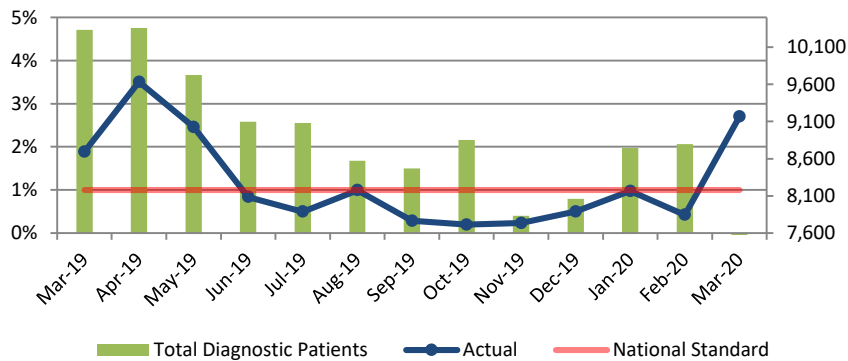
RTT Incompletes - Trajectory vs Actual



DIAGNOSTICS

Exception Report Needed

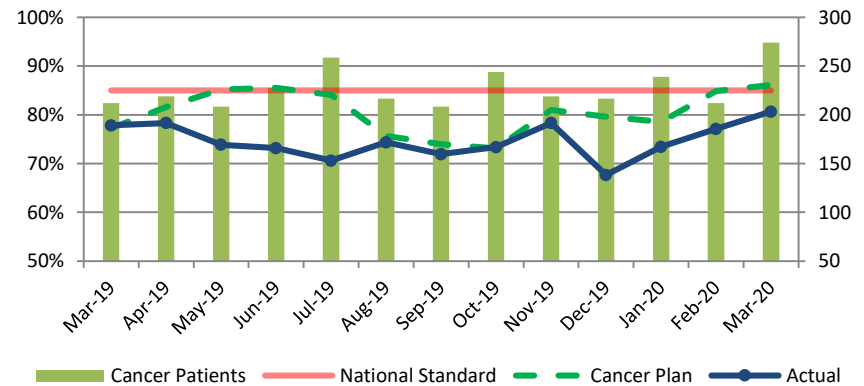
Diagnostic Standard



CANCER

Exception Report Needed

Cancer 62 Waits Standard - Trajectory vs Actual

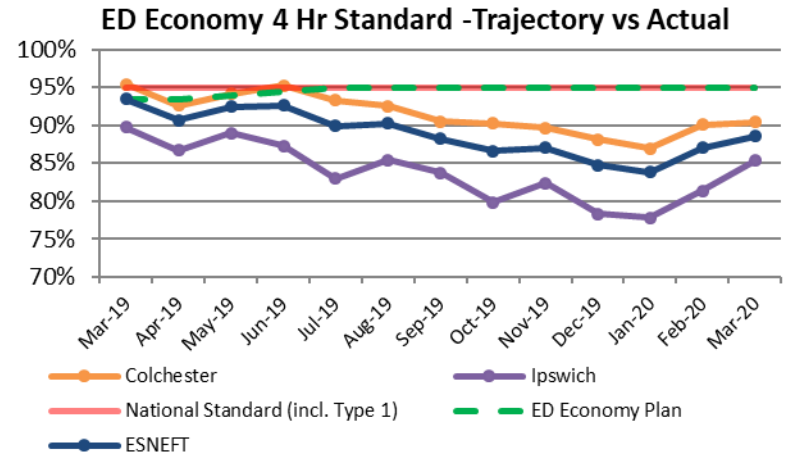
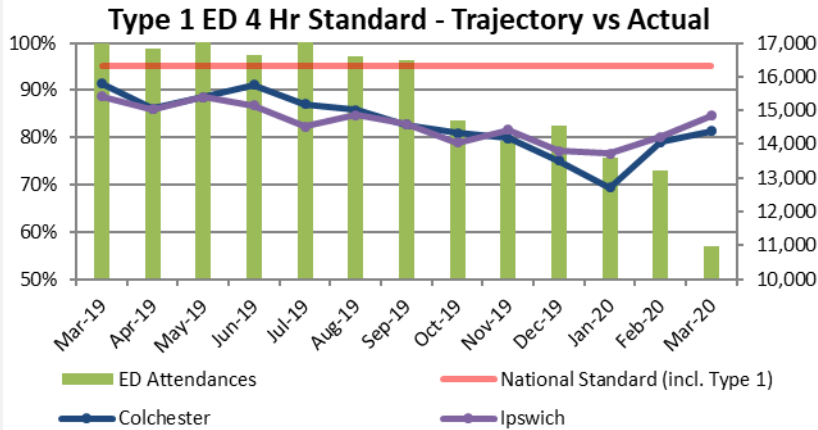


Performance against the 4 hr standard for Type 1 for March 2020 reported 81.37% for Colchester which was an increase on February's performance of 79.00%. Ipswich also reported an increase in performance to 84.67% in March 2020 from 80.14 in February 2020.

ED Economy performance for March 2020 reported 90.44% for Colchester and 85.38% for Ipswich.

The ESNEFT performance reported 88.60% in March 2020 which was an increase on February's performance of 87.06%; below the trajectory and the National Standard of 95%.

1 Monthly Trend



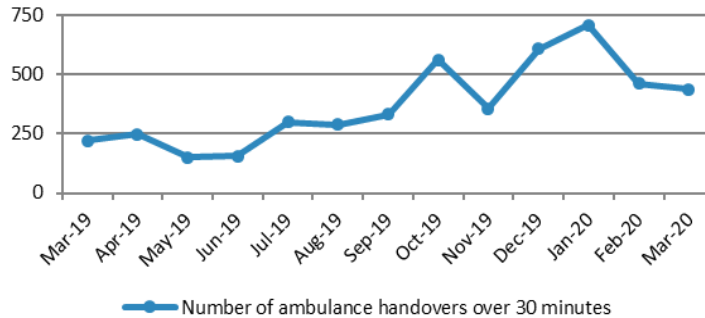
60 minute handover breaches for March 2020 reported 66, a decrease from 124 in February 2020

Handovers over 30 minutes also decreased from 462 in February 2020 to 439 in March 2020

