

Month 2  
(May )



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

# Performance report

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

Board of Directors

Thursday 2<sup>nd</sup> July 2020

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This month's performance report provides detail of the May performance for East Suffolk and North Essex NHS Foundation Trust (ESNEFT). The Trust was formed on 1<sup>st</sup> July 2018 following the merger of Colchester Hospital University NHS Trust and The Ipswich Hospital NHS Trust. 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 May 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 April and July). 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	Mar-20	Apr-20	May-20	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	92	39	58	↑		Clinical divisions; low, medium, high
Staff Friends and Family Test % recommended - care	Caring	Q	30%	29.1%	N/S	N/S	→		Monthly FFT national reporting suspended from April-June 2020
Occurrence of any Never Event	Safe	M	0	1	1	0	↓		The never event in March occurred in Urology Day Unit at Colchester. The never event in April occurred in Theatres at Colchester.
Mixed sex accommodation breaches	Caring	M	0	N/S	N/S	N/S	→		The last breach, in February 2020, occurred on the Critical Care Unit at Colchester. Data is not being collected from April - June 2020
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	95.4%	N/S	N/S	→		FFT has been suspended nationally due to Covid-19
A&E scores from Friends and Family Test – % positive	Caring	M	90%	89.7%	93.7%	91.4%	↓		Locally collected data - FFT has been suspended nationally due to Covid-19
Number of emergency c-sections	Safe	M	tbc	79	77	92	↑		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	100.0%	N/S	N/S	→		Monthly FFT national reporting suspended for April-June 2020 reporting
- % Recommending - postnatal	Caring	M	90%	97.1%	N/S	N/S	→		
VTE Risk Assessment	Safe	M	95%	95.1%	93.1%	92.5%	↓		
Incidences of Clostridium Difficile infection	Safe	M	9	7	9	4	↓		There were 4 C.difficile cases reported in May. 1 of these was in Ipswich (0 HOHA, 1 COHA) and 3 cases were at Colchester hospital (3 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	N/S	104.3	101.1	↓		ESNEFT is 1 of 7 trusts in the region of 15 non-specialist trusts with a 'higher than expected' HSMR. It should be noted that approximately 2000 spells, including 4 deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload.
HSMR Weekend (By Month Data Available)	Effective	Q	100	N/S	111.5	109.1	↓		There are no patient safety indicators alerting currently in Dr Foster.
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.090	1.097	1.083	↓		12 mths to Dec 2019. This is as expected when compared to the previous annual position (to Nov 2019) of 1.0970.
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Use of Resources	M	tbc	8.1%	7.1%	11.6%	↑		

N/S: not submitted

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Mar-20	Apr-20	May-20	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	88.6%	91.4%	95.3%	⬆️		A&E waiting time performance based on economy. ED Economy performance for May 2020 was 94.78% for CGH, and 96.09% 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%	75.7%	65.1%	58.8%	⬇️		
All cancers – maximum 62-day wait for first treatment from:									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	82.5%	78.6%	80.8%	⬆️		
- NHS cancer screening service referral	Responsive	M	90.0%	86.8%	79.2%	50.0%	⬇️		Screening service performance snapshot as reported in Accountability Framework taken at 18th June 2020
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	2.7%	35.4%	46.3%	⬆️		Diagnostic performance was 46.34% for May 2020.
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Mar-20	Apr-20	May-20	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	4.6%	6.8%	5.2%	⬇️		
Staff turnover	Well-led	M	tbc	7.1%	7.5%	7.7%	⬆️		Voluntary turnover.
Executive team turnover	Well-led	M	tbc	3	0	0	➡️		
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	4.2%	3.1%	2.8%	⬇️		Agency staff % only.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(14,960)	(898)	(996)	⬆️		Figures from April onwards represent the new financial year 2020/21
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Mar-20	Apr-20	May-20	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	3	2	2	➡️		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 May. Agency spend was beneath the agreed ceiling amount in May. Interim financial arrangements are in place throughout the Covid-19 period April - July; this has had an impact on KPIs.
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	2	2	2	➡️		
I&E MARGIN : Variance from Plan	Finance	M	0	1	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	Mar-20	Apr-20	May-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.

### 2020/21 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, June and July 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.

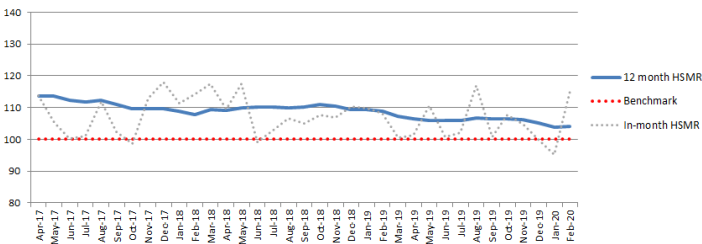
Work has begun to set up the relevant structure of the framework for 2020/21 reporting. A review is also being undertaken of all aspects of the current AF (i - principles; policy and structure; ii - data collection, management and publication; iii - reporting and interpretation) to ensure, and where possible strengthen, its relevance, accuracy and usefulness.

#### Aggregated AF Score Classification Explained

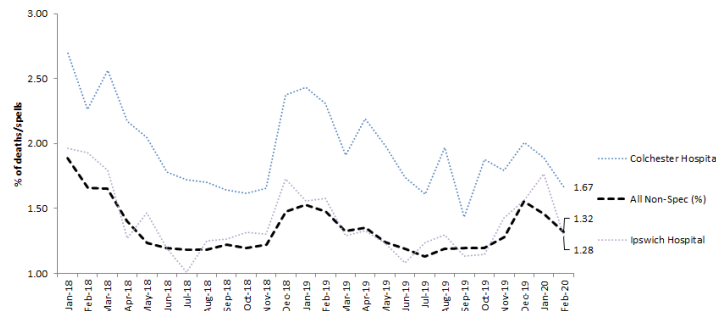
Domain Scores	Aggregated AF Score	
Two or more domains scoring '1'	1	Inadequate
Three or more domains scoring '2' or below, with / or any domain score of '1' occurring once only	2	Requires Improvement
Other combinations of domain scores between an overall domain score of '2' and '4'	3	Good
Two or more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

Mortality

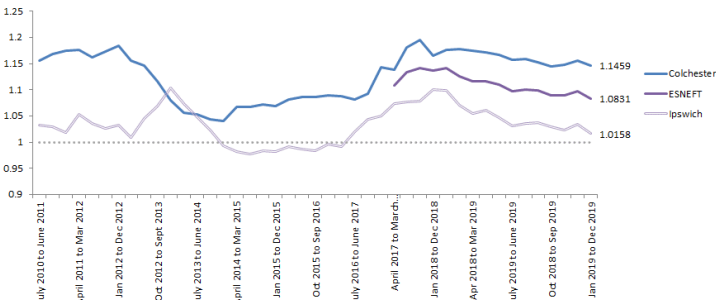
ESNEFT HSMR - In-month & Rolling 12 Months



All Diagnosis Groups - Crude Mortality Rates



SHMI - Rolling 12 months



Commentary

Dr Foster Summary – compared to January 2020 discharges

Dr Foster metrics as at Feb 2020 discharges	ESNEFT	IPS	COL
In-month HSMR	↑115.4	↓100.5	↑140.6
12 month HSMR	↓104.2	↓104.0	↑108.2
Death rate HSMR (nat. 3.2%)	→3.2%	→3.0%	↓3.6%
Lower confidence limit (HSMR)	↓100.1 Outlier	↓98.0 As expected	↑102.5 Outlier
All diagnosis groups 12 months	↓101.1	↓100.8	↓105.1
Lower confidence limit (all)	→97.5 As expected	↓95.4 As expected	↓99.9 As expected

ESNEFT is 1 of 7 trusts in the region of 15 non-specialist trusts with a 'higher than expected' HSMR. It should be noted that approximately ↑2000 spells, including 4 deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload.

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

SHMI – 12 months to December 2019

ESNEFT ↓1.0831– 'as expected' (previous release to November 2019, 1.0970)

Ipswich acute 1.0158 – as expected (down from 1.0376)

Colchester 1.1459 – as expected (down from 1.1550)

(IP = inpatient)	May 20 No. Deaths	May 19 No. deaths	Rolling 12 mths
Ips acute	87 (178)	86	117
Col acute	142 (186)	126	136
Ips ED	10 (14)	8	8
Col ED	7 (16)	7	11

Figure in brackets = previous month

Risks & Mitigating Actions

There are 2 active CUSUMs on the ESNEFT dashboard:

- Intestinal Infection – 39 deaths, 27 'expected' – this has undergone a coding review. One case has been recoded and 4 others have had additional comorbidities added.
- Respiratory failure, insufficiency, arrest (adult) – 31 deaths, 22 expected - a coding review has been partially completed with 12 corrections to the admitting diagnoses.

Weekday/Weekend Emergency Admissions

- Weekend HSMR is considered statistically 'higher than expected' (both sites)
- Weekday HSMR is considered statistically 'as expected' (both sites)

External Providers' response to Covid-19

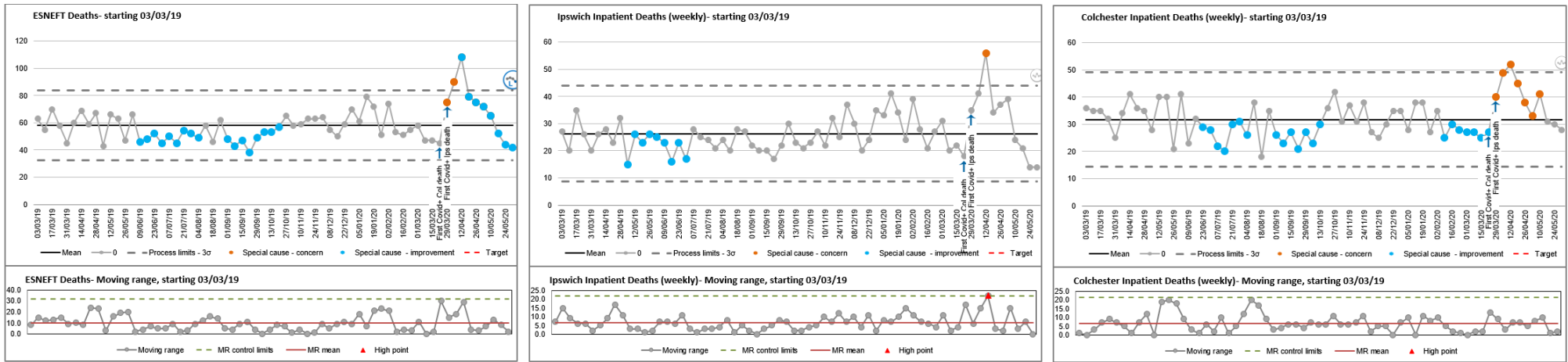
Dr Foster

- Covid-19 will not be included within the 56 diagnoses that make up HSMR but it will be included in 'all diagnoses'
- Trusts will be able to use new filters to remove patients from analysis where there was a documented diagnosis of Covid-19 so that mortality for non-Covid patients can be reviewed.
- The reduced number of hospital inpatient spells will significantly impact the number of 'expected' deaths, driving up the scores for mortality ratios. Based on the previous 24 month expected crude mortality rate for ordinary admissions, the SMR for March to May could be 117, 250 and 131.
- First results are expected end August 20.

NHS Digital – SHMI

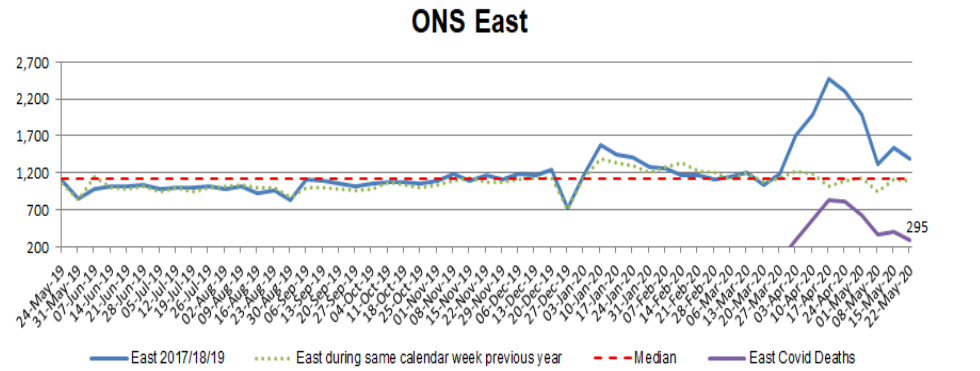
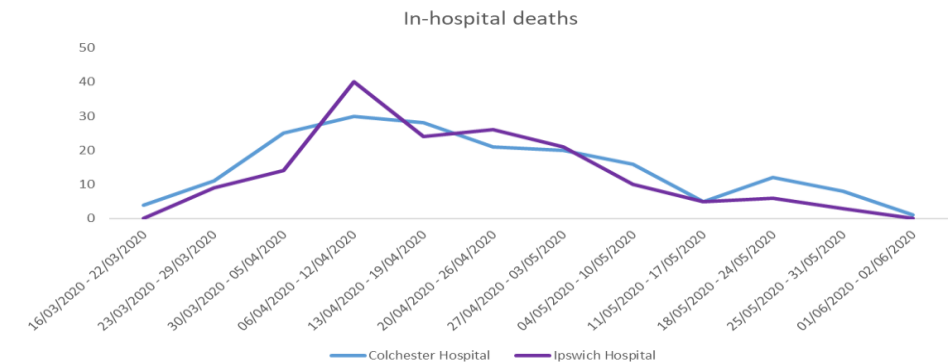
Patients with a Covid-19 diagnosis will be initially removed as the statistical modelling used to calculate the SHMI may not be as robust if such activity were included.

