

Month 4
(July)



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

Performance report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors

Thursday 3rd September 2020

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This month's performance report provides detail of the July 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. 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 July 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 August). 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	May-20	Jun-20	Jul-20	Mov't	Trend	Comments	
Number of written complaints	Well-led	Q	n/a	58	63	84	↑		Clinical divisions; low, medium, high	
Staff Friends and Family Test % recommended - care	Caring	Q	30%	N/S	N/S	N/S	→		Monthly FFT national reporting suspended from April-June 2020	
Occurrence of any Never Event	Safe	M	0	0	0	1	↑		The never event was a wrong site surgery in Interventional Radiology on the Ipswich site.	
Mixed sex accommodation breaches	Caring	M	0	N/S	N/S	N/S	→		The last reported breach, in February 2020, occurred on the Critical Care Unit at Colchester. Data is not being collected from April - July 2020	
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	N/S	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%	91.4%	90.1%	90.9%	↑		Locally collected data - FFT has been suspended nationally due to Covid-19	
Number of emergency c-sections	Safe	M	tbc	92	101	105	↑			
Maternity scores from Friends and Family Test – % positive :										
- % Recommending - birth	Caring	M	90%	N/S	N/S	N/S	→		Monthly FFT national reporting suspended for April-July 2020 reporting	
- % Recommending - postnatal	Caring	M	90%	N/S	N/S	N/S	→			
VTE Risk Assessment	Safe	M	95%	92.5%	94.1%	94.5%	↑			
Incidences of Clostridium Difficile infection	Safe	M	9	4	4	6	↑		There were 6 C.difficile cases reported in July. 4 of these were in Ipswich (2 HOHA, 2 COHA) and 2 cases were at Colchester hospital (1 HOHA, 1 COHA).	
MRSA bacteraemias	Safe	M	0	0	0	0	→		The last MRSA bacteraemia was reported at Ipswich in September 2019.	
HSMR (DFI Published - By Month Data Available)	Effective	Q	100	101.1	103.6	103.6	↑		ESNEFT is 1 of 8 trusts in the region of 15 non-specialist trusts with an 'as expected' or 'better than expected' HSMR. There is one patient safety indicator alerting currently in Dr Foster for deaths in low risk groups; this is as a result of Covid-19 deaths being counted in the 'viral illness' group.	
HSMR Weekend (By Month Data Available)	Effective	Q	100	109.1	108.9	108.9	→			
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.083	1.083	1.078	↓		12 mths to Feb 2020. This is 'as expected' when compared to the previous annual position (to Jan 2020) of 1.0830.	
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Use of Resources	M	tbc	11.6%	12.0%	10.3%	↓			

N/S – not supplied

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	May-20	Jun-20	Jul-20	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	95.3%	96.3%	97.2%	↑		A&E waiting time performance based on economy. ED Economy performance for July 2020 was 96.83% for CGH, and 97.69% 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%	58.8%	48.8%	43.4%	↓		
All cancers – maximum 62-day wait for first treatment from:									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	79.3%	76.5%	84.0%	↑		
- NHS cancer screening service referral	Responsive	M	90.0%	25.0%	0.0%	50.0%	↑		Screening service performance snapshot as reported in Accountability Framework taken at 19th August 2020
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	46.9%	32.4%	24.9%	↓		Diagnostic performance was 24.94% for July 2020.
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	May-20	Jun-20	Jul-20	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	5.2%	3.8%	4.0%	↑		Voluntary turnover.
Staff turnover	Well-led	M	tbc	7.7%	7.0%	7.1%	↑		
Executive team turnover	Well-led	M	tbc	0	0	0	→		
NHS Staff Survey - would recommend as place to work**	Well-led	A	tbc	55.30%	55.30%	55.30%			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%	68.30%	68.30%			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	2.8%	2.6%	2.8%	↑		Agency staff % only.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(1,395)	(1,414)	(1,377)	↓		All divisions are behind plan for the year to date.
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	May-20	Jun-20	Jul-20	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	2	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 July. Agency spend was beneath the agreed ceiling amount in July. 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	May-20	Jun-20	Jul-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, July & August 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.

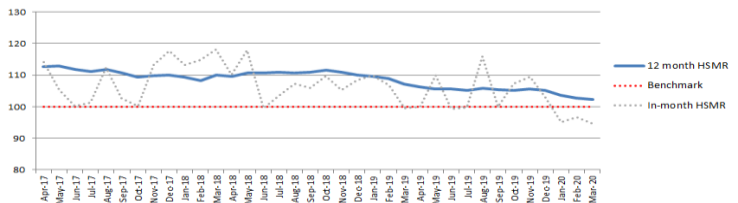
Work has begun to set up the relevant structure of the framework for 2020/21 reporting. August meetings were cancelled to provide respite for staff following the pressures of the pandemic however, it has been confirmed that the Divisional Accountability meetings will resume in September. A detailed review of the current AF has been undertaken. A report outlining its key findings was presented to ODG on 20/07/2020 along with a number of recommendations as to how the AF can potentially be improved. Work is now ongoing to try and implement many of these proposals as quickly as possible. For example, proposed changes to the indicators included in the AF's domains were discussed at Informatics Programme Group on Monday 24th August. A follow up paper to ODG will be presented in early September.

Aggregated AF Score Classification Explained

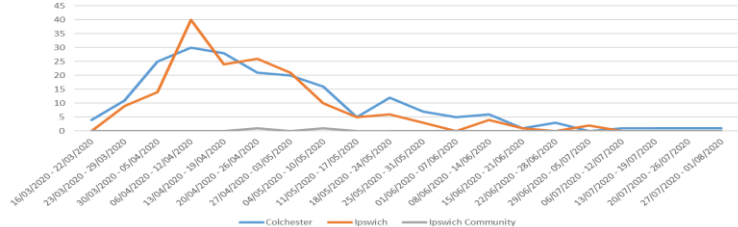
Domain Scores	Aggregated AF Score	
Two or more domains scoring '1'	1	Inadequate
Three or more domains scoring '2' or below, with / or any domain score of '1' occurring once only	2	Requires Improvement
Other combinations of domain scores between an overall domain score of '2' and '4'	3	Good
Two or more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

Mortality

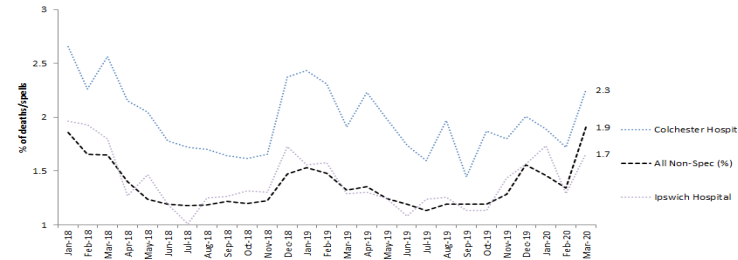
ESNEFT HSMR - In-month & Rolling 12 Months



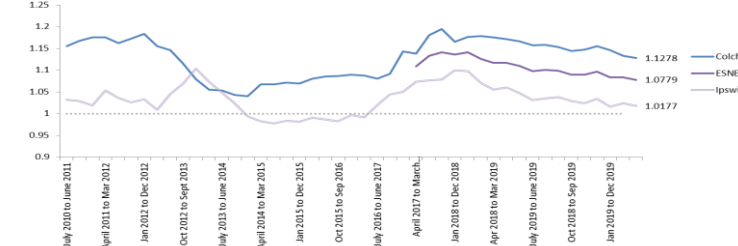
Deaths with a diagnosis of Covid-19



All Diagnosis Groups - Crude Mortality Rates



SHMI - Rolling 12 months



Commentary

Dr Foster Summary – compared to February 2020 discharges

Mar 2020 discharges (final)	ESNEFT	IPS	COL
In-month HSMR	↓94.6	↓89.2	↓105.6
12 month HSMR	↓102.3	↓103.4	↓105.3
Death rate HSMR (nat. 3.2%)	→3.2%	→3.0%	↓3.6%
Lower confidence limit (HSMR)	↓98.3 As expected	↓97.5 As expected	↓99.7 As expected
All diagnosis groups 12 months	↑101.5	↑101.8	↑105.2
Lower confidence limit (all)	↑97.8 As expected	↑96.3 As expected	↑100.0 Outlier

ESNEFT is 1 of 8 trusts in the region of 15 non-specialist trusts with an ‘as expected’ or ‘better than expected’ HSMR. There is one patient safety indicator alerting currently in Dr Foster for deaths in low risk groups; this is as a result of Covid-19 deaths being counted in the ‘viral illness’ group.

SHMI – 12 months to February 2020

ESNEFT ↓1.0779– ‘as expected’ (previous release to January 2020, 1.0830)

Ipswich acute 1.0177 – as expected (down from 1.0242)

Colchester 1.1278 – as expected (down from 1.1335)

(IP = inpatient)	July 20 No. Deaths	July 19 No. deaths	Rolling 12 mths
Ips acute	74 (82)	107	115
Col acute	116 (103)	113	134
Ips ED	3 (4)	7	8
Col ED	5 (8)	11	11

Figure in brackets = previous month

Risks & Mitigating Actions

There is 1 active CUSUM on the ESNEFT dashboard for viral infection (Covid-19 patients)

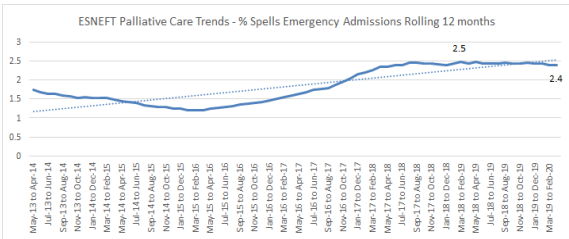
Weekday/Weekend Emergency Admissions

Both weekday and weekend HSMR is considered statistically ‘as expected’.

Covid-19

For the month of July, 2020, 5 patients (provisional figure) died with a diagnosis of Covid-19. The median age was 91, age range 74 to 99. (By month: March 32, April 225, May 80, June 20, total confirmed deaths 365).

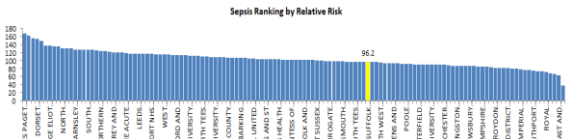
Specialist Palliative Care (NEL Admissions)



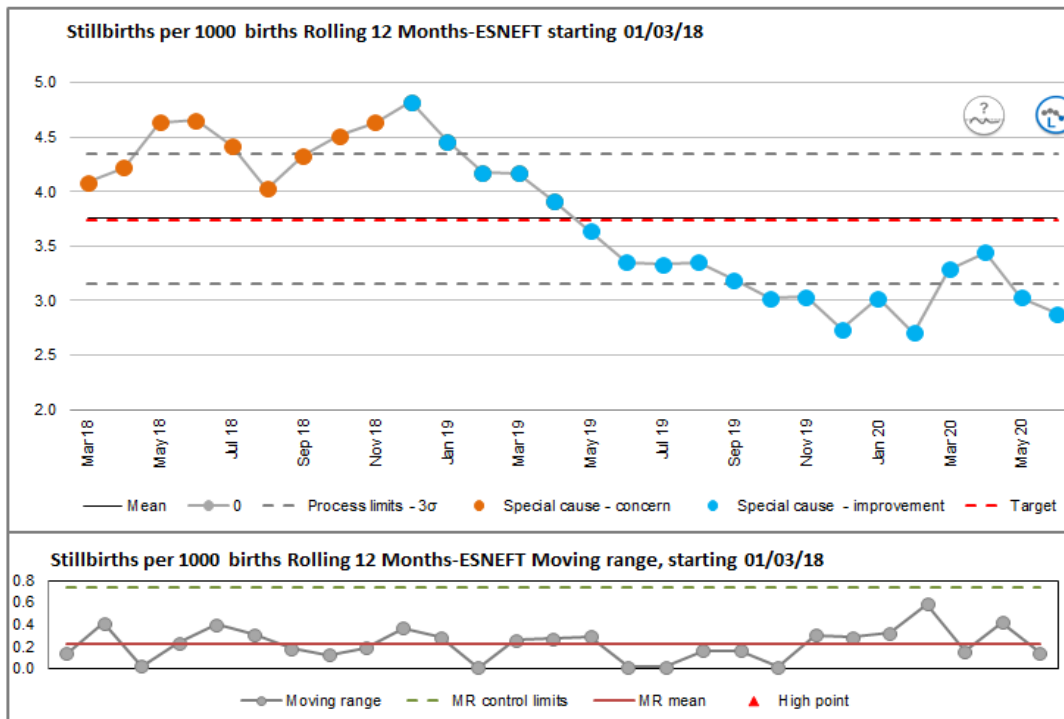
There has been a levelling-off of patients being coded as receiving specialist palliative care. The national average for the last 2 years has been around 2% of all emergency spells.

Diagnosis Group Monitoring Rolling 12 mth data

Significant improvements made in septicaemia (sepsis). January 2017 ranked 110/136, March 2020, ranked 47/128 acute trusts.



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 1,000 births (3.68 England) or 0.374%.

For the 12 months to June 2020, ESNEFT was 2.8.

All fetal losses 22+ weeks and up to 28 days of life have a full perinatal mortality review; all term intrapartum stillbirths and early neonatal deaths which fit the EBC criteria are reported to HSIB for external investigation. All cases have an MDT review.