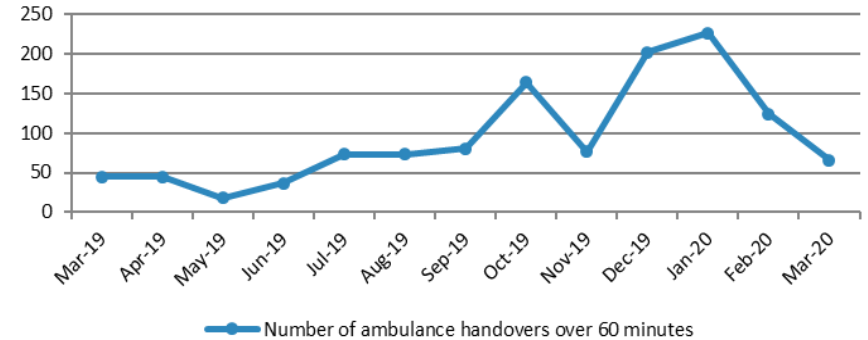
Handover breach penalties are no longer paid by the Trust due to the move to guaranteed income contracts.

1 Monthly Trend

Number of ambulance handovers over 30 minutes



Number of ambulance handovers over 60 minutes



62 Day Cancer Waits for 1st Treatment remain below Target. Performance for March 2020 is 80.66% this is 5.44% below the trajectory of 86.1% and below the 85% National standard.

2WW wait from referral to first seen is below target at 84.1% for March 2020 against a 93% National standard.

31 day wait from decision to treat to treatment for March 2020 is 92.2% which is below the National standard of 96%.

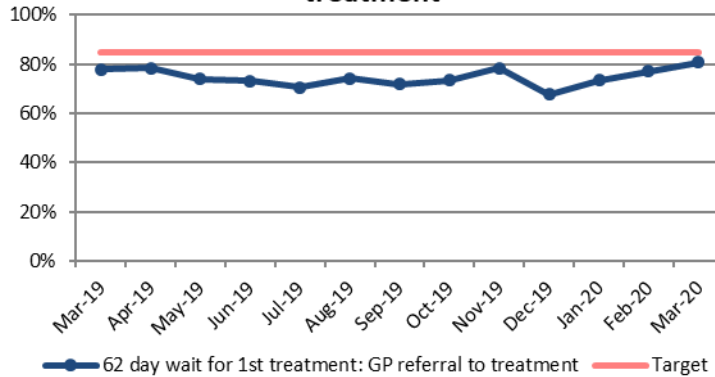
The number of patients currently waiting (snapshot) 104+ days on a 62 day first Cancer pathway has been reported as 40 in March 2020 a decrease from February 2020 figure of 66

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

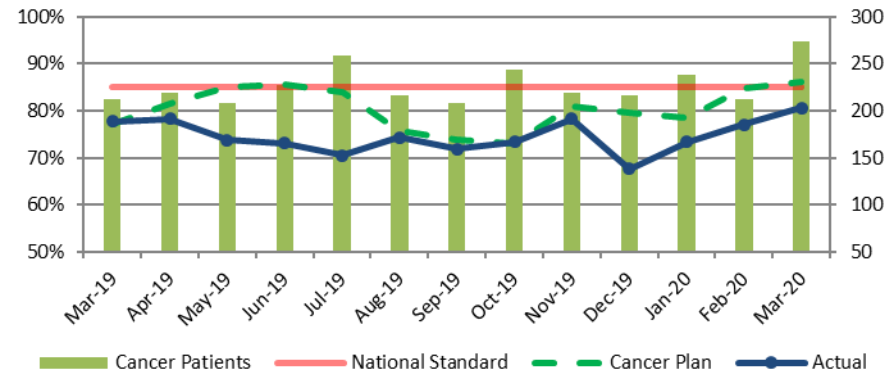
**Unvalidated figures as at 21/04/2020. Final figures for March will be available in May 2020 after submission*

1 Monthly Trend

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



Cancer 62 Waits Standard - Trajectory vs Actual

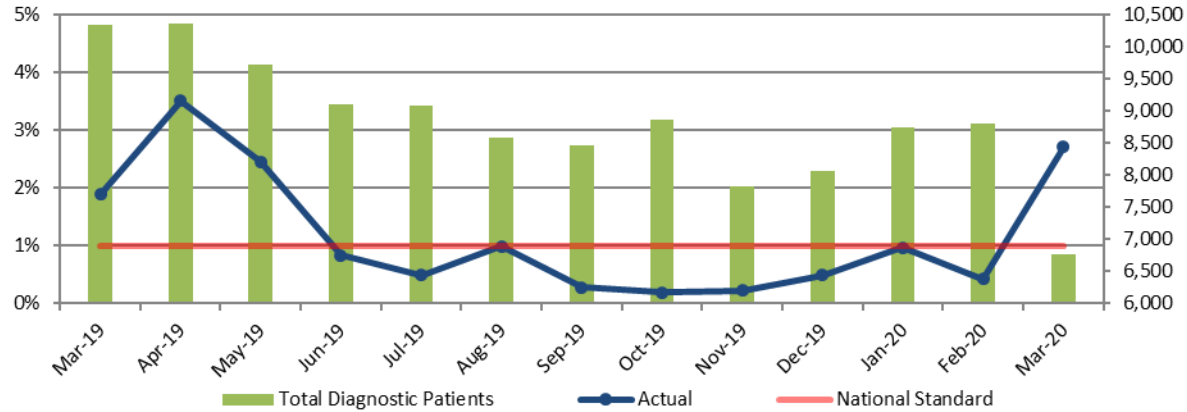


Other Cancer Standards	Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
2 week wait from referral to date first seen: All	93%	86.9%	82.8%	86.3%	78.3%	79.0%	74.2%	80.9%	86.5%	85.5%	85.9%	75.2%	76.1%	84.1%
31 day wait from diagnosis to 1st treatment	96%	97.5%	95.8%	94.7%	93.8%	92.0%	90.8%	91.2%	87.6%	94.4%	91.7%	91.8%	93.1%	92.2%
62 day wait for 1st treatment: GP referral to treatment	85%	77.8%	78.3%	73.9%	73.2%	70.6%	74.4%	71.9%	73.4%	78.3%	67.7%	73.4%	77.1%	80.7%
104+ days on 62 day first PTL (showing 100+ prior to Mar 17)	0	23	28	37	68	69	69	117	165	152	191	112	66	40

Diagnostic performance for March 2020 reported 2.7% which failed to meet the National standard of 1%.

