



Performance report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors

Thursday 5th November 2020

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This month's performance report provides detail of the September performance for East Suffolk and North Essex NHS Foundation Trust (ESNEFT). The Trust was formed on 1st July 2018 following the merger of Colchester Hospital University NHS Trust and The Ipswich Hospital NHS Trust. The report includes two overarching sections related to the Trust's performance:

1 NHSI Single Oversight Framework

NHS Improvement (NHSI) implemented the Single Oversight Framework (SOF) in January 2016. The framework has 35 metrics across the domains of:

1 - Quality: Safe, Effective and Caring; 2 - Operational performance; 3 - Organisational health; 4 - Finance and use of resources

NHSI uses a series of "triggers" to identify potential concerns and inform provider segmentation. There are four segments ranging from maximum provider autonomy (segment 1) to special measures (segment 4).

The NHSI single oversight framework includes five constitutional standards:

1 - A&E; 2 - RTT 18-weeks; 3 - All cancer 62 day waits; 4 - 62 day waits from screening service referral; 5 - Diagnostic six week waits

This report shows the September performance for each of the SOF metrics for the Trust along with relevant trend information (where available).

2 Phase 3 metrics

From September 2020, a summary of Trust performance against the activity targets set out in the Simon Stevens phase 3 letter of 20th August has been included.

3 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; including Friends & Family survey data. 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	Jul-20	Aug-20	Sep-20	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	84	87	89	↑		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-September 2020
Occurrence of any Never Event	Safe	M	0	1	4	0	↓		The never event in July was a wrong site surgery in Interventional Radiology (Ipswich). In August 2 retained guidewires were recorded at the Ipswich site, as well as 1 wrong patient operation at Ipswich (Ophthalmology) and 1 wrong patient operation in Colchester theatres.
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 - September 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%	90.9%	87.9%	88.2%	↑		Locally collected data - FFT has been suspended nationally due to Covid-19
Number of emergency c-sections	Safe	M	tbc	105	94	92	↓		
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-September 2020 reporting
- % Recommending - postnatal	Caring	M	90%	N/S	N/S	N/S	→		
VTE Risk Assessment	Safe	M	95%	94.5%	93.7%	94.1%	↑		
Incidences of Clostridium Difficile infection	Safe	M	9	6	12	10	↓		There were 10 C.difficile cases reported in September. 2 of these were in Ipswich (1 HOHA, 1 COHA) and 8 cases were at Colchester hospital (4 HOHA, 4 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	103.6	106.4	105.8	↑		ESNEFT is 1 of 8 trusts in the region of 14 non-specialist trusts with a 'higher than expected' HSMR. Approximately 340 spells, including no 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	108.9	113.8	111.7	↑		There is one patient safety indicator alerting currently in Dr Foster for 'Deaths in Low Risk Groups'; this is as a result of the virus code used for Covid-19.
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.078	1.075	1.072	↓		12 mths to March 2020. This is 'as expected' when compared to the previous annual position (incomplete March 2020 data) of 1.0752.
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Use of Resources	M	tbc	10.8%	9.8%	9.8%	→		

N/S – not supplied

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Jul-20	Aug-20	Sep-20	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	97.2%	94.9%	94.5%	↓		A&E waiting time performance based on economy. ED Economy performance for September 2020 was 94.83% for CGH, and 94.08% 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%	43.4%	49.6%	56.4%	↑		
All cancers – maximum 62-day wait for first treatment from:									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	84.0%	76.4%	76.4%	↓		
- NHS cancer screening service referral	Responsive	M	90.0%	40.0%	25.0%	66.7%	↑		Screening service performance snapshot as reported in Accountability Framework taken at 22nd October 2020
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	24.9%	22.9%	18.2%	↓		Diagnostic performance was 18.2% for September 2020.
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Jul-20	Aug-20	Sep-20	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	4.0%	3.8%	4.1%	↑		
Staff turnover	Well-led	M	tbc	7.1%	7.0%	6.8%	↓		Voluntary turnover.
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%	2.7%	3.0%	↑		Agency staff % only.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(1,339)	(1,619)	(1,546)	↓		All divisions are behind plan for the year to date.
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Jul-20	Aug-20	Sep-20	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	2	2	4	↓		Trigger:
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	0	4	4	1	↑		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 September. Agency spend was beneath the agreed ceiling amount in September. Interim financial arrangements are in place throughout the Covid-19 period April - September; this has had an impact on KPIs. The new cash and capital regimes that are effective in 20/21 has resulted in significant movements to both the capital service and liquidity metrics.
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	Jul-20	Aug-20	Sep-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.

Point of delivery	M1	M2	M3	M4	M5	M6	Trend
Elective Inpatients 20/21	224	188	330	625	705	874	
Elective Inpatients 19/20	863	1026	1017	1042	950	988	
Elective Inpatients %	25.96%	18.32%	32.45%	59.98%	74.21%	88.46%	
Elective Inpatients Target 20/21	N/A	N/A	N/A	N/A	N/A	80.00%	
Daycase Inpatients 20/21	2,407	2,501	3,815	5,271	5,552	6,717	
Daycase Inpatients 19/20	7,287	7,483	7,076	7,784	7,415	7,362	
Daycase Inpatients %	33.03%	33.42%	53.91%	67.72%	74.88%	91.24%	
Daycase Inpatients Target 20/21	N/A	N/A	N/A	N/A	N/A	80.00%	
Outpatient First Appt 20/21	10,551	13,204	18,355	23,014	21,900	27,007	
Outpatient First Appt 19/20	26,185	27,881	26,668	30,417	26,304	27,474	
Outpatient First Appt %	40.29%	47.36%	68.83%	75.66%	83.26%	98.30%	
Outpatient First Target 20/21	N/A	N/A	N/A	N/A	N/A	100.00%	
Outpatient F/U Appt 20/21	28,786	29,571	40,358	41,501	36,788	45,319	
Outpatient F/U Appt 19/20	48,464	51,627	47,148	54,195	48,463	50,555	
Outpatient F/U Appt %	59.40%	57.28%	85.60%	76.58%	75.91%	89.64%	
Outpatient F/U Appt Target 20/21	N/A	N/A	N/A	N/A	N/A	100.00%	
All Outpatients Referrals 20/21	10,592	14,294	21,599	26,399	24,856	29,775	
All Outpatient Referrals 19/20	31,237	35,921	31,560	34,983	30,410	31,354	
All Outpatient Referrals %	33.91%	39.79%	68.44%	75.46%	81.74%	94.96%	
All Outpatient Referrals Target 20/21	N/A	N/A	N/A	N/A	N/A	N/A	

Diagnostics	M1	M2	M3	M4	M5	M6	Trend
CT Diagnostics 20/21	3053	4321	4711	5522	5676	5840	
CT Diagnostics 19/20	5296	5597	5406	5746	5662	5384	
CT Diagnostics %	57.65%	77.20%	87.14%	96.10%	100.25%	108.47%	
CT Diagnostics Target 20/21	N/A	N/A	N/A	N/A	N/A	90.00%	
MRI Diagnostics 20/21	1182	1734	1971	2426	2295	2369	
MRI Diagnostics 19/20	2961	3088	2967	3108	3044	3012	
MRI Diagnostics %	39.92%	56.15%	66.43%	78.06%	75.39%	78.65%	
MRI Diagnostics Target 20/21	N/A	N/A	N/A	N/A	N/A	90.00%	
US Diagnostics 20/21	1449	2916	4482	4774	3991	5079	
US Diagnostics 19/20	5117	5552	5604	5774	4267	5303	
US Diagnostics %	28.32%	52.52%	79.98%	82.68%	93.53%	95.78%	
US Diagnostics Target 20/21	N/A	N/A	N/A	N/A	N/A	90.00%	
Endoscopy Diagnostics 20/21	129	225	585	1154	1454	1795	
Endoscopy Diagnostics 19/20	1808	1883	1882	1945	1947	1872	
Endoscopy Diagnostics %	7.13%	11.95%	31.08%	59.33%	74.68%	95.89%	
Endoscopy Diagnostics Target 20/21	N/A	N/A	N/A	N/A	N/A	90.00%	

* Data taken from the Recovery & Reform dashboard 26/10/2020

The Trust was ahead of the national trajectory of 80% for September for overnight electives and Daycase procedures. The target rises to 90% in October. These figures exclude IS numbers.

Elective Inpatients – Performance was above trajectory for September at 88.26% compared to the target of 80%. This is an improvement of 14.25% compared to August activity which was recorded at 74.21%

Day case Inpatients – Performance was also above trajectory for inpatient day cases, with 91.24% achieved compared to the target of 80%. This is also improvement of 16.36% compared to August activity which was recorded at 74.88%

Outpatient First Appointments – In September, the Trust saw 27,007 first outpatient attendances compared to 27,474 in 2019/20 (98.3%). Performance improved in September by 15.04% compared to August (83.26%). It is important to note that outpatient procedures are included in attendance numbers.

Outpatient F/U Appointments – In September, the Trust recorded 45,319 subsequent Outpatient attendances compared to last year’s 50,555 (89.64%). Performance improved in September by 13.73% compared to August (75.91%). It is important to note that outpatient procedures are included in attendance numbers.

All Outpatient Referrals – Over the September period, 29,775 referrals were received by Outpatients, compared to 31,354 in 2019/20 (94.96%). This is an increase of 13.22% compared to August when 81.74% of the previous years referrals were received.

Internally, in terms of **diagnostics** the Trust has treated: 108.47% of CT patients, 78.65% of MRI patients, 95.78% of Non-Obstetric Ultrasound and 95.89% of endoscopy patients compared to the same time in 2019/20.

Clinical Divisions

Second round of meetings – 6th and 13th October since the re-start

A number of clinical divisions reported a deterioration in August, particularly within the Safe and Use of Resources domains

Overview

A number of divisions reported a deterioration in August particularly within the Safe and Use of Resources domains.

- Safe – Never events impacted here with 4 reported in the month of August
- Use of Resources – A number of divisions deviated from control totals in month.
- Well Led – the domain remains static in the majority of divisions, focus needed to report improvements.

Key points to note:

- All domains continue to report on the historic AF metrics, therefore not all divisions are fully represented in terms of performance.
- Plans signed off at IPG (28th September'20) to move accountability framework reporting to Power BI from February 2021.
- All domains have been reviewed by the relevant SRO and signed off at IPG and ODG with the exception of Effective (currently not reported at divisional level) and local indicators. This work is on-going.
- Confidence scoring continues with changes to the feedback sessions with inclusion of the ADoN and ADO. Going forward this will also include feedback from the divisional teams.
- Meetings to be extended to ensure divisional teams do not feel rushed and all information provided is reviewed.
- All divisions submitted their presentation packs within the requested timescales. This has been changed and all are due on the same day to ensure consistency and to be fair to all teams.
- Due to the suspension of F&F, the Caring domain is currently distorted for all divisions.

Corporate Areas

Meetings re-instated after a break due to COVID 19 for all Corporate areas (Monday 5th October)

Well led, Use of Resources and Local Indicators reviewed with CEO

Overview

A number of areas reported a deterioration within the Well Led domain with the following areas of concern:

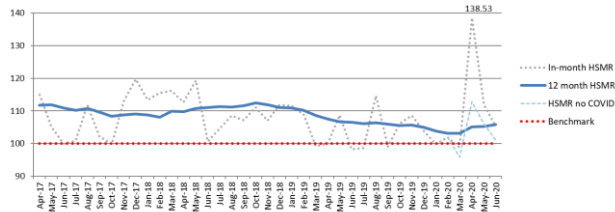
- Mandatory training and appraisal compliance
- Overdue policies and guidelines

Key points to note:

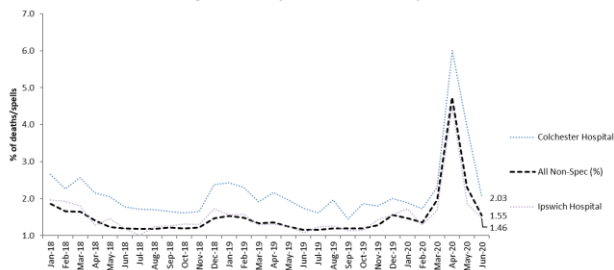
- All directors were requested to submit a report for review with the CEO inline with clinical divisions.
- Current scores are based on the existing AF metrics.
- Due to the way in which the current AF is calculated the Safe domain distorts all areas.
- First round of meetings identified more time was required for some areas, E&F, HR, Finance and Operations
- Each director has requested to review their relevant local indicators with the aim of applying targets and weights that will feed into their service's overall score.
- FSAR team currently looking into the best approach to collect clinical divisional feedback on corporate areas that can be included in the monthly discussions with the CEO.

Mortality

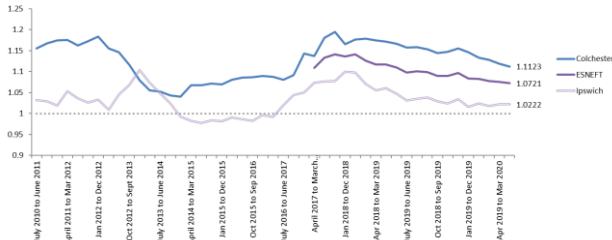
ESNEFT HSMR - In-month & Rolling 12 Months



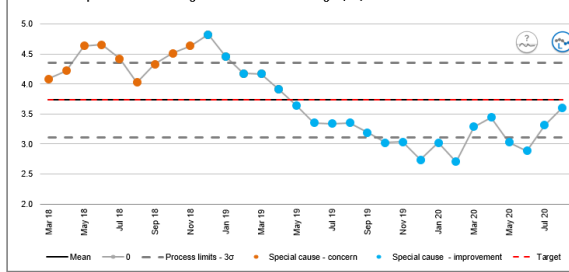
All Diagnosis Groups - Crude Mortality Rates



SHMI - Rolling 12 months



Stillbirths per 1000 births Rolling 12 Months-ESNEFT starting 01/03/18



Commentary

Dr Foster Summary

Dr Foster HSMR excludes patients with an admission diagnosis of Covid-19 but includes patients who had a diagnosis of Covid-19 in subsequent consultant episodes (which may have been as a result of staff awaiting test results or because Covid-19 was not the main condition treated). Figures with/without Covid-19 patients will be shown separately pro tem.