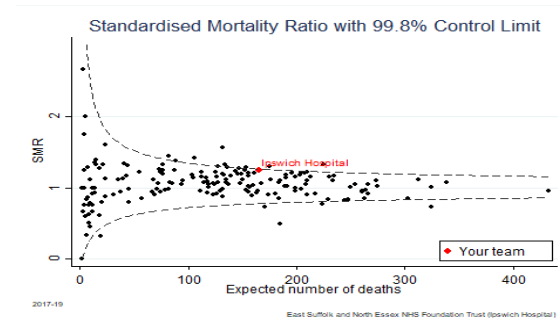
Stillbirths per 1000 births - rolling 12 months	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
Colchester	5.3	4.5	4.6	4.6	4.0	3.7	3.7	4.0	4.0	3.1	2.5	2.5	2.6	2.5	2.2	2.8	3.4	2.8	2.8
Ipswich	4.4	4.4	3.8	3.8	3.8	3.5	3.0	2.7	2.7	3.2	3.5	3.6	2.9	3.5	3.2	3.8	3.5	3.3	3.0

Mortality

Learning from Deaths - meeting 7th August 2020

Presentations

Dr Alam, Ipswich Stroke Service, in response to the SSNAP (Sentinel Stroke National audit Programme) Borderline Mortality Outlier Alert April 2017 to March 2019.



Standardised mortality ratio
124, 205 observed deaths,
165 expected, crude
mortality rate 19%.

SMR range within the region
77-129, mortality range 11-
19%.

- The completion of an SJR (mortality review) for all deaths was helpful in identifying key learning points.
 - Acute Stroke Nurse (ASN) to undertake earlier patient assessments, particularly with regard to swallow assessments.
 - **Actions** – robust screening tool introduced, all band 6 staff now trained; remaining staff to be trained by end August 2020; and nurse training for respiratory assessment is pending.
 - Early senior review of patient.
 - **Actions** – business case ongoing for Standard 2 (review in 14 hours), use of virtual Telemed reviews (ongoing) and business case for a 4 consultant rolling rota is pending.
 - Access to early treatment
 - **Actions** – completed are access to 7-7 thrombectomy at Queens and a hemi-craniectomy protocol; ongoing actions include a Mobile Stroke Unit project, ICH (intracerebral haemorrhage) management pathway, BP control pathway and palliative care access.
 - Cultural changes required
 - **Actions** – empower Band 6 staff to participate in the writing of pathways, regular discussion of mortality reviews and incidents and prevent early withdrawal of treatment.

Learning from Deaths

- In discussion it was noted that prognosis determination in patients who have had a stroke is more challenging than other conditions. There was agreement that as a minimum, treatment should be continued for up to 72 hours before consideration is given to next steps. The Lead for End of Life Care confirmed that the ICPLDL could run alongside active treatment until it was no longer needed – supports symptom management.
- Learning from an SI - Dr Alam will create a haemorrhagic stroke pathway along the lines of the Sepsis 6 so that teams respond within 90 minutes of diagnosis.
- The nursing team at Colchester has offered overnight telephone mentorship.

Older Person's Services, Dr Dan Coates and Paul Kitson (Governance Manager)

- M&M meetings are moving towards a 'sharing of learning' model rather than case review, results of which are shared with the nursing team; there will be moves towards a cross-site M&M.
- Learning from Covid-19 reviews included, NEWS escalation being missed/ recorded on Watchpoint in error, missed opportunities to begin a comfort-based approach, multiple ward moves (one case, 8 in 10 days) leading to increased patient risk.
- It has been difficult to build rapport during Covid-19 with families but teams have received great support from the palliative care team. Staff developed a communications log for NoK.
- Proning was not well tolerated, or if used, there were issues with pressure area care owing to the nurse/patient ratio demands of this technique.
- Deterioration was unpredictable which made planning difficult.
- Covid-19 delirium was protracted and patients struggled with the psychological impact of isolation (including visiting restrictions) pre and post admission.
- Staff quickly identified that the standard practice of restricting fluid to support oxygenation was leading to acute kidney injury.
- Redeployment meant that staff less familiar with EoL care were faced with many dying patients - staff were commended for their professionalism.

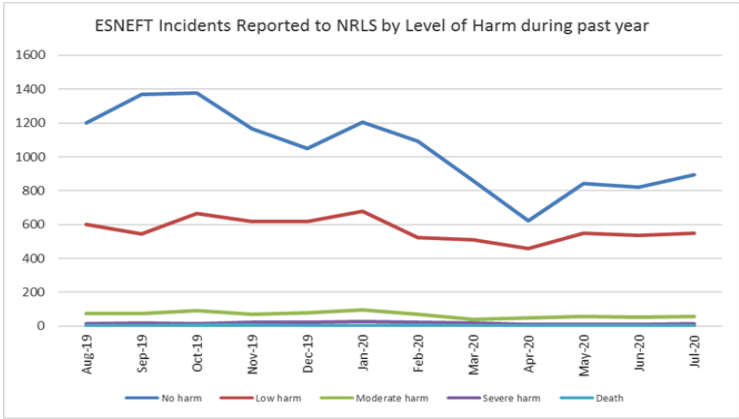
Compliance with mandatory mortality reviews to May was 70% Ipswich and 78% Colchester.

Patient Safety – Incidents

Total incidents and harm

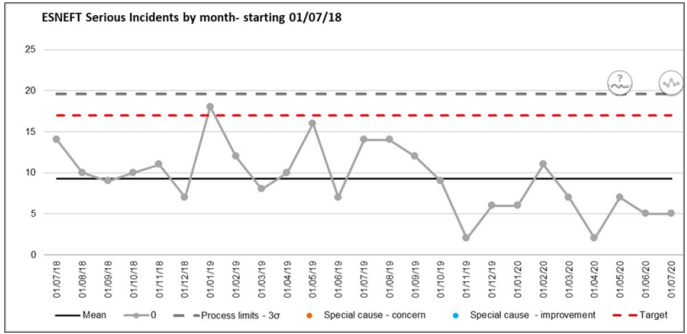
There were a total of 1,800 (1,677) ESNEFT incidents reported in July 2020. This is an increase in the number of incidents reported in June 2020.

1,516 of these incidents there were Patient Safety related and 1,516 were reported to the NRLS.

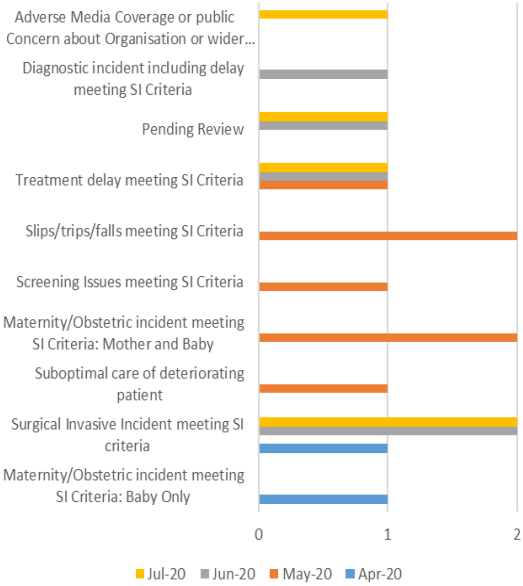


Serious Incidents

5(5) ESNEFT incidents were considered to meet the criteria of being a serious incident during July. The Serious Incidents included 2 from Cancer & Diagnostics – Treatment Delay meeting SI criteria and Surgical/invasive procedure meeting SI criteria, 1 from Surgery & Anaesthetics – Surgical/invasive procedure meeting SI criteria, 1 from Corporate (Security) - pending review, 1 from Integrated Pathways – Adverse media coverage or public concern about the organisation or wider NHS



Serious Incident Themes



Never events

There was 1 Never Event reported in July, a wrong site surgery at Ipswich in Interventional Radiology.

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

Compliance with serious incident reporting time lines

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

Serious Incident Reports due for submission to CCG. There was 1 report due in July but this is being undertaken by HSIB and consequently has a 6 month timeframe.

Due to Covid-19 all report completion dates were extended as an interim arrangement. The CCG have requested outstanding reports to be completed by 30th of September.

ESNEFT compliance is 100% (44.4%)

Report submission; 2 reports were submitted in July, all of which had a ‘stop the clock’ - 1 for Women & Children and 1 for MSK and Specialist Surgery.

At the end of the month of July there were 9 outstanding Serious Incident reports; Surgery & Anaesthetics – 5 reports, Women and Children – 2 reports, Medicine Ipswich – 1 report & Integrated Pathways – 1 report.

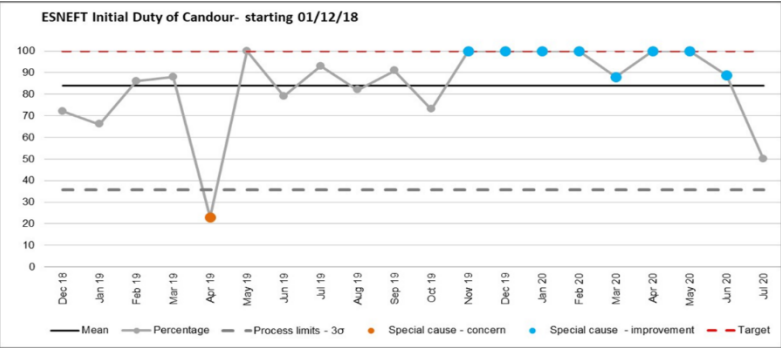
Overdue action plans

There are currently 124 overdue action plans.

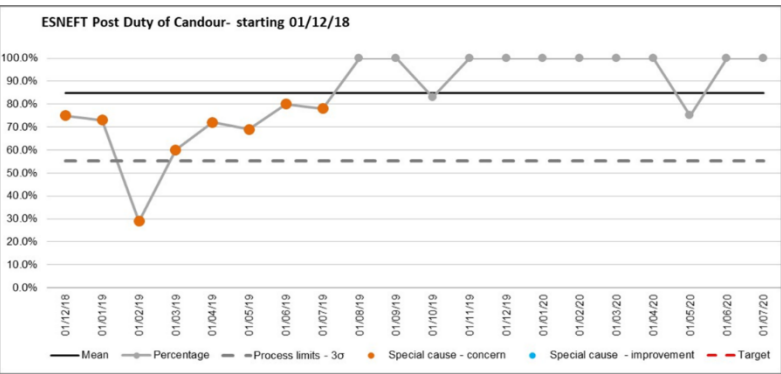
13 action plans were approved within ESNEFT and have been sent to the CCG in the month for final closure..

Duty of Candour

Compliance for Duty of Candour (pre investigation) has reduced to 50% (88.8%) during July at ESNEFT. There were 4 due in the month of July and 1 each for Cancer and Diagnostics & Surgery and Anaesthetics were not completed within the required timeframe.



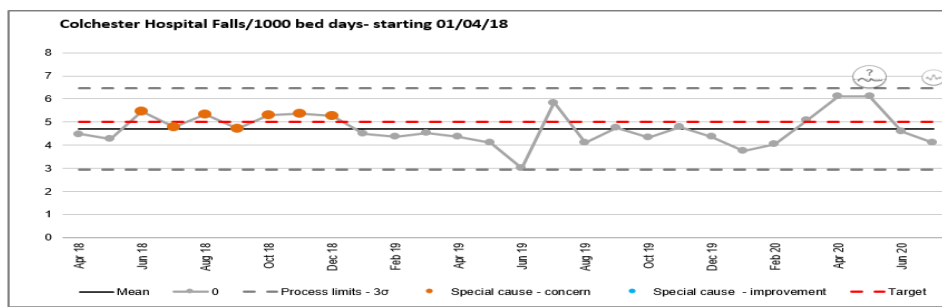
ESNEFT post Duty of Candour compliance following the conclusion of the SI investigation remained 100% for July.



Patient Safety – Falls

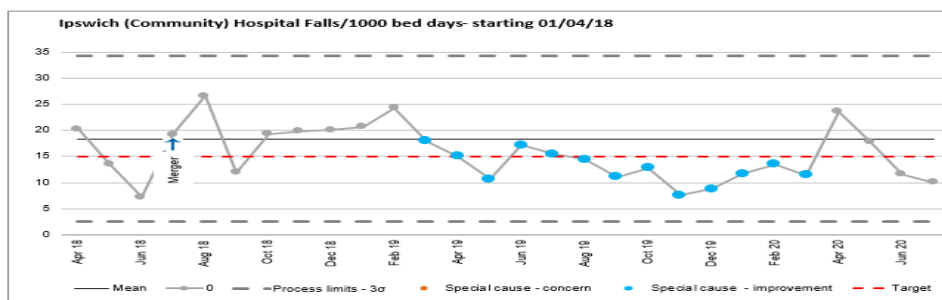
Colchester site

Colchester reported 53 falls in July which is equal to incidents in June. There was one incident resulting in serious harm resulting in a fractured neck of femur. Of the number reported, 37 falls were unwitnessed with 2 occurring in a Baywatch area. Of the unwitnessed falls, 11 patients were reported as having confusion or cognitive impairment present. Of the total number of falls reported, 14 incidents occurred in side-rooms and 15 occurring in a bathroom or toilet. There were no multiple fallers in July. This shows 4.16 falls per 1,000 bed days, a further reduction from June and is below the national benchmark of 5.5.