Mortality – Covid-19

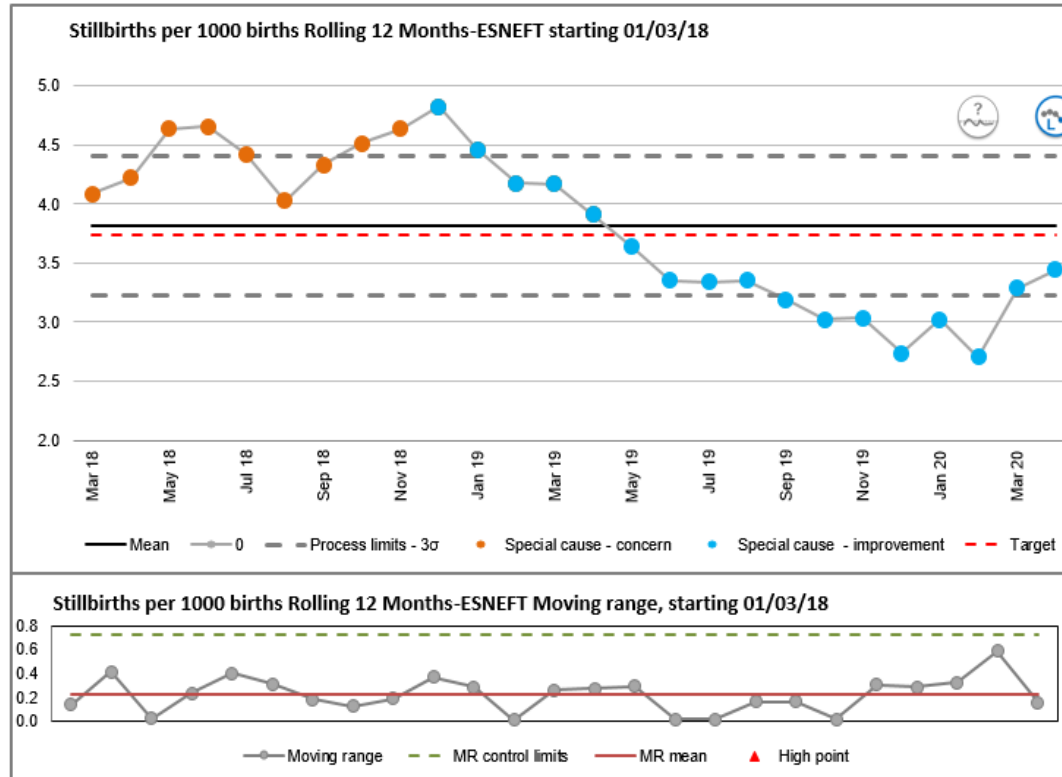


The chart below shows the trend of deaths with a diagnosis of Covid-19 from the first to the most recently reported case at the time of writing this report. There have been 180 deaths on the Colchester site and 158 on the Ipswich site, with 2 community hospital deaths.

According to data supplied by the ONS, the highest number of deaths recorded in the East of England in one week was 2,466, week ending 17th April. The same calendar week in 2019 there were 1,014 recorded deaths.



## Mortality – Stillbirths



The SPC chart demonstrates a statistically significant improvement in the stillbirth rates. Instrumental has been the full roll-out of the 'Grow' and Saving Babies' Lives programmes which include focus on growth and reduced foetal movement. The stillbirth rate for the UK for 2017 (most recent MBRRACE data release June 2020) is 3.74 per 1000 births (3.68 England) or 0.374%. For the 12 months to April 2020, ESNEFT was 3.4.

There were 2 stillbirths on the Colchester site in April and no stillbirths recorded for Ipswich site.

In terms of contributory factors for stillbirth, staff have identified maternal smoking as an emerging trend and the team has readdressed the scanning of smokers which they have previously been unable to facilitate (scanning would not have changed the outcome in the most recent cases however). There was an agreement to commence scanning before Covid-19 which unfortunately was put on hold. Discussions have taken place and the department has agreed to take requests for smokers with no additional co-morbidities with immediate effect.

Stillbirths per 1000 births 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	Mar 20	Apr 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	2.82	3.4
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	3.77	3.5



## Mortality – Stillbirths

Learning from Deaths - 5<sup>th</sup> June 2020**Presentation by Dr Sue Pearson, ITU, Colchester – Summary**

- The team treated 38 Covid-19+ patients – there were 11 deaths.
- All patients who died had a history of hypertension, with diabetes and/or ischaemic heart disease in 36% of all deaths. Three patients were admitted directly from ED.
- There were issues with thrombotic events and the team therefore changed their usual approach of keeping patient fluid restricted to support oxygen uptake to maintain a neutral fluid balance and reduce risk of AKI.
- The threshold for CT had to be lowered, even with patient transfer issues, owing to an increase in PEs.
- Proning was shown to be a reliable technique and has been rolled out to the wards with the Physio team leading on a proning project.
- ICNARC data indicated high mortality associated with ventilation and therefore the team switched to NIV where indicated, with humidified breathing circuits to prevent mucus plugging.
- Shielded/nursing staff undertook daily updates for families with unit consultants initiating end of life discussions. IT delivered Skype-enabled i-pads.

**Summary of other presentations**

- **The Learning Disabilities & Autism Nurse Specialist** noted a rise in (Colchester) in-hospital mortality; however, this would appear to be coincidental, as 9 of the patients who died had already been identified as end of life and did not have Covid-19. There has been late presentation in several cases
- **The Bereavement Services Manager** noted that the ME process has been maintained 100% during the pandemic, with 7-day working at no extra cost. Legislative changes were brought in to facilitate certification and registration.
- Families raised concerns about Covid-19 negative patients being cared for on 'red' wards. Families reported being kept informed to a large extent, although there was lack of clarity around the advice given on self-isolation where Covid-19 was detected. The ME team has been able to discuss all concerns with the family and explain, for example, how a diagnosis of Covid-19 could be made in the absence of a positive swab.

## Learning from Deaths

- **Compliance with mandatory mortality reviews** stands at 65% for Ipswich and 79% for Colchester.
- **Additional Covid-19 mortality reviews** have been undertaken for warded and critical care patients. Reviewers noted good care plans and a high compliance with the Treatment Options Form on the Ipswich site. Wards are being asked to review their May Covid-19 deaths.
- From December 2019 to March 2020 there were 6 deaths where the reviewer felt that the **death was probably due to issues in healthcare**:
  - Patient with an upper GI bleed  
Action - NICE Guideline for UGI bleeds implemented (Evolve OGD requests for suspected UGIB with compulsory risk assessment scoring and British Society of Gastroenterology Upper GI Bleed bundle); local induction includes escalation to responsible consultant.
  - Delay to surgery - under investigation (booking process)
  - Failure to diagnose a basilar artery stroke in ED – this has undergone review by stroke consultants and ED staff; recommendations under review.
  - Fall with #NoF – RCA is with the Falls Prevention Practitioner
  - Failure to closely monitor a pregnancy where there was a history of intrauterine growth restriction  
Action - Evolve document created with staff training on prompts for serial growth scans
  - Patient who required urgent escalation was not seen promptly as the task was put on Watchpoint in error.  
Action – this was discussed at Sisters and Matrons and included in the Chief Nurse Brief.
- **Multiple ward moves and patients in 'red' areas.** The Clinical Lead Hospital Coordinator advised this was caused by the requirement to isolate patients on admission until their Covid-19 status has been confirmed – once confirmed the patient transfers to a red/green ward. There may be a requirement to then transfer to a specialty for ongoing clinical management. If a positive patient remains an inpatient they could be stepped down at a later date once swabbed negative, or unfortunately have to step up to a red ward if at a later stage test positive. Delays in patient swab results have reduced significantly over the past month and this has facilitated better management of inpatient red/amber areas.

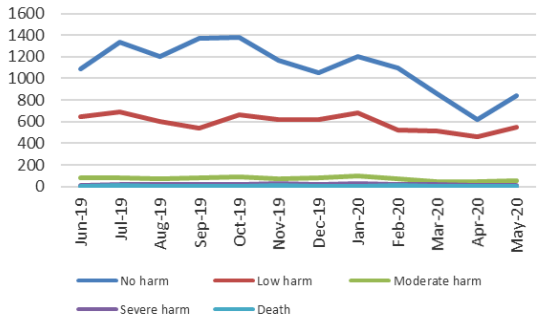
Patient Safety – Incidents

Total incidents and harm

There were a total of 1,717 (1,351) ESNEFT incidents reported in May 2020.

1,465 of these incidents were patient safety related and 1,461 were reported to the NRLS.

ESNEFT Incidents Reported to NRLS by Level of Harm during past year

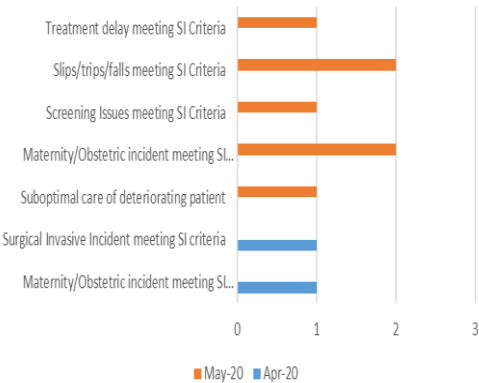


Serious Incidents

7(2) ESNEFT incidents were considered to meet the criteria of being a serious incident during May. The serious incidents included 1 from Medicine involving the transfer of an oncology patient to the Nuffield Hospital during the Covid-19 pandemic, (Cancer and Diagnostics) 2 maternity incidents – mother and baby, 1 PHE screening incident in colposcopy, 1 fall in integrated pathways and 1 in Medicine (Colchester) and a treatment delay in Medicine (Ipswich) related to nutrition.

Serious Incident Themes

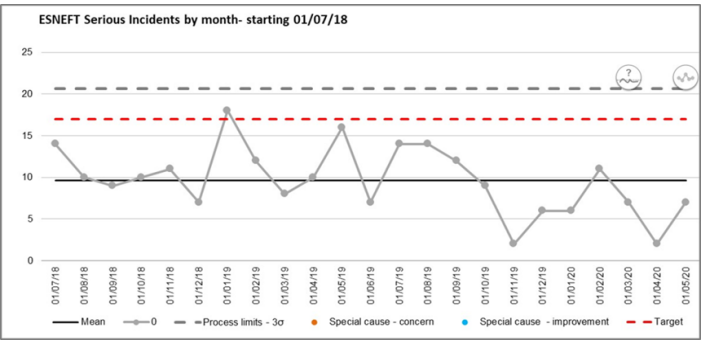
Serious Incident Themes



Never events

There were no never events reported for ESNEFT in May.

ESNEFT Serious Incidents by month- starting 01/07/18



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 May, both were sent on time. Compliance is 100% (36%) for May.

7 reports were submitted in May in total: 3 from Surgery and Anaesthetics 2 of which were due in January and one of which was sent on time as per the date set prior to stop the clock, 1 for Integrated Pathways which was sent on time as per the date set prior to stop the clock, 1 for MSK & Specialist Surgery - which was sent on time as per the date set prior to stop the clock, 1 for Women’s and Children which was on time and 1 from Cancer and Diagnostics which was submitted on time

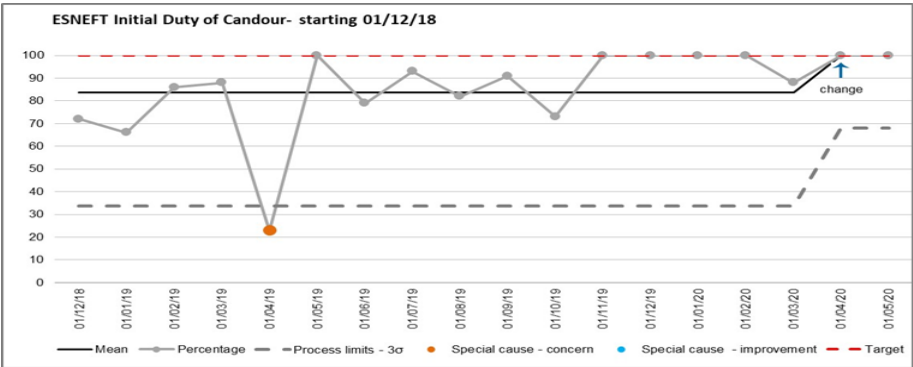
Overdue action plans

There are currently 137 overdue action plans. There were 10 completed action plans closed by the CCG in May.

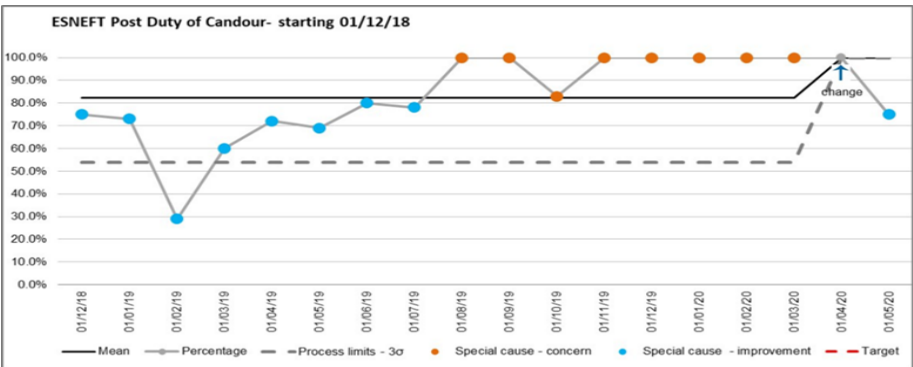
The Divisions have been asked to focus on the closure of overdue action plans and to amalgamate learning where possible to support the completion of historic action plans.

Duty of Candour

Compliance for Duty of Candour (pre investigation) increased to 100% in the month.



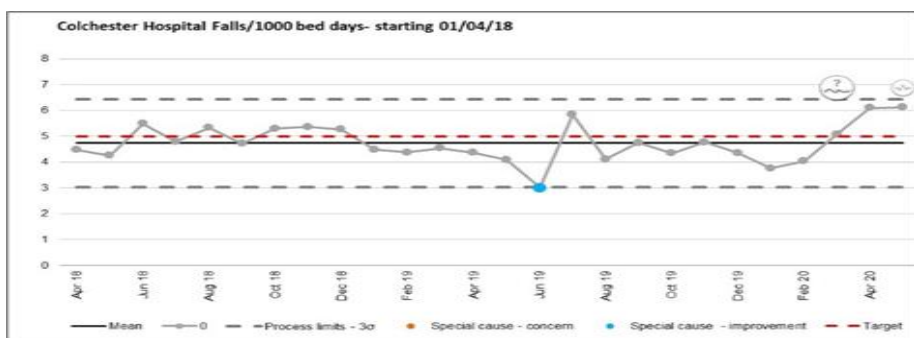
ESNEFT post Duty of Candour compliance following the conclusion of the SI investigation was 75% (100%) for May, which is a decrease on last month. There were 4 Post Duty of Candour due, 1 for Women & Children, 2 for Surgery & Anaesthetics and 1 for Cancer & Diagnostics. 3 of these were submitted on time.