June 2020 discharges (incomplete data)	ESNEFT	IPS	COL
In-month HSMR EXCLUDES C-19 ON ADMISSION	↓105.2	↑96.4	↓114.1
12 month HSMR EXCLUDES C-19 ON ADMISSION	↓105.8	↓107.2	↓108.8
Lower confidence limit HSMR - EXCLUDES C-19 ON ADMISSION	↓101.6 Outlier	↓100.9 Outlier	↓102.8 Outlier
In-month HSMR - NO C-19 PATIENTS	101.1	93.1	109.2
12 month HSMR - NO C-19 PATIENTS	103.6	104.5	106.9
Lower confidence limit HSMR - NO C-19 PATIENTS	99.3 As expected	98.2 As expected	100.9 Outlier
Death rate HSMR (nat. 3.4% was 3.3%)	→3.3%	↑3.1%	→3.7%
All diagnosis groups 12 months INCLUDES C-19 DURING ADM	↓109.6	113.9	↓113.3
Lower confidence limit (all)	↓105.7 Outlier	↑109.9 Outlier	107.8 Outlier

ESNEFT is 1 of 8 trusts in the region of 14 non-specialist trusts with a 'higher than expected' HSMR. Approximately 340 spells, including no deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload.

Risks & Mitigating Actions

There is one patient safety indicator alerting currently in Dr Foster for 'Deaths in Low Risk Groups'; this is as a result of the virus code used for Covid-19.

SHMI – 12 months to March 2020

ESNEFT ↓1.0721 – 'as expected' (previous release to March 2020, 1.0752)

Ipswich acute 1.0222 – as expected (up from 1.0219)

Colchester 1.1123 – as expected (down from 1.1189)

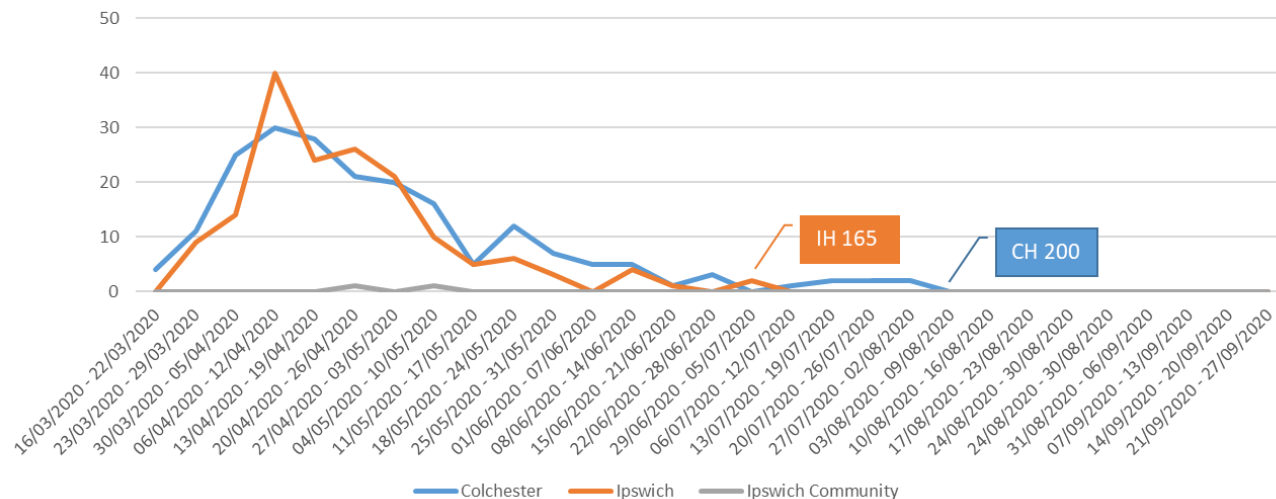
For ESNEFT, weekend emergency admissions HSMR is higher than expected.

In-hospital deaths

(IP = inpatient)	Sep 20 No. Deaths	Sep 19 No. deaths	Rolling 12 mths
Ips acute IP	79 (79)	89	110
Col acute IP	107 (98)	101	132
Ips ED	5 (1)	7	7
Col ED	*17 (8)	5	10

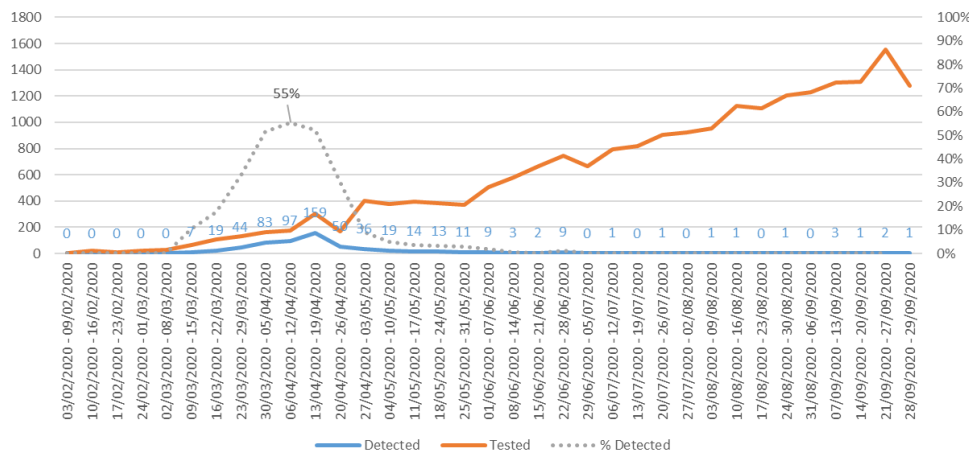
Mortality – Covid-19 Trend Data

ESNEFT Deaths with a diagnosis of Covid-19

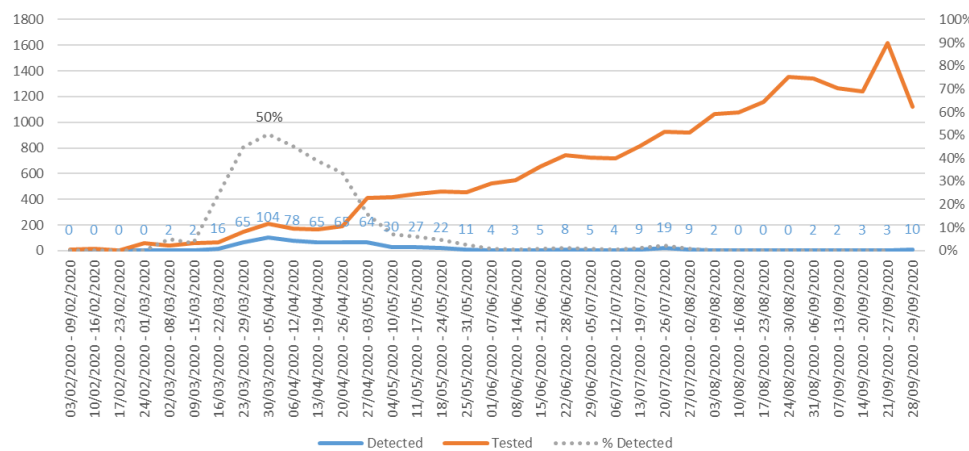


Using the coding from Dr Foster for patients with a diagnosis of Covid-19, compared to the outcome from swab results, around 74% patients coded to June 2020 had a positive swab (26% had a clinical diagnosis based on x-rays, symptoms etc. This may, in part, be due to the timing of the swab.) Therefore, this should be born in mind when looking at reported cases.

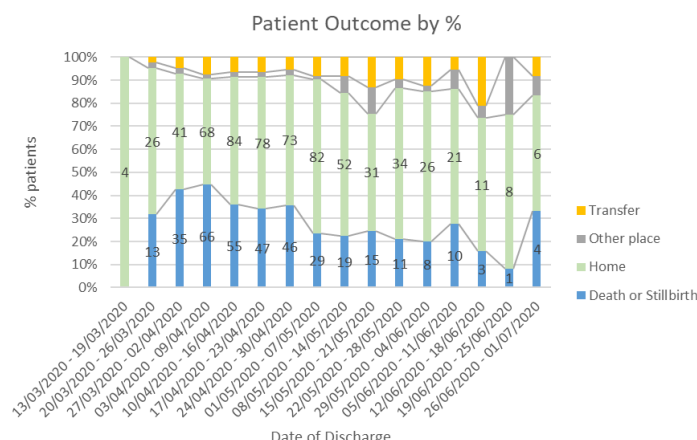
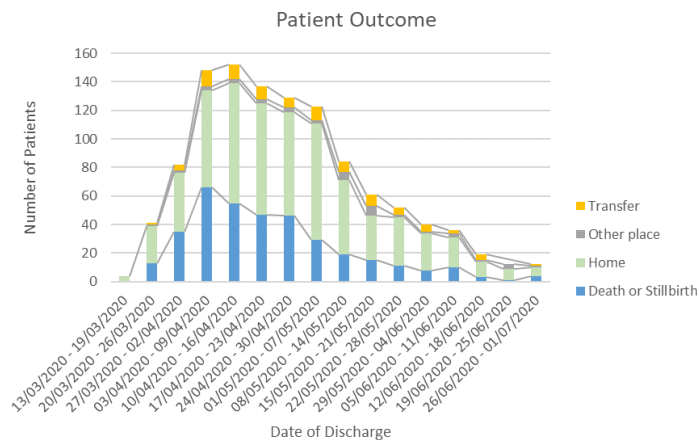
Ipswich COVID-19 Testing/Positive Results



Colchester COVID-19 Testing/Positive Results



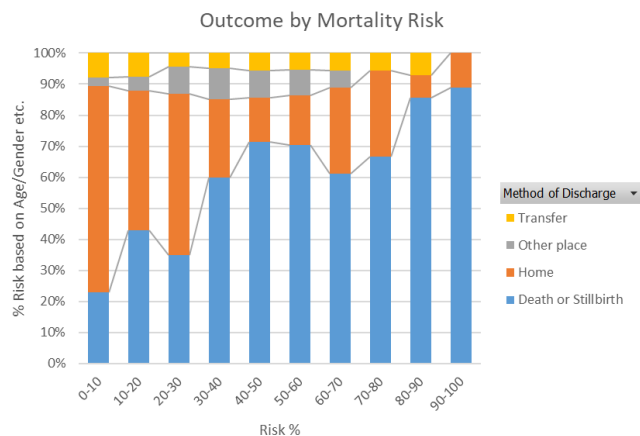
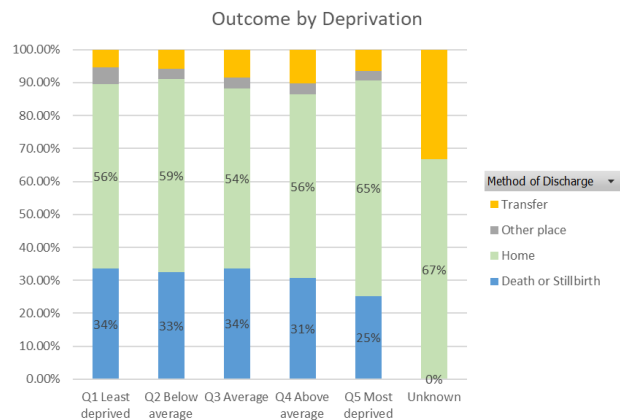
Mortality – Covid-19 Outcomes: Data Source DF Intelligence



The charts show patient outcome for patients with a confirmed clinical diagnosis of COVID-19 (numbers and percentage by date of discharge). During the first peak of activity in early April:

- 45% of patients died
- 45% went home
- 10% were transferred to other providers.

This levelled off to around 24% of admissions resulting in death. The AMD for patient safety advises that the biggest mortality factor was frailty, although improvements in early identification/treatment have also played a part, including use of dexamethasone in later stages and proning techniques.



Therapies Actions

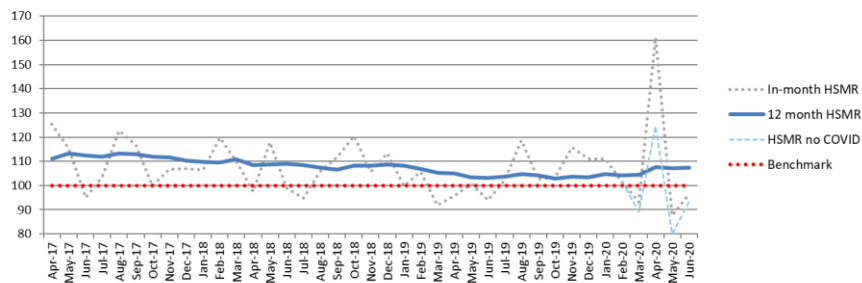
- Pre-discharge screening to evaluate physiological and emotional impact of COVID-19 (commonly fatigue, breathlessness, functional impairment, cough, low mood, anxiety, cognitive impairment)
- 14-25% patients need specialist support
- 33% need community rehab
- Tailored sign-posting of services including leaflet with contacts for N&D, SALT, physio, respiratory
- Telephone follow-up by trained shielding staff at 2/52 & 8/52 wks.
- Rehab through YouTube exercise 'clinics'
- Care home follow-up with advice to both staff and patients well received.
- Virtual COVID clinics for non-admitted patients – self referral under development.

In terms of deprivation, this did not appear to be a key factor, with a c.34% mortality rate in each quintile with the exception of the most deprived quintile where mortality was 25% (this variance is not as a result of particularly small numbers in this group).