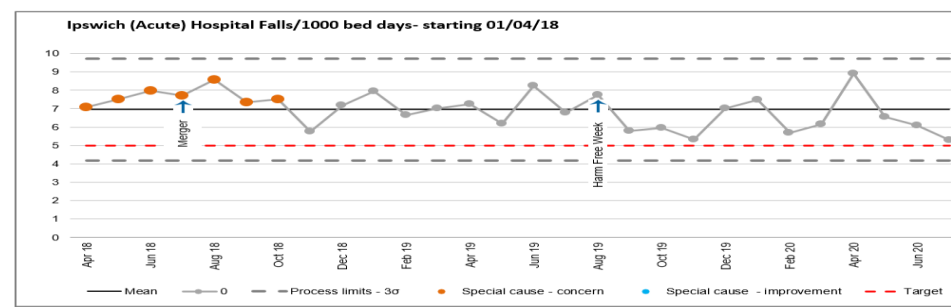
Community Hospitals

The Community Hospitals reported 20 falls in July – same number as June. Aldeburgh Hospital reported 8 falls which is a reduction on last month. Bluebird Lodge reported 10 falls which shows an increase on June and Felixstowe Hospital reported 2 falls. Again this month there were no falls resulting in serious harm reported. Collectively, 15 falls were unwitnessed with 5 incidents occurring in a Baywatch area. This gives a figure of 10.19 falls per 1,000 bed days which shows a reduction on June.



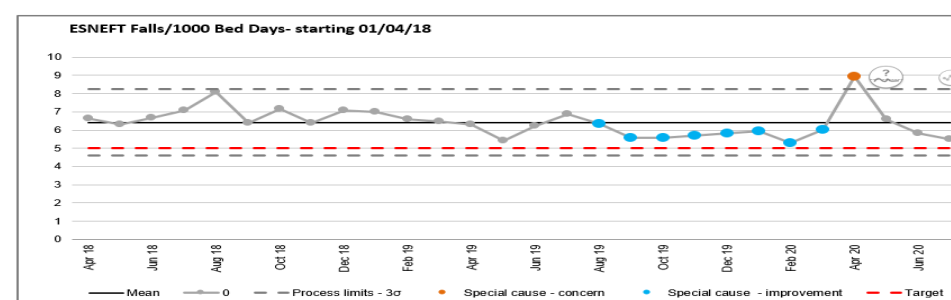
Ipswich site

Ipswich reported 60 falls in July showing a decrease on June. There were no falls that resulted in serious harm. Of the number reported, 45 falls were unwitnessed with 9 of the unwitnessed incidents occurring whilst patients were in a Baywatch bay. Of the unwitnessed falls, 18 patients were identified as having confusion or cognitive impairment evident. Multiple fallers occurred in 5 different ward areas with 7 patients falling twice. There were 2 near misses reported. This shows 5.53 falls per 1,000 bed days, a slight decrease from June.



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. Both sites continue to have ward relocations in progress as part of ongoing Covid-19 planning and moving towards recovery plans which may have either a positive or negative impact on the number of falls. This gives ESNEFT an overall figure of 5.21 falls per 1,000 bed days which is slightly better than the national benchmark of 5.5.



Patient Safety – Pressure ulcers

ESNEFT

At Trust level, July shows a figure of 0.86 overall for developed pressure ulcers per 1,000 bed days at ESNEFT, a marginal increase from 0.68 in June.

Ipswich and Community Hospitals

Ipswich had 16 (10) Category 2 developed pressure ulcers, 1 (1) category 3 (Washbrook) and 1 unstageable pressure ulcer (Kesgrave). This included 2 device related pressure ulcers in Critical Care. Haughley (3), Kesgrave (2), Shotley, Stowupland, Martlesham, Brantham, Washbrook, Somersham, Stradbroke, Grundisburgh, Saxmundham and Sroughton each reported a category 2 pressure ulcer. This provides a per 1,000 bed days figure of 1.48, an increase from 1.02 in June.

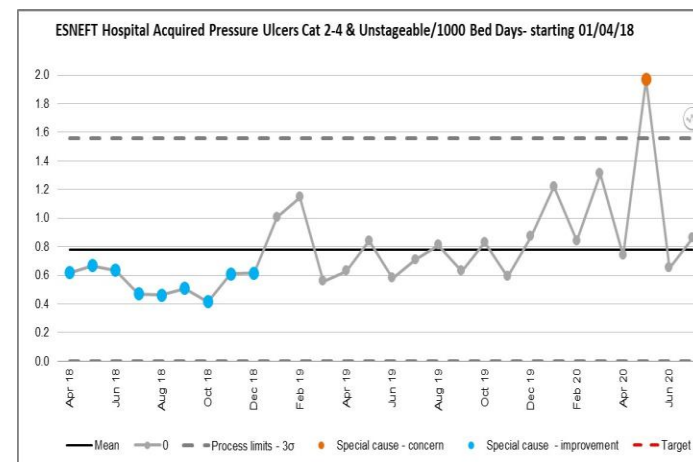
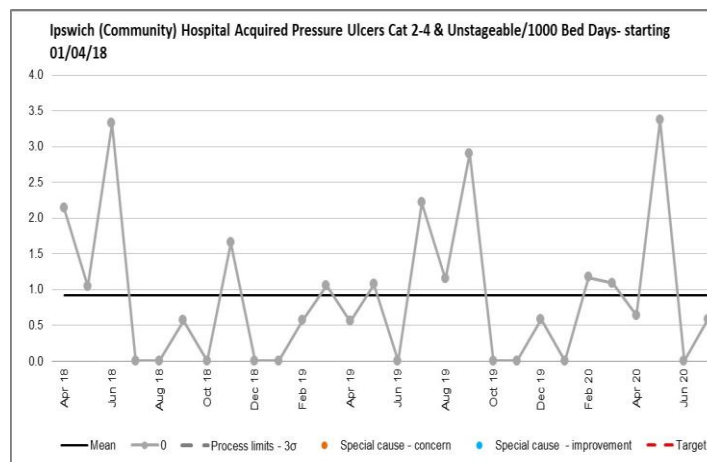
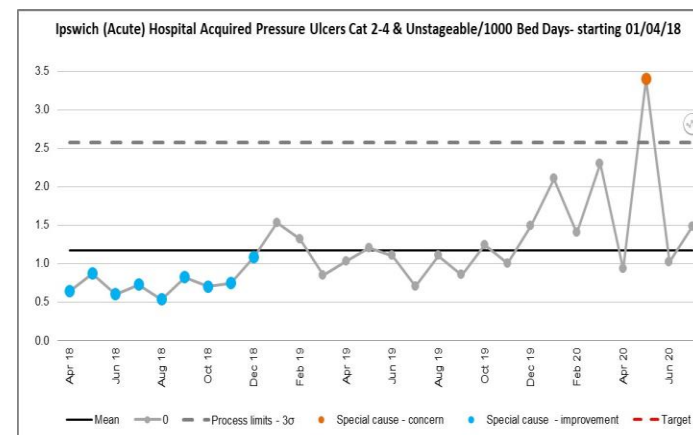
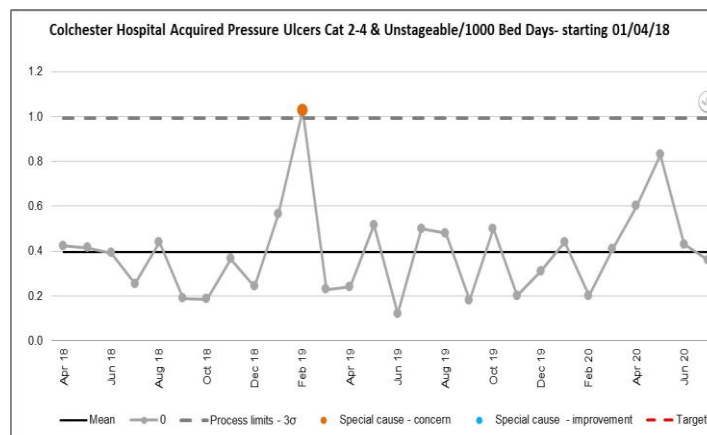
There was one reported grade 2 pressure ulcer at Bluebird Lodge in the month of July. The Community Hospitals have a figure of 0.58 (0) developed pressure ulcers per 1,000 bed days for July.

Colchester

Colchester Hospital reported 4 (5) Category 2 pressure ulcers, 0 (0) Category 3 and 1 unstageable pressure ulcer (Birch) Brightlingsea, Tiptree and Birch Wards reported one each. This gives a per 1,000 bed days figure of 0.36 for July, a further reduction on the 0.43 reported in June.

Working towards future prevention

The Colchester Harm Free Care Team have a planned programme for revised training and enhanced knowledge for ward staff, focusing on Birch and Tiptree initially as both report a higher number of pressure related incidents. A refocus on ASKIN assessments and additional training and actions are being implemented. 50% of the pressure ulcers at Ipswich were combination ulcers with moisture damage being present and had begun as moisture associated skin damage. This is similar in theme to Colchester Hospital and consequently this will be an area of focus moving forward. Good management of skin and continence/moisture is a key training priority on both acute sites in September when increased training and education along with focused ward sessions are rolled out as part of the Tissue Viability Improvement Plan.

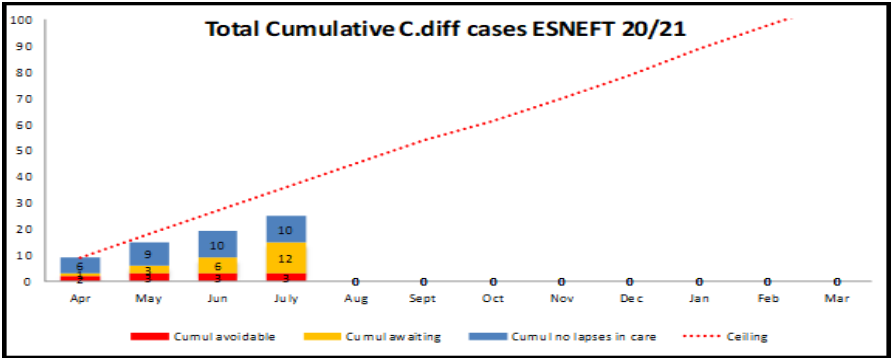


Patient Safety – Infection Control

Clostridium difficile (C.diff)

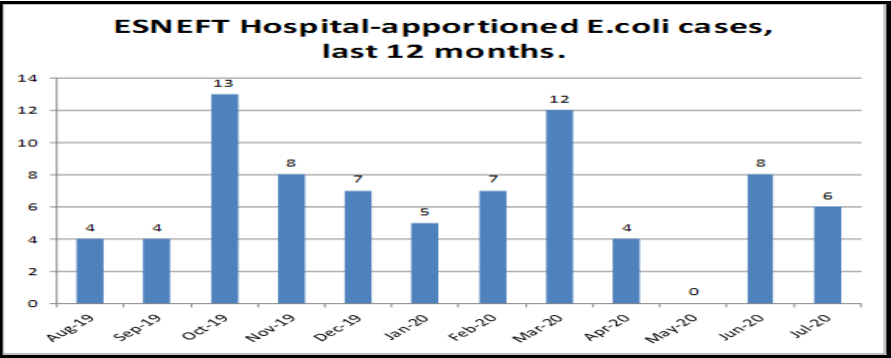
Colchester reported 2 cases of C.diff in July (1 HOHA, 1 COHA), Ipswich reported 4 cases (2 HOHA, 2 COHA).

There were a total of 6 Trust attributed C.diff cases in July. There are no C.difficile national objectives set for 2020/21 to date. There are 2 outstanding 2019/20 cases relating to Ipswich Hospital. These are being finalised.



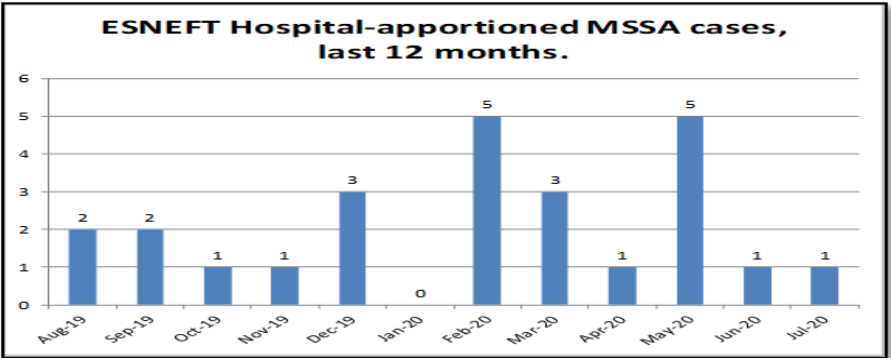
Escherichia coli (E. coli)

There were 6 hospital-apportioned E.coli bacteraemia cases identified during July 2020 across the main ESNEFT Hospital sites. All cases were reported on the Ipswich site.



Meticillin-susceptible staphylococcus aureus (MSSA)

There were no cases of hospital-apportioned MSSA for Colchester Hospital in July. There was 1 case of hospital-apportioned MSSA for Ipswich Hospital in July on Debenham Ward – the patient had endocarditis with nephrotic syndrome and had severe bilateral upper limbs. PICC was removed following a MSSA positive result from a PICC line sample. There was good documentation of care of the PICC line, less so for the PVDs that were inserted and removed before the PICC line was inserted.



Meticillin-resistant staphylococcus aureus (MRSA)

There were no MRSA Bacteraemia's identified during the month of July.

Isolates (patients colonised):

Month	Trust site	MRSA new isolates
June 2020	Colchester	Easthorpe Ward x 1 Layer Marney ward x 1
June 2020	Ipswich	No cases

Patient Safety – Infection Control

Covid -19

	Number of HOIHA		Number of HOPHA		Number of HODHA		Total
Month/Site	Col	Ips	Col	Ips	Col	Ips	ESNEFT attributable (HOPHA and HODHA cases)
July	4	0	3	0	2	0	5

Definitions:

- Hospital-onset **Indeterminate** Healthcare-Associated (3-7 days, with no prior hospital admission in previous 14 days).
- Hospital-onset **Probable** Healthcare-Associated (8-14 days, or specimen date 3-14 days after admission, with prior admission in previous 14 days).
- Hospital-onset **Definite** Healthcare-Associated (15 or more days after admission).