## Patient Safety – Falls

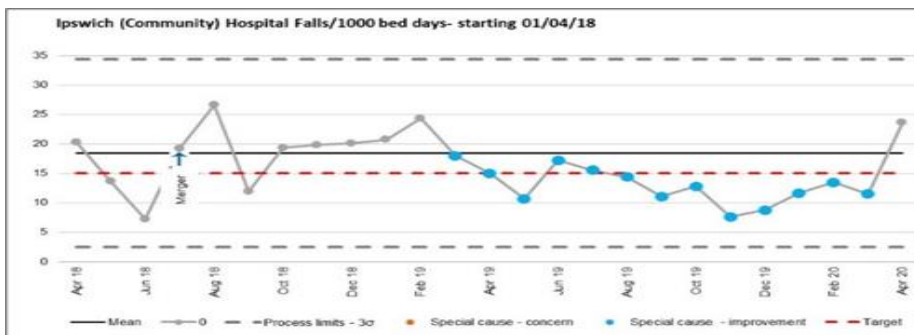
### Colchester site

Colchester reported 67 falls in May up from the 48 reported in April. There were 2 incidents resulting in severe harm – both fractured neck of femurs. Of the number reported, 46 falls were unwitnessed, 4 of which were in a cohort bay. Multiple fallers occurred on 2 wards – 2 patients fell twice, 1 patient sustaining a fractured NOF on the second fall and 1 patient fell 5 times. Of the number of falls at Colchester, 7 were reported to be Covid-19 related. This shows 6.12 falls per 1,000 bed days, a marginal increase from April.



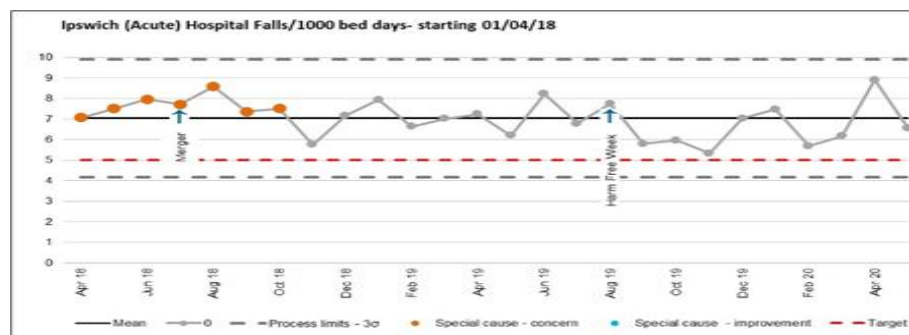
### Community Hospitals

The Community Hospitals reported 32 falls in May, a decrease from 37 in April. Aldeburgh Hospital reported 11 falls with 1 patient falling twice. Bluebird lodge reported 16 falls including 1 patient who fell 4 times with 1 of those falls resulting in severe harm – subdural haematoma. Felixstowe Hospital reported 5 falls. This gives a figure of 17.91 falls per 1,000 bed days.



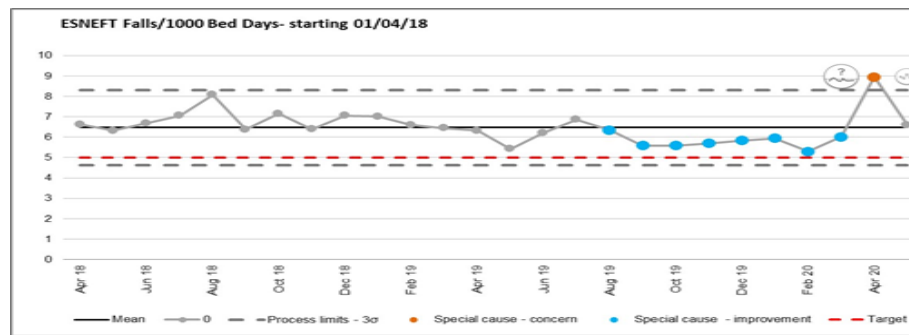
### Ipswich site

Ipswich reported 55 (76) falls in May, a decrease on April. There was 1 fall resulting in moderate harm – fractured wrist. Of the number reported, 43 were unwitnessed with 10 incidents occurring in a cohort bay. There were 4 patients that fell twice and 1 patient who fell once in the acute hospital then went onto fall a further 4 times on transfer to the community. Of the number of falls reported at Ipswich, 2 were reported to be Covid-19 related. This shows 6.55 falls per 1,000 bed days, a decrease from April.



### ESNEFT

Collectively ESNEFT continues to aim for a fall rate below the national benchmark of 5.5 falls per 1,000 bed days for the acute sites. ESNEFT reported 8.9 falls per 1,000 bed days.



## Patient Safety – Pressure ulcers

### ESNEFT

At Trust level, May shows a figure of 1.98 overall for developed pressure ulcers per 1,000 bed days at ESNEFT, an increase from 0.95 in April.

### Ipswich and Community Hospitals

Ipswich had 24 (8) developed pressure ulcers. This included 6 unstageable and 18 category 2 pressure ulcers (including 6 device related). Critical Care and Integrated Pathways reported the highest numbers. This provides a per 1,000 bed days figure of 3.13, an increase from 0.93 in April.

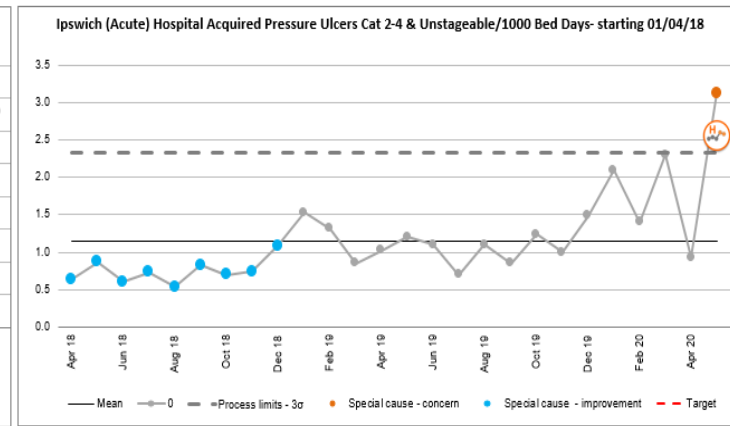
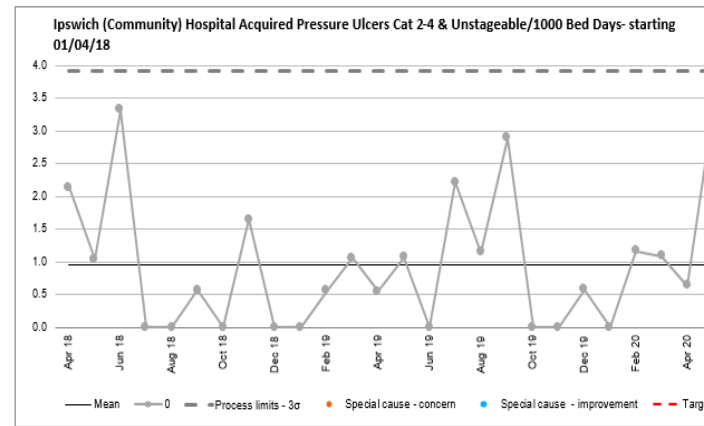
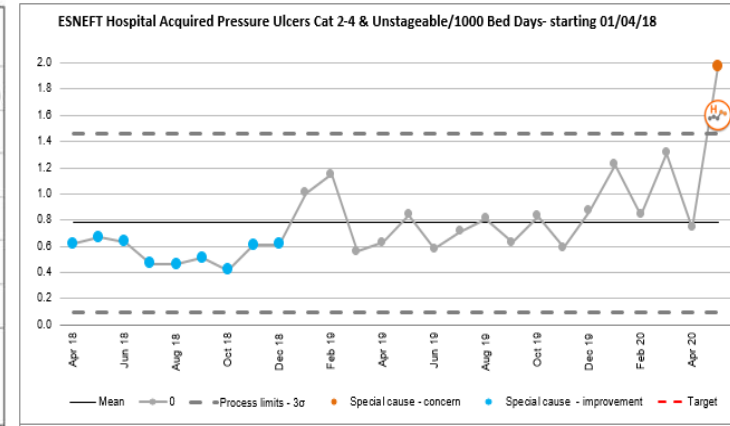
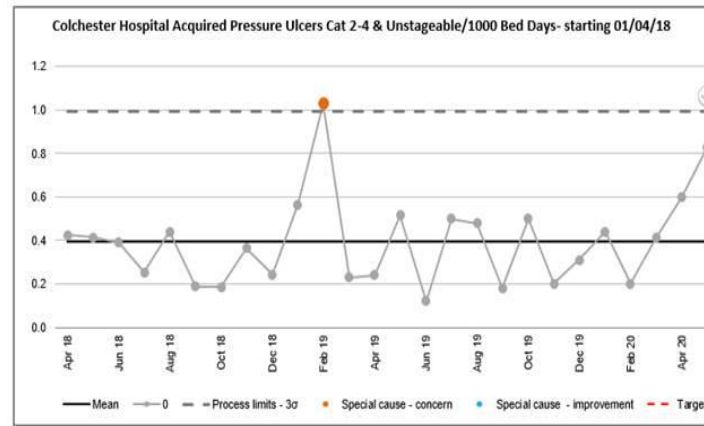
Aldeburgh reported 1 (0) category 2 pressure ulcer; Bluebird Lodge Hospital reported 3 (1); and Felixstowe reported 2 (0) pressure ulcers, one device related and one category 2. The Community Hospitals have a figure of 3.3 developed pressure ulcers per 1,000 bed days for May.

### Colchester

Colchester Hospital reported 10 (7) category 2 pressure ulcers and 0 (1) category 3. Easthorpe, ACU and Peldon Wards reported one pressure ulcer each. Tiptree had two category 2 device related pressure ulcers and Critical Care had 5 device related category 2 pressure ulcers. This gives a bed days figure of 0.83 for May, slightly lower than the previous month of 1.07.

### Working towards future prevention

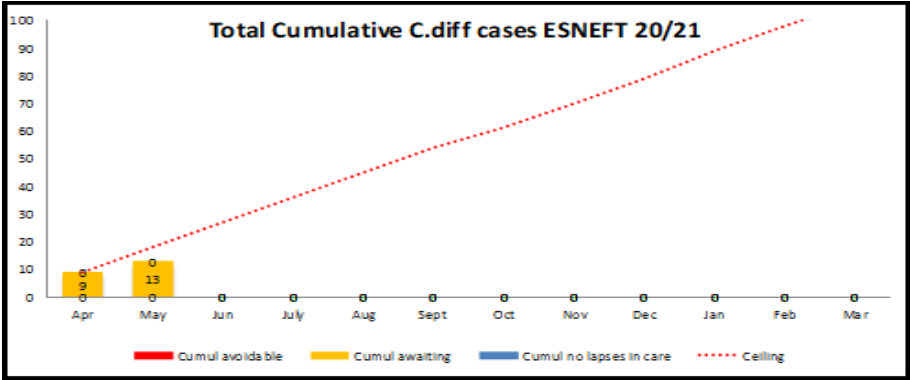
The number of pressure ulcers reported increased despite staff actively following policy, utilising all equipment and repositioning patients. There has been an increase in the number of oxygen tubing related damage and this includes wards which would not expect to see such pressure ulcers as in the case of respiratory wards or Critical Care. Deep dives into each pressure ulcer and review of themes and trends shows the increase linked to an increase in length of oxygen use for recovering Covid-19 patients that have been stepped down, thereby increasing the length of time with oxygen and these areas not being familiar with specific skin checks to those areas such as ears. This will be taken forward by the team as specific teaching focus.



Patient Safety – Infection Control

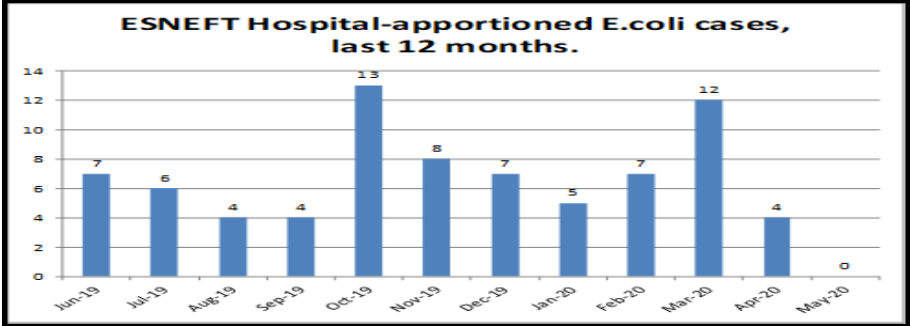
Clostridium difficile (C.diff)

Colchester reported 3 cases of C.diff in May (3 HOHA, 0 COHA), Ipswich reported 1 case (0 HOHA, 1 COHA).  
The Trust is currently awaiting publication of the C.difficile infection objectives for 2020/21. With the agreement of the IP&C lead for the CCG C.diff panel reviews are currently suspended, however investigations continue.



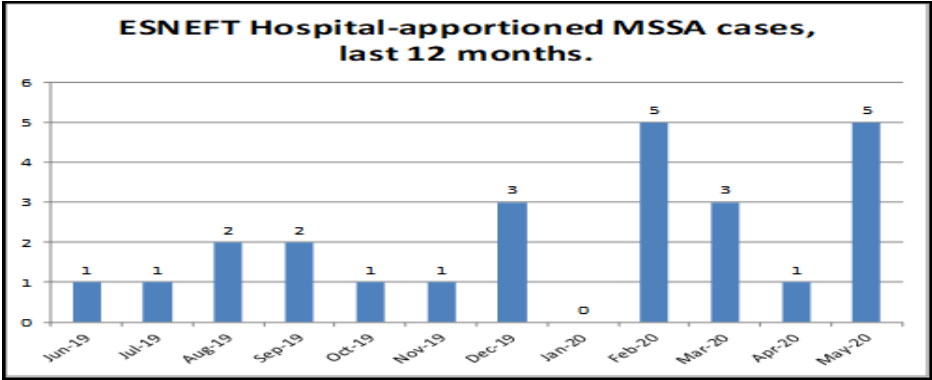
Escherichia coli (E. coli)

There were no hospital-apportioned E.coli bacteraemia cases identified during May 2020 across either of the main ESNEFT Hospital sites.  
This reduction in numbers of monthly cases represents the first time a zero total has been recorded in the last 12 months.



Meticillin-susceptible staphylococcus aureus (MSSA)

There were 3 cases of hospital-apportioned MSSA for Colchester Hospital in May. Birch Ward; thought to be a contaminant, Children’s In-Patient Unit; source of infection, indwelling intravascular device (PVD), Mersea Ward; source of infection unknown. There were 2 cases of hospital-apportioned MSSA for Ipswich Hospital in May, Brantham Ward; source of infection respiratory, Waveney Ward; source of infection respiratory.