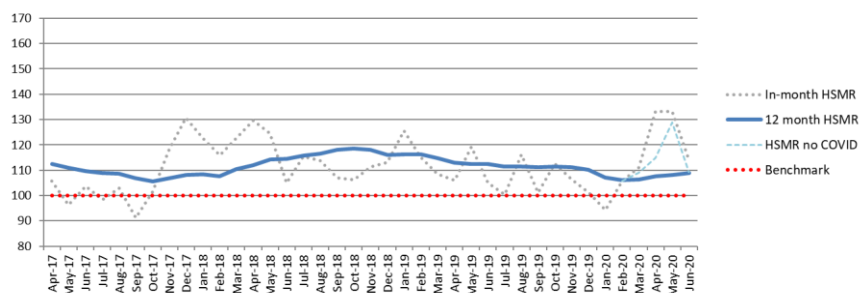
Although Charlson score (a value attributed to chronic conditions in isolation of patient demographic) did not have a strong correlation with mortality, the overall mortality risk* which includes age, gender, admitting diagnosis, Charlson score etc.) did correlate. This can be interpreted as 'frailty'.

Mortality – Breakdown by Site & Diagnoses Being Monitored

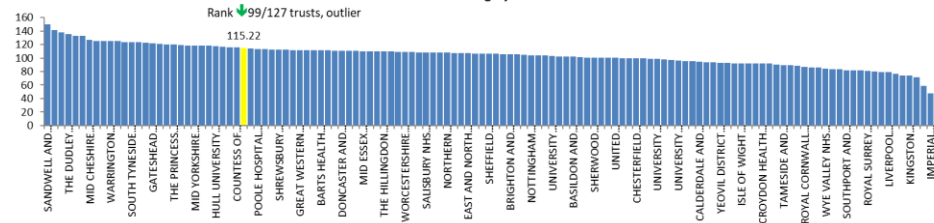
Ipswich Hospital HSMR - In-month & Rolling 12 Months



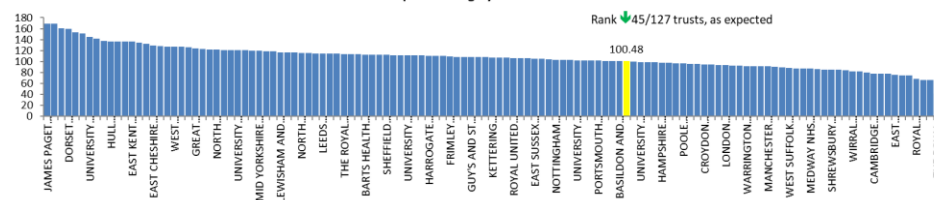
Colchester Hospital HSMR - In-month & Rolling 12 Months



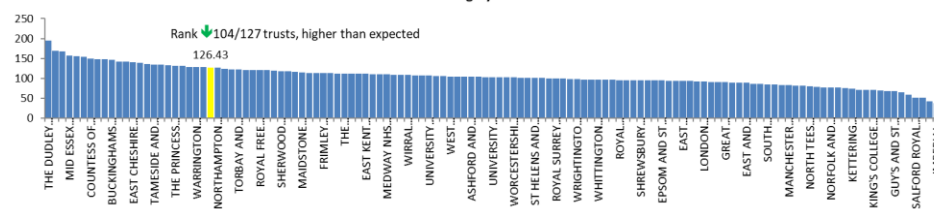
Pneumonia Ranking by Relative Risk



Sepsis Ranking by Relative Risk



COPD Ranking by Relative Risk

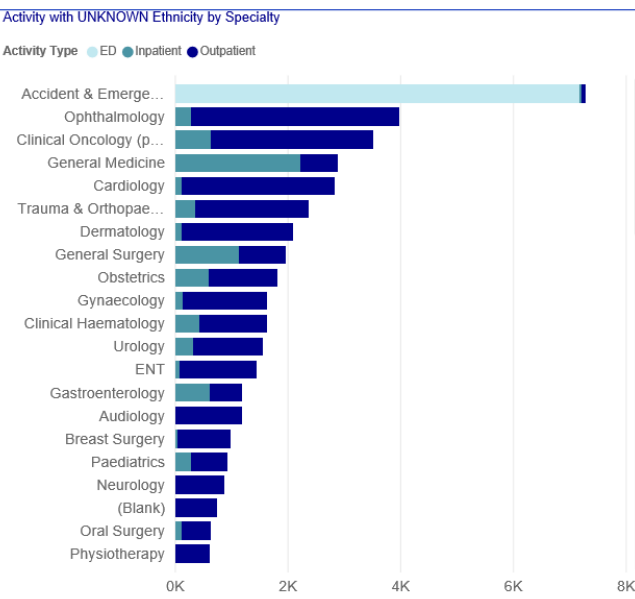
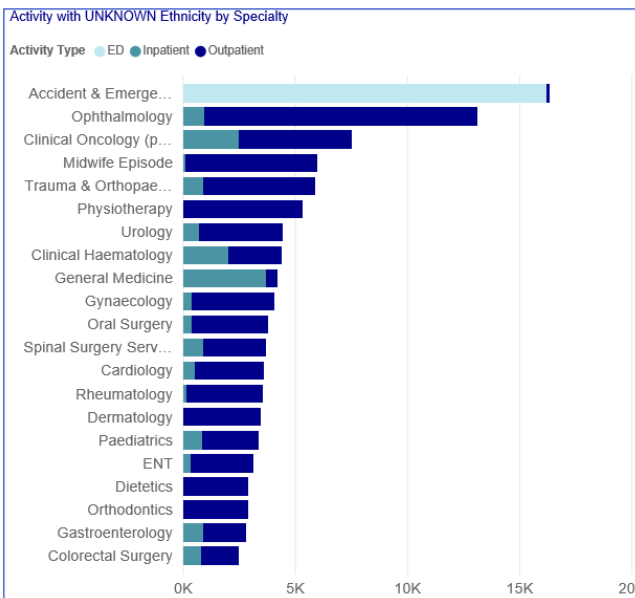
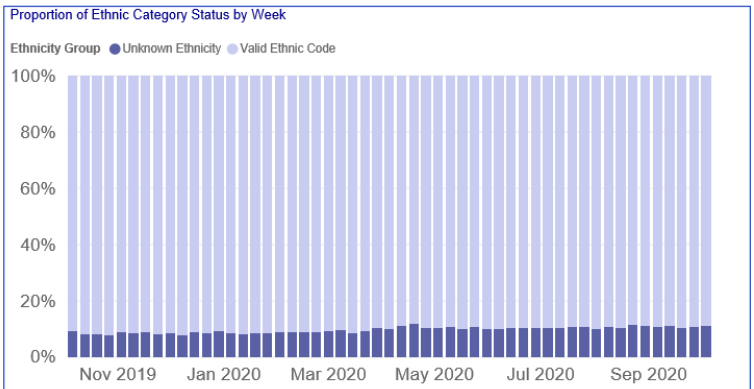
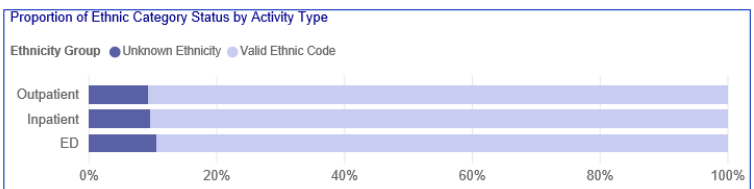
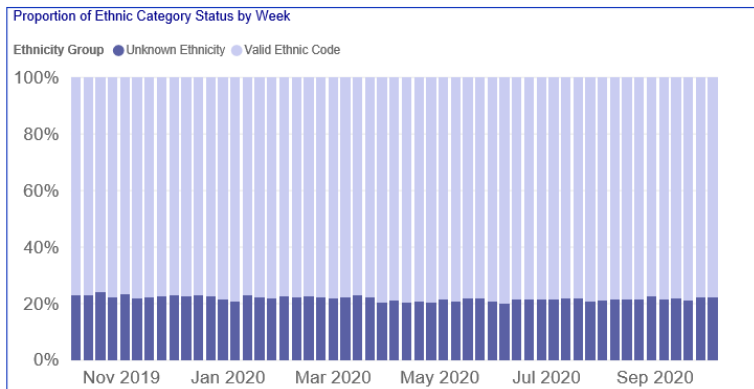
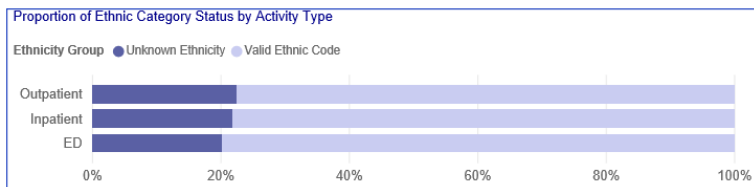


Pneumonia will be severely impacted by Covid-19 nationally owing to Covid-19 disease progression – the Trust has reviewed practice against the new NICE Rapid Guideline NG173.

Compliance with use of the sepsis screening tool and Sepsis 6 has shown a steady improvement in the ED. The DP Nurse Specialist for adult inpatients will now be looking at performance in Emergency Assessment Units.

During quality assurance processes, the Respiratory Nurse Specialist has identified that COPD is misdiagnosed on admission in around 50% of the cases she has reviewed. She will work with clinical coders to correct documentation.

Mortality – BAME – ethnicity profiles (source BI Intelligence)



Equal access to services is a key Trust objective. To provide assurance that our patients have an equitable outcome and experience, we need to improve the recording of nationality in patient administration systems.

The dark purple bars in the graphics to the left indicate unknown ethnicity (which should be remembered is also a patient right).

The blue charts indicate activity by last patient contact.

Trust data confirms that around 22% of activity on the Ipswich site and 9% on the Colchester site does not have a recorded nationality.

Action – Business Informatics has developed a PowerBI app which can be used to target areas of poor compliance. Matrons/HoNs for Cancer Services and MSK will raise this at their Divisional Governance meetings.



Mortality – Learning from Deaths Meeting 02/10/2020

Presentations were received at the Learning from Deaths meeting from Ipswich Medicine, MSK & Specialist Surgery, Cancer & Diagnostics and General Surgery Colchester.

Learning points

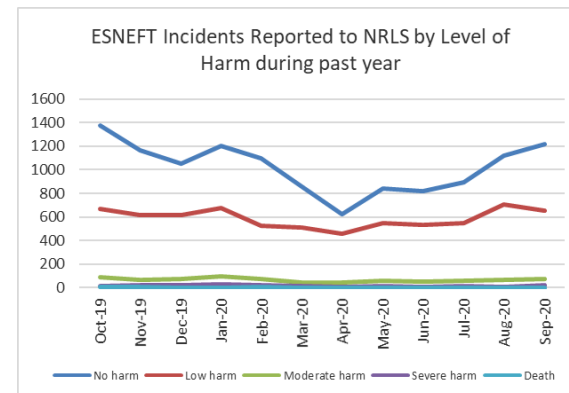
- Constipation is a serious complication and it is not always possible to manage optimally (particularly in confused, non-compliant patients)
- **Action** – A hip fracture bowel protocol is in place, discussed at induction, and reviewed by the Orthogeriatrician and prescribing pharmacist on every admission.
- There is a delay among junior doctors to commence the ICPLDL, even if this has been written in the notes
- **Action** – teaching being undertaken in orthogeriatric sessions and on induction.
- **Action** – QI project commenced on lying/standing BP in MSK
- There has been an increase in the timely use of the ICPLDL for patients in the Medicine Division. Where the plan is declined, a DNACPR is appropriately completed and anticipatory meds written up.
- Acknowledgement that End of Life planning and DNACPR discussions are better if held in clinic before the patient reaches last days of life
- Ongoing issues with patients with delirium removing feeding tubes and then not receiving nutritional support for long periods.
- **Action** – A new lead for nutrition steering group has been appointed and work underway for trust wide QI programme.
- All presentations noted improvements in documentation; however, further work needed to capture board round MDT discussion in the health record.
- **Action** – This will be taken forward when 7-Day-Services work restarts in next 3 months
- Compliance with mandatory mortality reviews is around 75%.

Patient Safety – Incidents

Total incidents and harm

There were a total of 2,229 ESNEFT incidents reported in September 2020. This is an increase relative to the number of incidents reported in August 2020 (2,178).

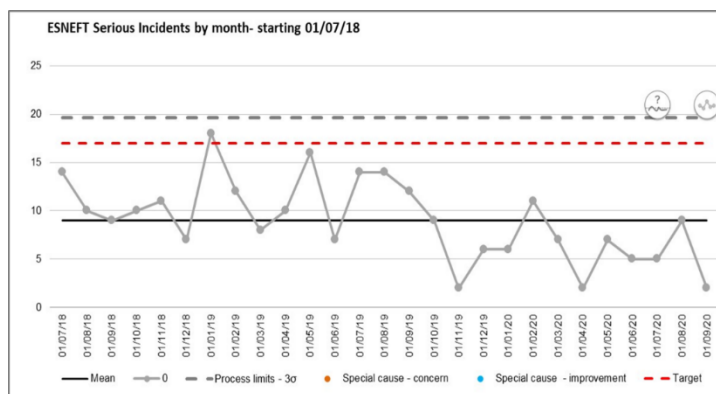
1,976 of these incidents were Patient Safety related and 1,973 were reported to the NRLS.



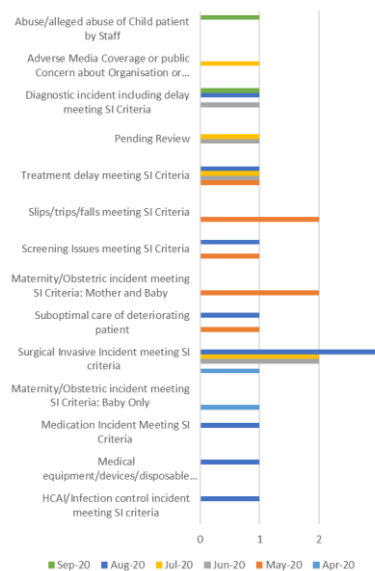
Serious Incidents

2 (9) ESNEFT incidents were considered to meet the criteria of being a serious incident during September. The Serious Incidents included:

1 from Medicine (Colchester) – a diagnostic incident resulting in a delayed diagnosis and 1 from Medicine (Ipswich) – a delay in escalation following an incident in the ED.