An RCA is required for inpatients diagnosed with Covid-19 >7 days after admission.

Lessons learnt from HOPHA and HODHA Covid-19 cases occurring in July:

- Patients not re-tested 5 days after admission (1 HOPHA case): as noted previously an inking stamp is being introduced to assist with recording when Covid-19 swab due/completed.
- 2 HOPHA cases remain in the review stage.

No particular learning for the HODHA cases, circumstances explained:

- Cluster occurred due to contact of a index patient.
- Care home screening result prior to discharge; there were no subsequent contacts who became positive.

Patient Safety – Maternity – June data

Caesarean Section: The Colchester site Caesarean Section rate increased to 32.12%, of which 17.22% were electives and 14.90% emergency caesareans. This reflects the monthly variance of 27-32%. Each morning the previous 24 hours of any emergency CS undergo MDT review led by the DS Co-ordinator to identify any learning or themes for improvement. Cases identified for further discussion are taken by the Obstetric Team to Friday MDT review forum (Friday Review Meeting). Colchester site commenced a Quality Improvement project in December which continued during Covid-19 via Zoom aimed at supporting women choosing VBAS and therefore increasing the number of women who opt for vaginal birth after caesarean. Women on the pathway are 100% opting for vaginal birth with a 0% attrition rate for the antenatal education support pathway which uses OPTIBIRTH. In June; 13 women planned a VBAC and 11 were successful. The caesarean section rate for Ipswich increased to 33.45%. There is a plan to recommence the Grand Round to improve learning around caesarean sections as this contributed to a reduction when introduced previously. Overall rate for ESNEFT increased to 32.43%.

Midwifery Led Births: The percentage of Midwifery led births has increased from 2.96% to 19.48% at Colchester. Home births had been reinstated in May and both the MLUs at Colchester and Coastal were re instated in June. This month Juno's birth % is back to pre Covid-19 %. There were 39 births on Juno alongside MLU, 11 births at Coastal stand alone MLU and 10 Homebirths.

The rate increased from 6.87% to 17.7% at Ipswich. The Brook Birth Centre reopened on the 8th June following the reduction in the number of Covid-19 cases. Homebirths recommenced from 11/05/20 resulting in a further 3.96% of all births within Ipswich. ESNEFT rate in June increased to 18.59%.

Smoking Rates: On the Colchester site a decrease was noted in smoking rate to 11.74%. On the Ipswich site, the smoking rate increased to 5.45% at delivery. Of the women in this delivery cohort 15.10% of them were smoking at booking and therefore there is a reduction difference of 3.36%. Colchester's smoking pathway work is undertaken by the smoking cessation midwife who contacts every women directly at the same time as booking, offers NRT and makes an individualised support plan with the women. On the Ipswich site, the smoking rate was 5.45% at delivery. This is in line with the number recorded each month this year. The smoking cessation Midwife is working with One Life Suffolk to provide NRT in the community to these women. Total for ESNEFT is green at 8.54%

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.

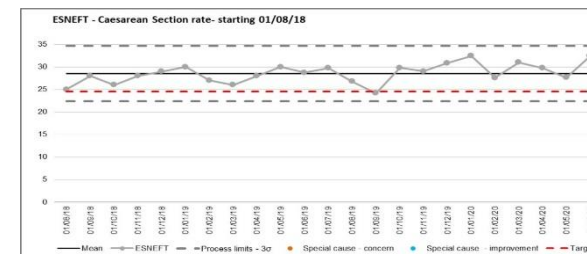
Third and fourth degree tears of total births: Colchester showed a decrease to 0.47% in June, lower than the national rate and evidence of the STOMP QI project being embedded. Ipswich showed a decrease to 2.16%. Overall rate for ESNEFT in June was 1.23%, above the national average of 2.30%.

PPH ≥1500mls: On the Colchester site the rate has decreased in May to 4.3% above the national average which is 3.70%. The rate on the Ipswich site increased to 5.86%. Ipswich is currently undertaking a QI project of identifying women who may be at risk of PPH on admission in labour. This is a dynamic risk assessment which will continue throughout the woman's labour and postpartum.

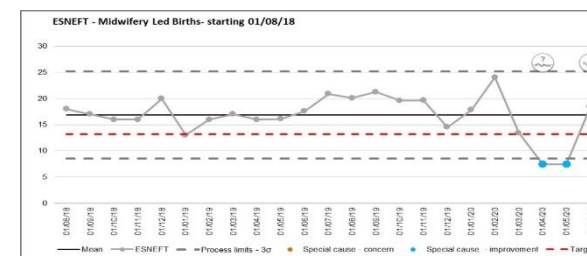
The overall rate for ESNEFT was in June was 5.06%

Stillbirths: There were no stillbirths at either site in June.

Caesarean Section



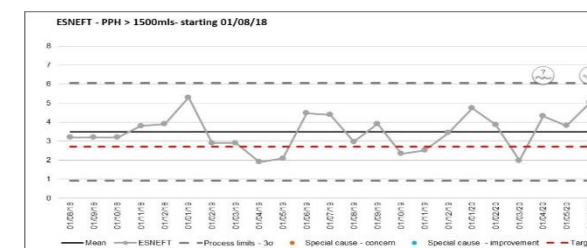
Midwifery Led Birth - ESNEFT



Third & Fourth Degree Tears of Total Births

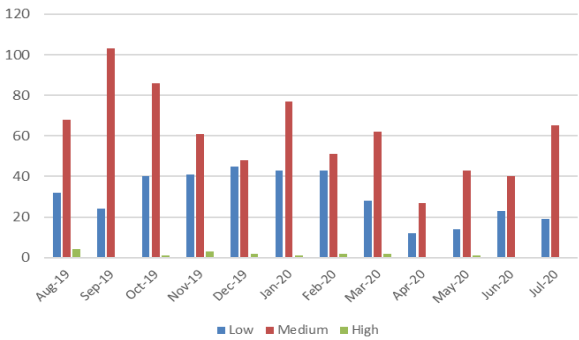


PPH ≥ 1500mls - ESNEFT



Patient Experience - Complaints

Total complaints



Overall complaints numbers for ESNEFT in July were 84 (63). Complaints in July at Colchester increased to 41 (14) and decreased to 43 (49) at Ipswich.

Response compliance



Overall response rate compliance has decreased marginally to 91% from 96% in the month of June. There were 82 (66) complaints closed in the month of July. Overdue complaints increased from zero to three.

PALS

There were 198 PALS concerns logged for Colchester and 169 for Ipswich for the month of July 2020.

There were 6 PALS queries escalated to Complaints in the month, one from Women’s and Children’s, one from Cancer and Diagnostics, one from Integrated Pathways and one from Medicine (Ipswich). In all cases, the complainant was not satisfied with the response received via their PALS query and have requested a formal response.

Top Themes from PALS:

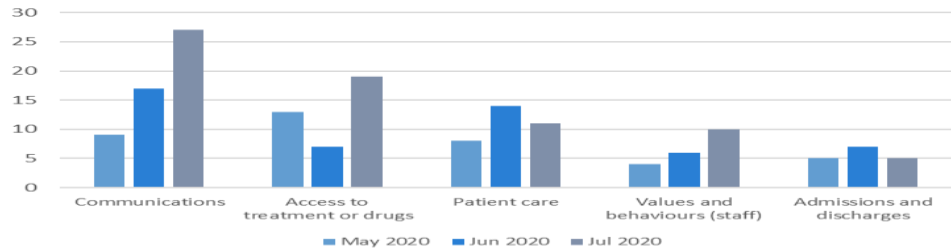
The top themes for PALS for the month of July 2020 were communication and Covid-19.

This remains the same as last month. Queries raised were 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 would be re-scheduled.

Complaint themes

The most common theme for complaints for July 2020 was communication. On further review complaints regarding communication are mainly in relation to lack of adequate communication with relatives / patients. This seems to be impacted by the limiting visiting hours for relatives and complainants feeling that communication has not been adequate.

Top 5 Complaint Themes

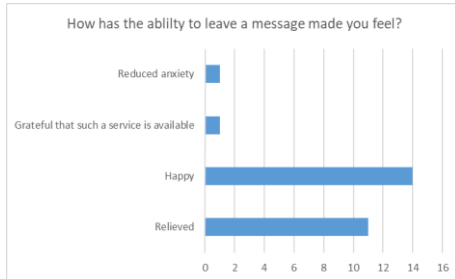


User involvement/Engagement Activity

Letters to Loved ones

Staff are continuing to help the community to be able to keep in touch with loved ones and have enabled a total of 335 letters to be delivered since the 1st May 2020. Colchester has received 64%, Ipswich 36% (this includes community hospitals). A sender survey has been undertaken which showed 100% of loved ones who left feedback were happy, relieved or grateful for the service. When asked what they would have done if the service was not available, 66% of respondents would have called the ward for further information. 55% of respondents reported they knew about the service through word of mouth, 30% through the Trust website and 15% from other sources.

Letters to loved ones – Survey Results



Transforming Inpatient Experience Workshop

“Getting the basis right and improving Patient Experience”- the patient experience team have facilitated an hour long virtual workshop on Wednesday, 11th August 2020 involving Trust staff, patient and carer representatives, local stakeholders and partners. Discussion included how the five recommended improvement priorities identified from the 2019 Adult inpatient survey will be centred around improving inpatient experience through the ‘Big 5 Plan’; (Ward Culture, The Environment, Communication, Patient Centred Care, Education and Training). This will inform the Trust’s overarching adult inpatient improvement plan for 2020/21.

Mock Virtual Clinics

Mock Attend Anywhere virtual clinics have now been completed. Feedback highlighted the need for a more simplistic but informative check list, sent out with appointment links including a less complicated trouble shooting guide to understand the process. Attend Anywhere letters need to be clearer and have the right information to enable patients get to the right clinic. Patient representatives all reported a positive experience of the virtual clinic and will accept this type of appointment if offered. The age range for mock virtual clinic patients were between 18-74.

The Breakroom; Meet and Greet

A space is being developed for connecting staff champions of patient experience. The patient experience team will facilitate a 30-minute drop-in virtual gathering of staff champions of patient experience on Tuesday, 15th September 2020.

Patient Representatives Recruitment

Patient and carer experience ambassador recruitment continues in line with the new volunteering service process to ensure we can continue to champion the voice of patients and their carers.

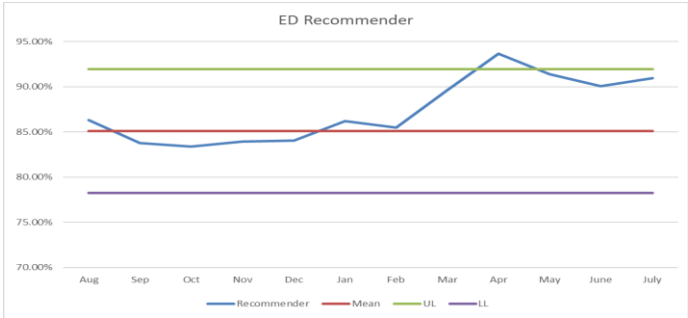
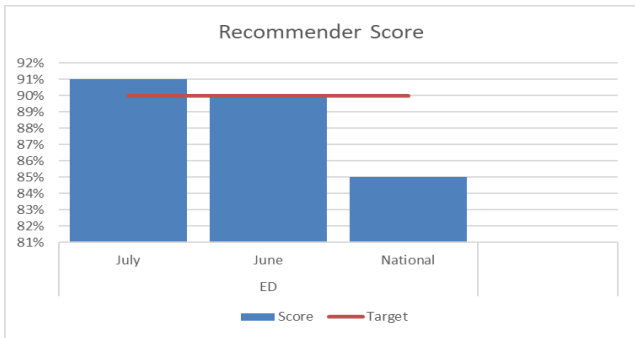
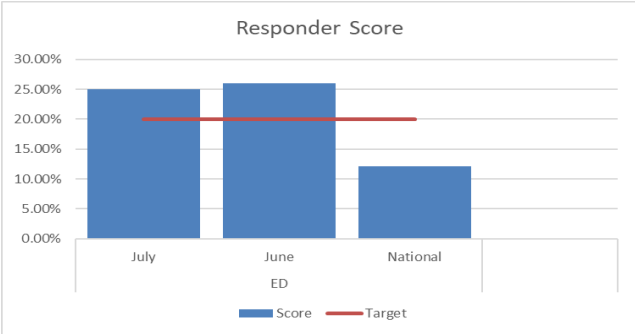
Visiting

Where familiar carers are needed to ensure the safe care of a patient on the ward (such as patients who have mental health issues, autism, dementia, delirium or learning disabilities), the decision to admit their carer will be authorised by the nurse in charge/ ward leader. A local agreement will be reached on the length of time that the carer will stay and support the patient. This will continue to be documented on the Reasonable Adjustment tool for people with learning disabilities or an individual’s care plan.

Patient Experience – friends and family test

FFT has been suspended nationally due to Covid-19. This has impacted on the data available for the report, though the Patient Experience team are receiving requests for wards to restart collecting data.

Where this is possible teams will use the new FFT surveys and 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, the National scores below are for February 2020.