Meticillin-resistant staphylococcus aureus (MRSA)

There were no MRSA Bacteraemia’s identified during the month of May. Isolates (patients colonised):

Month	Trust site	MRSA new isolates
May 2020	Colchester	1 (Birch Ward)
May 2020	Ipswich	1 (Saxmundham) 1 (Critical Care)



## Patient Safety – Maternity – April data

**Caesarean Section:** The Colchester site Caesarean Section rate in April increased slightly to 29.06%. The caesarean section rate for Ipswich reduced to 30.77%. Overall rate for ESNEFT in April was 29.77%

**Midwifery Led Births:** The percentage of Midwifery led births has decreased this month to 1.13% at Colchester due to the Juno Suite Birthing Unit closure. The rate rose to 14.3% at Ipswich. The numbers on both sites are likely to be higher than reported as the delivery suite closures on both sites have led to women giving birth in the delivery suite and being recorded as Consultant led in error. The homebirth service remained suspended in the month. ESNEFT rate in April is 7.46%.

**Smoking Rates:** On the Colchester site an increase was noted in smoking rate to 14.02%, on the Ipswich site, the smoking rate decreased again to 5.74% at delivery. Total for ESNEFT is green-at 10.02%

**Units placed on divert:** Neither unit was placed on divert.

**Neonatal Deaths within 28 days:** There were no neonatal deaths on either site in the month.

**Third and fourth degree tears of total births:** Colchester showed an increase to 2.13% in April (equivalent to 4 women), Ipswich showing an increase to 4.09%. All data from these incidents is reviewed and there are no trends from the outcomes. Overall rate for ESNEFT in March was 2.87%, below the national average of 3.60%.

**PPH  $\geq 1500$ mls:** On the Colchester site the rate has increased in April to 4.91% above the national average which is 2.70%. The rate on the Ipswich site increased to 3.69%. Each PPH has a RCA review which is attached to the Datix in order that any trends can be identified. Overall rate for ESNEFT was in April was 4.32%.

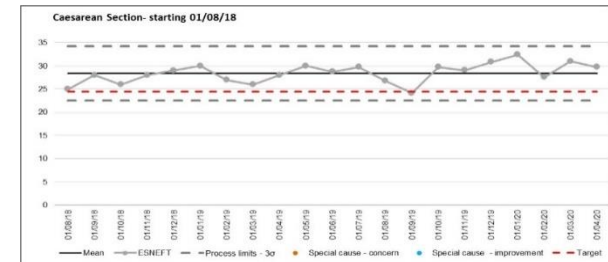
**Stillbirths:** There were two stillbirths at Colchester in April and none at Ipswich.

### Updates:

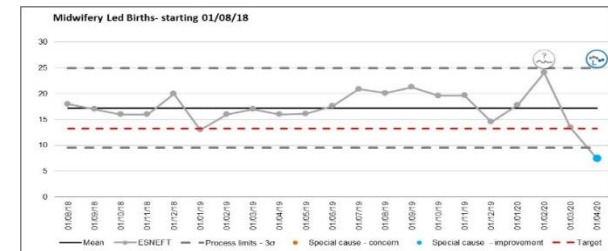
- Both sites made their MLU into Covid 19 Red areas which continued during April.
- Community Midwifery services reorganised and used Attend Anywhere for virtual clinics along with telephone clinics.
- Attend Anywhere Virtual Clinics for Consultants Working from home
- Virtual Breastfeeding support Clinics at Ipswich
- ESNEFT Maternity Facebook page created
- Live Q&A for women on Facebook
- Implementation of Maternity triage line on both sites continued during April

All the above services continued to operate effectively during April, some of which will be maintained in our recovery plan moving forward.

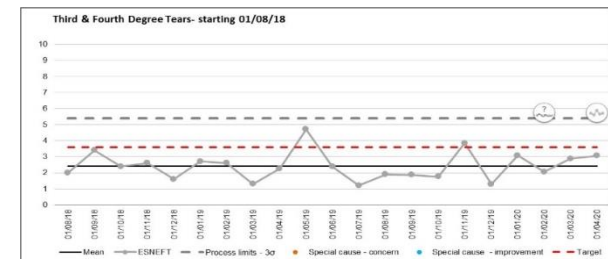
### Caesarean Section



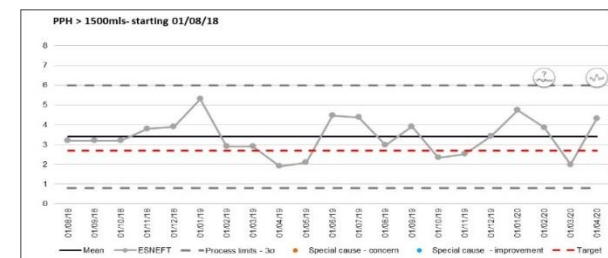
### Midwifery Led Birth - ESNEFT



### Third & Fourth Degree Tears of Total Births

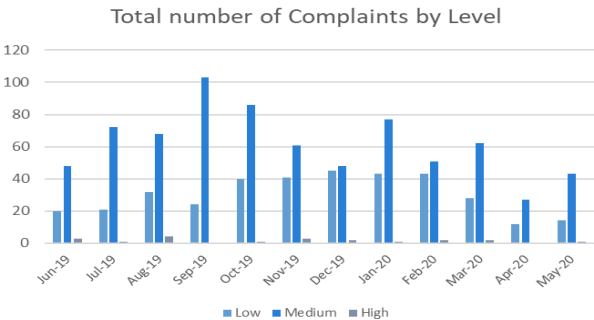


### PPH $\geq 1500$ mls - ESNEFT



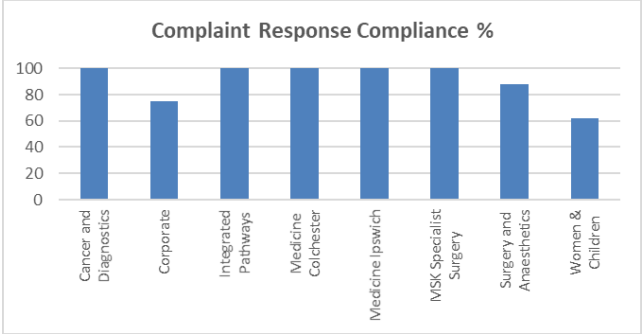
Patient Experience - Complaints

Total complaints



Overall complaints numbers for ESNEFT in May were 58 (39). Complaints in May at Colchester increased to 34 (20) and increased to 24 (19) at Ipswich.

Response compliance



Overall response rate compliance has increased marginally to 89% from 88% in the month of May. There were 57 (112) complaints closed in the month of May. Overdue complaints decreased from 23 to 4.

PALS

There were 131 (144) PALS concerns logged for Colchester and 75 (75) for Ipswich for the month of May 2020.

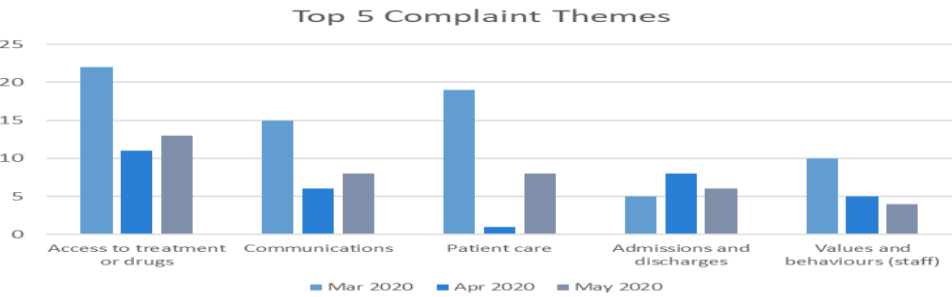
Top themes from PALS:

The top themes for PALS for the month of May 2020 are communication and COVID-19.

Queries raised in regards to COVID-19 are mainly in relation to families / relatives wanting updates in regards to patients on the ward, the outcome of results, appointments being cancelled and queries regarding when follow-up appointments and surgery will be re-scheduled.

Complaint themes

The most common theme for complaints for May 2020 is access to treatment or drugs. The main concerns raised are focused on decision making around treatment management. The complaints relating to treatment tend to focus on delays in receiving treatment and the type of treatment being offered to the patients.





## User involvement/Engagement Activity

**Letters to Loved ones**

Continuing support from staff who are helping the community to be able to keep in touch with loved ones has enabled a total of 226 letters to be delivered in 6 weeks. Colchester has received 69%, Ipswich 31% (this includes community hospitals). 43% of the wards who have received letters have provided staff feedback and were happy to be supporting this opportunity for patients. 16% of letters received have been for Stroke wards and sender feedback highlighted that some of these were being used as part of the patients rehabilitation. 16 iPads have been loaned to wards to support with video calling which has been warmly received. Wards have then taken their own initiative to set up calls with patients families. The Patient Experience team continues to engage with wards to understand the impact of the iPad's and to ascertain if any support is required.

**Sender survey**

10% uptake recorded – multiple letters received from the same senders account for the seemingly low uptake. 14% requested further support (Colchester Hospital).

- When asked how being able to send a letter made them feel: 52% reported feeling relieved, 38% Happy, 4% grateful and 4% reduced anxiety
- When asked what they would have done if the service was not available: 35% would have called the ward, 33% would have called the switchboard and 28% would have done nothing, highlighting the reduction in calls reported by some wards last month
- When asked how they knew about the service: 28% reported by word of mouth and 14% via the Trust website

**Patient Engagement Network (PEN) Structure**

The draft PEN structure and supporting documents were shared with support groups, user groups, CCG's, Healthwatch and staff for feedback; and a Teams meeting involving patient groups, staff and community partners was well received. This provided the opportunity for discussion of the proposed structure and community partners also gave some insight as to work programmes happening within patient engagement, experience and involvement.

**Comfort Pebbles**

We have received our first batch of pebbles ready for messages to be written and sent out to patients. We also received a box of pebbles with biscuits and hand lotion for staff, these will be disseminated out to wards across the Trust.

**Support Group MOU**

The draft memorandum of understanding to support staff and support groups has been shared and feedback gathered. The document has been updated and is now in its final format. A supporting guidance document is being co-produced with staff champions of patient experience to support staff members who are leading these groups.

**BBC Radio Essex**

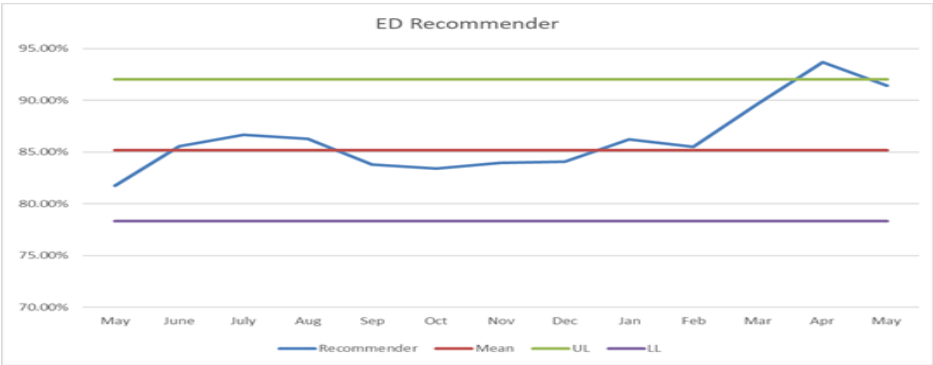
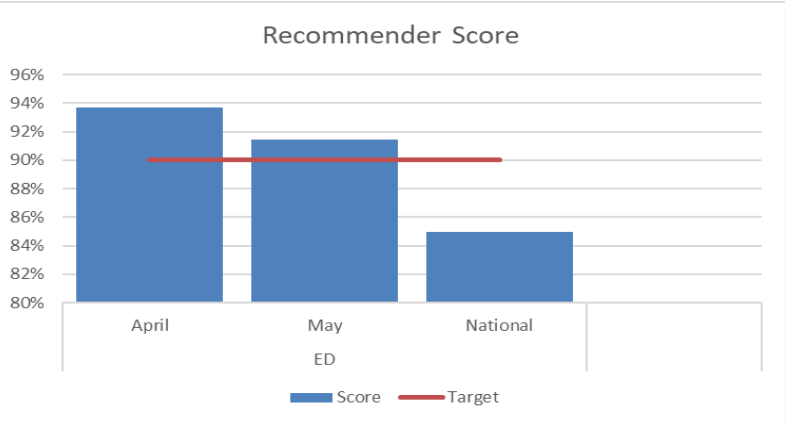
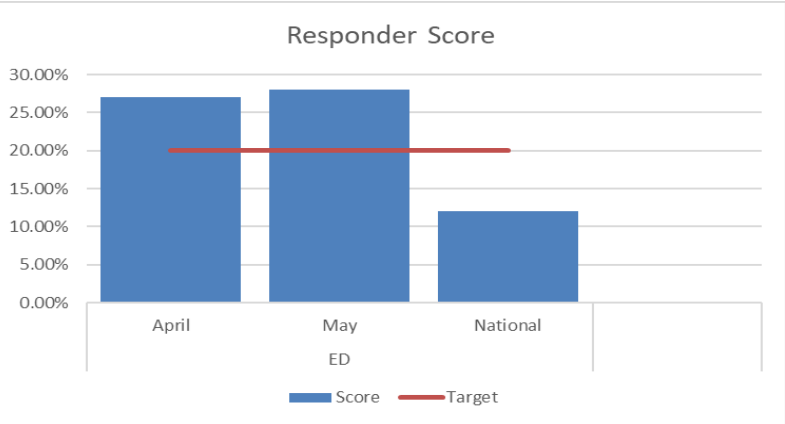
An anonymised letter will be read out by BBC Radio Essex once a week to promote the letters to loved ones messaging service (sender has approved the anonymised letter to be used). We are also working with BBC Radio Suffolk and the British Forces Broadcasting Service (BFBPS) to promote the service.

Patient Experience – friends and family test

FFT has been suspended nationally due to Covid-19. This has impacted on the data available for the Patient Experience Group report. Requests are for some wards to restart collecting FFT data.

Where this is possible new FFT surveys will be used and the service will ensure that paper surveys are not used. This will be done by introducing QR codes and web links for patients to leave feedback following all Covid-19 distancing and infection control guidance and advice.

This data will not be reported locally or nationally but used by the wards to gain insight.