Serious Incident Themes



Never events

There were no never events reported across ESNEFT in September.

Compliance with serious incident reporting time lines

The Trust achieved 100% (90%) compliance in reporting 3 day reports to the CCG.

The ‘stop the clock’ placed on all open SIs on StEIS, has been removed by the CCG and all those reports previously included on this method had a due date of the 30th September 2020. There were 16 Serious Incident reports due on this date; 11 were submitted on or before the 30th of September.

There are currently 5 over due reports as of the end of September 2020:

Surgery & Anaesthetics – 3 reports, 1 of these reports was completed by the Patient Safety Team and approved prior to the end of September, however the Division has yet to draft an action plan, Women and Children – 1 report, Integrated Pathways – 1 report

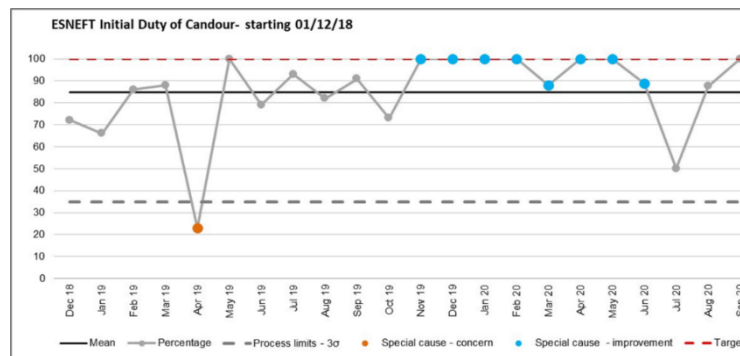
There are 2 reports for Women & Children that were due by the 30th September deadline but now have extensions until the end of October and Mid November.

Overdue action plans

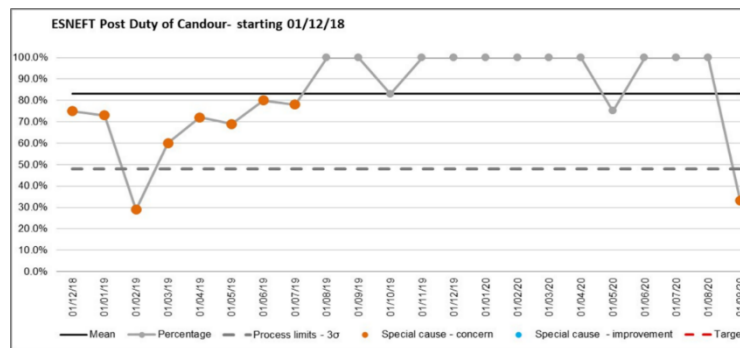
Following a task and finish exercise, 84 completed actions plans were sent to the CCG for closure. 46 completed Action Plans have been closed by the CCG in the month and the remainder are currently being reviewed by the CCG.

Duty of Candour

Compliance for Duty of Candour (pre investigation) has increased to 100% (87.5%) during September at ESNEFT.



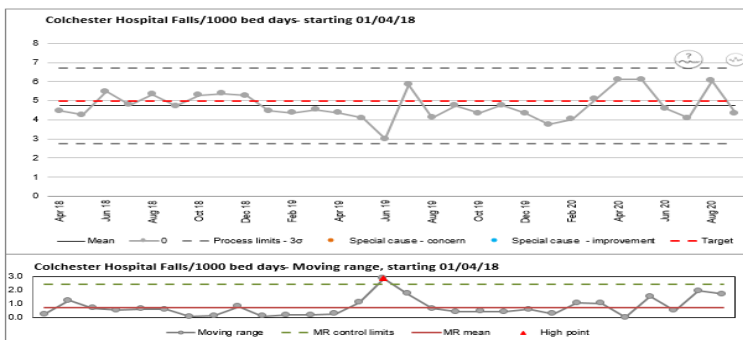
ESNEFT post Duty of Candour compliance following the conclusion of the SI investigation reduced to 33.33% (100%) for September. There were 3 post-investigation Duty of Candour due in the month of September: 2 for Women & Children, which have not been completed as yet and 1 for Medicine (Ipswich), which was completed within the appropriate timeframe.



Patient Safety – Falls

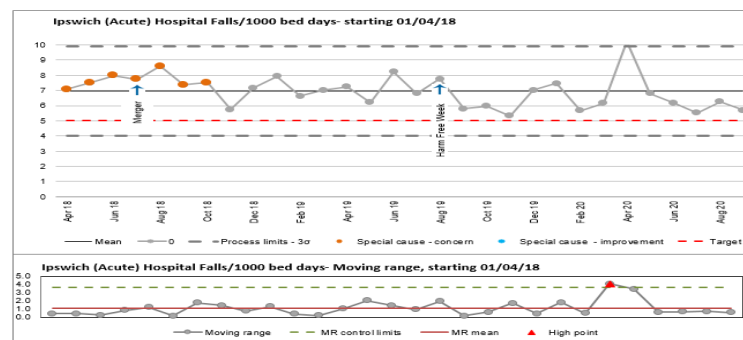
Colchester site

Colchester reported 59 in September, a decrease from 80 in August. There was one moderate harm incident resulting in a fractured wrist. Of the number reported, 50 falls were unwitnessed with 5 occurring in a Baywatch area. Of the unwitnessed falls, 14 patients were reported as having confusion or cognitive impairment present. Of the total number of falls reported 11 incidents occurred in side-rooms and 11 occurring in a bathroom or toilet. There were 3 multiple fallers in September with all 3 patients falling twice. This shows 4.35 falls per 1,000 bed days, a decrease from August (6.04) and is below the national benchmark of 5.5.



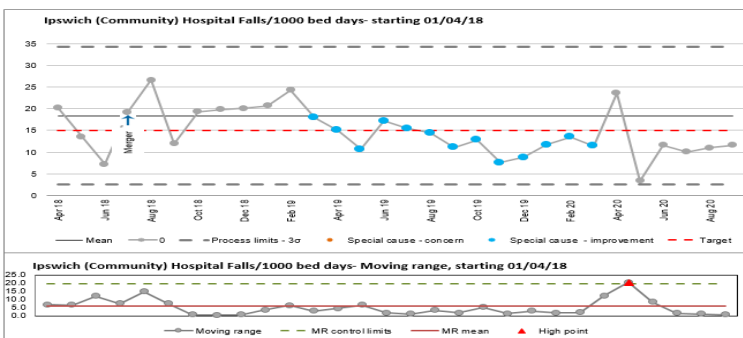
Ipswich site

Ipswich reported 79 falls in September, a decrease on August (105). There were 3 falls that resulted in serious harm, 2 fractured neck of femur and 1 fractured femur. Of the number reported, 58 falls were unwitnessed with 6 of the unwitnessed incidents occurring whilst patients were in a Baywatch bay. Of the unwitnessed falls, 24 patients were identified as having confusion or cognitive impairment evident. Multiple fallers occurred in 6 different ward areas with 4 patients falling twice, 1 fell 4 times. Of the total number of falls reported, 16 patients fell in a side room and 15 fell in the bathroom or toilet. This shows 5.69 falls per 1,000 bed days, a decrease from August (6.25) and is just above the national benchmark of 5.5.



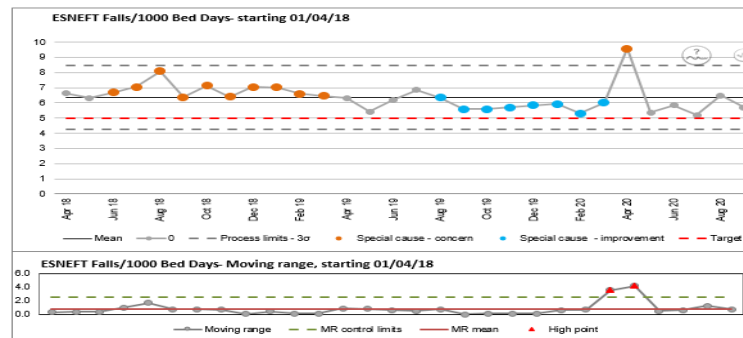
Community Hospitals

The Community Hospitals reported 23 falls in September – a small increase on August (22). Aldeburgh Hospital reported 10 falls which is an increase on last month. Bluebird Lodge reported 9 falls and Felixstowe Hospital reported 4 falls which is a reduction on last month. There was 1 fall resulting in serious harm (fractured neck of femur). Collectively, 15 falls were unwitnessed with 1 incident occurring in a Baywatch area. This gives a figure of 11.59 falls per 1,000 bed days which shows a marginal increase on August (11.14).



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. This gives ESNEFT an overall figure of 5.47 (6.48) falls per 1,000 bed days which is above the national benchmark of 5.5.



Patient Safety – Pressure ulcers

ESNEFT

At Trust level, September shows a figure of 0.79 overall for developed pressure ulcers per 1,000 bed days at ESNEFT, a marginal increase from 0.68 in August.

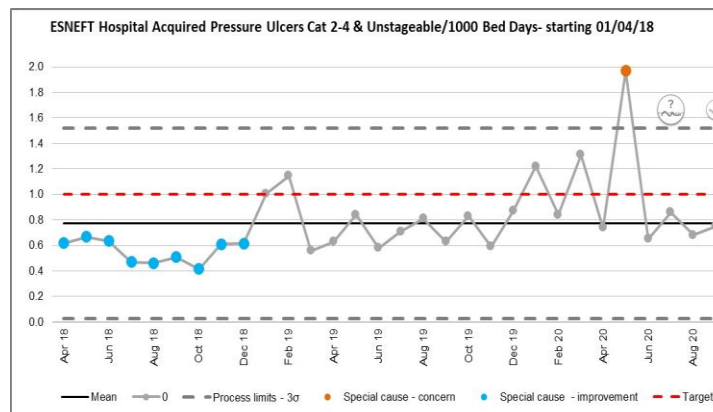
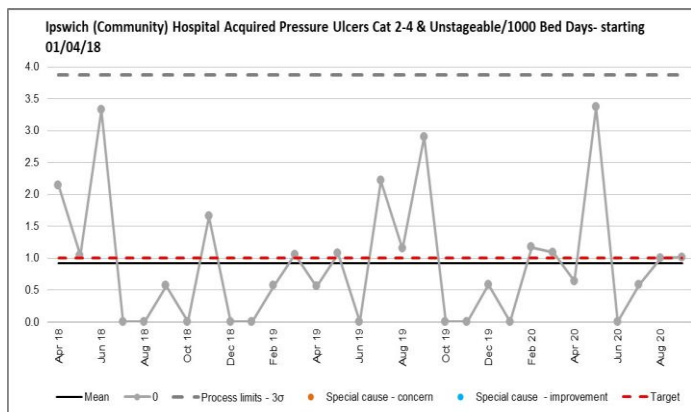
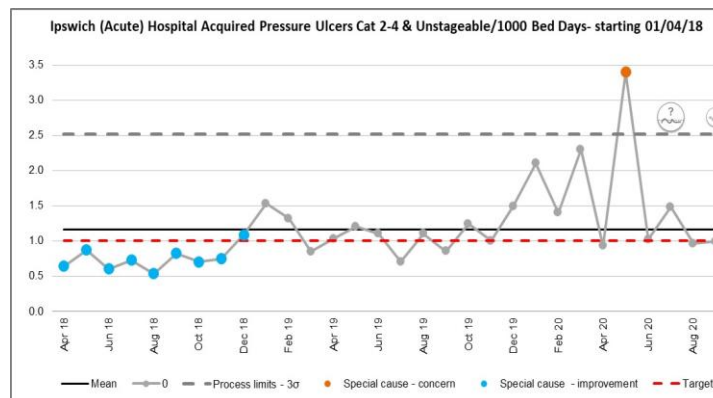
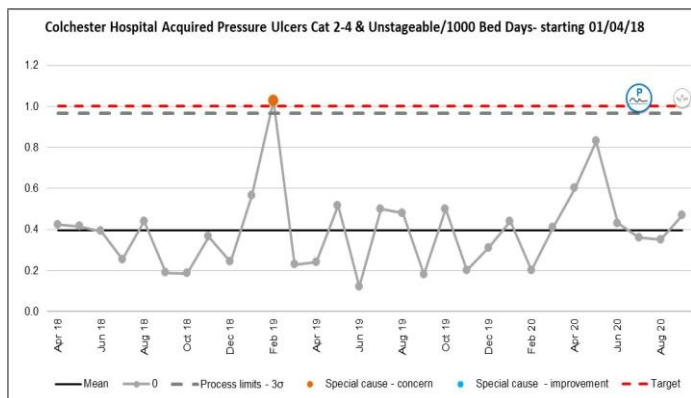
Ipswich and Community Hospitals

Ipswich had 11 (11) Category 2 developed pressure ulcers, 0 (0) category 3 and 2 (3) unstageable pressure ulcers which were on Martlesham. Category 2 pressure ulcers were reported on Washbrook, Claydon, Kirton, Stour, Woodbridge, Sroughton, Bramford & Stowupland. This shows a figure of 0.99 developed pressure ulcers per 1,000 bed days, a marginal increase from 0.96 in August.

There were 2 (2) reported grade 2 pressure ulcers, both at Felixstowe Hospital, in the month of September. The Community Hospitals have a figure of 1.17 (1.0) developed pressure ulcers per 1,000 bed days for September.

Colchester

Colchester Hospital reported 4 (4) Category 2 pressure ulcers, 0 (0) Category 3 and 3 unstageable pressure ulcers which were on ACU, Tiptree and Wivenhoe. Darcy, Birch, Peldon & Brightlingsea reported one Category 2 each. This gives a bed days figure of 0.53 for September, a marginal increase from 0.35 in August.