A&E		Apr	May	Jun	Jul
ESNEFT	Recommen	93.67%	91.42%	90.07%	90.94%
	Responde	27.00%	28.00%	26.00%	25.00%
National	Recommen	N/A	N/A	N/A	N/A
	Responde	N/A	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	45	98%	46		
Community Hospitals – combined	39	98%	40	33%	Response rate = number of surveys received against total number of patients discharged 126
Aldeburgh Community Hospital	0	0%	0	0%	Response rate = number of surveys received against total number of patients discharged 38
Bluebird Lodge	23	96%	24	40%	Response rate = number of surveys received against total number of patients discharged 60
Felixstowe Community Hospital	16	100%	16	67%	Response rate = number of surveys received against total number of patients discharged 24
Community Health Teams - combined	6	100%	6		
Pul rehab	0	0%	0		
Stowmarket	0	0%	0		
Heart Failure	1	100%	1		
REACT	0	0%	0		
East Suffolk Cardiac Rehab	0	0%	0		
East Team	3	100%	3		
Ipswich 3	0	0%	0		
North East	0	0%	0		
North West	0	0%	0		
West Team	2	100%	2		
Woodbridge	0	0%	0		
Not recorded	0	0%	0		
					Response rate = number of surveys received against number of first attendances (not known)

TOP FIVE ISSUES

A&E Economy Performance

97.17%

Colchester
96.83%

Ipswich
97.69%

Cancer Performance

***84.04%** (unvalidated)

RTT Performance

43.44%

Ambulance Handover

8 excess of 60 mins

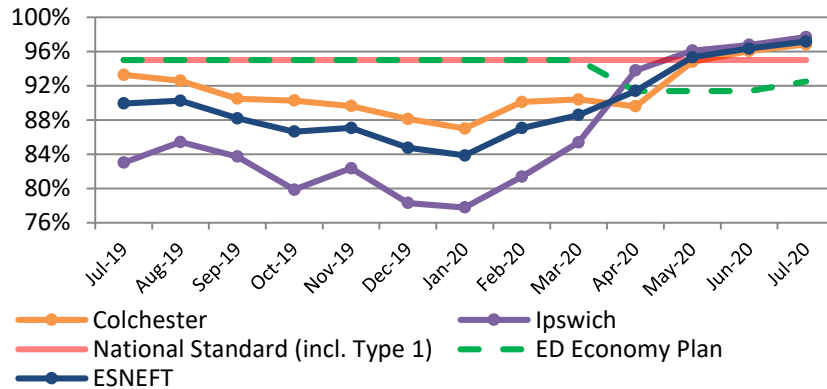
Diagnostics Performance

24.94%

URGENT CARE

Performance in line with Trajectory

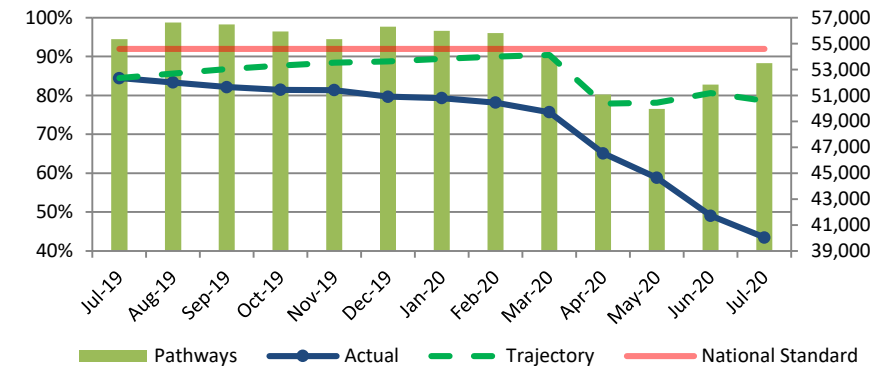
ED Economy 4 Hr Standard - Trajectory vs Actual



RTT

Exception Report Needed

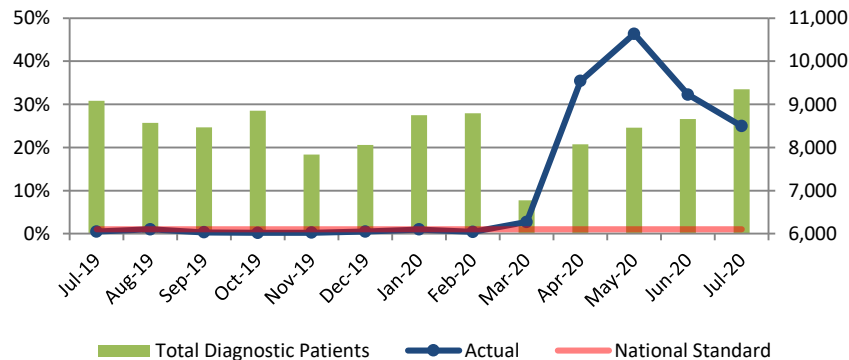
RTT Incompletes - Trajectory vs Actual



DIAGNOSTICS

Exception Report Needed

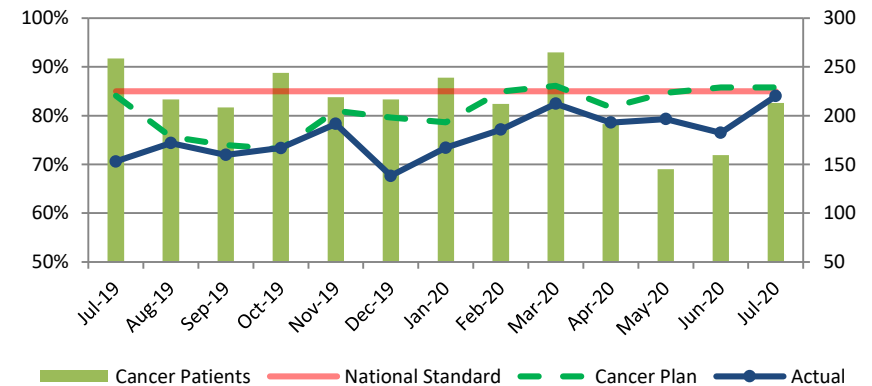
Diagnostic Standard



CANCER

Exception Report Needed

Cancer 62 Waits Standard - Trajectory vs Actual



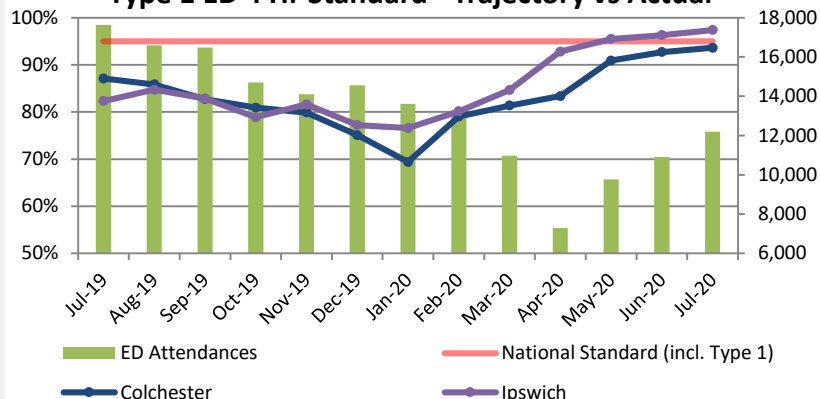
Performance against the 4 hr standard for Type 1 for July 2020 reported 93.62% for Colchester which was an increase on June's performance of 92.70%. Ipswich also reported an increase in performance to 97.37% in July 2020 from 96.31% in June 2020 achieving the National Standard of 95%.

ED Economy performance for July 2020 reported 96.83% for Colchester and 97.69% for Ipswich.

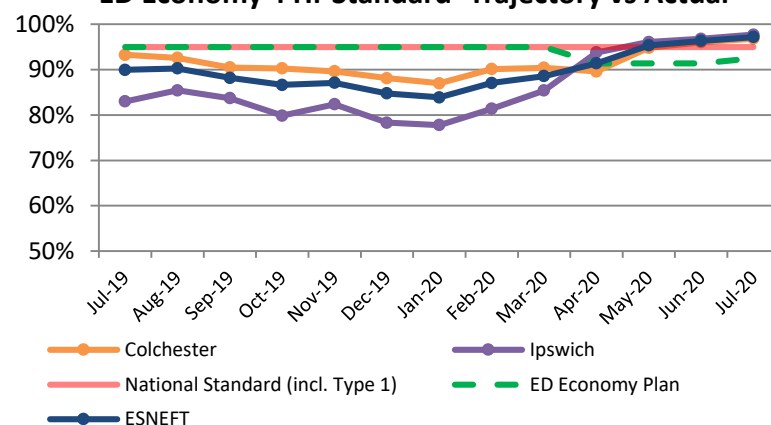
The ESNEFT Economy performance reported 97.17% in July 2020 which was an increase on June's performance of 96.34%; above the trajectory and the National Standard of 95%.

Monthly Trend

Type 1 ED 4 Hr Standard - Trajectory vs Actual



ED Economy 4 Hr Standard -Trajectory vs Actual



Service Commentary

Colchester

Colchester performance was above 95% for the second month in a row which is a great achievement. The activity continues to increase back to pre-Covid-19 levels.

There are still surges with both ambulances and walk in patients which bring challenges to manage within social distancing.

The ED Sustainability plan provides a structured approach to ensuring that actions are taken to continue to deliver performance and manage known issues and is being worked up to encompass plans to manage through winter and ensure that new models of working are adapted across the system including 111 First programme.

The Urgent Treatment centre at Colchester also has increasing activity levels and there is an expectation that this will see a step increase in September when schools return to normal opening. Plans are being put in place to ensure that this can be managed without breaches of the 4 hour standard.

Ipswich

Ipswich ED continued to deliver against the 4 hours standard achieving 97.39% for Type 1 and 97.68% for type 1 and 3 combined. There are number of factors that have driven the improved performance however some of these are related to resource put in for Covid-19 response which will cease in August. August also brings 50% change in medical workforce and ED are expected to see continued growth in attendances.

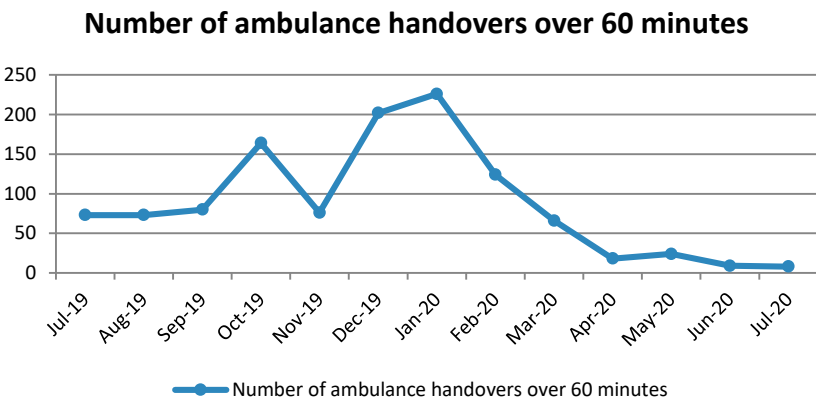
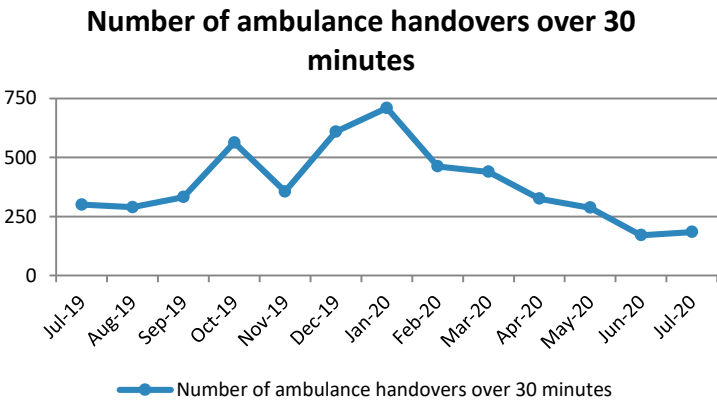
ED operational and clinical leads remain working with internal stakeholders such as medical staffing to ensure all steps are being taken to recruit international applicants that have been offered posts can start within the department as soon as possible. Improvements in rotas mapping against demand which job planning to commence inline with further guidance around risk assessing ED medical staff. ED leads remain focused on working with the system to ensure appropriate patients are attending the main ED, working with GP fed as part of the front door collaborative and 111. Front door recovery teams are engaging with specialities over a range of actions to improve primary care access to specialities. GP fed continue to provide GP service via fracture clinic alongside the minor injuries service which has created improved flow within the GAC.

60 minute handover breaches for July 2020 reported 8, a decrease from 9 in June 2020

Handovers over 30 minutes increased from 171 in June 2020 to 184 in July 2020

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

Monthly Trend



Service Commentary

Colchester

30 minute and 60 minute handover delays continued to reduce at Colchester. The ED and HALO team continue to work together to identify and implement new processes which solve existing delays and will continue to improve handover times. Colchester continue to be an exemplar site for ambulance handover times despite being the 2nd busiest site in the region for the number of ambulance journeys to hospital.

Both GMs for EEAST and Colchester ED meet regularly and review that actions have been taken to manage journeys and that they are going to the right place first time including alternative sites such as UTC Clacton.

Challenges and issues relating to direct conveyance to alternative providers / pathways are managed on a real time basis to ensure that the crews are able to take patients to the most appropriate place.

Ipswich

July has brought an 8% increase on ambulance attends from June however we have also seen a 5% reduction in ambulance offload delays of over 30 minutes. 3 new HALOs have been recruited and are currently embedding into the team. The service stepped down from 24 hours to 12 on the 27th July as a reduction from Covid-19 response. ED and EEAST operations meetings to resume after EEAST GM leave to continue to improve effectiveness of HALO role and work collaboratively to identify missing pathways for EEAST to avoid ED if not deemed necessary.