A&E		Feb	Mar	Apr	May
ESNEFT	Recommen	85.51%	89.65%	93.67%	91.42%
	Responde	21.00%	24.00%	27.00%	28.00%
National	Recommen	84.99%	N/A	N/A	N/A
	Responde	12.10%	N/A	N/A	N/A

Community Friends & Family Test Scorecard

Friends and Family Test scorecard					
	Number of patients who would recommend	% of patients who would recommend*	Number of survey responses received	Response rate	
Combined Scores	13	100%	13		
Community Hospitals - combined	0	0%	0	0%	Response rate = number of surveys received against total number of patients discharged
Aldeburgh Community Hospital	0	0%	0	0%	Response rate = number of surveys received against total number of patients discharged
Bluebird Lodge	0	0%	0	0%	Response rate = number of surveys received against total number of patients discharged
Felixstowe Community Hospital	0	0%	0	0%	Response rate = number of surveys received against total number of patients discharged
Community Health Teams - combined	13	100%	13		
Pul rehab	1	100%	1		
Stowmarket	1	100%	1		
Heart Failure	2	100%	2		
COPD	0	0%	0		
East Suffolk Cardiac Rehab	0	0%	0		
East Team	6	100%	6		
Ipswich 3	0	0%	0		
North East	0	0%	0		
North West	0	0%	0		
West Team	1	100%	1		
Woodbridge	1	100%	1		
Not recorded	1	100%	1		
0	0	0%	0		Response rate = number of surveys received against number of first attendances (not known)

## TOP FIVE ISSUES

### A&E Economy Performance

**95.32%**

Colchester  
**94.78%**

Ipswich  
**96.09%**

### Cancer Performance

**\*80.80%** (unvalidated)

### RTT Performance

**58.80%**

### Ambulance Handover

**24** excess of 60 mins

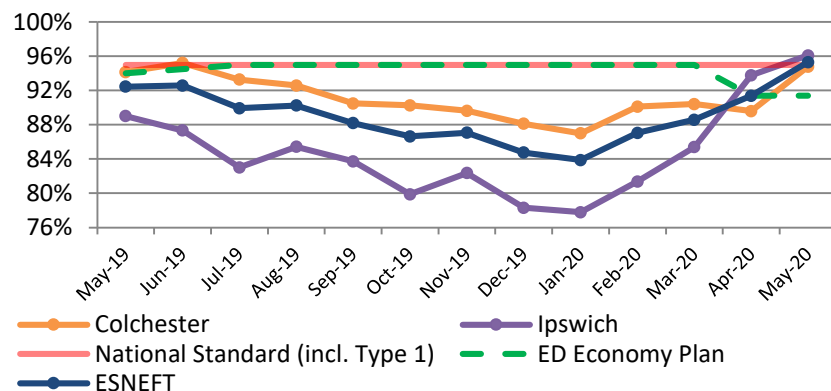
### Diagnostics Performance

**46.34%**

## URGENT CARE

Performance in line with Trajectory

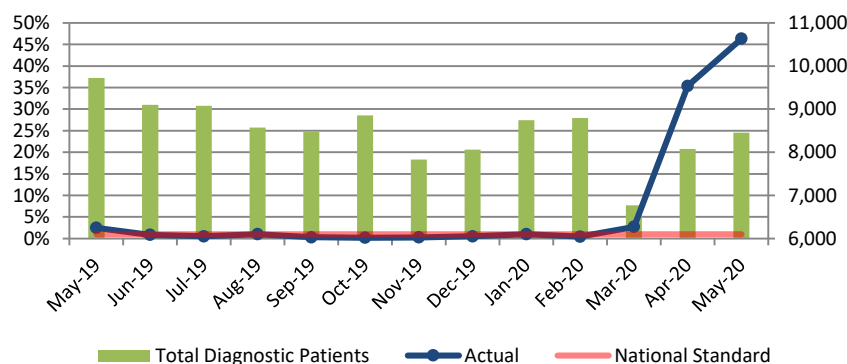
### ED Economy 4 Hr Standard -Trajectory vs Actual



## DIAGNOSTICS

Exception Report Needed

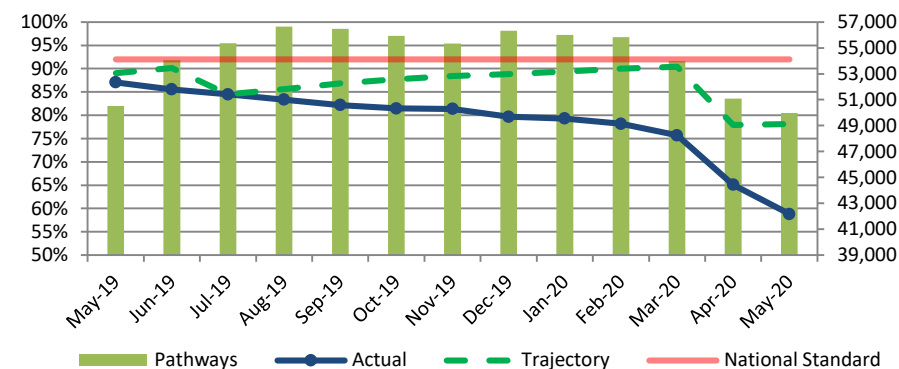
### Diagnostic Standard



## RTT

Exception Report Needed

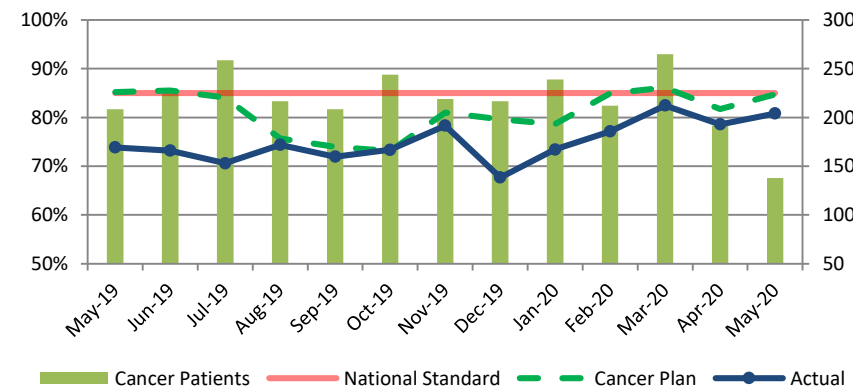
### RTT Incompletes - Trajectory vs Actual



## CANCER

Exception Report Needed

### Cancer 62 Waits Standard - Trajectory vs Actual

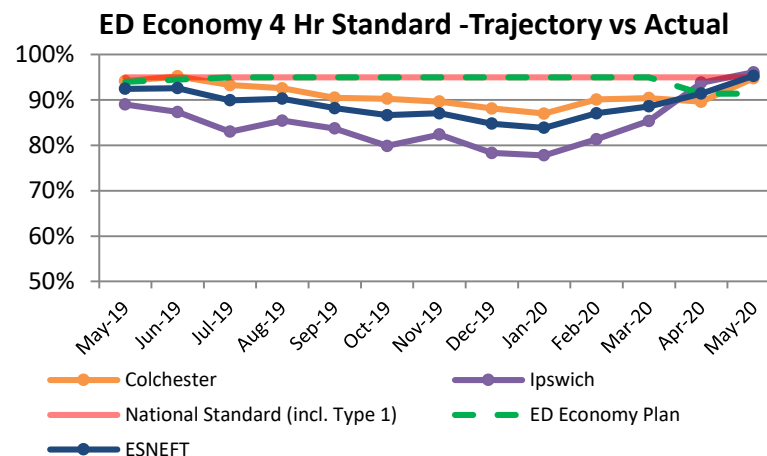
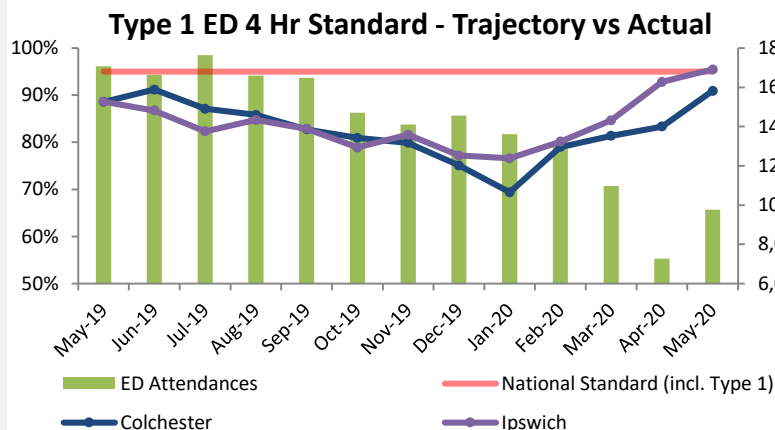


Performance against the 4 hr standard for Type 1 for May 2020 reported 90.91% for Colchester which was an increase on April's performance of 83.35%. Ipswich also reported an increase in performance to 95.47% in May 2020 achieving the National Standard from 92.80% in April 2020.

ED Economy performance for May 2020 reported 94.78% for Colchester and 96.09% for Ipswich.

The ESNEFT Economy performance reported 95.32% in May 2020 which was an increase on April's performance of 91.39%; above the trajectory and the National Standard of 95%.

## Monthly Trend



## Service Commentary

The ED at Colchester was split into two departments from 7th April 2020 in separate locations to ensure there was capacity to see both Red (Covid-19 suspected) and Green (Covid-19 symptom free) patients in segregation. The department reformed from 27th May 2020.

Green ED was based in Elmstead Day Unit with the UTC. Ambulances were able to convey directly to the department, however, walk in patients were required to still enter via the original UTC entrance and be streamed and have clinical checks to ensure they went to the right place.

Challenges for performance related to the significant change in systems including support services such as portering and diagnostic pathways. These were resolved and monitored for improvement. The activity started to increase towards the end of April and a plan developed to repatriate Green ED into the existing department footprint was developed in preparation to be able to move when capacity was reached in the new area.

Activity for UTC and ED was at its lowest point during the pandemic in early April and has begun to increase towards more normal levels of demand seen pre-Covid-19 during May. There is a requirement to maintain a red and green pathway for patients presenting to ED and to ensure social distancing is implemented throughout the department. Processes are in place to this end.

Following the return of Green ED and the reduction in Covid-19 cases through the department, the ED Sustainability plan has been reviewed. There have been significant changes and progress in clinical areas and processes that the ED team are keen to capture and embed permanently that will be included in the plan.

Due to the significant nature of the impact of Covid-19 on Emergency Care, there has been a refresh of the plan holistically including a review of the scope, analytics, priorities and governance to ensure that it delivers its intended outcome of maintaining performance above 95% and an aspiration to be a regional leader.

**Ipswich ED** finished May with 95.47% for Type 1 and 96.09% for Type 1 and 3 combined. There was a decrease in attends for May due to Covid-19 compared with May of the previous year in type 1 attends of 38% however there was a 15% increase in patients streamed to the GP. While the hours of the service have increased due to increased service provision as part of the Covid-19 response there has been a marked improvement in streaming working collaboratively with our system partners to achieve this. This has been beneficial to achieving the 95% standard with less crowding of physical space in the department taking into consideration our acuity in May was increased as the activity for ambulance was still high. There has been a reduction of staffing templates in line with the reduction in attends for nursing and medical with the exception of the Consultant bodies for both ED and EAU working increased DCC activity which has given emergency care increased senior decision maker and leadership presence which has contributed in improved through put of the emergency department.

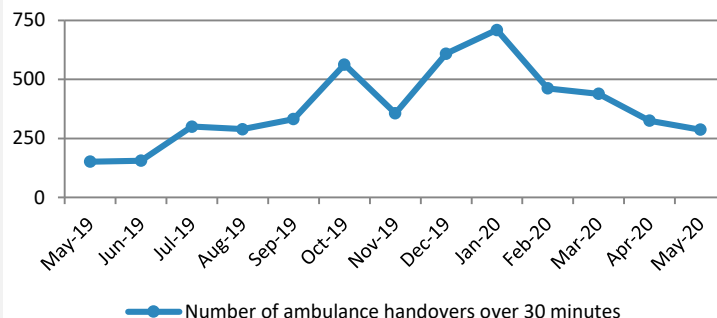
**60 minute handover breaches for May 2020 reported 24, an increase from 18 in April 2020.**

Handovers over 30 minutes decreased from 325 in April 2020 to 287 in May 2020.

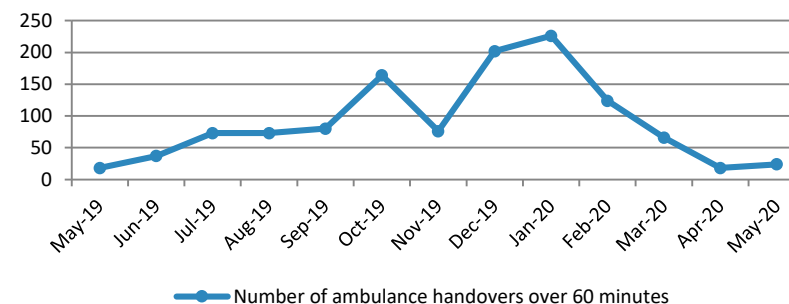
Handover breach penalties are no longer paid by the Trust due to the move to block contract.

## Monthly Trend

**Number of ambulance handovers over 30 minutes**



**Number of ambulance handovers over 60 minutes**



## Service Commentary

### Colchester

Ambulance handover times have been affected at Colchester with the separation of the department into two locations. Elmstead Day Unit offloads were difficult at times without any contingency area to open when the department was at capacity. These issues have been resolved since the department has moved back to its original location and offloads have very rarely been an issue. Colchester ED have been able to change operational floor management processes to ensure better flow through the department in the day and this has led to an overall continued improvement in performance into June. Handover times are not expected to be an ongoing issue.

### Ipswich & Community

Offloading of ambulances has remained challenging at times due to multiple points of arrivals for ambulances. Green patients arriving has presented a challenge in May due to crowding of green areas and therefore needing to extend into contingency areas. There have been highlighted issues with the increase in ambulance activity in recent weeks (18% increase from April to May which accounts for half of the total increase in attends) of which a higher than pre Covid-19 attends are being discharged from the ED. This is being raised with the Ambulance Service as part of a wider system work shop to identify the driver for this to ensure that ambulance crews are supported to leave patients at home that do not require Emergency attendance and that the ambulance service have the correct community pathways to achieve this.