1 Monthly Trend

Diagnostic Standard



Diagnostic Standard - Details	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
DM01 6+ week breaches	195	363	239	76	45	85	24	17	18	40	85	37	183
DM01 Endoscopy 6+ week breaches	5	17	8	2	12	7	6	2	5	5	13	7	44
DM01 Imaging 6+ week breaches	151	267	164	34	0	15	12	3	3	12	37	14	8
DM01 Physiology 6+ week breaches	6	4	3	5	2	21	6	15	22	33	24	23	131
DM01 Waiting List	10335	10359	9726	9099	8997	8573	8469	8853	7832	8058	8746	8795	6770

The Initial Value for Direct to Stroke Unit is below the target of 90% at 81.8% for March 2020.

Scanned within one hour meets the 50% target for ESNEFT in March 2020 at 72.5%

The Initial Value reported for March 2020 performance of patients spending 90% of their stay on stroke unit is above the target of 80% at 89.3%

1 Monthly - ESNEFT

Stroke - ESNEFT combined AF Values

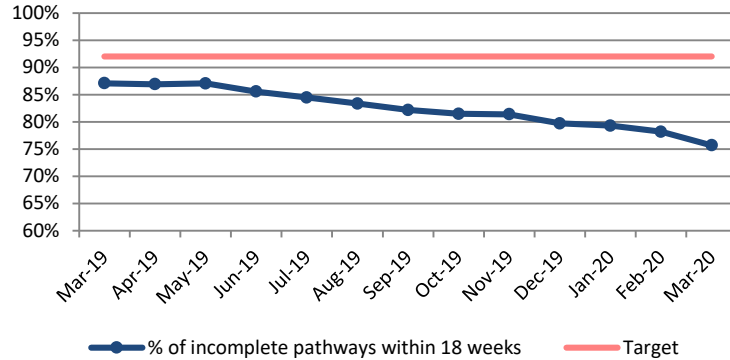
Standard	Target	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% patients admitted directly to stroke unit within 4 hours of hospital arrival	90%	78.9%	83.1%	86.3%	71.4%	84.6%	78.8%	84.4%	76.5%	84.8%	83.5%	70.1%	85.7%	81.8%
	<i>Numerator/Denominator</i>	60/76	49/59	69/80	40/56	77/91	67/85	76/90	65/85	67/79	86/103	61/87	60/70	63/77
% patients who scanned within one hour of hospital arrival	50%	68.0%	65.9%	71.9%	51.3%	82.3%	73.7%	64.1%	68.3%	69.0%	67.0%	74.0%	74.6%	72.5%
	<i>Numerator/Denominator</i>	34/50	27/41	41/57	20/39	65/79	56/76	50/78	56/82	49/71	61/91	57/77	44/59	50/69
Patients spending => 90% of their stay on a stroke unit	80%	91.8%	87.0%	90.8%	79.7%	92.7%	86.3%	87.8%	80.5%	92.5%	87.0%	82.3%	92.5%	89.3%
	<i>Numerator/Denominator</i>	56/61	47/54	69/76	47/59	76/82	69/80	72/82	70/87	62/67	80/92	65/79	62/67	67/75

March 2020 current RTT position reported 75.7%. This is below the trajectory set of 90.4% for the month.

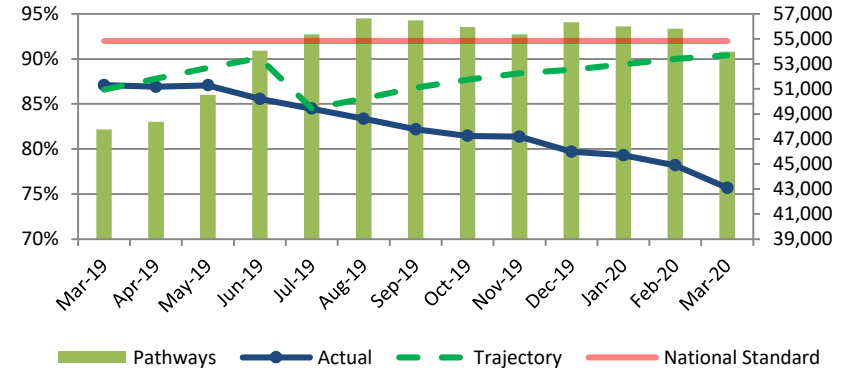
There were a total of 49 52+ week breaches for March 2020. 11 for Colchester and 38 for Ipswich

1 Monthly Trend

% of incomplete pathways within 18 weeks



RTT Incompletes - Trajectory vs Actual



Note: RTT Trajectory used from July 2019 reflects what the Operational teams have signed up to for (v5), aggregated to a Trust level.

Other RTT Standards	Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
% of incomplete pathways within 18 weeks - admitted	92%	62.7%	66.8%	66.7%	61.4%	60.2%	59.1%	59.3%	60.3%	61.0%	59.2%	59.5%	57.2%	53.9%
% of incomplete pathways within 18 weeks - non-admitted	92%	92.4%	91.8%	91.8%	90.1%	89.1%	87.7%	86.4%	85.5%	85.4%	83.7%	83.2%	82.2%	80.2%
Number of RTT Incomplete pathways >52 weeks	0	0	0	2	2	1	0	0	2	4	1	1	11	49
Total Backlog	-	6172	6344	6540	7814	8598	9430	10067	10378	10318	11440	11596	12187	13127