Working towards future prevention

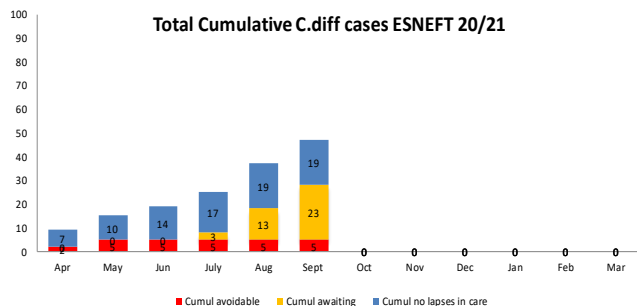
ASKIN continues to be rolled out across the last few medical areas in October with Surgery/T&O starting in November and December at Ipswich. ASKIN refresher training continues at Colchester with the focus on the IP Division as these appear to be hot spot areas. Pressure ulcer training on induction has been reintroduced across both sites. Training days within the community have re-commenced to support new staff and support those who joined during Covid months and did not receive these under the reduced programmes.

Patient Safety – Infection Control

Clostridium difficile (C.diff)

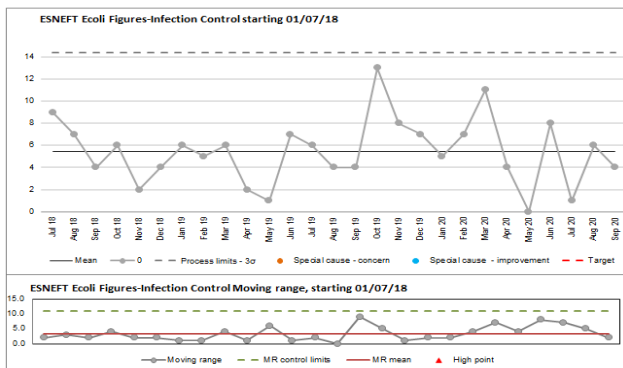
Colchester reported 8 cases of C.diff in September (4 HOHA, 4 COHA), Ipswich reported 2 cases (1 HOHA, 1 COHA).

There were a total of 10 Trust attributed C.diff cases in September. The Trust is currently awaiting publication of the C.difficile infection objectives for 2020/21.



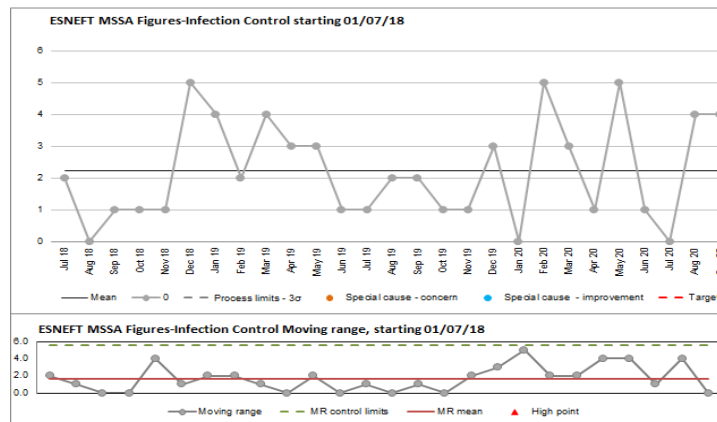
Escherichia coli (E. coli)

There were 4 healthcare acquired E.coli bacteraemia cases identified during September 2020: 2 on the Colchester site; 1 on the Stroke Unit - upper urinary tract source, and 1 on West Bergholt ward – unknown source of infection. There were 2 cases on the Ipswich site, 1 on Stour Ward – source was hepatobiliary and 1 on Shotley ward – unknown source of infection.



Meticillin-susceptible staphylococcus aureus (MSSA)

There were 4 hospital-apportioned MSSA bacteraemias identified during September 2020, 2 on the Colchester site: 1 on West Bergholt ward – soft tissue, MSSA colonised pressure sore (spine) and 1 on ACU – unknown cause. There were 2 cases on the Ipswich site, 1 on CCU – Arterial line wound, MSSA positive, good documentation, and 1 on ARCU – pericardial effusion, cardiac arrest. Unknown cause, previous history of MSSA



Meticillin-resistant staphylococcus aureus (MRSA)

There were no hospital apportioned MRSA Bacteraemias identified in blood cultures during the month of September.

Isolates in other specimens:

Month	Trust site	MRSA new isolates
September 2020	Colchester	West Bergholt Brightlingsea Ward
September 2020	Ipswich	Woodbridge Ward

Patient Safety – Infection Control

Covid -19

Month/Site	Number of HOIHA		Number of HOPHA		Number of HODHA		Total ESNEFT attributable (HOPHA and HODHA cases)
	Col	Ips	Col	Ips	Col	Ips	
September	0	1	1	0	0	0	1

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.

There have been 4 HOPHA and 7 HODHAs occurred during June-September 2020 at ESNEFT.

Lessons learnt to date from RCAs completed:

- 5/10 patients not re-tested on day 5 of admission – IP&C team working with BI to formulate a report that will highlight patients who have not had a Covid-19 test on Day 5 after admission. This will be trialled on select wards on the Colchester and Ipswich sites.
- 3 patients who tested positive had previously been in contact with another Covid-19 positive patient

Patient Safety – Maternity – July data

Caesarean Section: Both sites hold daily MDT meetings to review the emergency CS for the previous 24 hours to identify any learning or themes for improvement. Colchester site continues their QI project aimed at supporting women choosing VBAC thereby increasing the number of women who opt for vaginal birth after caesarean, with 70 women currently being supported. Overall rate for ESNEFT decreased to 27.83%.

Midwifery Led Births: The new criteria for Juno Suite on Colchester site are now being re-introduced which was postponed due to Covid. On the Ipswich site, there is a pathway in place within the Personal Maternity Record to re-assess women’s suitability to birth on the birth centre as a 36 week, ‘place of birth’ risk assessment. A recent audit demonstrated that this was not being completed – so there is a concerted effort underway by the maternity team to facilitate this reassessment for all women to increase appropriate referral back to MLC. ESNEFT rate in August decreased to 15.83%.

Smoking Rates: Colchester site has a higher rate of women who smoke at booking and delivery. Colchester will be implementing a regional Quality Improvement smoking cessation project due to commence in November supported by the MatNeoSIP. Total for ESNEFT is green at 8.63%.

Third and fourth degree tears of total births: Both Ipswich and Colchester continue to demonstrate a lower than national average percentage for 3rd and 4th degree tears. Overall rate for ESNEFT in August was 2.17%, below the national average of 3.60%.

PPH ≥1500mls: Both sites have recommenced PROMPT MDT training and Colchester includes a PPH simulation. Both sites are promoting measurement of ALL blood loss and testing new checklists. Colchester site commenced using syntometrine for all birth during pandemic and will review in 4 months. Colchester site plans a PPH week in October to increase engagement and motivation with the project and anaesthetic representation will join monthly meetings. Overall rate for ESNEFT was in August was 4.58%, an increase on the previous month.

The unit placed on Divert: Colchester was placed on divert on one occasion on the 13th August due to acuity of the unit. Midwifery staffing was under template by 2 midwives due to sickness that the Department was unable to cover by NHSP staffing. In actuality no women were diverted. Ipswich had no unit diversions in August.

Neonatal Deaths within 28 days: There was one neonatal death on the Ipswich site in the month. This was a pre-term birth (twin 2) with a cord prolapse at home. All Maternity care was appropriate with prompt caesarean section on arrival.

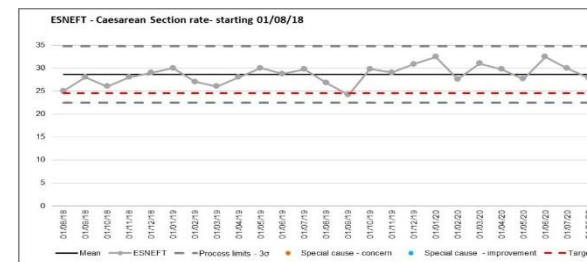
Stillbirths: There was 1 stillbirth in August for Colchester site. The cause was due to a placental abruption, the woman had previously had 2 abruptions and was aware she was at very high risk of re-occurrence in this pregnancy. No care issues were identified through PMRT. There were 2 stillbirths in August on the Ipswich site. There were factors which may have impacted on the outcome for both stillbirths and although these did not meet the criteria for an SI, were investigated as internal investigations.

Areas of Achievements: Overall. Good uptake of Hampton home BP monitoring; Use of fetal fibronectin and QUIPP app to determine preterm birth risk; Use of placental growth factor blood test to determine likelihood of developing pre-eclampsia; Continued QI work around reducing significant PPH

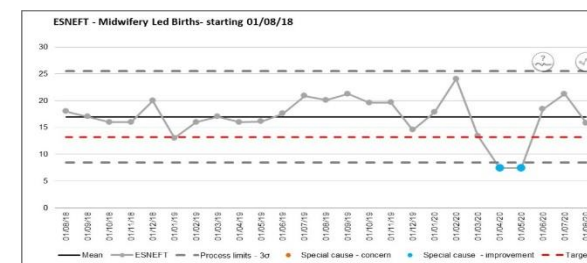
Colchester: New Community Midwife help line was introduced to provide better access to the community midwife.

Ipswich: Maternity Triage implemented on 7th September based on Birmingham Symptom Specific Triage System

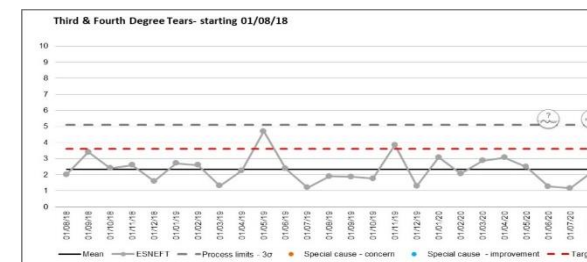
Caesarean Section



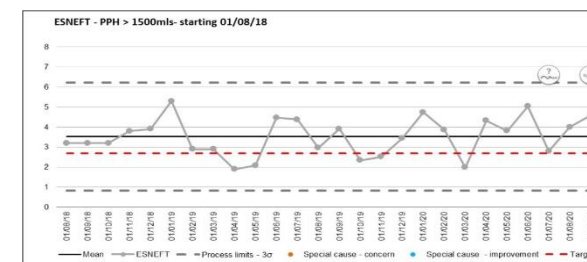
Midwifery Led Birth - ESNEFT



Third & Fourth Degree Tears of Total Births

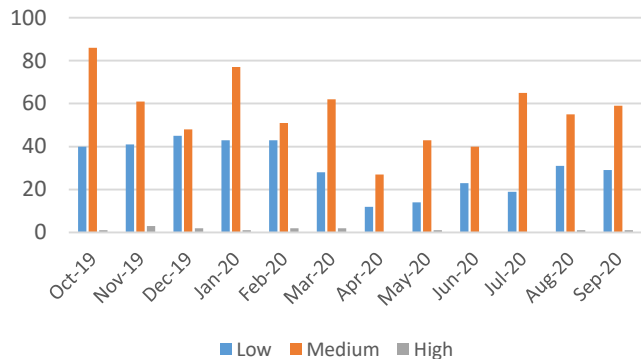


PPH ≥ 1500mls - ESNEFT



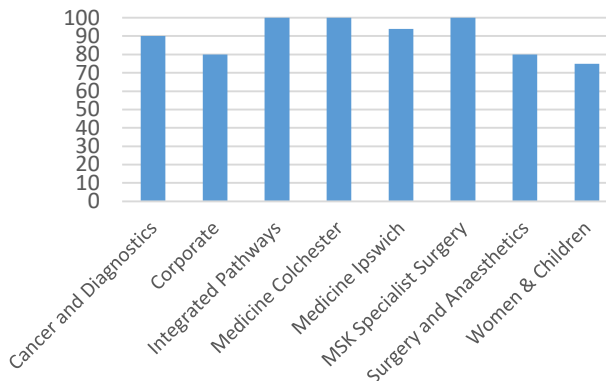
Patient Experience - Complaints

Total number of Complaints by Level



Overall complaints numbers for ESNEFT in September were 89 (87). Complaints in September at Colchester decreased to 39 (42) and increased to 50 (45) at Ipswich.

Complaint Response Compliance %



Overall response rate compliance has increased to 89% this month from 84% in August. There were 87 (84) complaints closed in the month of September. Overdue complaints decreased to 1 (6).

PALS

There were 492 PALS concerns logged for Colchester and 433 for Ipswich for the month of September 2020.

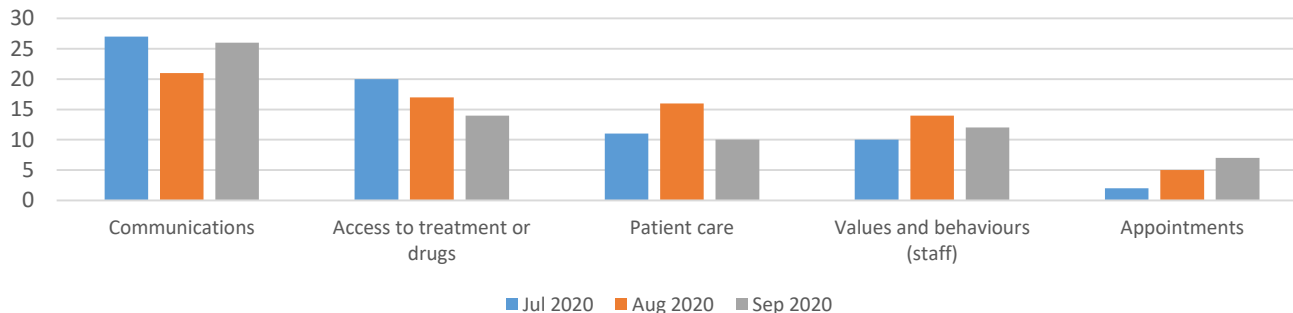
There were 7 PALS cases which were converted into formal complaints for September 2020; 1 for women's and children's, 3 for medicine Ipswich, 1 for MSK & Specialist Surgery, 1 for Medicine Colchester and 1 for Surgery & Anaesthetics.