**62 Day Cancer Waits for 1st Treatment remains below Target. Performance for May 2020 is 81.6%, this is below the 85% National standard.**

2WW wait from referral to first seen is above target at 96.7% for May 2020 against a 93% National standard

31 day wait from decision to treat to treatment for May 2020 is 93.6% which is below the National standard of 96%

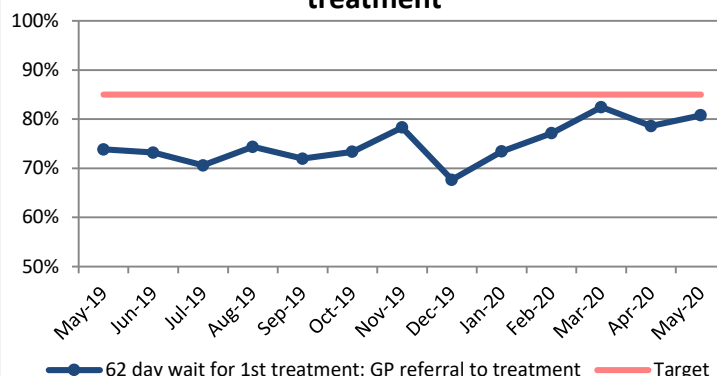
The number of patients currently waiting (snapshot) 104+ days on a 62 day first Cancer pathway has been reported as 99 in May 2020 an increase from April 2020 figure of 50.

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

*\*Unvalidated figures as at 16/06/2020. Final figures for May will be available in July 2020 after submission*

## Monthly Trend

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



## Service Commentary:

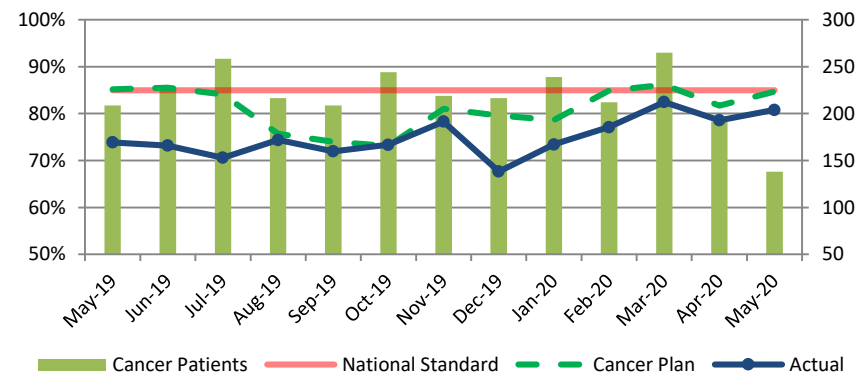
2WW performance is above the national standard of 93%. Improved performance seen partly due to a change to CWT guidance in that a telephone consultation will now stop the 2WW clock. In many specialties this has allowed the patients to speak to a consultant much quicker than if they have waited for a face to face appointment leading to a better patient experience for many. In specialties where referrals are now almost back to pre-Covid-19 levels, e.g. colorectal, patients will also get a call from the STT triage nurse who take down additional information to either further inform the consultant to make the consultation itself more productive or where nurse is concerned, upgrade patient straight to a face to face appointment. In some specialties such as Breast and H&N, telephone consultations are not as useful as ideally the patient needs physical examination to better inform consultant – From 22 June these two specialties will be returning to f2f appointment systems but with increased capacity to allow for social distancing etc. and still maintain 2WW standard

31 day first: Good performance for May when considering constraints relating to urgent surgery due to Covid-19. Patients were listed for surgery either on the acute site of with a local ISP – This allowed us to ensure patient flow was maintained against all surgical specialties where possible.

62 day first – Good performance overall for May. Reduction in referrals and the deferring of some diagnostics/treatments due to Covid-19 shows only half the average number of first treatments have been undertaken. Further delays due to the requirement of the patient to self-isolate for 14 days prior to treatment and only able to proceed once they have a negative (for Covid-19) swab result. Many patients treated in May were referred in March and had diagnostics booked/completed prior to lockdown. June performance will be impacted by a higher number of Covid-19 related delays with many patients already be in a breach position. This reflects the national picture.

104 day position: Increase mainly due to number of patients waiting for endoscopy. Also a number of patients waiting for Urological Surgery at tertiary centres. Many have been started on hormone therapy but this doesn't stop the pathway so patient numbers will increase in their area until surgery backlog is cleared

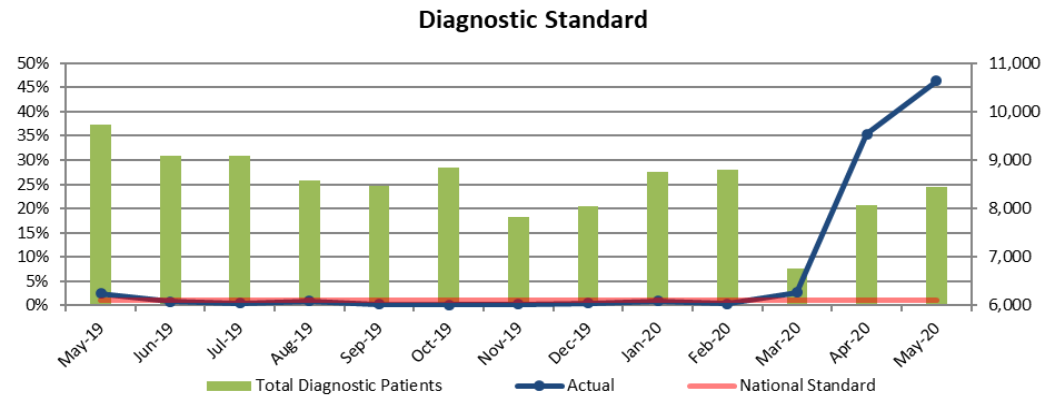
**Cancer 62 Waits Standard - Trajectory vs Actual**



Other Cancer Standards	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
2 week wait from referral to date first seen: All	93%	86.3%	78.3%	79.0%	74.2%	80.9%	86.5%	85.5%	85.9%	75.2%	76.1%	84.1%	90.8%	96.7%
31 day wait from diagnosis to 1st treatment	96%	94.7%	93.8%	92.0%	90.8%	91.2%	87.6%	94.4%	91.7%	91.8%	93.1%	91.6%	88.1%	93.6%
62 day wait for 1st treatment: GP referral to treatment	85%	73.9%	73.2%	70.6%	74.4%	71.9%	73.4%	78.3%	67.7%	73.4%	77.1%	82.5%	78.6%	80.8%
104+ days on 62 day first PTL (showing 100+ prior to Mar 17)	0	37	68	69	69	117	165	152	191	112	66	40	50	99

Diagnostic performance for May 2020 reported 46.34% which failed to meet the National standard of 1%.

## Monthly Trend



## Service Commentary

As expected, there were high numbers of breaches in May. This occurred as a result of routine activity being placed on hold throughout the Covid-19 pandemic. Services are now moving to resume diagnostics:

- Cardiology COL – Service is running 5 days per week but capacity is reduced due to social distancing. Additional lists being explored (NHSP/locum). Waiting list being validated by consultants and additional consultant lists are running throughout July. The Oaks have also been contacted to assess whether they can offer capacity
- Endoscopy – have not started routine scoping yet as they are recovering their 2ww backlog. They are looking to start routine work within the next 8 weeks, they are exploring evening sessions and they have had approval for weekend work again
- Imaging ESNEFT – currently heavily utilising the independent sector for CT and MRI, also using the Oaks for Colchester ultrasound. March/April/May/June breaches currently being booked into June/July. Trying to get as much additional capacity in June/July as possible so we can aim to clear the March/April/May/June breaches within June and July. Have had guidance from medical director in regards to how we manage shielding patients, as a large number of patients in our backlog are patients currently unwilling to come in. We will offer further appts in June/July time, if patients are still unwilling to come we will send the referrals back to the referrer for the referrer to decide if they want to manage that patient in a different way.

Diagnostic Standard - Details	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
DM01 6+ week breaches	239	76	45	85	24	17	18	40	85	37	183	2858	3918
DM01 Endoscopy 6+ week breaches	8	2	12	7	6	2	5	5	13	7	44	640	876
DM01 Imaging 6+ week breaches	164	34	0	15	12	3	3	12	37	14	8	1217	1915
DM01 Physiology 6+ week breaches	6	4	3	5	2	21	6	15	22	33	24	23	1127
DM01 Waiting List	9726	9099	8997	8573	8469	8853	7832	8058	8746	8795	6770	8076	8455



The initial value for 'direct to stroke unit' is below the target of 90% at 86.2% for May 2020.

Scanned within one hour meets the 50% target for ESNEFT in May 2020 at 68.6%

The initial value reported for May 2020 performance of patients spending 90% of their stay on stroke unit is above the target of 80% at 87.0%.

## Monthly - ESNEFT

### Stroke - ESNEFT combined AF Values

Standard	Target	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
% patients admitted directly to stroke unit within 4 hours of hospital arrival	90%	86.3%	71.4%	84.6%	78.8%	84.4%	76.5%	84.8%	83.5%	70.1%	85.7%	81.8%	80.0%	86.2%
	Numerator/ Denominator	69/80	40/56	77/91	67/85	76/90	65/85	67/79	86/103	61/87	60/70	63/77	52/65	75/87
% patients who scanned within one hour of hospital arrival	50%	71.9%	51.3%	82.3%	73.7%	64.1%	68.3%	69.0%	67.0%	74.0%	74.6%	72.5%	59.3%	68.6%
	Numerator/ Denominator	41/57	20/39	65/79	56/76	50/78	56/82	49/71	61/91	57/77	44/59	50/69	35/59	48/70
Patients spending => 90% of their stay on a stroke unit	80%	90.8%	79.7%	92.7%	86.3%	87.8%	80.5%	92.5%	87.0%	82.3%	92.5%	89.3%	85.7%	87.0%
	Numerator/ Denominator	69/76	47/59	76/82	69/80	72/82	70/87	62/67	80/92	65/79	62/67	67/75	60/70	67/77

## Service Commentary

**Stroke 4 hours Standard** – 86.2% (75/87) of patients were admitted directly to the stroke units within 4 hours of Hospital arrival in month; with increased presentations in month. Actions in place to improve and maintain the position are weekly performance meetings with the services and ED; ASNs pulling patients directly from ED, and greater working with EAU to ensure patients are clerked more timely. Stroke beds continue to be ring-fenced. Both sites have pre-alerts, dedicated Consultants and stroke nurses who take direct admissions; Stroke capacity has been maintained during Covid-19 on both units within ESNEFT. The mobile stroke unit has also returned to Ipswich.

**68.6% of Patients were scanned within one hour of hospital arrival (48/70)** - within one hour of hospital arrival. The 60 minute scan key performance indicator is compliant; and the overall position has increased from previous month. Both departments continue to work closely with ED Consultants to ensure that potential Stroke patients are picked up as early as possible; maintaining scanning above 50% is closely monitored and all breaches are reviewed down to patient level detail and trends analysed to fully understand the reasons for non compliance and if any were avoidable. Both services have scanning protocols in place; and review the in month breaches.

**87% of patients spent 90% of time on the stroke unit (67/77). National average 83.8%** - A slight increase in percentage performance in month with higher N/D values. Larger strokes will have a longer length of stay and Ipswich and Colchester both have limited or no access to thrombectomy which has the potential to reduce length of stay further; and will form part of the service improvement work across both units; working collaboratively with the ICS Stroke forum.

**SSNAP** - Both units have achieved a SSNAP rating A, for the last two quarters, indicating that the system processes for the stroke patient journey are amongst the best in the country.

Particular challenges are that strokes may mimic as other conditions; resulting in a delay of diagnosis and referrals from a GP, admission to other wards with an alternative primary diagnosis; again which may cause a further delay in the patients receiving a confirmed stroke diagnosis.

*\*Provisional figures as at 16/06/2020. Final figures for May will be available in June 2020*

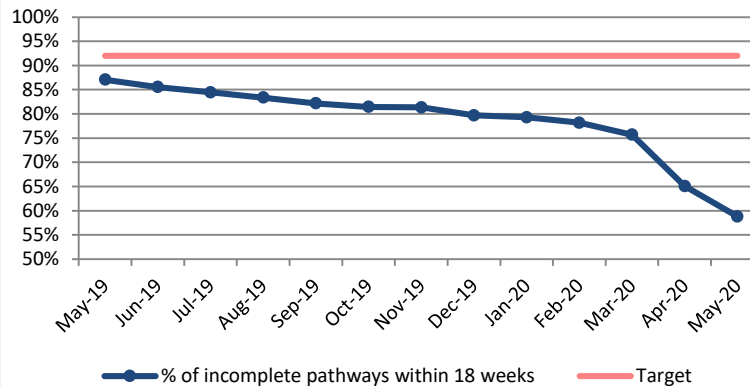


May 2020 current RTT position reported 58.80%. This is below the National Standard of 92%.

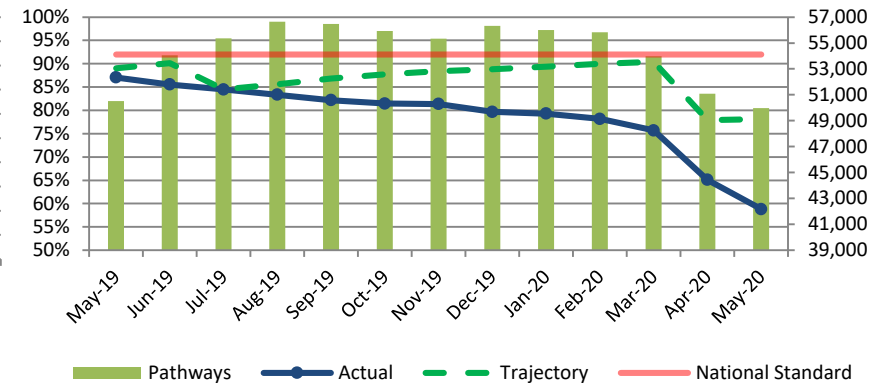
There were a total of 431 52+ week breaches for May 2020. Colchester reported 112 and Ipswich reported 319.

## Monthly Trend

% of incomplete pathways within 18 weeks



RTT Incompletes - Trajectory vs Actual



## Service Commentary

Due to the Covid-19 pandemic we are still seeing a decline in performance across both sites and the number of over 52 week patients still continue to rise. However, operating for Level 4 patients has been approved and the services are looking to book longest waiting patients into designated theatres sessions. However, there is a strict clinical criteria as to what patients can be booked into these lists.

We have implemented a blue card system for patients that do not wish to accept a date for surgery so that they can be discharged with the option of direct access into the Trust within a specified time period. We have also introduced robust comms for the patients to reassure them around dates for surgery. We are currently using the independent sector for both inpatient/outpatient activity.