Performance against Control Total

Summary Income and Expenditure	Year to date			Fav / (Adv)
	Plan £000	Budget £000	Actual £000	v Plan
Clinical Income	646,440	653,653	665,033	18,593
PSF/FRF/MRET	31,178	31,178	40,730	9,552
Other	40,458	50,212	54,085	13,627
Total Income	718,076	735,043	759,848	41,772
Pay	(416,310)	(447,302)	(444,364)	(28,054)
Non Pay	(281,038)	(267,392)	(286,714)	(5,676)
Total Expenditure	(697,348)	(714,694)	(731,078)	(33,730)
EBITDA	20,728	20,350	28,770	8,042
Impairments	-	-	(4,779)	(4,779)
Other Non Operating	(26,637)	(26,205)	(25,310)	1,327
Surplus / (Deficit)	(5,909)	(5,855)	(1,319)	4,590
EBITDA %	2.9%	2.8%	3.8%	
Performance Against CT				
Impairments	-	-	(4,775)	(4,775)
Prior Year PSF	-	-	996	996
Donated Income	2,706	2,706	2,411	(295)
Total Non CT Items	2,706	2,706	(1,368)	(4,074)
Performance Against CT	(8,615)	(8,561)	49	8,664
Exclude PSF/FRF/MRET	31,178	31,178	39,734	8,556
Performance exl PSF/FRF/MRET	(39,793)	(39,739)	(39,685)	108

Headlines

With the inclusion of the notified deficit reduction incentive payment, the draft final annual position is essentially break-even, which is favourable to plan by £8.6m. The adjusted financial performance (not including central monies) is a small favourable variance of £0.1m.

Although this outcome is subject to the finalization of accounts work by finance and review by external audit, it is not expected to materially change as a result of these actions.

The position assumes the receipt of £40.7m of PSF/FRF/MRET as the Trust's financial plan has been met, and incentive FRF of £8.6m was therefore also notified.

Commentary on key items

Income: Significant support funding was received from both NHS England Specialised and Clinical Commissioning Groups. A large amount of transformational funding was also received in 19/20 (offset by costs).

Pay expenditure: Relative to budget, overspends on junior doctors and consultant pay were offset by underspends most notably in non-clinical areas.

Non-pay: Undelivered CIP was £14.6m which mainly sits in 'other' non pay expenditure. Other areas of overspend include secondary commissioning, clinical supplies and drugs.

COVID-19: For 2019/20 the Trust notified NHSI/E of revenue costs of £4.1m, which it was confirmed are matched with central funding. The Trust also received £178k of income related to lost income (such as car parking and private patient activity). Capital costs of £0.53m were also identified.

2020/21 Reporting

NHSI/E are currently reviewing financial reporting for 2020/21 taking account of the revised financial arrangements notified for the COVID-19 pandemic (April to July 20). They are looking to significantly reduce the reporting required at the beginning of the year.

At this stage it is expected to include an analysis of income and expenditure with some cash and liquidity information and possibly something on mental health.

There will be a detailed collection for COVID-19 costs (based on the collections completed at 19/20 year end) which NHSI/E are hoping to build into standard monthly reporting submissions.

Other Key Deliverables

CIP Target **£15m shortfall**

In Month : £1.3m delivered against a target of £2.6m, a shortfall of £1.3m.

Full year : The total amount delivered was £16.9m. £13.8m was recurrent and £3.1m non-recurrent.

The Full Year Effect of delivered CIPs was £17.3m, a shortfall of £14.6m.

Agency Ceiling **£4.8m underspent**

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

In Month : For Month 12 agency costs were under the ceiling (£1.6m v £2.0m ceiling).

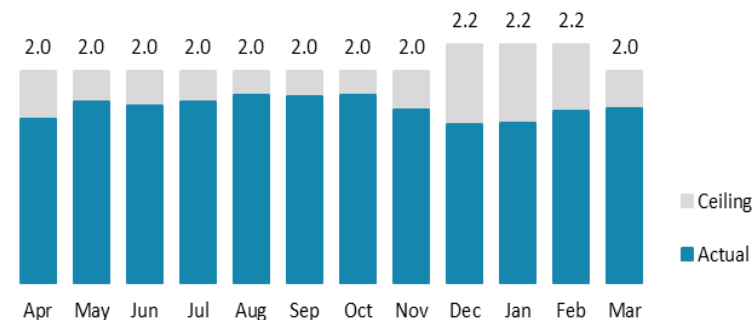
Full year : The annual date position was also under the NHSI limit (£19.7m v £24.5m ceiling).

Capital **£1.9m overspent**

Annual Plan : The original capital plan submitted to NHS Improvement of £32.2m increased to £34.6m after receipt of central funding (PDC) for point of care testing, winter projects, IT projects and COVID-19.

Full year : At the end of March the reported overspend for the Capital Programme was £1.9m (6%). This overspend was acceptable to NHSI/E and contributed to the full use of wider economy capital resource.

CIP Delivery by Division	March			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	556	201	(355)	6,668	2,221	(4,447)
Integrated Pathways	323	134	(189)	3,882	1,818	(2,064)
Logistics	51	28	(22)	609	346	(263)
Medicine Ipswich	223	30	(194)	2,727	415	(2,312)
Medicine Colchester	193	40	(153)	2,273	337	(1,936)
MSK and Specialist Surgery	225	166	(59)	2,704	2,112	(592)
Surgery and Anaesthetics	415	272	(143)	4,976	3,247	(1,729)
Women's and Children's	199	178	(21)	2,392	2,057	(335)
Total Operations	2,186	1,049	(1,136)	26,231	12,552	(13,678)
Corporate Services	484	355	(129)	5,722	4,421	(1,302)
Non Divisional	(14)	(14)	-	(74)	(74)	-
Total Trust	2,656	1,391	(1,265)	31,878	16,899	(14,980)



Capital Programme	Month 12		
	Plan £000	Actual £000	Fav / (Adv)
Business as Usual	10,796	9,300	1,496
STP Schemes	4,816	707	4,109
Strategic Developments	14,160	12,411	1,749
Divisional Schemes	4,854	7,926	(3,072)
New Schemes	-	6,216	(6,216)
Total Capital Programme	34,626	36,560	(1,934)

Annual accounts submission

In recognition that the NHS is under considerable pressure because of the COVID-19 pandemic, with new and changing working arrangements affecting finance teams in organisations to varying degrees, NHSI/E has **revised accounts requirements and deadlines** for 2019/20.