62 Day Cancer Waits for 1st Treatment remains below Target. Performance for July 2020 is 84.04% this is below the 85% National standard

2WW wait from referral to first seen is below target at 90.6% for July 2020 against a 93% National standard

31 day wait from decision to treat to treatment for July 2020 is 92.5% which is below the National standard of 96%

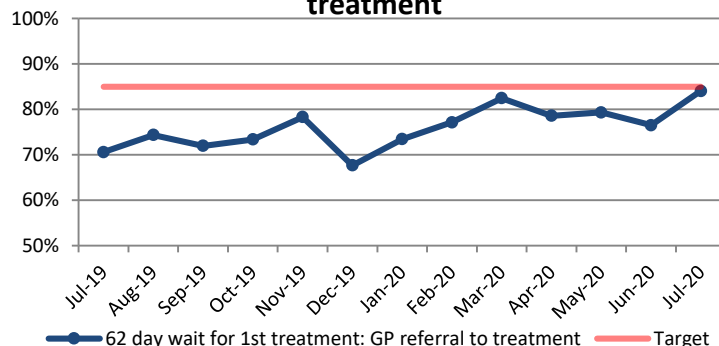
The number of patients currently waiting (snapshot) 104+ days on a 62 day first Cancer pathway has been reported as 156 in July 2020 a decrease from June 2020 reported figure of 215

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

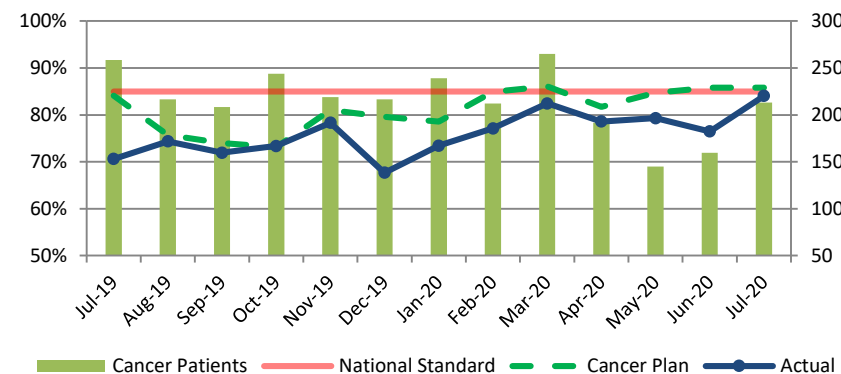
**Unvalidated figures as at 11/08/2020. Final figures for July will be available in September 2020 after submission*

Monthly Trend

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



Cancer 62 Waits Standard - Trajectory vs Actual



Service Commentary

2ww performance has dipped slightly due to diagnostics capacity impacting the STT pathways for Lung (CT biopsies), UGI (OGD) and Gynae (PMB clinic). We are currently working on solutions to improve our position in August.

31 day firsts: Just below standard, due to patients waiting for TCI's at tertiary centres and patient choice (mainly skin and Urology)

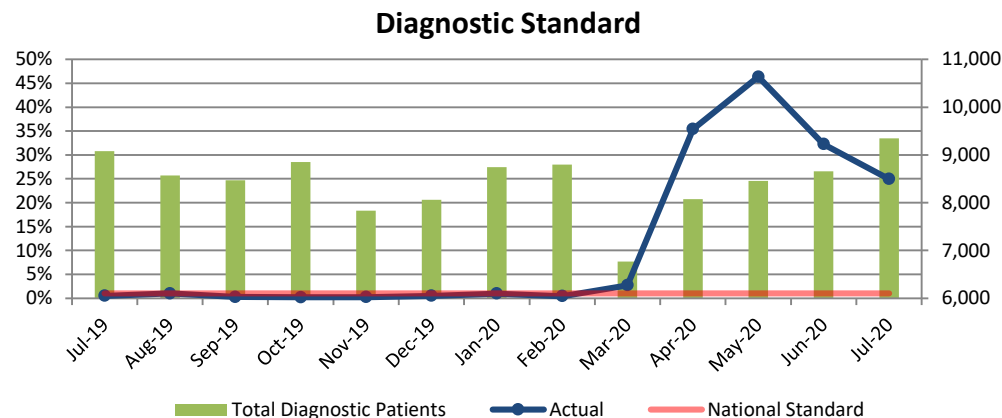
62 days first: Currently at 84% (unvalidated position) This will be the best combined performance for ESNEFT since the hospitals merged. Overall treatment numbers are back to approximately 90% of pre-Covid-19 level. Improved performance is due in part to reduction in referrals throughout April and May and because we are treating in clinical priority order rather than waiting list order. This means that treatments for patients already in a breach position will be spread across the next few weeks, and so likely to impact both the August and September position.

104 days: Numbers reducing as planned in line with recovery trajectory. Longest waiters are within Upper and Lower GI as the backlog for endoscopy continues to clear. ESNEFT has been identified regionally as numbers appear higher than other trusts. However when considered as a percentage of our total PTL and number of referrals in and considering the total number waiting includes patients on national screening programmes (which other local trusts will not have) the numbers are on a par. The plan identifies that the Covid-19 backlog (patients delayed during Covid-19 phases 1 and 2) will be cleared by the end of August, and that the trust will recover its total cancer backlog to pre-Covid-19 levels no later than mid-October.

Other Cancer Standards	Target	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
2 week wait from referral to date first seen: All	93%	79.0%	74.2%	80.9%	86.5%	85.5%	85.9%	75.2%	76.1%	84.1%	90.8%	96.9%	93.4%	90.6%
31 day wait from diagnosis to 1st treatment	96%	92.0%	90.8%	91.2%	87.6%	94.4%	91.7%	91.8%	93.1%	91.6%	88.1%	93.8%	89.5%	92.5%
62 day wait for 1st treatment: GP referral to treatment	85%	70.6%	74.4%	71.9%	73.4%	78.3%	67.7%	73.4%	77.1%	82.5%	78.6%	79.3%	76.5%	84.0%
104+ days on 62 day first PTL (showing 100+ prior to Mar 17)	0	69	69	117	165	152	191	112	66	40	50	99	215	156

Diagnostic performance for July 2020 reported 24.94% which failed to meet the National standard of 1%.

Monthly Trend



Service Commentary

In July there were 2,331 breaches in total across ESNEFT, a 16.5% improvement on June.

Urology are continuing to work through their backlog and are putting on additional lists on Saturdays to help support recovery.

Neurophysiology Revised trajectory due to staffing issues. New member of staff starting in October which will ensure compliance by December.

Endoscopy Ipswich – Target backlog will be cleared by end of August and urgent backlog by early October. Finance approved a vanguard, however none are currently available and no space at Ipswich to accommodate. Alternative options being explored include utilising Nuffield x 4 all day lists per week and running a 4th list at Ipswich in a theatre environment. Awaiting feedback around availability / staffing / equipment etc.

Endoscopy Colchester – Pre Covid-19 target backlog now cleared and now delivering 77% DM01 compliance. Currently polling at 15.2 days for targets. OGD capacity remains an issue due to PPE and in particular FFP3 provision. Delivering 83% of pre-Covid-19 capacity. Exploring a 5 week solution to support routine backlog. clearance with the independent sector. Polyp surveillance guidance being implemented has resulted in 60% of patients being removed from surveillance.

Cardiorespiratory (echo's) - Echos being performed 5 days per week at CGH and Clacton. Additional capacity being utilized at the Oaks and Saturdays being looked at if a space can be identified. Applying for funding to purchase an additional machine and put on additional sessions.

Imaging – CT continuing to utilise Nuffield and Oaks for additional capacity; additional 46 slots released in August at CGH with target patients being prioritised. No MRI backlog at either site; utilising the Oaks for capacity. U/S capacity in Colchester remains an issue, particularly paediatrics. Oaks supporting and discussions underway with the CCG and DHC to assist further. No Ipswich U/S backlog.

Diagnostic Standard - Details	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
DM01 6+ week breaches	45	85	24	17	18	40	85	37	183	2858	3918	2792	2331
DM01 Endoscopy 6+ week breaches	12	7	6	2	5	5	13	7	44	681	1078	1314	1299
DM01 Imaging 6+ week breaches	0	15	12	3	3	12	37	14	8	1217	1927	812	515
DM01 Physiology 6+ week breaches	33	63	6	12	10	23	35	16	131	960	913	666	517
DM01 Waiting List	8997	8573	8469	8853	7832	8058	8746	8795	6770	8076	8455	8658	9346

The Initial Value for Direct to Stroke Unit is below the target of 90% at 82.1% for July 2020

Scanned within one hour meets the 50% target for ESNEFT in July 2020 at 68.5%

The Initial Value reported for July 2020 performance of patients spending 90% of their stay on stroke unit is above the target of 80% at 85.9%

Monthly - ESNEFT

Stroke - ESNEFT combined AF Values														
Standard	Target	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
% patients admitted directly to stroke unit within 4 hours of hospital arrival	90%	84.6%	78.8%	84.4%	76.5%	84.8%	83.5%	70.1%	85.7%	81.8%	80.0%	86.2%	82.9%	82.1%
	Numerator/ Denominator	77/91	67/85	76/90	65/85	67/79	86/103	61/87	60/70	63/77	52/65	75/87	63/76	69/84
% patients who scanned within one hour of hospital arrival	50%	82.3%	73.7%	64.1%	68.3%	69.0%	67.0%	74.0%	74.6%	72.5%	59.3%	68.6%	71.6%	68.5%
	Numerator/ Denominator	65/79	56/76	50/78	56/82	49/71	61/91	57/77	44/59	50/69	35/59	48/70	53/74	50/73
Patients spending => 90% of their stay on a stroke unit	80%	92.7%	86.3%	87.8%	80.5%	92.5%	87.0%	82.3%	92.5%	89.3%	85.7%	87.0%	83.8%	85.9%
	Numerator/ Denominator	76/82	69/80	72/82	70/87	62/67	80/92	65/79	62/67	67/75	60/70	67/77	62/74	61/71

Service Commentary

Stroke 4 hours Standard – 82.1% (69/84) patients were admitted directly to the stroke units within 4 hours of Hospital arrival in month. The direct to stroke pathway, due to commence in July, was delayed as a result of software issues but will now go live on the Colchester site on 10th August, Monday – Friday 9am – 5pm. The pathway will be reviewed after 6 weeks to and a decision will be made whether to continue, stop or enhance. it However, it is expected it will result in a significant improvement in performance against target, going forward, Weekly performance meetings with the services and ED are ongoing.

68.5% of Patients were scanned within one hour of hospital arrival (50/73). From August, the direct to stroke pathway should also result in a significant improvement in patients being scanned within one hour. Both departments have continued 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. A deep dive of breach reasons for July showed, in the majority of cases, this was due to late referral from ED but this should be mitigated, going forward, as referrals will be made from the paramedics straight to the unit.

85.9 % of patients spent 90% of time on the stroke unit (61/71). ESNEFT remains compliant and above the national average of 83.8% for this standard. Analysis of the patients breaching 90% standard showed a number of Covid-19 patients where a clinical decision was made to move them to a different ward in order to meet their more complex clinical needs.

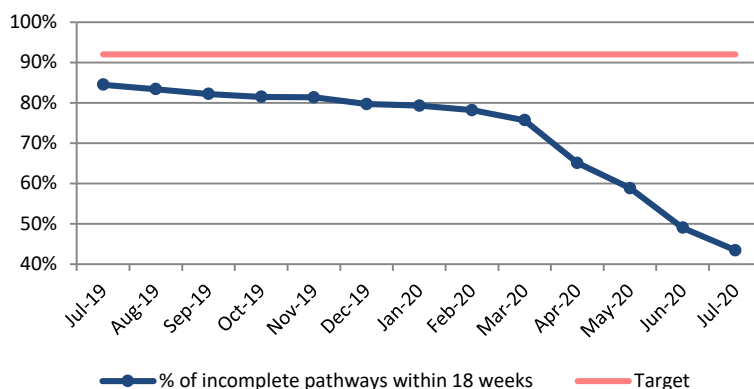
**Provisional figures as at 11/08/2020. Final figures for July will be available next month*

July 2020 current RTT position reported 43.44%. This is below the National Standard of 92%.

There were a total of 1,067 52+ week breaches for June 2020. Colchester reported 359 and Ipswich reported 708.

Monthly Trend

% of incomplete pathways within 18 weeks



RTT Incompletes - Trajectory vs Actual



Service Commentary

Continual improvement week on week during July with all elective and outpatient activity in both the acute and the independent sector.

Throughout July we moved to clinician discussion with patients to improve confidence for patients to attend for surgery, although we still saw a number of patients refusing to self isolate for 14 days, which has now been resolved with the change in NICE guidance from August 3rd.

All Divisions have produced a first draft on recovery plans for RTT, all of which have identified the opportunities, constraints and risks – these are being reviewed and reworked in light of the latest guidance received via the Phase 3 letter. Further opportunities being explored regarding the use of PPE and improving turnaround time in theatres to increase activity and the newly released learning across the region via workstreams i.e. ventilation. The percentage of patients who tip over into 52 weeks is decreasing week on week and the full theatre template should be up and running from mid August to enable more long waiting patients to be treated. All services validating patients between 40-52 weeks.

A (SNEE) Elective Recovery and Adaptation Programme to focus on seven key specialties which make up the bulk of the capacity challenge has been established.

A revised SOP for harm reviews has been presented to CRG.

Other RTT Standards	Target	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
% of incomplete pathways within 18 weeks - admitted	92%	60.2%	59.1%	59.3%	60.3%	61.0%	59.2%	59.5%	57.2%	53.9%	40.2%	32.9%	25.1%	21.3%
% of incomplete pathways within 18 weeks - non-admitted	92%	89.1%	87.7%	86.4%	85.5%	85.4%	83.7%	83.2%	82.2%	80.2%	70.7%	65.3%	55.7%	49.5%
Number of RTT Incomplete pathways >52 weeks	0	1	0	0	2	4	1	1	11	49	205	431	821	1067
Total Backlog	-	8598	9430	10067	10378	10318	11440	11596	12187	13127	17854	20588	26557	30259

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.