Upon further review of these cases the patient was not satisfied with the response given via PALS and escalated their concerns by submitting a formal complaint.

Complaint themes

The most common theme for complaints for September 2020 is 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



Top Themes from PALS:

The top themes for PALS for September 2020 are Covid-19 and communication.

Queries raised were in relation to the letter of assurance sent by the Chief Executive. Patients, families and relatives contacted PALS to find out why they had received the assurance letter and which referral the letter referred to. Other queries were raised in relation to the length of waiting lists for treatment, and a likely appointment date.

User involvement/Engagement Activity



Letters to Loved ones

There is continuing support from staff to help the community to be able to keep in touch with loved ones and has enabled a total of 446 letters to be delivered during the period 1st May 2020 – 30th September 2020. Colchester has received 56%, Ipswich & Community have received 44% .

Patient and Carer Representatives Recruitment

Patient and carer experience ambassadors recruitment continues; in line with the new volunteering service process, to ensure the voice of patients and their carers can continue to be championed.

Visiting guidance for carers:

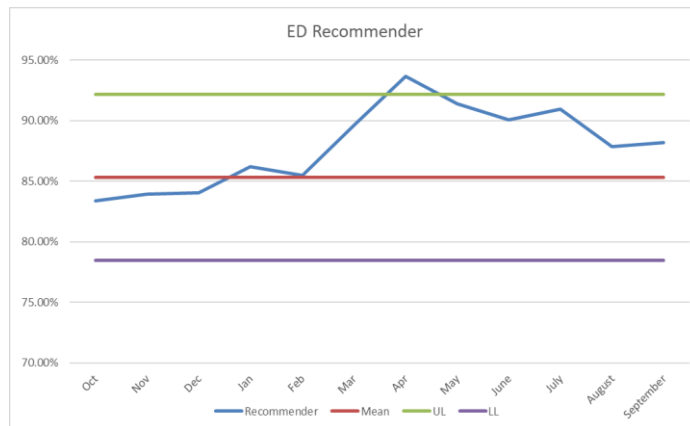
Where familiar carers are needed to ensure the safe care of a patient on the ward (such as patients who have mental health issues, autism, dementia, delirium or learning disabilities), the decision to admit their carer will be authorised by the nurse in charge/ ward leader. A local agreement will be 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

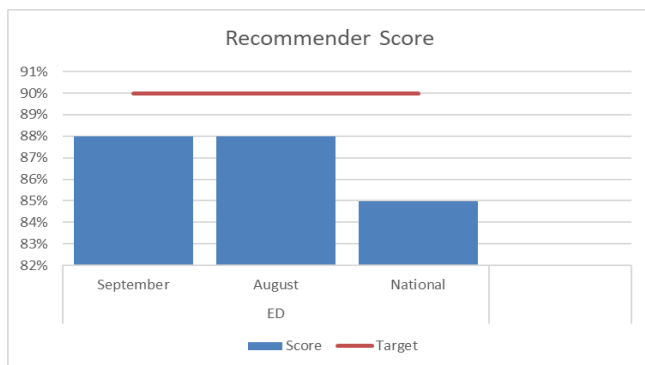
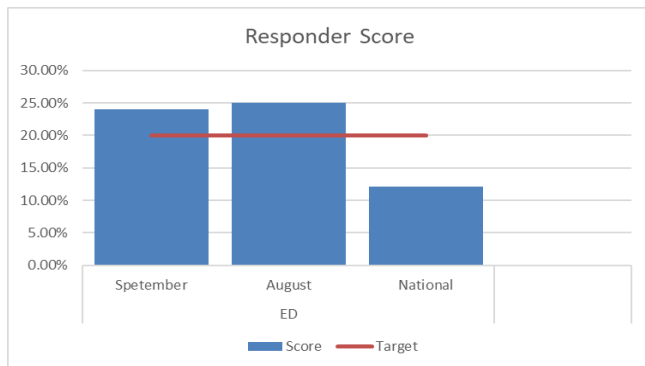
FFT has been suspended nationally due to Covid-19, this has impacted on the data available for the Patient Experience Group report.

The team are receiving request for some wards to restart collecting FFT data. Where this is possible new FFT surveys will be utilised and to ensure that paper surveys are not used QR codes and web links will be introduced 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		June	July	August	September
ESNEFT	Recommen	90.07%	90.94%	87.89%	88.19%
	Responde	28.00%	26.00%	25.00%	25.00%



	Number of patients who would recommend	% of patients who would recommend*	Number of survey responses received	Response rate	
Combined Scores	43	93%	46		
Community Hospitals - combined	35	92%	38	31%	Response rate = number of surveys received against total number of patients discharged 126
Adeburgh Community Hospital	18	95%	19	76%	Response rate = number of surveys received against total number of patients discharged 25
Bluebird Lodge	17	89%	19	30%	Response rate = number of surveys received against total number of patients discharged 63
Felixstowe Community Hospital	0	0%	0	0%	Response rate = number of surveys received against total number of patients discharged 33
Community Health Teams - combined	8	100%	8		
Pul rehab	1	100%	1		
Stowmarket	0	0%	0		
Heart Failure	0	0%	0		
REACT	1	100%	1		
East Suffolk Cardiac Rehab	3	100%	3		
East Team	1	100%	1		
Ipswich 3	0	0%	0		
North East	1	100%	1		
North West	1	100%	1		
West Team	0	0%	0		
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

94.54%

Colchester
94.83%

Ipswich
94.08%

Cancer Performance

***76.37%** (unvalidated)

RTT Performance

56.35%

Ambulance Handover

9 excess of 60 mins

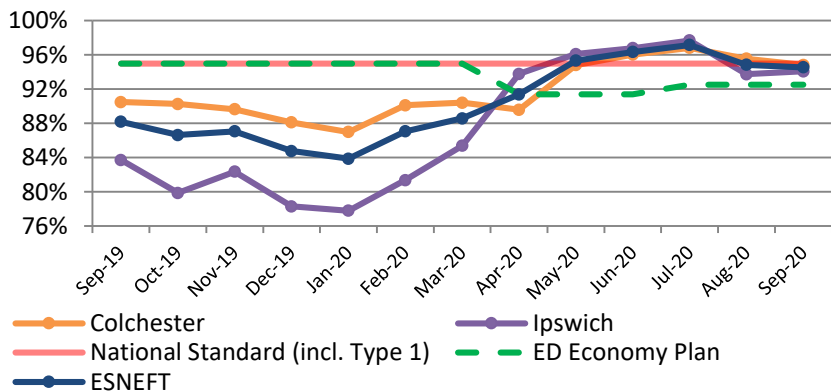
Diagnostics Performance

18.19%

URGENT CARE

Exception Report Needed

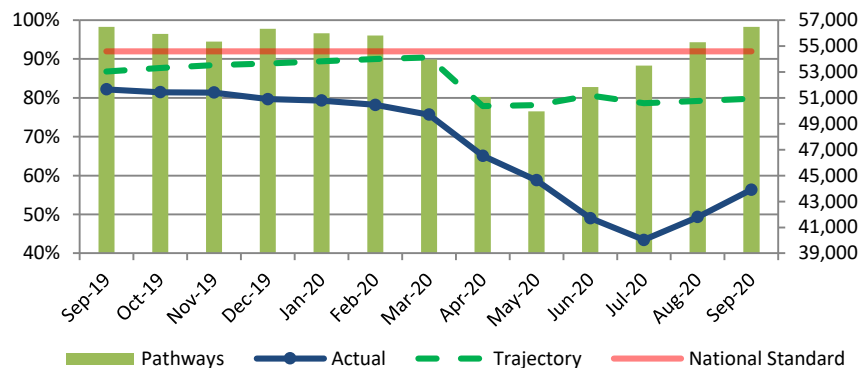
ED Economy 4 Hr Standard -Trajectory vs Actual



RTT

Exception Report Needed

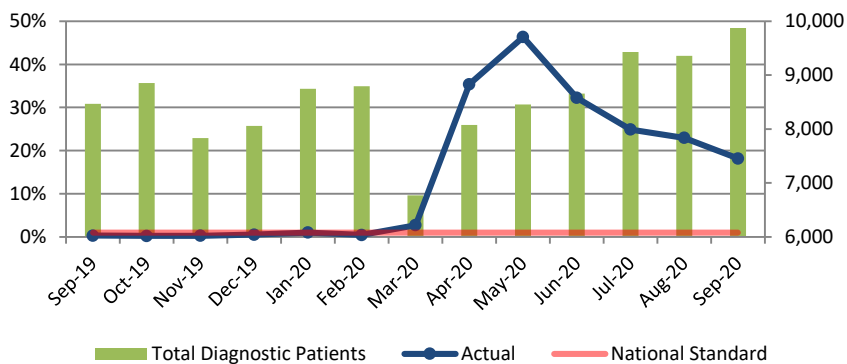
RTT Incompletes - Trajectory vs Actual



DIAGNOSTICS

Exception Report Needed

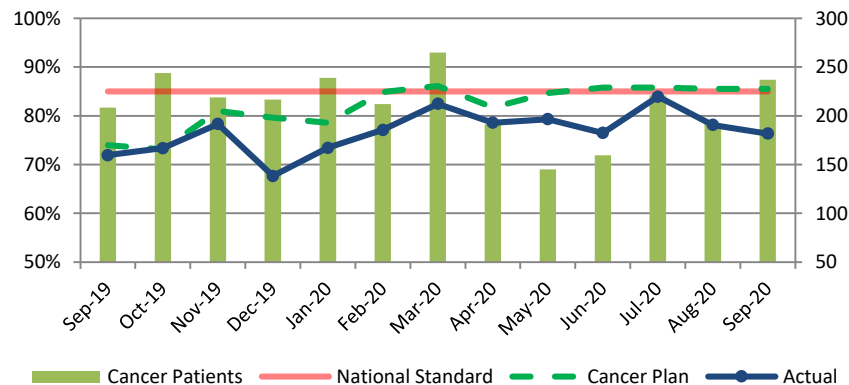
Diagnostic Standard



CANCER

Exception Report Needed

Cancer 62 Waits Standard - Trajectory vs Actual

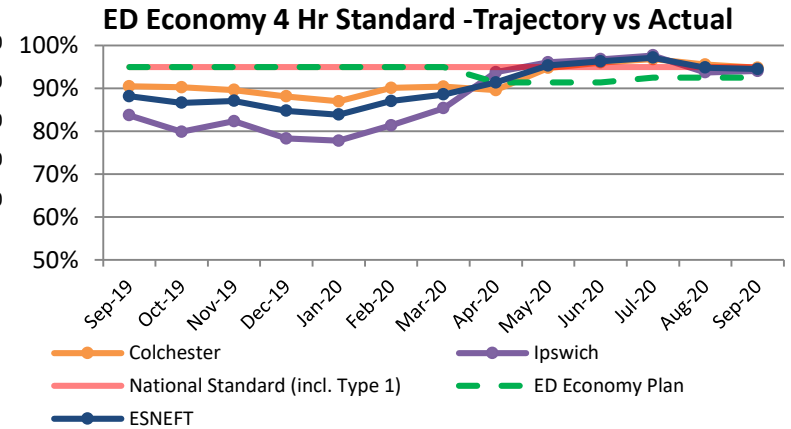
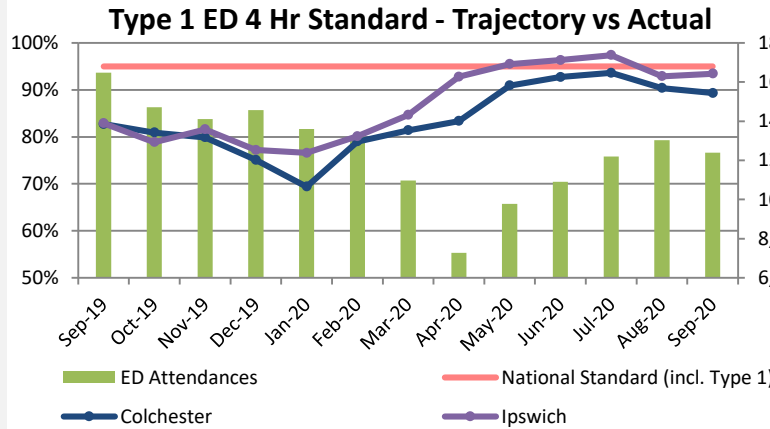


Performance against the 4 hr standard for Type 1 for September 2020 reported 89.31% for Colchester which was a decrease on August's performance of 90.38%. Ipswich reported an increase in performance to 93.43% in September 2020 from 92.88% in August 2020 both falling short of the National Standard of 95%.

ED Economy performance for September 2020 reported 94.83% for Colchester and 94.08% for Ipswich.

The ESNEFT Economy performance reported 94.54% in September 2020 which was a decrease on August's performance of 94.85%; above the trajectory of 92.5% but just below the National Standard of 95%.

Monthly Trend



Service Commentary

Ipswich

Ipswich achieved above trajectory for 4 hour performance submitted to NHSIE.

Improvements still to be made specifically with medical rotas which are delayed due to international recruitment. Acuity tool completed and changes to nurses establishment to be made with CDG underspend with a view to change the template for the next FY. New ECOG group commenced in October to continue building communication of pressures within the system at an operational level including better pathways for mental health patients. Streaming is still a collaborative process with GP Federation, however streaming levels were low for September despite good rota fill for GP and ANP indicating higher levels of acuity. Work is ongoing with the CCG and NHS111 to improve DOS and redirection from ED by utilising booked appointments.

Colchester

Colchester system performance was 95.2%. Current year to date performance is maintained at 95.2%.