Summary of key points

- The implementation of IFRS 16 is being deferred until 2021/22.
- Draft accounts are now due on 27 April, but provider organisations can extend this to 11 May if they wish.
- There are associated amendments to ledger close for commissioners, key data for providers, and agreement of balances process dates.
- Audited accounts are now due on 25 June.
- Quality accounts: DHSC is working to amend Regulations which specify these arrangements. We do not expect providers will be subject to the 30 June deadline.
- Auditor assurance work on quality accounts and quality reports should cease for 2019/20.
- Provider organisations will no longer be required to submit any hard copy documents to NHS Improvement for the annual report and accounts.

Revised accounts deadlines 2019/20

For providers, a 'key data' submission was due on 20 April. This exercise supported indicative Provider Sustainability Fund (PSF) / Financial Recover Fund (FRF) allocations.

Providers will make a submission on 27 April, which is either full draft accounts, or can just be an agreement of balances submission. While the agreement of balances exercise can cause burden, most organisations rely on it for the completion and audit of their accounts.

An extended deadline for providers' draft accounts has been offered of 11 May. Providers do not need to tell NHSI in advance which submission they are making.

Due to sickness in key areas and delays in the system caused by COVID-19 (e.g. key information received late from NHSI/E, finance department moved to working from home) the Trust will be looking to submit draft accounts on 11 May, although it is anticipated that all NHSI/E data submission templates will be fully completed by 27 April.

This approach has been discussed and agreed with auditors. Plans are in place to provide working papers in acceptable timeframes.

Audited accounts are due by 25 June.

Further option introduced after original guidance

Following feedback, NHSI/E have provided a third option for providers. This is to submit full accounts data forms on 27 April, but delay the draft accounts document to 1 May, followed by AoB resubmission on 11 May. The draft accounts submitted by 1 May should remain consistent with the PFR form submitted on 27 April.

Workforce Dashboard

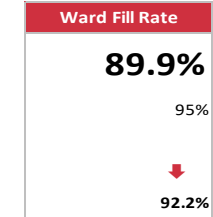
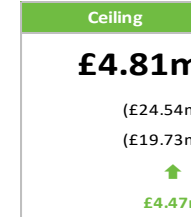
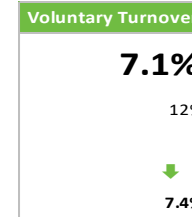
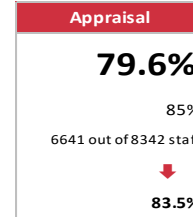
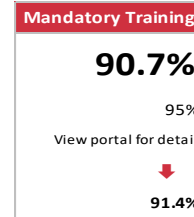
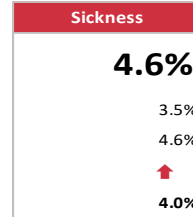
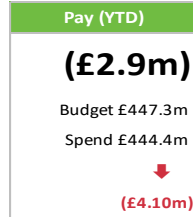
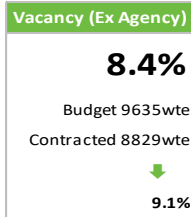
March 2020

Trust Level

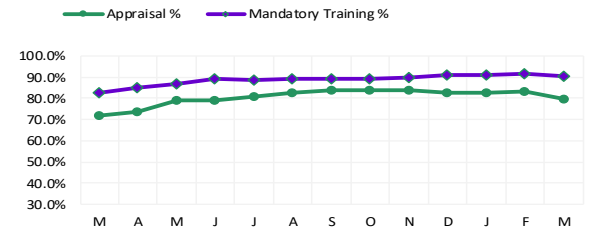
Key Metrics

Performance

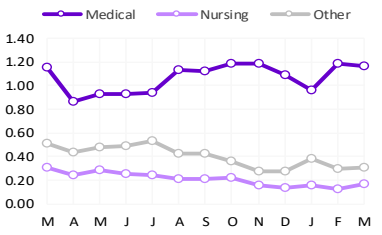
Target
Achieved
Vs Prior Month
Prior Month



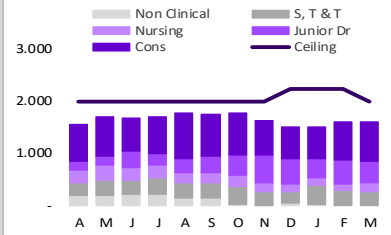
Appraisals & Mandatory Training Compliance



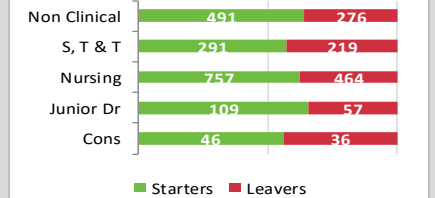
Agency Trends (ex Locum)



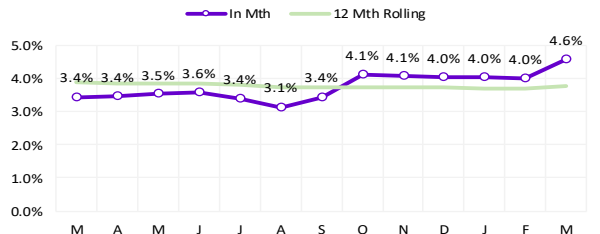
Agency Ceiling



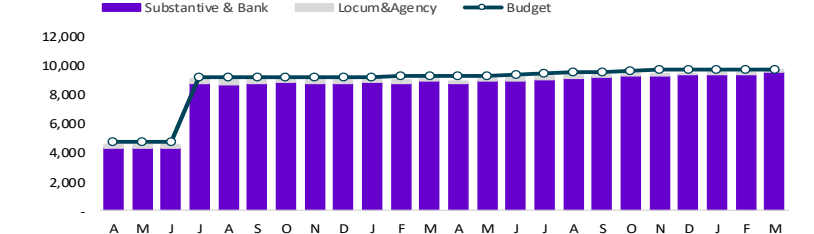
Starter - Leavers (12Mth Rolling)