Priorities for 3rd phase Covid-19 response

NHSE/I guidance lays out the following priorities:

1. Accelerating the return to near-normal levels of non-Covid-19 health services, making full use of the capacity available in the 'window of opportunity' between now and winter
2. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally.
3. Doing the above in a way that takes account of lessons learned during the first Covid-19 peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention

Planning approach

The guidance issued lays out that there will be a local system based approach to planning of the phase 3 response. There is therefore a requirement to submit an STP/ICS level summary plan covering key issues.

Key Requirements / Issues

Activity, performance and workforce submissions providing a brief commentary on the key strategic actions and assumptions that underpin the numbers in the completed STP/ICS plan template and the impact of any significant capacity constraints and how these are addressed as part of the plan

Set out how key services will be restored inclusively to help address health inequalities

A summary of the system response to the actions included in "We are the NHS: People Plan for 2020/2021 action for us all", which includes details of how the trust is looking after our people, finding new ways of working and delivering care and growing our staff for the future.

Timetable : Key Tasks Date

The Phase 3 letter was issued on 31 July outlining a requirement for a draft submission of system activity/performance, and workforce plans by 1st September.

Feedback will be received on draft submissions in week commencing 7th September.

A final submission of system-level activity/ performance/workforce plans is then required by 21st September.

Although not originally set out in the phase 3 letter, NHSE/I have subsequently requested a financial plan for M5-M12 to be submitted by systems, but recognising that funding levels and mechanisms are still to be formally confirmed. The Trust anticipates that a 'final' financial template will also need to be completed by September 21st in line with the other returns.

Month 4 Performance

Summary Income and Expenditure	July			Year to date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Clinical Income	55,476	54,457	(1,019)	221,904	219,604	(2,300)
PSF/FRF/MRET	4,778	7,950	3,172	19,112	28,056	8,944
Other Income	4,513	2,919	(1,594)	18,052	13,026	(5,026)
Total Income	64,767	65,326	559	259,068	260,686	1,618
Pay	(38,073)	(39,225)	(1,152)	(152,292)	(155,740)	(3,448)
Non Pay	(24,317)	(23,741)	576	(97,268)	(95,031)	2,237
Total Expenditure	(62,390)	(62,966)	(576)	(249,560)	(250,771)	(1,211)
EBITDA	2,377	2,360	(17)	9,508	9,915	407
Impairments	-	-	-	-	-	-
Other Non Operating	(2,377)	(2,389)	(12)	(9,508)	(10,034)	(526)
Surplus / (Deficit)	-	(29)	(29)	-	(118)	(118)
EBITDA %	3.7%	3.6%		3.7%	3.8%	

Performance Against CT

Donated Income/Depreciation	-	(29)	(29)	-	(118)	(118)
Total Non CT Items	-	(29)	(29)	-	(118)	(118)
Performance Against CT	-	-	-	-	-	-

Income and Expenditure COVID-19 Impact	July			Year to date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Pre COVID Position	-	261	261	-	3,731	3,731
COVID-19 Reported Costs	-	(3,455)	(3,455)	-	(12,783)	(12,783)
Retrospective Top Up Assumed	-	3,165	3,165	-	8,934	8,934
Surplus / (Deficit)	-	(29)	(29)	-	(118)	(118)

M4 revenue headlines

In July, and before Covid-19 costs, funding exceeded costs by £0.3m. Cumulatively, and again before Covid-19 costs, funding exceed expenditure by £3.7m. Covid-19 related costs of £3.5m (£12.8m YTD) were incurred in the month which took the Trust into deficit, but as required by national guidance the Trust has assumed the receipt of £3.2m '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 a significant level of cash at the end of July. This was 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 July, this meant that the Trust had effectively received income covering April to July. In May the Trust also received 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 July 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 July.

Planning for recovery

NHSE/I have provided guidance on the planning arrangements for 'Phase 3' (recovery in period up to March 2021). Deadlines have been provided for plan submissions in September EXCEPT for finance where detailed guidance is still awaited.

NHSE/I have subsequently requested a financial plan for M5-M12 to be submitted by systems, but recognising that funding levels and mechanisms are still to be formally confirmed. The Trust believes that a 'final' financial template will need to be completed by September 21st.

2020/21 Capital Programme & CIP

Capital spend summary

The capital plan was agreed at £37.5m for 2020/21. In July this has been increased to £40.5m to reflect funding provided for critical infrastructure by the ICS.

The plan is likely to change again in August as the Trust has just received notice that it has been awarded circa £4m of national capital funds (UEC Capital) to support winter planning. This will fund bids made for:

- Colchester Site UTC external waiting area canopy to enable patients to keep safe whilst adhering to social distancing guidance outside of the UTC.
- Colchester Site Expansion of ED space
- Colchester Site Paediatrics ED increased capacity
- Ipswich Site AMSDEC Capacity improve patient flow from ED
- Ipswich Site Paediatrics Admission Area/ Increase Paediatrics ED capacity
- Ipswich Site Paediatrics Waiting Area

Capital Expenditure

At the end of July there was an underspend of £3.9m but the Trust is forecasting that capital spend will be on plan by year-end.

Capital spend in July was £1.6m. Of this £0.3m related to Covid-19. 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 July there was a new national process whereby, to receive national funding, any Covid-19 capital costs need to have been agreed prospectively by NHSE/I.

Capital Programme	Year to date			Forecast		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	7,222	3,876	3,346	11,625	12,899	(1,274)
Non-Medical Equipment	-	113	(113)	61	126	(65)
ICT	596	379	217	5,289	5,497	(208)
Estates & Facilities	450	673	(223)	3,063	3,063	(0)
STP Funded Development	-	130	(130)	5,783	5,783	(0)
Schemes	2,221	1,450	771	14,208	12,662	1,546
PFI Lifecycle Costs	-	-	-	457	457	-
Total Capital Programme	10,489	6,620	3,869	40,486	40,486	(0)

CIP YTD performance

All divisions are behind plan for the year to date.

CIP Delivery by Division	July			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	432	331	(100)	1,365	993	(372)
Integrated Pathways	151	134	(18)	605	455	(151)
Medicine Ipswich	165	162	(3)	484	347	(137)
Medicine Colchester	115	207	92	460	444	(15)
MSK and Specialist Surgery	173	239	66	692	564	(128)
Surgery and Anaesthetics	218	231	14	843	703	(139)
Women's and Children's	122	73	(49)	377	280	(97)
Total Operations	1,375	1,377	2	4,825	3,785	(1,040)
Corporate Services	221	258	37	931	631	(299)
Non Divisional	161	161	-	643	643	-
Total Trust	1,757	1,795	38	6,398	5,060	(1,339)

CIP planning for recovery

The QIA progress of all 396 CIP schemes is shown below:

- 35 PIDs passed QIA since last month, principally in surgery & Anaesthetics
- 32 PIDs have been submitted for QIA, principally in Cancer & Diagnostics, Corporate Services, Ipswich Medicine and Women & Children
- Targeted support was made available to Integrated Pathways and a number of PIDs are now progressing and should be ready for the next QIA panel
- The Medicines Optimisation Programme will be presented to the September Resource Optimisation Board to secure cross-divisional support for a number of pharmacy schemes prior to finalisation of PIDs

Divisions are reminded that the quality impact section must be scored and either explain the reason why there is no impact, or outline the mitigation to a potential impact, for the QIA panel to sign-off a PID.

QIA by number	With DMT	DMT signed	Passed QIA	Total	%QIA
Corporate Services	24	7	2	33	6%
Cancer and Diagnostics	26	27	6	59	10%
Medicine Colchester	18	3	23	44	52%
Medicine Ipswich	19	4	23	46	50%
MSK and Specialist Surgery	11	-	28	39	72%
Surgery and Anaesthetics	7	1	52	60	87%
Women's and Children's	62	-	22	84	26%
Integrated Pathways	21	-	7	28	25%
Non-Divisional	-	-	1	1	100%
Total	188	42	164	394	42%

Workforce Dashboard

July 2020

Trust Level

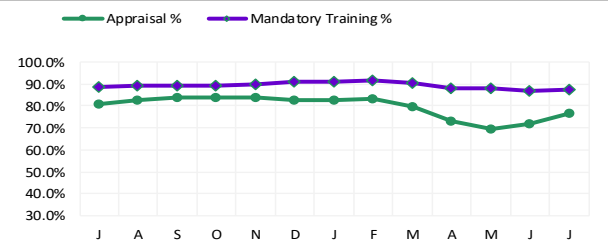
Key Metrics

Performance

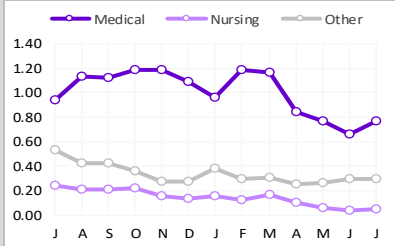
Target
Achieved
Vs Prior Month
Prior Month

Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Ceiling	Ward Fill Rate
3.3%	£3.5m	4.0%	87.6%	76.8%	7.1%	£3.77m	99.7%
Budget 9491wte Contracted 9180wte	Budget £151.4m Spend £154.9m	3.5% 4.0%	95% View portal for detail	85% 76.8 out of 100 staff	12%	(£8.18m) (£4.40m)	95%
↓ 4.6%	↓ £2.04m	↑ 3.8%	↑ 87.1%	↑ 72.1%	↑ 7.0%	↑ £2.84m	↑ 82.4%

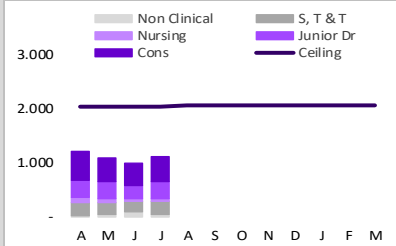
Appraisals & Mandatory Training Compliance %



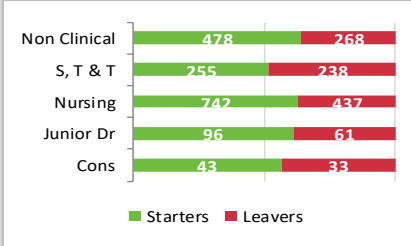
Agency Trends (ex Locum) £m



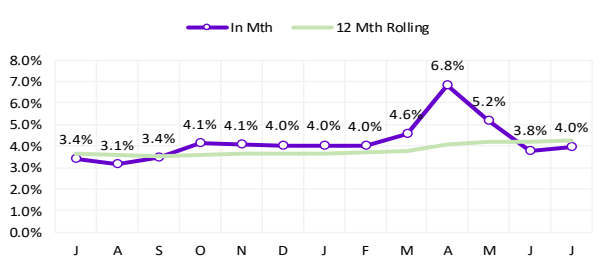
Agency Ceiling £m



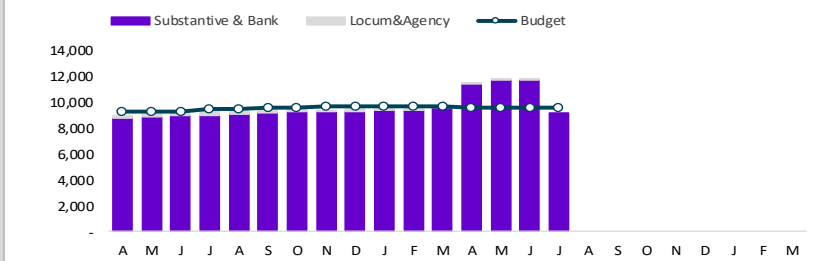
Starter - Leavers (12Mth Rolling) Headcount



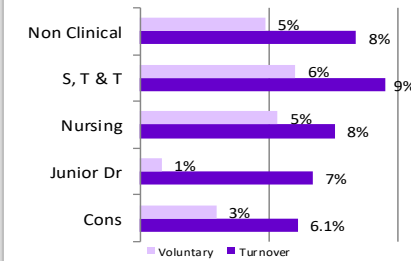
Sickness %

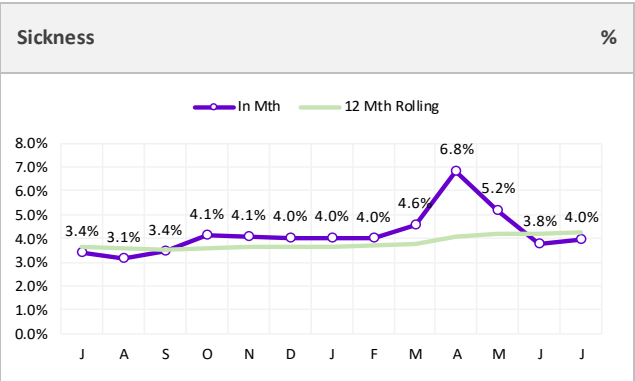
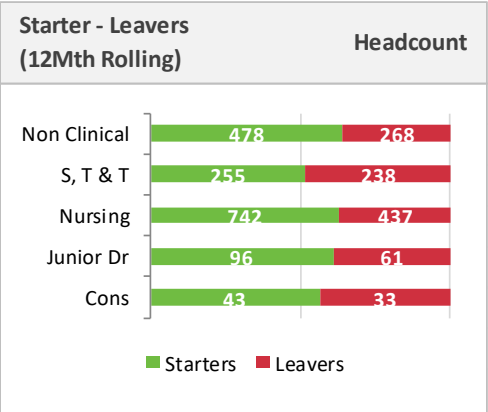
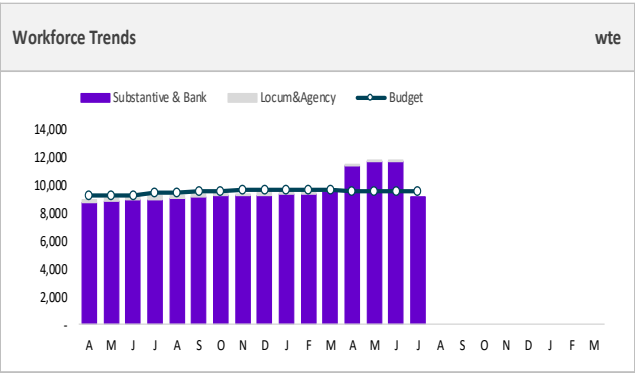