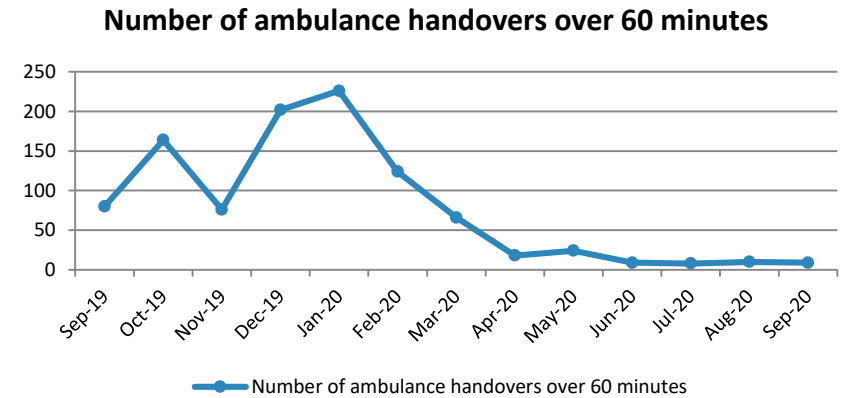
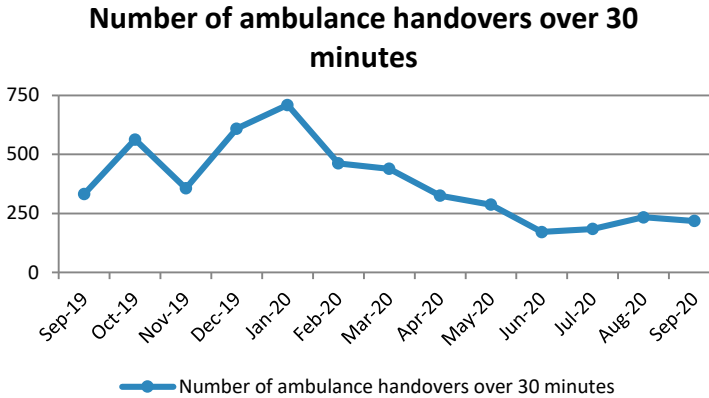
Type 1 activity levels into ED have decreased slightly since August and continue to see almost 100% of original activity levels pre-Covid-19. There are challenges in the department relating to acuity and resourcing red and green areas as well as paediatrics being separated from the main ED. The team are continuing with the existing resource for medical and nursing staff to mitigate. Surges in activity later into the evening is a continuing trend which is driven by ambulance arrivals later than previously seen. The critical point for maintaining performance within the department is less than 200 attendances per day and no major surges of activity. Activity over this level is very challenging and a day's work has been undertaken to match the staffing to activity to avoid major delays. Admission rates increased into August and admissions have been retrospectively reviewed by consultants to determine appropriateness of referral to AMSDEC. No significant issues have been identified relating to this. Work to provide additional clinical space will commence in November in both paediatric and adult ED to ensure that social distancing can be maintained throughout winter. Piped oxygen is being installed in Red Majors to manage respiratory surges and ensure Red Resus can be run in the same location. Planning has commenced to implement a mental health suite within ED which will provide an improved service for patients attending with mental health related issues.

60 minute handover breaches for September 2020 reported a slight decrease from 10 in August 2020 to 9 in September 2020.

Handovers over 30 minutes also reported a decrease from 234 in August 2020 to 218 in September 2020.

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

Monthly Trend



Service Commentary

Colchester

The Colchester site remain regional leaders for ambulance offload standards. The team intend to hold this position as an exemplar site, despite being the 2nd highest site for demand. The oversight of any breaches over 30 minutes is undertaken daily and HALO provides a breakdown of any breach individually

Ipswich

There has been a reduction in 30 minute offload delays and Ipswich met the trajectory set by NHSIE; however further work is to be completed. A new AGM for ambulance services is attending the new ECOG group, part of this work includes peer review of ambulance arrivals to ensure ambulances attending the ED are appropriate and crews are supported in using alternative pathways and identification of gaps in pathways at an operational level. The new HALO team is working locally with crews regarding adhering to process out of HALO hours and Matron is working with nursing team around CQI which will also affect delays. Previous issues with delays included lack of administration support on reception desks creating delays to book in. An administration review has been completed by the CDG to substantiate reception cover on the fracture clinic desk, moving to the fracture clinic allowing substantive recruitment into GAC reception posts.

62 Day Cancer Waits for 1st Treatment remains below Target. Performance for September 2020 is 76.37% this is below the 85% National standard.

2WW wait from referral to first seen is below target at 83.4% for September 2020 against a 93% National standard.

31 day wait from decision to treat to treatment for September 2020 is 89.8% which is below the National standard of 96%.

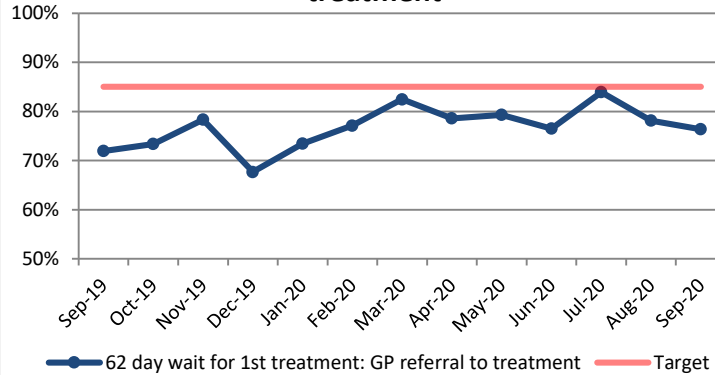
The number of patients currently waiting (snapshot) 104+ days on a 62 day first Cancer pathway has been reported as 68 in September 2020 which is a decrease from August 2020 reported figure of 127.

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

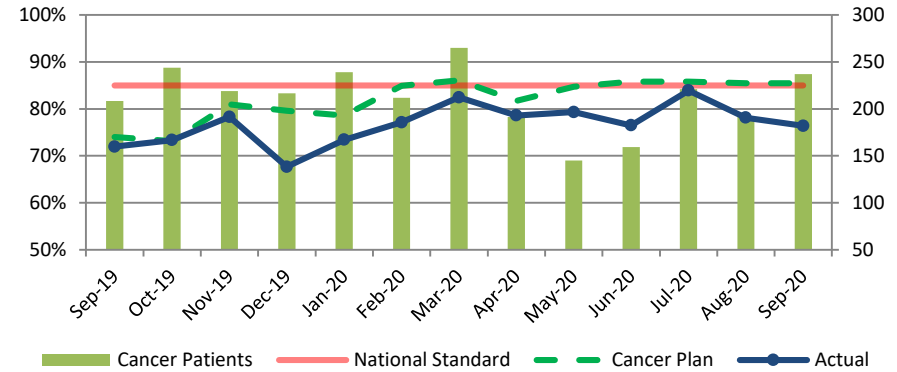
**Unvalidated figures as at 20/10/2020. Final figures for September will be available in November 2020 after submission*

Monthly Trend

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



Cancer 62 Waits Standard - Trajectory vs Actual



Service Commentary

2WW performance: Below the standard due to capacity issues within Colchester Breast and face-to-face capacity in LGI (STT capacity is not an issue). In LGI there has been a significant increase in referrals and additional clinics are added wherever possible. The team are in conversation with the ICS regarding the quality of the referrals as this is becoming an increasing concern. The team are opening discussions on how best to address this. For Breast services, there is now a plan in place for additional capacity which will see compliance for the 2ww standard in October. This should allow the Trust to be compliant overall.

31 day breaches: Breaches are mainly in Breast and LGI, the majority of which are due to elective capacity but there is also a small element of patient choice. The 31 day position will improve if the team continue to add additional theatre sessions on top of BAU where possible. Improvement is already noted for October.

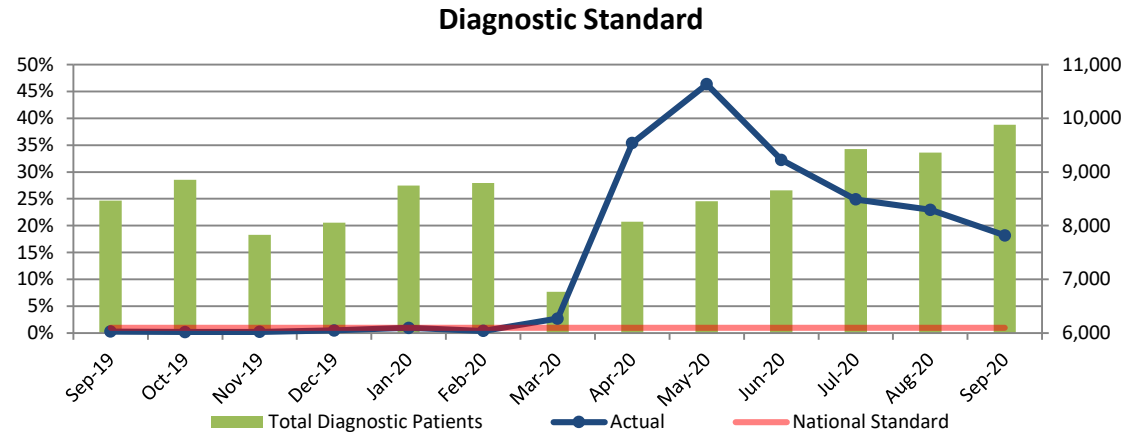
62 day: Below standard due to the high number of breaches in LGI (23.5) Urology (11) and Breast (8). For LGI and Urology, this remains the knock on effect of Covid-19 delays and for Breast there have been capacity issues at Colchester. Almost all patients were diagnosed late in their pathway due to these delays. The October position will be the same for LGI where a high number of breaches are already predicted. October will be the month where there is a final push to treat all patients that have been delayed and therefore the team are forecasting a further drop in performance ahead of planned compliance in November.

104 day position has significantly improved. The 68 patients waiting are across all standards including screening (previously the team would have only reported 62 day first breaches) Ipswich have the highest number on a 62 day first pathway (40) of which 26 are LGI. All patients have a next steps plan in place. Colchester only have 4 patients over 104 days, all of which have plans. On both sites there are a number of patients recorded as unfit and these patients remain under regular review.

Other Cancer Standards	Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
2 week wait from referral to date first seen: All	93%	80.9%	86.5%	85.5%	85.9%	75.2%	76.1%	84.1%	90.8%	96.9%	93.4%	90.4%	88.8%	83.4%
31 day wait from diagnosis to 1st treatment	96%	91.2%	87.6%	94.4%	91.7%	91.8%	93.1%	91.6%	88.1%	93.8%	89.5%	92.3%	93.0%	89.8%
62 day wait for 1st treatment: GP referral to treatment	85%	71.9%	73.4%	78.3%	67.7%	73.4%	77.1%	82.5%	78.6%	79.3%	76.5%	83.9%	78.1%	76.4%
104+ days on 62 day first PTL (showing 100+ prior to Mar 17)	0	117	165	152	191	112	66	40	50	99	215	156	127	68

Diagnostic performance for September 2020 reported 18.19%, which failed to meet the National standard of 1%.

Monthly Trend



Service Commentary

In September there were 1,796 breaches in total across ESNEFT, a 16.3% improvement on August. Overall DM01 waiting list increased by 5.5% compared to August.

Urology - Overall DM01 position improving, the backlog of flexible cystoscopies continues to reduce. The CMG backlog is being worked on with additional lists at both sites.

Neurophysiology - No capacity issues in Ipswich. Small backlog of TOE procedures but the team will be compliant in October.

Endoscopy Ipswich – 2WW backlog now cleared. Urgent backlog to be cleared by the end of October, routine by December. Additional endoscopy lists are secured in South Theatres to create an average 75 additional procedures per week, on top of baseline activity. Grove Medical Centre utilisation is providing 3 lists per week. Continuing to put on a 4th list at weekends in South Theatres to ensure maximum productivity to continue reducing the overall endoscopy waiting list size.

Endoscopy Colchester - Currently polling at 3-7 days for targets. A 5 week endoscopic recovery project is coming to an end eradicating all target backlog and reducing urgent backlog by 86% and routine by 72%. Surveillance scope backlog reduced to 11 urgent and 114 routine. Activity back at pre-Covid-19 levels.

Cardiorespiratory (Echoes) – DM01 reportable echoes and sleep studies are now being booked within 6 weeks. The department is working on creating additional capacity for overdue planned echoes and >24 hour cardiac tape monitors. Capacity for lung function tests remains limited and the backlog of planned lung function referrals is currently being re-triaged to determine if a full test as opposed to spirometry is clinically required.

Medical Imaging – 17 Colchester breaches and 71 at Ipswich (Oaks images received late in the month which affected Ipswich breaches by 24). Non-obs breaches were MSK and Paediatrics at Ipswich. There is a plan in place to reduce these for November. The DHC have offered 250 complimentary ultrasound scans for Colchester patients to assist with capacity. Oaks and Nuffield continuing to support both sites across all modalities.

Rheumatology Ipswich – DEXA were the main contributor to overall ESNEFT imaging breaches in September (430) – recovery plan being developed with an option for increasing capacity via a mobile unit and extended hours.

Diagnostic Standard - Details	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
DM01 6+ week breaches	24	17	18	40	85	37	183	2858	3918	2792	2346	2147	1796
DM01 Endoscopy 6+ week breaches	6	2	5	5	13	7	44	681	1078	1314	1314	1196	844
DM01 Imaging 6+ week breaches (excl DEXA)	12	3	3	12	37	14	8	1217	1915	735	169	97	88
DM01 DEXA 6+ week breaches	0	0	0	0	0	0	0	0	12	77	346	391	430
DM01 Physiology 6+ week breaches	6	12	10	23	35	16	131	960	913	666	517	463	434
DM01 Waiting List	8469	8853	7832	8058	8746	8795	6770	8076	8455	8658	9428	9358	9876

The Initial Value for Direct to Stroke Unit is below the target of 90% at 80.4% for September 2020.

Scanned within one hour meets the 50% target for ESNEFT in September 2020 at 72.4%.