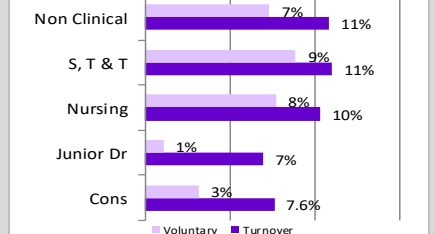
Sickness



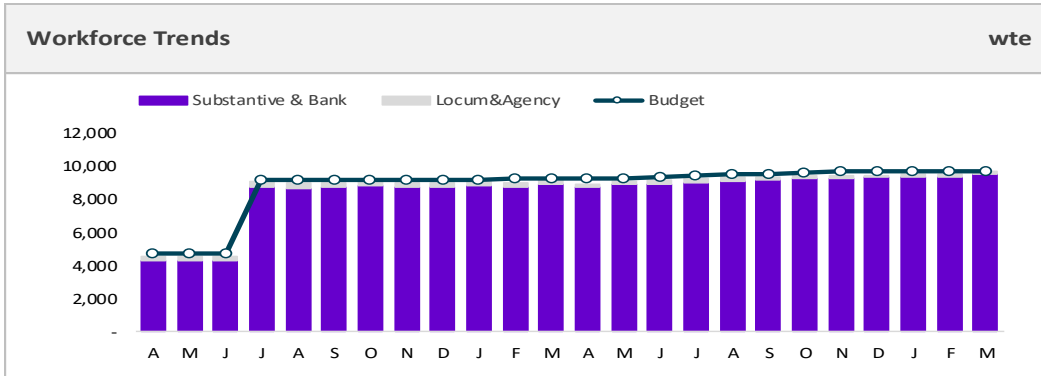
Workforce Trends



Turnover by Staff Group



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

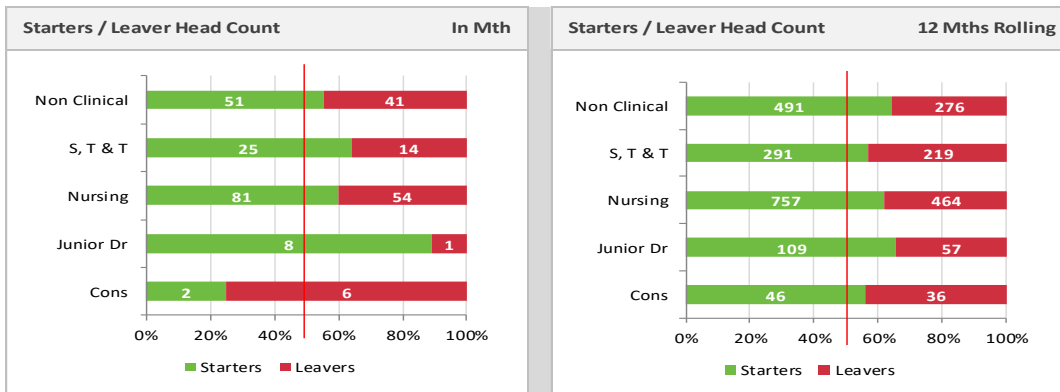


Commentary

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

In March, the number of staff in post increased to 8,829 WTE (February 8,763). The Trust continues to have more starters than leavers, both overall and in the majority of clinical groups.

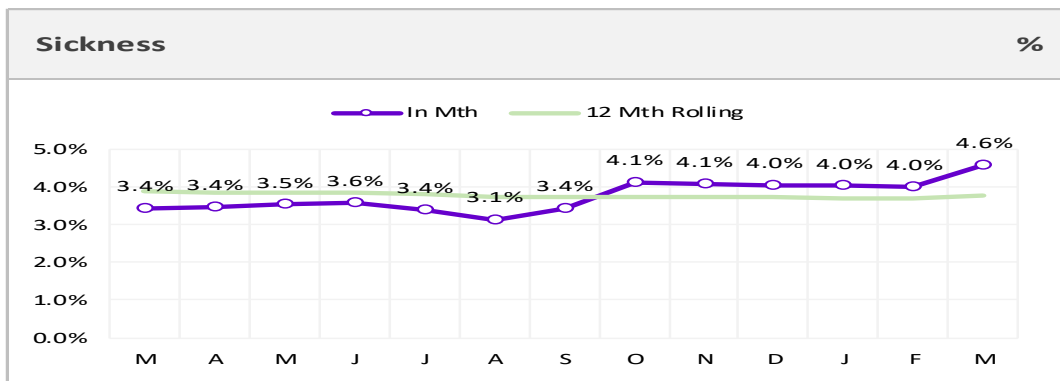
The Trust's rolling voluntary turnover for March was 7.1%, a decrease from the 7.4% reported in February. This has been steadily improving in recent months and compares well nationally.

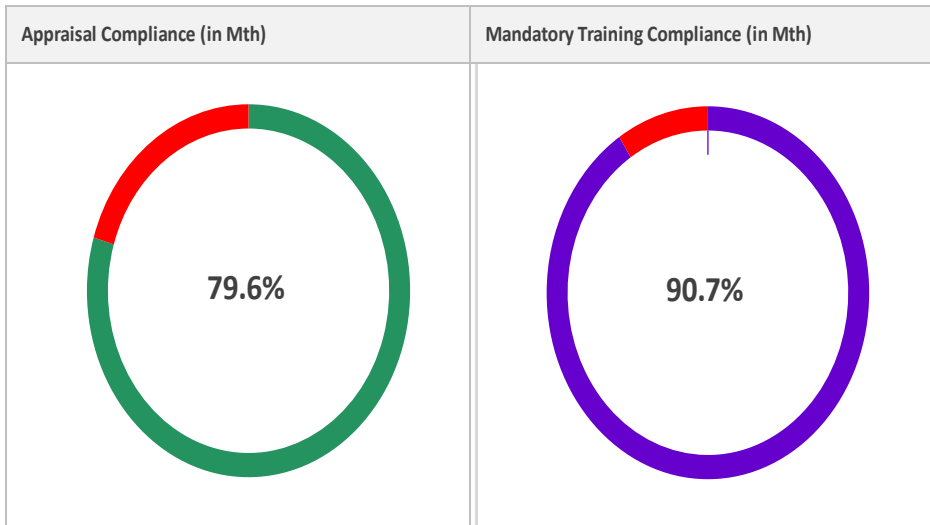


Sickness

Sickness in March deteriorated to 4.6%. Up from 4% in February. Sickness has increased in all divisions and now sits at 4.6%, 1.1% above the Trust target and 0.6% above February 2020 (4.0%). The biggest divisional increases were seen in Surgery & Anaesthetics and Medicine Colchester (both 1.2% increase) and Medicine Ipswich (0.9% increase)

Sickness during March has cost the Trust £1m, with 12,423 days lost.