Other RTT Standards	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
% of incomplete pathways within 18 weeks - admitted	92%	66.7%	61.4%	60.2%	59.1%	59.3%	60.3%	61.0%	59.2%	59.5%	57.2%	53.9%	40.2%	32.9%
% of incomplete pathways within 18 weeks - non-admitted	92%	91.8%	90.1%	89.1%	87.7%	86.4%	85.5%	85.4%	83.7%	83.2%	82.2%	80.2%	70.7%	65.3%
Number of RTT Incomplete pathways >52 weeks	0	2	2	1	0	0	2	4	1	1	11	49	205	431
Total Backlog	-	6540	7814	8598	9430	10067	10378	10318	11440	11596	12187	13127	17854	20588

## 2020/21 reporting during Covid-19 response

### Temporary arrangements during the Covid-19 response

Temporary arrangements have been put in place to ensure all providers have sufficient funding to respond to the crisis, including meeting reasonable additional costs.

During the Covid-19 response (April 20 to July 20) providers will be funded through a block contract, and national top-up payment with reimbursement for any genuinely additional Covid-19 costs.

Block contract, national top-up payment and Covid-19 cost reimbursement during the outbreak will be backed by income from NHSE/I.

DHSC revenue support should not be needed during this period but will be available as a safety net, should it be required.

### Impact of temporary arrangements on ESNEFT

The monthly block contract and initial top-up value which the Trust will receive is equal to:

- the average actual expenditure incurred between months 8 to 10 in 2019/20.
- Uplifted for inflation

Further 'reasonable' costs incurred as a result of Covid-19 will be funded by a further payment (retrospective top-up) with the expectation that providers will deliver a 'break-even' position during this period. Thus, while the temporary arrangements remain in place, ESNEFT will be funded at the (inflationary adjusted) average actual expenditure run rate seen between November 2019 and January 2020.

### Impact on performance reporting

Any reporting of financial performance during the period of interim arrangements is limited by the implementation of a plan which doesn't reflect plan or budgeted costs. Rather it is an indicator of how the Trust's costs compare with those incurred on average between November 2019 and January 2020.

### Updates to guidance

The Trust understands that the current interim arrangements will be extended to cover to and including June. From July, it is likely that a new 'block' funding methodology will be introduced with the details of this to be shared with NHS organisations shortly. Indeed, a letter is expected from Sir Simon Stevens which sets out the future architecture and expectations for the NHS as part of its continued response to, and recovery from, Covid-19.

## Month 2 Performance

Summary Income and Expenditure	May			Year to date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Clinical Income	55,476	54,631	(845)	110,952	109,669	(1,283)
PSF/FRF/MRET	4,778	6,730	1,952	9,556	13,392	3,836
Other Income	4,513	3,415	(1,098)	9,026	6,542	(2,484)
<b>Total Income</b>	<b>64,767</b>	<b>64,777</b>	<b>10</b>	<b>129,534</b>	<b>129,603</b>	<b>69</b>
Pay	(38,073)	(38,627)	(554)	(76,146)	(77,956)	(1,810)
Non Pay	(24,317)	(23,851)	466	(48,634)	(46,967)	1,667
<b>Total Expenditure</b>	<b>(62,390)</b>	<b>(62,478)</b>	<b>(88)</b>	<b>(124,780)</b>	<b>(124,923)</b>	<b>(143)</b>
<b>EBITDA</b>	<b>2,377</b>	<b>2,299</b>	<b>(78)</b>	<b>4,754</b>	<b>4,680</b>	<b>(74)</b>
Impairments	-	-	-	-	-	-
Other Non Operating	(2,377)	(2,328)	49	(4,754)	(4,740)	14
<b>Surplus / (Deficit)</b>	<b>-</b>	<b>(30)</b>	<b>(30)</b>	<b>-</b>	<b>(60)</b>	<b>(60)</b>
<b>EBITDA %</b>	<b>3.7%</b>	<b>3.5%</b>		<b>3.7%</b>	<b>3.6%</b>	

### Performance Against CT

Donated Income	-	(30)	(30)	-	(59)	(59)
<b>Total Non CT Items</b>	<b>-</b>	<b>(30)</b>	<b>(30)</b>	<b>-</b>	<b>(59)</b>	<b>(59)</b>
<b>Performance Against CT</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>(0)</b>	<b>(0)</b>

Income and Expenditure COVID-19 Impact	May	Year to date
	Actual £000	Actual £000
Pre COVID Position	1,507	2,604
COVID-19 Reported Costs	(3,418)	(6,500)
Retrospective Top Up Assumed	1,881	3,836
<b>Surplus / (Deficit)</b>	<b>(30)</b>	<b>(60)</b>

## M2 revenue headlines

In May and before Covid-19 costs the Trust's income exceeded expenditure by £1.5m, bringing the total YTD underlying position to £2.6m. Covid-19 related costs of £3.4m (£6.5m cumulatively) were incurred in the month which took the Trust into deficit, but as required by national guidance the Trust has assumed the receipt of £1.9m 'retrospective top-up' to bring the in month position to break-even against control total.

As previously noted, for the period of the Covid-19 response (April to July), temporary financial arrangements have been introduced nationally. Consequently, reporting of financial performance during this time is limited by the implementation of a plan which doesn't reflect the Trust's draft 20/21 plan or budgeted costs. Rather it is an indicator of how the Trust's costs compare with those incurred on average between November 2019 and January 2020.

## Cash position

The Trust held cash of £114.5m at the end of May. The particularly high cash holding is driven by national cash management plans which saw all Trusts receive 2 months of income in April to ensure liquidity during the Covid-19 response. By the end of May, this meant that the Trust had effectively received income covering April to June. The position is also driven by receipt in May of approximately £35m FRF (including the notified bonus) / STF monies related to 19/20.

The Trust is also endeavouring to pay all creditors within 7 days as nationally required. Where invoices can be matched to orders this is achievable. However, where further authorization is required this may not be possible although the Trust makes payments are made as soon as appropriate authorization is obtained. This is reflected in the Trust's Public Sector Payment Performance (PSPP) for non-NHS invoices. In 2019/20 the Trust paid on average 64% of these invoices within 30 days. This has risen to 84% cumulatively to the end of May.

## Planning for recovery

The Trust continues to contribute to the SNEE ICS post-Covid-19 recovery plans (phase 3) with further system submissions due to NHSE/I region on 18th June.

## 2020/21 Capital Programme

### Capital spend summary

Reported capital spend in May was £1.3m. Of this £0.8m related to Covid-19. This was almost entirely for medical equipment. Much of the remaining capital expenditure in the month was incurred on carried forward schemes or cases approved in 2019/20.

It is expected that capital requirements agreed as part of Covid-19 costs will be funded on top of the Trust's capital allocation. From 19th May there is a new national process whereby, to receive national funding, any Covid-19 capital costs need to have been agreed prospectively by NHSE/I.

Capital Spend	April	May	YTD
	Actual £000	Actual £000	Actual £000
<b>Business as Usual</b>			
Medical Equipment	1,972	754	2,726
Non-Medical Equipment	-	52	52
ICT	196	95	291
Estates & Facilities (Backlog)	150	196	346
STP Funded Development	6	117	123
<b>Schemes</b>			
Estates Capital	52	7	59
Aseptics Upgrade	100	77	177
Interventional Radiology/Cath Lab	61	109	170
Bereavement Facility	-	31	31
Energy Reduction/Efficiency Schemes	16	16	32
Car Park Decking	-	(361)	(361)
Electrical Supply Upgrade	-	164	164
Other	3	(2)	1
<b>Total Capital Spend</b>	<b>2,556</b>	<b>1,255</b>	<b>3,811</b>

### Total capital requirement

The STP / ICS capital allocations exclude capital funding provided in relation to discretely funded business cases, e.g. STP and costs such as Covid-19. When these are taken, the Trust's total anticipated spend in 20/21 is over £37m, broken down as shown below.

Area	£m
Capital Allocation	24.9
STP	5.8
COVID-19	6.4
<b>Total Capital Spend</b>	<b>37.1</b>

Further capital funding and spend may become available through the system Covid-19 recovery plans and submissions.

### Capital allocation

As previously reported, capital allocations will now be managed at ICS level. Every ICS/STP will receive a 2020/21 capital spending envelope derived from a system-level allocation. Providers are to remain legally responsible for maintaining their estates and for setting and delivering their organisational level capital investment plans, but every ICS/STP will have to account for ensuring overall capital spending across their system remains within these budgets.

The system level spending envelope for SNEE ICS was confirmed as £46.5m, some £17m lower than the draft submissions made by its provider organisations. An agreement was reached between the various SNEE organisations that has resulted in a capital department expenditure limit (CDEL) of £24.9m for ESNEFT.

### 20/21 planning

The Trust's provisional capital plan for 20/21, which satisfies the Trust's notified CDEL, is set out below.

Further work is required to determine the priority of medical equipment and estates backlog with divisions. At the beginning of June, the Managing Director led a review meeting with divisional leads to agree this prioritization.

The latest proposed Capital Programme is shown below. This is being reviewed at the Trust's Investment Group in June.

All £000	Plan 2020/21	Note
Uncommitted	2,410	
<b>Committed / agreed spend</b>		
ICT	5,149	Agreed programme. Includes HSLU and Alliance funded schemes
Estates & Facilities	2,463	Agreed programme including High and Significant risk only
Medical Equipment (Already agreed)	4,729	Committed
<b>Other Schemes</b>		
Aseptics Upgrade	2,820	Committed
Interventional Radiology/Cath Lab	4,400	Committed
Mortuary Register IHT	90	Committed
Energy Reduction/Efficiency Schemes	500	Committed
Communal Doctors Accommodation (Col)	60	Committed
Doctors Mess Refurbishment	60	Committed
Electricity Supply	1,000	Assessed high risk and priority
HDR Prostate/Brachytherapy Service	450	Assessed high risk and priority
Critical Care system (IT/Med Eq mix)	725	Assessed high risk and priority
<b>Total CDEL</b>	<b>24,856</b>	
CoVID-19 Costs	6,447	Outside of CDEL
PFI Lifecycle Costs	457	Outside of CDEL
MRI Scanner	2,030	Outside of CDEL
STP	3,753	Outside of CDEL
<b>Total Programme</b>	<b>37,543</b>	

Workforce Dashboard

May 2020

Trust Level

Key Metrics

Performance

Target  
Achieved  
Vs Prior Month  
Prior Month

Vacancy (Ex Agency)

5.4%

Budget 9521wte  
Contracted 9012wte



7.2%

Pay (YTD)

£1.6m

Budget £75.9m  
Spend £77.5m



£0.79m

Sickness

5.2%

3.5%  
5.2%  
6.8%

Mandatory Training

88.0%

95%  
View portal for detail  
88.3%

Appraisal

69.6%

85%  
69.6 out of 100 staff  
73.0%

Voluntary Turnover

7.7%

12%  
7.5%

Ceiling

£1.79m

(£4.09m)  
(£2.30m)  
£0.84m

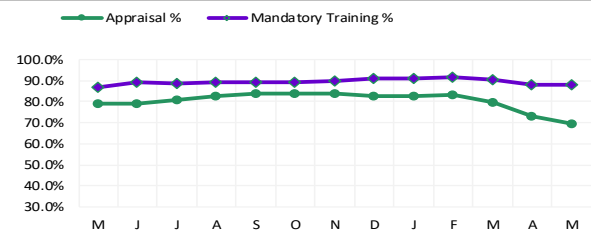
Ward Fill Rate

85.1%

95%  
81.1%

Appraisals & Mandatory Training Compliance

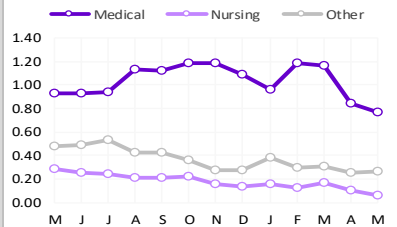
%



Agency Trends

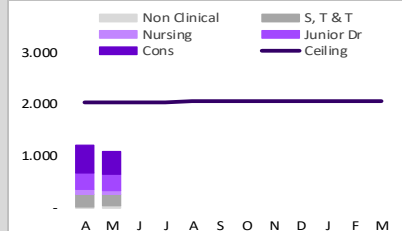
(ex Locum)

£m



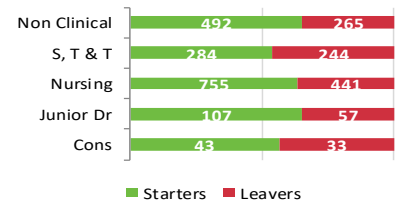
Agency Ceiling

£m



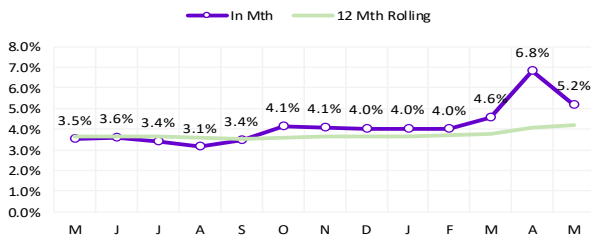
Starter - Leavers (12Mth Rolling)

Headcount



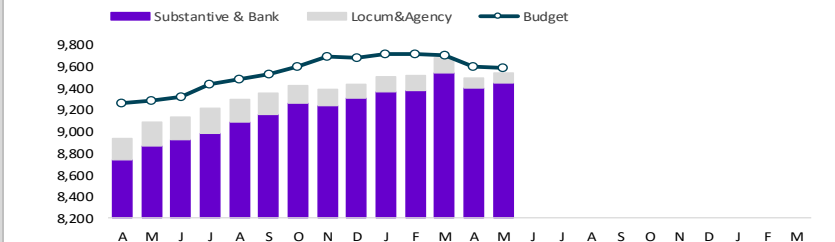
Sickness

%



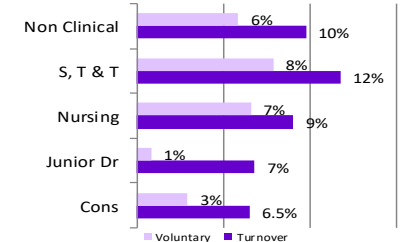
Workforce Trends

wte



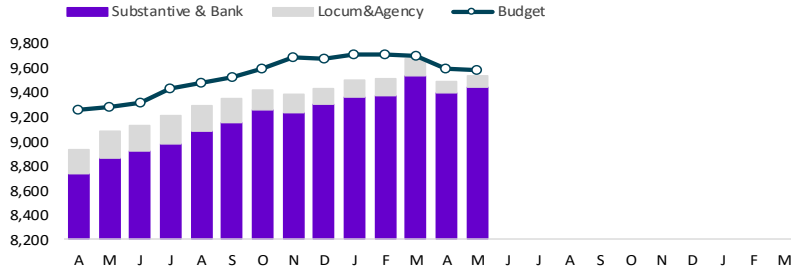
Turnover by Staff Group

Headcount



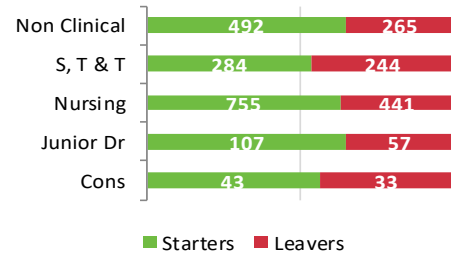
## Workforce Trends

wte



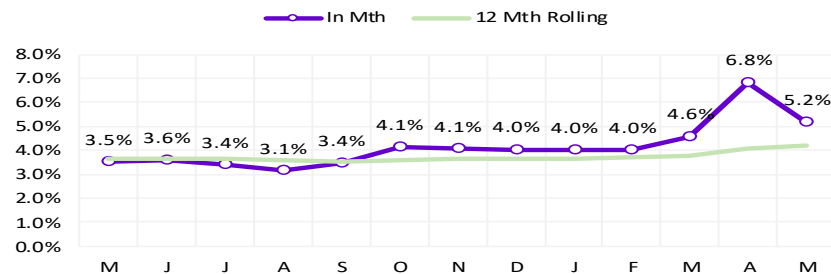
## Starter - Leavers (12Mth Rolling)