Workforce Trends wte

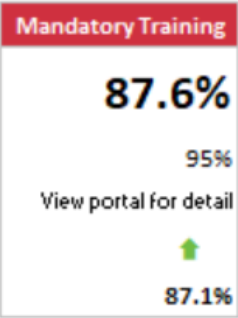


Turnover by Staff Group Headcount



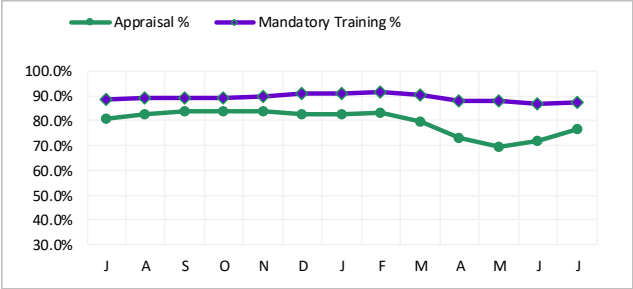


Commentary	Risks & Mitigating Actions
<p>In July, the number of staff in post increased to 9,180 WTE (June 9,055). The Trust continues to have more starters than leavers overall and in the majority of clinical groups.</p> <p>The Trust's rolling voluntary turnover for July was 7.1%, an increase from the 7.0% reported in June. This has been steadily improving in recent months, and compares well nationally.</p> <p>Sickness</p> <p>Sickness in July increased to 4.0%.</p>	<p>Recruitment</p> <p>The recruitment team have continued to work closely with the divisions as well as actively recruit resulting in a trust all-time low vacancy rate of 3.3%.</p> <p>Sickness</p> <p>At the time of writing the staff sickness rate was 4%, an increase of 1% from the last reporting period. This equates to 1409 members of staff taking a period of sickness over the last month at a cost of £873k. The vast majority of sickness still starts on a Monday and the division with the highest sickness rate (at 4.7%) is medicine Colchester.</p> <p>The primary reason for absence remains anxiety, stress and depression. Work is ongoing to understand the increase and reasons. Support is being made available to people via the employee assistance programme, the clinical psychologists working through the wellbeing group as well as the mental health first aiders; however demand is currently outstripping available resources. A verbal update will be given at the meeting on discussions with other providers on what else we can do to support staff.</p>



Appraisals & Mandatory Training Compliance

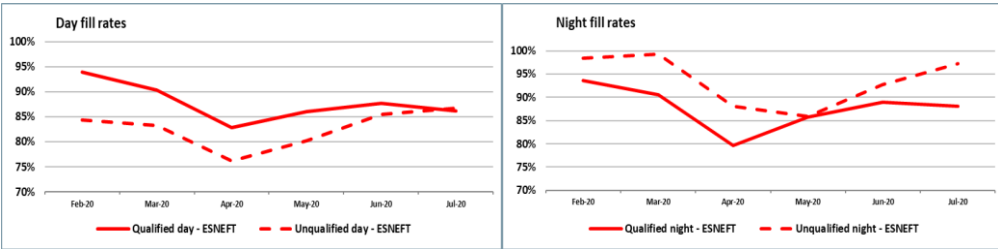
%



Commentary	Risks & Mitigating Actions
<p>Appraisals</p> <p>Compliance was 76.8% in July, compared to June at 72.1%.</p> <p>Mandatory Training</p> <p>July's compliance rate increased to 87.6%, from 87.1% in June. No division is reporting an overall green compliance level for mandatory training being at 95%, or above.</p> <p>The low attainment level across the Trust is due to mandatory training updates being suspended during the Covid-19 response.</p>	<p>Appraisals</p> <p>Appraisal compliance has risen from 71.15%. to 75.77% and email reminders are in place. The HRBPs are working with their divisions to increase compliance.</p> <p>Mandatory Training</p> <p>Mandatory training compliance has decreased from 87.13% to 83.38%. This is due to the completion of the “one position one post” project where all positions and competencies were reviewed to ensure correct alignment.</p> <p>As part of a review of mandatory training delivery, the risk management update, Prevent and conflict resolution level 1 will now be delivered virtually rather than in a classroom; making it easier for staff to achieve compliance and evidence the learning.</p>

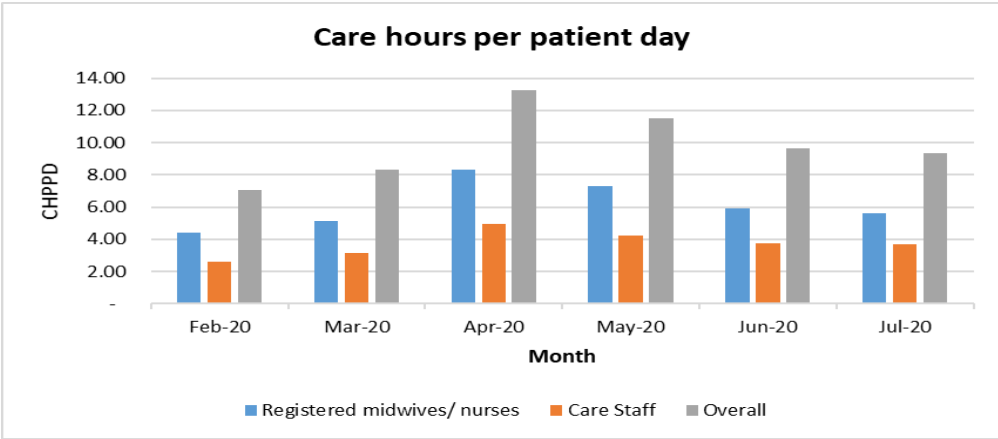
Nursing Fill Rates (including care hours per patient day)

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Qualified day - ESNEFT	93.9%	90.3%	82.8%	86.0%	87.7%	86.1%
Qualified night - ESNEFT	93.7%	90.6%	79.6%	85.7%	88.9%	88.1%
Unqualified day - ESNEFT	84.4%	83.2%	76.2%	80.1%	85.5%	86.7%
Unqualified night - ESNEFT	98.3%	99.2%	88.1%	85.9%	92.8%	97.3%
Overall (average) fill - ESNEFT	92.2%	89.9%	81.1%	84.5%	88.2%	88.4%



Care hours per patient day

Care hours per patient day	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Registered midwives/ nurses	4.42	5.15	8.31	7.31	5.91	5.64
Care Staff	2.63	3.17	4.98	4.23	3.73	3.69
Overall	7.05	8.31	13.29	11.54	9.64	9.33



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-19.

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

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 Covid-19, 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.

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

POD Profiles - Trust Level

	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
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All Staff

Headcount	10,250	10,301	10,393	10,517	10,484	10,547	10,475	10,459	10,535	10,218	10,303	10,331	10,360
Establishment (including agency)	9,431	9,479	9,529	9,595	9,684	9,680	9,708	9,714	9,704	9,595	9,587	9,562	9,567
In post	8,473	8,645	8,585	8,661	8,648	8,687	8,744	8,763	8,829	8,847	9,012	9,055	9,180
Vacancy	957	834	944	934	1,035	992	964	951	874	748	575	506	387
Vacancy %	10.1%	8.8%	9.9%	9.7%	10.7%	10.3%	9.9%	9.8%	9.0%	7.8%	6.0%	5.3%	4.0%
Establishment (excluding agency)	9,393	9,427	9,492	9,554	9,637	9,626	9,633	9,639	9,635	9,529	9,521	9,496	9,491
Vacancy (excluding agency)	920	782	907	892	988	938	889	877	806	682	510	441	311
Vacancy % (excluding agency)	9.8%	8.3%	9.6%	9.3%	10.3%	9.7%	9.2%	9.1%	8.4%	7.2%	5.4%	4.6%	3.3%

Turnover

¹ Turnover (12 Month)	11.3%	11.3%	11.1%	11.0%	10.8%	10.7%	10.6%	10.3%	10.2%	10.6%	10.4%	10.0%	10.2%
¹ Voluntary Turnover (12 Month)	8.6%	8.6%	8.3%	8.1%	7.8%	7.6%	7.6%	7.4%	7.1%	7.5%	7.7%	7.0%	7.1%
¹ Starters (to Trust)	124	144	177	211	100	100	166	109	167	136	131	86	87
¹ Leavers (from Trust)	70	103	109	93	98	86	92	56	116	74	62	47	98

Sickness

% In Mth	3.4%	3.1%	3.4%	4.1%	4.1%	4.0%	4.0%	4.0%	4.6%	6.8%	5.2%	3.8%	4.0%
WTE Days Absent In Mth	8,845	8,238	8,727	10,862	10,520	10,805	10,818	10,075	12,423	18,013	14,358	10,241	10,931

Mandatory Training & Appraisal Compliance

Mandatory Training	88.6%	89.3%	89.2%	89.2%	89.8%	90.8%	91.1%	91.4%	90.7%	88.3%	88.0%	87.1%	87.6%
Appraisal	81.0%	82.6%	83.6%	83.7%	83.6%	82.8%	82.8%	83.5%	79.6%	73.0%	69.6%	72.1%	76.8%

Temporary staffing as a % of spend

Substantive Pay Spend	32,692	33,315	32,744	33,402	33,361	33,847	34,182	33,966	35,050	35,687	35,906	35,935	36,653
Overtime Pay Spend	151	143	161	148	150	160	119	118	130	169	178	158	112
Bank Pay Spend	1,618	1,694	1,672	1,714	1,647	1,693	1,723	1,792	1,978	1,820	1,446	1,125	1,350
Agency Pay Spend	1,700	1,763	1,747	1,756	1,621	1,487	1,498	1,614	1,642	1,204	1,097	991	1,110
Total Pay Spend	36,161	36,915	36,324	37,019	36,779	37,187	37,522	37,491	38,801	38,880	38,627	38,208	39,225
Agency & Bank %	13.0%	12.8%	12.7%	12.8%	11.8%	11.4%	11.9%	12.2%	12.7%	10.6%	9.3%	8.3%	9.5%
Agency %	4.7%	4.8%	4.8%	4.7%	4.4%	4.0%	4.0%	4.3%	4.2%	3.1%	2.8%	2.6%	2.8%

Nurse staffing fill rate

% Filled	90%	90%	89%	92%	94%	92%	94%	92%	90%	81%	85%	82%	100%
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POD Profiles - Trust Level

	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	2,623	2,638	2,670	2,681	2,700	2,713	2,719	2,720	2,713	2,726	2,684	2,677	2,630
In post	2,387	2,397	2,409	2,456	2,472	2,479	2,487	2,486	2,495	2,491	2,514	2,514	2,523
Vacancy	236	241	261	225	229	235	232	233	218	235	171	164	106
Vacancy %	9.0%	9.1%	9.8%	8.4%	8.5%	8.7%	8.5%	8.6%	8.0%	8.6%	6.4%	6.1%	4.0%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,412	1,422	1,437	1,450	1,450	1,456	1,456	1,454	1,455	1,454	1,404	1,406	1,373
In post	1,306	1,306	1,302	1,324	1,330	1,322	1,317	1,318	1,337	1,338	1,337	1,330	1,326
Vacancy	106	116	135	126	120	135	139	136	118	115	67	75	46
Vacancy %	7.5%	8.2%	9.4%	8.7%	8.3%	9.2%	9.5%	9.4%	8.1%	7.9%	4.8%	5.4%	3.4%
Consultants													
Establishment (including agency)	486	491	494	495	496	495	500	499	497	496	495	484	488
In post	415	413	411	409	413	413	413	416	414	417	419	422	421
Vacancy	71	79	83	87	83	82	88	83	83	79	76	62	67
Vacancy %	14.6%	16.0%	16.8%	17.5%	16.7%	16.6%	17.6%	16.5%	16.8%	16.0%	15.3%	12.9%	13.7%
Junior Medical													
Establishment (including agency)	637	654	654	655	655	660	662	662	661	653	669	672	671
In post	588	723	642	623	626	625	625	637	638	631	651	658	658
Vacancy	49	(69)	13	31	28	35	37	24	22	22	18	14	13
Vacancy %	7.7%	-10.6%	2.0%	4.8%	4.3%	5.2%	5.6%	3.7%	3.4%	3.4%	2.7%	2.1%	1.9%
Scientific, Technical and Therapeutic													
Establishment (including agency)	1,754	1,751	1,768	1,778	1,828	1,780	1,777	1,780	1,780	1,770	1,761	1,757	1,750
In post	1,590	1,605	1,598	1,598	1,595	1,592	1,604	1,599	1,610	1,616	1,646	1,646	1,665
Vacancy	164	146	170	180	233	189	173	180	169	154	116	111	85
Vacancy %	9.3%	8.4%	9.6%	10.1%	12.8%	10.6%	9.7%	10.1%	9.5%	8.7%	6.6%	6.3%	4.9%