Commentary

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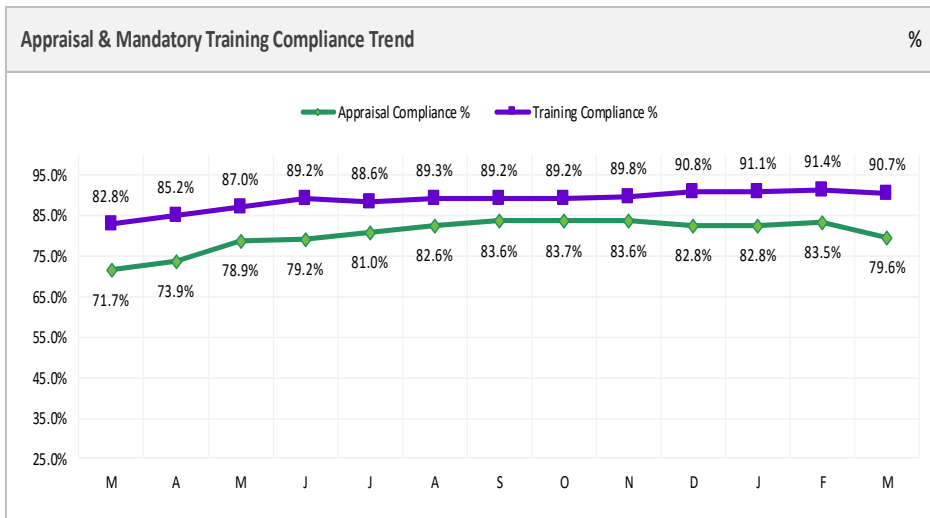
Appraisals

Compliance was 79.6% in March, a deterioration when compared to February's score of 83.5%. Performance deteriorated in all divisions however the biggest drop was seen in Women's & Children's and Corporate which both reported a 7% deterioration.

Mandatory Training

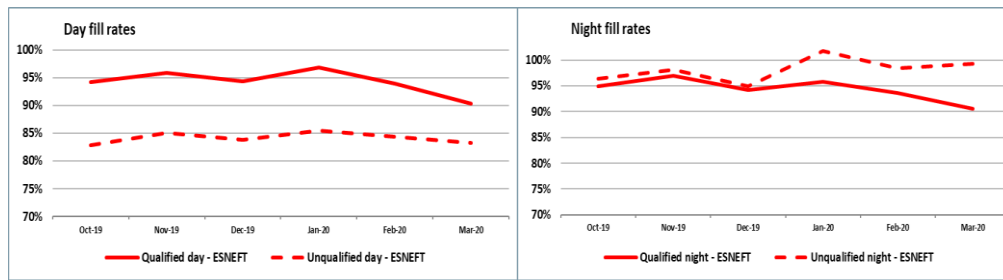
March's compliance rate decreased to 90.7%, from 91.4% in February. However, no division is reporting an overall green compliance level for mandatory training being at 95%, or above.

Paediatric Basic Life Support training has the lowest level of compliance, at 63.58%. This is one of 5 training areas that had a compliance level below 80% as at the end of January.



Nursing Fill Rates (including care hours per patient day)

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Qualified day - ESNEFT	94.2%	95.8%	94.3%	96.8%	93.9%	90.3%
Qualified night - ESNEFT	95.0%	97.0%	94.2%	95.8%	93.7%	90.6%
Unqualified day - ESNEFT	82.9%	85.0%	83.8%	85.4%	84.4%	83.2%
Unqualified night - ESNEFT	96.4%	98.1%	94.9%	101.7%	98.3%	99.2%
Overall (average) fill - ESNEFT	92.0%	93.8%	91.8%	94.5%	92.2%	89.9%



Commentary

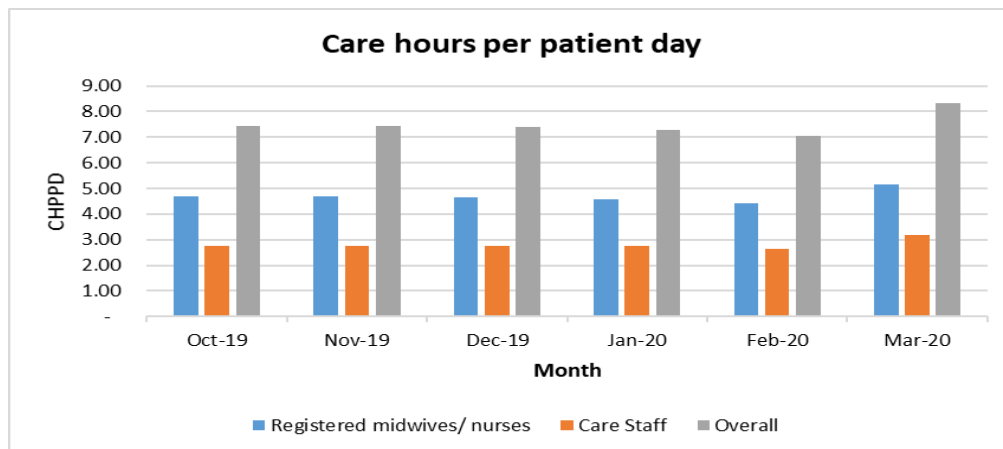
Each month data on staffing fill rates for nurses, midwives and care staff is published on the NHS Choices website. This enables patients and the public to see how hospitals are performing on meeting inpatient safe nursing levels in an easy and accessible way.