Headcount



## Sickness

%



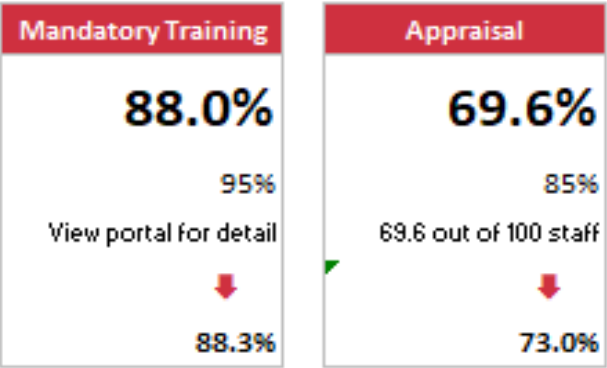
## Commentary

In May, the number of staff in post increased to 9,012 WTE (April 8,847). The Trust continues to have more starters than leavers overall and in the majority of clinical groups.

The Trust's rolling voluntary turnover for May was 7.7%, an increase from the 7.5% reported in April. This has been steadily improving in recent months, and compares well nationally.

## Sickness

Sickness in May increased to at 5.2%.



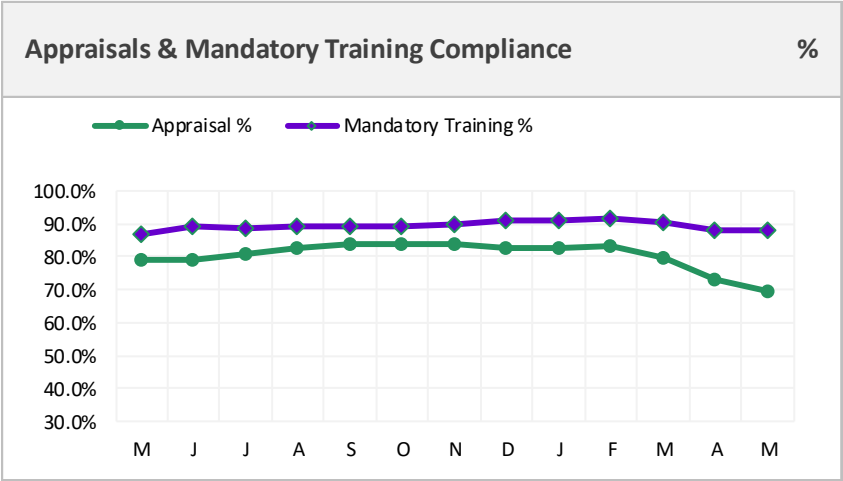
Commentary

Appraisals

Compliance was 69.6% in May compared to April, at 73%. Performance was only recorded at Trust level in May.

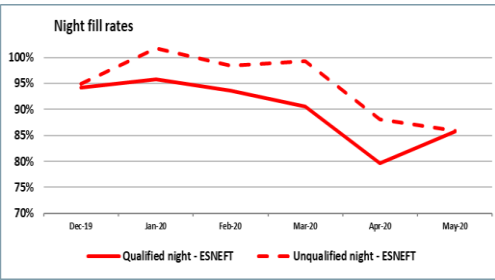
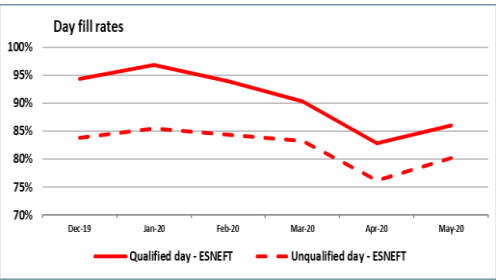
Mandatory Training

May’s compliance rate decreased to 88.0%, from 88.3% in April. Performance was only recorded at Trust level in May.



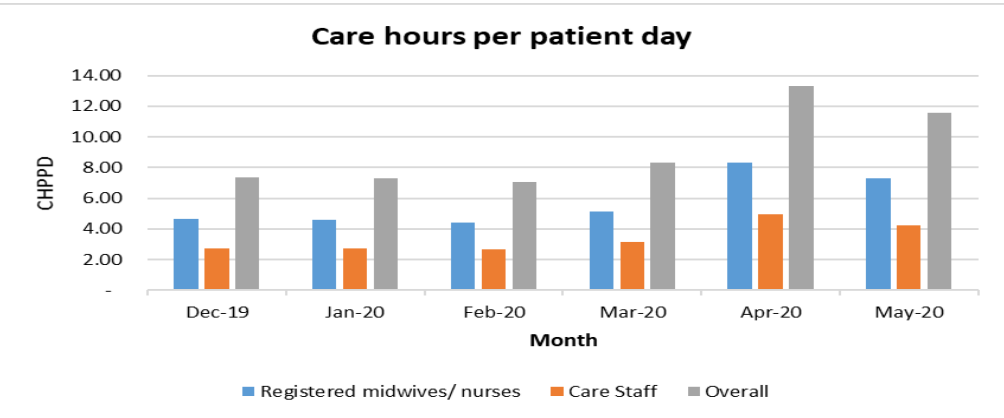
Nursing Fill Rates (including care hours per patient day)

	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Qualified day - ESNEFT	94.3%	96.8%	93.9%	90.3%	82.8%	86.0%
Qualified night - ESNEFT	94.2%	95.8%	93.7%	90.6%	79.6%	85.7%
Unqualified day - ESNEFT	83.8%	85.4%	84.4%	83.2%	76.2%	80.1%
Unqualified night - ESNEFT	94.9%	101.7%	98.3%	99.2%	88.1%	85.9%
Overall (average) fill - ESNEFT	91.8%	94.5%	92.2%	89.9%	81.1%	84.5%



Care hours per patient day

Care hours per patient day	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Registered midwives/ nurses	4.64	4.56	4.42	5.15	8.31	7.31
Care Staff	2.74	2.74	2.63	3.17	4.98	4.23
Overall	7.38	7.30	7.05	8.31	13.29	11.54



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 rates are slightly skewed for the past few months, as the templates of wards have regularly changed due to closed areas, highly fluctuating patients numbers and acuity relating to COVID.

The vacancy rate for HCAs is at an all time low, and we due to see a high volume of Newly qualified staff in September

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

Risks & Mitigating Actions

To ensure we recruit all our students in order to ensure the trust reaps the positive benefits of the extensive training, also enabling clear succession planning

Due to Covid19, many country borders have been closed therefore we have seen our regular stream of overseas nurses stop. Once the borders are re-open we are looking increase the number of overseas nurses per month until we are back on track with our trust trajectory.



## POD Profiles - Trust Level

	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
<b>All Staff</b>													
Headcount	10,084	10,132	10,250	10,301	10,393	10,517	10,484	10,547	10,475	10,459	10,535	10,218	10,303
Establishment (including agency)	9,283	9,312	9,431	9,479	9,529	9,595	9,684	9,680	9,708	9,714	9,704	9,595	9,587
In post	8,423	8,460	8,473	8,645	8,585	8,661	8,648	8,687	8,744	8,763	8,829	8,847	9,012
Vacancy	859	852	957	834	944	934	1,035	992	964	951	874	748	575
Vacancy %	9.3%	9.2%	10.1%	8.8%	9.9%	9.7%	10.7%	10.3%	9.9%	9.8%	9.0%	7.8%	6.0%
Establishment (excluding agency)	9,243	9,272	9,393	9,427	9,492	9,554	9,637	9,626	9,633	9,639	9,635	9,529	9,521
Vacancy (excluding agency)	820	812	920	782	907	892	988	938	889	877	806	682	510
Vacancy % (excluding agency)	8.9%	8.8%	9.8%	8.3%	9.6%	9.3%	10.3%	9.7%	9.2%	9.1%	8.4%	7.2%	5.4%
<b>Turnover</b>													
<sup>1</sup> Turnover (12 Month)	12.0%	11.9%	11.3%	11.3%	11.1%	11.0%	10.8%	10.7%	10.6%	10.3%	10.2%	10.6%	10.4%
<sup>1</sup> Voluntary Turnover (12 Month)	9.0%	9.1%	8.6%	8.6%	8.3%	8.1%	7.8%	7.6%	7.6%	7.4%	7.1%	7.5%	7.7%
<sup>1</sup> Starters (to Trust)	138	116	124	144	177	211	100	100	166	109	167	136	131
<sup>1</sup> Leavers (from Trust)	77	81	70	103	109	93	98	86	92	56	116	74	62
<b>Sickness</b>													
% In Mth	3.5%	3.6%	3.4%	3.1%	3.4%	4.1%	4.1%	4.0%	4.0%	4.0%	4.6%	6.8%	5.2%
WTE Days Absent In Mth	9,125	9,020	8,845	8,238	8,727	10,862	10,520	10,805	10,818	10,075	12,423	18,013	14,358
<b>Mandatory Training &amp; Appraisal Compliance</b>													
Mandatory Training	87.0%	89.2%	88.6%	89.3%	89.2%	89.2%	89.8%	90.8%	91.1%	91.4%	90.7%	88.3%	88.0%
Appraisal	78.9%	79.2%	81.0%	82.6%	83.6%	83.7%	83.6%	82.8%	82.8%	83.5%	79.6%	73.0%	69.6%
<b>Temporary staffing as a % of spend</b>													
Substantive Pay Spend	33,132	32,952	32,692	33,315	32,744	33,402	33,361	33,847	34,182	33,966	35,050	35,687	35,906
Overtime Pay Spend	138	169	151	143	161	148	150	160	119	118	130	169	178
Bank Pay Spend	1,540	1,593	1,618	1,694	1,672	1,714	1,647	1,693	1,723	1,792	1,978	1,820	1,446
Agency Pay Spend	1,699	1,659	1,700	1,763	1,747	1,756	1,621	1,487	1,498	1,614	1,642	1,204	1,097
Total Pay Spend	36,509	36,373	36,161	36,915	36,324	37,019	36,779	37,187	37,522	37,491	38,801	38,880	38,627
Agency & Bank %	11.8%	12.1%	13.0%	12.8%	12.7%	12.8%	11.8%	11.4%	11.9%	12.2%	12.7%	10.6%	9.3%
Agency %	4.7%	4.6%	4.7%	4.8%	4.8%	4.7%	4.4%	4.0%	4.0%	4.3%	4.2%	3.1%	2.8%
<b>Nurse staffing fill rate</b>													
% Filled	90%	89%	90%	90%	89%	92%	94%	92%	94%	92%	90%	81%	85%

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

## POD Profiles - Trust Level

	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
<b>Nursing (Qualified) - excluding Midwives</b>													
Establishment (including agency)	2,560	2,555	2,623	2,638	2,670	2,681	2,700	2,713	2,719	2,720	2,713	2,726	2,684
In post	2,375	2,387	2,387	2,397	2,409	2,456	2,472	2,479	2,487	2,486	2,495	2,491	2,514
Vacancy	185	168	236	241	261	225	229	235	232	233	218	235	171
Vacancy %	7.2%	6.6%	9.0%	9.1%	9.8%	8.4%	8.5%	8.7%	8.5%	8.6%	8.0%	8.6%	6.4%
<b>Nursing (Band 5) - excluding Midwives</b>													
Establishment (including agency)	1,428	1,416	1,412	1,422	1,437	1,450	1,450	1,456	1,456	1,454	1,455	1,454	1,404
In post	1,298	1,308	1,306	1,306	1,302	1,324	1,330	1,322	1,317	1,318	1,337	1,338	1,337
Vacancy	129	107	106	116	135	126	120	135	139	136	118	115	67
Vacancy %	9.1%	7.6%	7.5%	8.2%	9.4%	8.7%	8.3%	9.2%	9.5%	9.4%	8.1%	7.9%	4.8%
<b>Consultants</b>													
Establishment (including agency)	486	488	486	491	494	495	496	495	500	499	497	496	495
In post	411	412	415	413	411	409	413	413	413	416	414	417	419
Vacancy	75	77	71	79	83	87	83	82	88	83	83	79	76
Vacancy %	15.4%	15.7%	14.6%	16.0%	16.8%	17.5%	16.7%	16.6%	17.6%	16.5%	16.8%	16.0%	15.3%
<b>Junior Medical</b>													
Establishment (including agency)	632	635	637	654	654	655	655	660	662	662	661	653	669
In post	589	587	588	723	642	623	626	625	625	637	638	631	651
Vacancy	42	48	49	(69)	13	31	28	35	37	24	22	22	18
Vacancy %	6.7%	7.5%	7.7%	-10.6%	2.0%	4.8%	4.3%	5.2%	5.6%	3.7%	3.4%	3.4%	2.7%
<b>Scientific, Technical and Therapeutic</b>													
Establishment (including agency)	1,719	1,726	1,754	1,751	1,768	1,778	1,828	1,780	1,777	1,780	1,780	1,770	1,761
In post	1,583	1,594	1,590	1,605	1,598	1,598	1,595	1,592	1,604	1,599	1,610	1,616	1,646
Vacancy	137	132	164	146	170	180	233	189	173	180	169	154	116
Vacancy %	8.0%	7.6%	9.3%	8.4%	9.6%	10.1%	12.8%	10.6%	9.7%	10.1%	9.5%	8.7%	6.6%

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