RAG rules

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

Care hours per patient day

Care hours per patient day	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Registered midwives/ nurses	4.69	4.68	4.64	4.56	4.42	5.15
Care Staff	2.74	2.75	2.74	2.74	2.63	3.17
Overall	7.42	7.43	7.38	7.30	7.05	8.31



POD Profiles - Trust Level

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
All Staff													
Headcount	10,045	10,108	10,084	10,132	10,250	10,301	10,393	10,517	10,484	10,547	10,475	10,459	10,535
Establishment (including agency)	9,224	9,258	9,283	9,312	9,431	9,479	9,529	9,595	9,684	9,680	9,708	9,714	9,704
In post	8,373	8,289	8,423	8,460	8,473	8,645	8,585	8,661	8,648	8,687	8,744	8,763	8,829
Vacancy	852	969	859	852	957	834	944	934	1,035	992	964	951	874
Vacancy %	9.2%	10.5%	9.3%	9.2%	10.1%	8.8%	9.9%	9.7%	10.7%	10.3%	9.9%	9.8%	9.0%
Establishment (excluding agency)	9,194	9,214	9,243	9,272	9,393	9,427	9,492	9,554	9,637	9,626	9,633	9,639	9,635
Vacancy (excluding agency)	822	925	820	812	920	782	907	892	988	938	889	877	806
Vacancy % (excluding agency)	8.9%	10.0%	8.9%	8.8%	9.8%	8.3%	9.6%	9.3%	10.3%	9.7%	9.2%	9.1%	8.4%
Turnover													
¹ Turnover (12 Month)	12.6%	12.3%	12.0%	11.9%	11.3%	11.3%	11.1%	11.0%	10.8%	10.7%	10.6%	10.3%	10.2%
¹ Voluntary Turnover (12 Month)	9.5%	9.2%	9.0%	9.1%	8.6%	8.6%	8.3%	8.1%	7.8%	7.6%	7.6%	7.4%	7.1%
¹ Starters (to Trust)	100	142	138	116	124	144	177	211	100	100	166	109	167
¹ Leavers (from Trust)	129	71	77	81	70	103	109	93	98	86	92	56	116
Sickness													
% In Mth	3.4%	3.4%	3.5%	3.6%	3.4%	3.1%	3.4%	4.1%	4.1%	4.0%	4.0%	4.0%	4.6%
WTE Days Absent In Mth	8,863	8,612	9,125	9,020	8,845	8,238	8,727	10,862	10,520	10,805	10,818	10,075	12,423
% of sickness Short-term	45.7%	45.2%	47.1%	44.2%	41.8%	45.0%	47.7%	50.2%	51.9%	50.0%	54.7%	55.1%	59.2%
% of sickness Long-term	54.3%	54.8%	52.9%	55.8%	58.2%	55.0%	52.3%	49.8%	48.1%	50.0%	45.3%	44.9%	40.8%
Mandatory Training & Appraisal Compliance													
Mandatory Training	82.8%	85.2%	87.0%	89.2%	88.6%	89.3%	89.2%	89.2%	89.8%	90.8%	91.1%	91.4%	90.7%
Appraisal	71.7%	73.9%	78.9%	79.2%	81.0%	82.6%	83.6%	83.7%	83.6%	82.8%	82.8%	83.5%	79.6%
Temporary staffing as a % of spend													
Substantive Pay Spend	32,729	34,100	33,132	32,952	32,692	33,315	32,744	33,402	33,361	33,847	34,182	33,966	35,050
Overtime Pay Spend	141	164	138	169	151	143	161	148	150	160	119	118	130
Bank Pay Spend	1,832	1,479	1,540	1,593	1,618	1,694	1,672	1,714	1,647	1,693	1,723	1,792	1,978
Agency Pay Spend	1,974	1,541	1,699	1,659	1,700	1,763	1,747	1,756	1,621	1,487	1,498	1,614	1,642
Total Pay Spend	36,677	37,285	36,509	36,373	36,161	36,915	36,324	37,019	36,779	37,187	37,522	37,491	38,801
Agency & Bank %	13.7%	11.5%	11.8%	12.1%	13.0%	12.8%	12.7%	12.8%	11.8%	11.4%	11.9%	12.2%	12.7%
Agency %	5.4%	4.1%	4.7%	4.6%	4.7%	4.8%	4.8%	4.7%	4.4%	4.0%	4.0%	4.3%	4.2%

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

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	2,553	2,559	2,560	2,555	2,623	2,638	2,670	2,681	2,700	2,713	2,719	2,720	2,713
In post	2,325	2,350	2,375	2,387	2,387	2,397	2,409	2,456	2,472	2,479	2,487	2,486	2,495
Vacancy	228	209	185	168	236	241	261	225	229	235	232	233	218
Vacancy %	8.9%	8.2%	7.2%	6.6%	9.0%	9.1%	9.8%	8.4%	8.5%	8.7%	8.5%	8.6%	8.0%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,447	1,425	1,428	1,416	1,412	1,422	1,437	1,450	1,450	1,456	1,456	1,454	1,455
In post	1,243	1,279	1,298	1,308	1,306	1,306	1,302	1,324	1,330	1,322	1,317	1,318	1,337
Vacancy	204	147	129	107	106	116	135	126	120	135	139	136	118
Vacancy %	14.1%	10.3%	9.1%	7.6%	7.5%	8.2%	9.4%	8.7%	8.3%	9.2%	9.5%	9.4%	8.1%
Consultants													
Establishment (including agency)	461	467	486	488	486	491	494	495	496	495	500	499	497
In post	410	406	411	412	415	413	411	409	413	413	413	416	414
Vacancy	51	61	75	77	71	79	83	87	83	82	88	83	83
Vacancy %	11.1%	13.1%	15.4%	15.7%	14.6%	16.0%	16.8%	17.5%	16.7%	16.6%	17.6%	16.5%	16.8%
Junior Medical													
Establishment (including agency)	620	626	632	635	637	654	654	655	655	660	662	662	661
In post	600	518	589	587	588	723	642	623	626	625	625	637	638
Vacancy	20	108	42	48	49	(69)	13	31	28	35	37	24	22
Vacancy %	3.2%	17.3%	6.7%	7.5%	7.7%	-10.6%	2.0%	4.8%	4.3%	5.2%	5.6%	3.7%	3.4%
Scientific, Technical and Therapeutic													
Establishment (including agency)	1,689	1,716	1,719	1,726	1,754	1,751	1,768	1,778	1,828	1,780	1,777	1,780	1,780
In post	1,583	1,581	1,583	1,594	1,590	1,605	1,598	1,598	1,595	1,592	1,604	1,599	1,610
Vacancy	106	135	137	132	164	146	170	180	233	189	173	180	169
Vacancy %	6.3%	7.8%	8.0%	7.6%	9.3%	8.4%	9.6%	10.1%	12.8%	10.6%	9.7%	10.1%	9.5%

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