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

Monthly - ESNEFT

Stroke - ESNEFT combined AF Values														
Standard	Target	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
% patients admitted directly to stroke unit within 4 hours of hospital arrival	90%	84.4%	76.5%	84.8%	83.5%	70.1%	85.7%	81.8%	80.0%	86.2%	82.9%	79.3%	74.3%	80.4%
	Numerator/ Denominator	76/90	65/85	67/79	86/103	61/87	60/70	63/77	52/65	75/87	63/76	73/92	75/101	74/92
% patients who scanned within one hour of hospital arrival	50%	64.1%	68.3%	69.0%	67.0%	74.0%	74.6%	72.5%	59.3%	68.6%	71.6%	67.1%	73.3%	72.4%
	Numerator/ Denominator	50/78	56/82	49/71	61/91	57/77	44/59	50/69	35/59	48/70	53/74	55/82	66/90	63/87
Patients spending => 90% of their stay on a stroke unit	80%	87.8%	80.5%	92.5%	87.0%	82.3%	92.5%	89.3%	85.7%	87.0%	83.8%	78.4%	86.8%	89.3%
	Numerator/ Denominator	72/82	70/87	62/67	80/92	65/79	62/67	67/75	60/70	67/77	62/74	69/88	79/91	67/75

Service Commentary

Stroke 4 hours Standard – 80.4% (74/92) of patients were admitted directly to the stroke units within 4 hours of Hospital arrival in month. Colchester continues with the direct to stroke unit pathway in month; and both units continue to review breaches of this standard with service and ED colleagues. Both Units are working closely with ICP Division and are reviewing SALT provision across ESNEFT.

72.4% of Patients were scanned within one hour of hospital arrival (63/87). 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. CH site have refreshed stroke awareness sessions following junior doctor changeover and is rolling out further ROSIER training via TEAMS on nurse team days and Medical grand round.

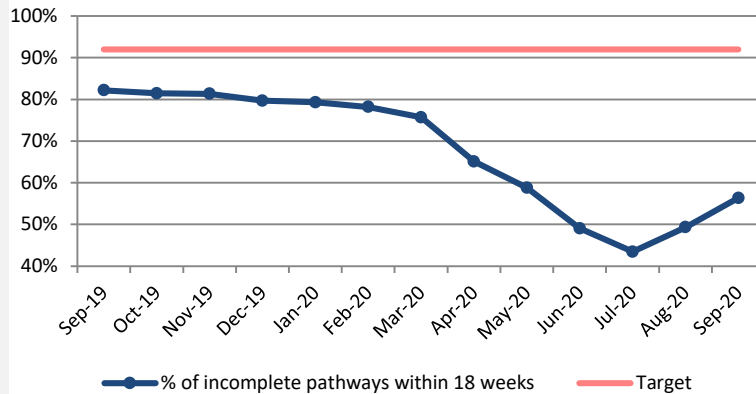
89.3% of patients spent 90% of time on the stroke unit (67/75). National average is 83.8% for this standard and ESNEFT performance in month exceeded this and performance has increased in month. Larger strokes have a longer length of stay on the units; and a number of severe strokes have presented in month on both units. Pathways are being reviewed across the system. Ipswich and Colchester sites are working collaboratively with the ICS Stroke forum to review stroke pathways and rehab provisions. Performance has improved in month; and CH is working with ACE looking at pathways to use coast capacity further.

**Provisional figures as at 20/10/2020. Final figures for September will be available next month*

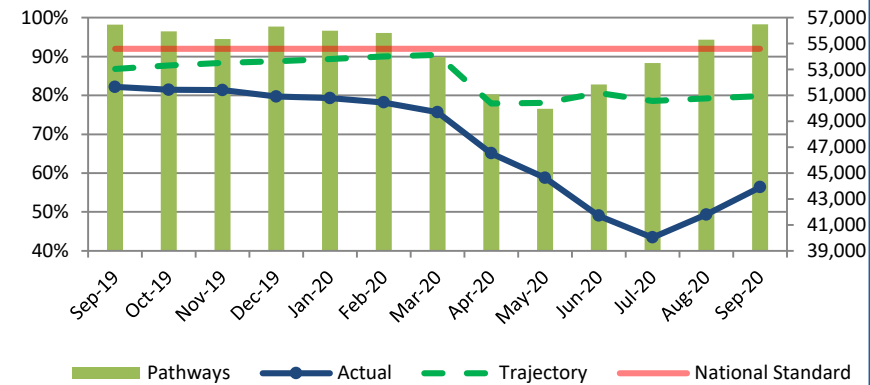
September 2020 current RTT position reported 56.35%. This is below the National Standard of 92%.

There were a total of 1,304 52+ week breaches for September 2020. Colchester reported 406, Oaks reported 73 and Ipswich reported 825.

Monthly Trend
% of incomplete pathways within 18 weeks



RTT Incompletes - Trajectory vs Actual



Service Commentary

- We have seen continued improvement for a further month for RTT performance from August going into September together with a continued improvement against the Trust Trajectory. The total number of patients over 18 weeks has decreased since August and this is due to a number of services carrying out additional lists and treating their long waiting patients who are not falling into the bracket of over 52 weeks. This has changed the shape of our waiting list but ensures that by the end of March 2020 those patients will not have reached 52 weeks. This is particularly pertinent to Ophthalmology who are carrying out a large number of procedures both at the acute site and the independent site. As a Trust, this will ensure that we not only treat long waiting patients but also stop the “tip over” into 52 weeks.
- There are a number of risks and assumptions with the submitted divisional plans, largely workforce, funding and capacity, as well as second surge. We are anticipating concerns around the Colchester performance due to the County being put into Tier 2 but are making contingency plans for the potential to reallocate the activity so that performance is not affected by a second surge.
- The forecast for March 2021 of over 52 weeks is currently sitting at 200 based on the risks and assumptions outlined.
- We are seeing an increase in the use at the Independent Sector as we look to move more elective work to both the Oaks and Nuffield. However, there is a national shortage of Anaesthetists which is impinging on our capacity to operate at the Oaks. We are looking to move LA cases there if necessary to assist with the waiting list
- We have started the clinical prioritisation scheme which will assist in the clinical prioritisation of the waiting list where a shared care plan is being agreed with our longest waiting/urgent patients.
- Total number of patients over 18 weeks has reduced for the first time month on month.

Other RTT Standards	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
% of incomplete pathways within 18 weeks - admitted	92%	59.1%	59.3%	60.3%	61.0%	59.2%	59.5%	57.2%	53.9%	40.2%	32.9%	25.1%	21.3%	25.2%
% of incomplete pathways within 18 weeks - non-admitted	92%	87.7%	86.4%	85.5%	85.4%	83.7%	83.2%	82.2%	80.2%	70.7%	65.3%	55.7%	49.5%	55.6%
Number of RTT Incomplete pathways >52 weeks	0	0	0	2	4	1	1	11	49	205	431	821	1067	1283
Total Backlog	-	9430	10067	10378	10318	11440	11596	12187	13127	17854	20588	26557	30259	26579

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 September 20) providers will be funded through a block contract, and a 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.

Financial Plans for Phase 3 - Financial Framework

Current financial arrangements have been extended up to and including September 2020.

From October 2020, the Trust will move to a revised financial framework. The key components of the revised financial framework from October 2020 are:

- Retained simplified arrangements for payment and contracting
- Greater focus on system partnership and restoration of elective services
- Fixed funding envelopes for the majority of services and removal of the retrospective payment mechanism
- “Block payments will flex meaningfully to reflect delivery (or otherwise) against... patient treatment goals”
- Expectation of financial balance at a system level

Current Planning Position

On 15 September NHSI/E confirmed the financial envelope for the Suffolk and North East Essex (SNEE) ICS for months 7 to 12 (Phase 3). A plan has been submitted that incurs a deficit of £1.5m for the Trust. This deficit is particularly driven by a shortfall on ‘other’ income, especially car park income. This is an issue that is being negotiated nationally; the outcome of which may impact on the planned deficit.

Divisional Plans

The previously reported prioritization process has now been concluded. On top of their control totals, divisions have received agreed investments and despite the Trust plan deficit the divisions have sufficient funding to deliver phase 3 activity.

Division (£m)	Beds	COVID	People Plan	Recovery	Winter	Total
Cancer and Diagnostics	-	5.2	-	0.2	0.1	5.4
Integrated Pathways	1.5	0.5	-	-	-	2.0
Medicine Colchester	0.3	0.5	-	0.2	0.4	1.3
Medicine Ipswich	0.3	0.9	-	0.3	0.1	1.5
MSK and Specialist Surgery	0.4	0.2	-	3.8	-	4.3
Surgery and Anaesthetics	0.7	1.0	-	2.5	0.0	4.2
Women's and Children's	0.1	-	-	0.2	0.1	0.4
Corporate	-	1.5	0.8	-	-	2.3
Total	3.2	9.7	0.8	7.1	0.8	21.6

Risks

There are 2 significant risks to the financial plan. The first is obviously the impact of any Covid-19 surge. The second is the Elective Incentive Scheme (EIS) which could result in lost income if the Trust does not deliver activity to plan.

Month 6 Performance

Summary Income and Expenditure	September			Year to date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Clinical Income	55,476	55,059	(417)	332,856	329,974	(2,882)
PSF/FRF/MRET	4,781	10,971	6,190	28,674	47,580	18,906
Other Income	4,513	2,570	(1,943)	27,078	18,479	(8,599)
Total Income	64,770	68,600	3,830	388,608	396,033	7,425
Pay	(38,073)	(39,253)	(1,180)	(228,438)	(235,620)	(7,182)
Non Pay	(24,320)	(26,632)	(2,312)	(145,908)	(145,231)	677
Total Expenditure	(62,393)	(65,884)	(3,491)	(374,346)	(380,851)	(6,505)
EBITDA	2,377	2,716	339	14,262	15,181	919
Impairments	-	-	-	-	-	-
Other Non Operating	(2,377)	(2,745)	(368)	(14,262)	(15,339)	(1,077)
Surplus / (Deficit)	-	(29)	(29)	-	(158)	(158)
EBITDA %	3.7%	4.0%		3.7%	3.8%	

Performance Against CT

Donated Income/Depreciation	-	(29)	(29)	-	(158)	(158)
Total Non CT Items	-	(29)	(29)	-	(158)	(158)
Performance Against CT	-	(0)	(0)	-	-	0

Costs of Covid-19 and Recovery

Covid-19 related costs of £3.6m (£18.2m 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 £6.2m 'retrospective top-up' to bring the in month position to break-even against control total.

Income and Expenditure COVID-19 Impact	September	Year to date
	Actual £000	Actual £000
Pre COVID Position	(2,644)	(820)
COVID-19 Reported Costs	(3,576)	(18,233)
Retrospective Top Up Assumed	6,191	18,895
Surplus / (Deficit)	(29)	(158)

Costs chargeable to Covid-19 have increased in the month (£1.9m last month). It should be noted that these costs do not include the costs of recovery actions.

M6 revenue headlines

In September and before Covid-19 costs the Trust delivered a deficit of £2.6m, creating a total YTD deficit before Covid-19 costs of £0.8m. This is higher than August where the deficit before the impact of Covid-19 costs was £1.9m. This itself was the first month the Trust had shown a pre-Covid-19 cost deficit.

Pay Costs

Pay costs have returned to levels seen in July. This is as expected as August's costs were non-recurrently inflated by the payment of £1.4m of Local Clinical Excellence Awards (LCEA) (as reported).

Non Pay Costs

Although non pay costs have been over budget for the year so far, the Trust is being very risk adverse and prudent in its assessment of financial risk when agreeing non pay expenditure accruals. There is an increase in month 6 because particular risks have been provided for, including asset write-offs from the ongoing asset verification exercise and a claim for equipment costs from PHE that the Trust is currently reviewing.

Temporary Pay

Temporary pay expenditure for the year to date is £6.6m and accounts for 2.8% of all pay costs. Actual spend in September was at similar levels to last month (£1.2m v £1.1m). NHSI/E have maintained the Trust's annual agency expenditure ceiling for 2020/21 at £24.5m. For Month 6 agency costs were under the ceiling (£1.2m v £2.0m ceiling). The year to date position is also under the NHSI/E limit (£6.6m v £12.3m ceiling). As always, it is important to note that the Trust has a comparatively high ceiling and must therefore continue to reduce spending on agency staff to more affordable levels for the benefit of the overall financial plan.

Cash Position

The Trust held significant levels of cash at the end of September. 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 September, this meant that the Trust had effectively received income covering April to October. It is also driven by receipt in May of approximately £35m FRF (including the notified bonus) / STF monies related to 19/20. The Trust is 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 September 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 (PSP) for non-NHS invoices. In 2019/20 the Trust paid on average 64% of these invoices within 30 days. This has risen to 88% cumulatively to the end of September.

2020/21 Capital Programme

Capital Plan

The capital plan was agreed at £37.5m for 2020/21. In September this has now increased to £46.8m to reflect additional capital funding provided in year. This is for:

- Critical infrastructure (£3m),
- UEC Winter Funding (£4m), and
- Other, e.g. Diagnostic screening (£0.5m)

Capital Expenditure

At the end of September there was an underspend of £1.5m but the Trust is forecasting that capital spend will be on plan by year-end.

Capital spend in September was £6.4m. Of this £1.0m related to Covid-19.

Covid-19 Capital

It was expected that capital requirements agreed as part of Covid-19 costs would be funded on top of the Trust's capital allocation. It is believed that this is still the case for bids submitted retrospectively prior to 19th June (total value of bids £5.9m); although notification of approval for all but £0.7m of these bids is still awaited.

From 19th June there was a new national process introduced whereby, to receive national funding, any Covid-19 capital costs need to have been agreed prospectively by NHSE/I. With regard to these case advice from DH finance is that trusts should proceed on the basis that unless they have already received approval, bids are likely to be unsuccessful. Therefore an exercise is underway to review and take back these cases to investment group.

Notification has been received that the Trust is to receive £1.2m for its medical gases cases.

Capital Programme	Year to date			Forecast		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	9,421	7,819	1,602	14,819	14,819	0
Non-Medical Equipment	51	126	(75)	61	126	(65)
ICT	1,177	757	420	5,289	5,425	(136)
Estates & Facilities	750	1,189	(439)	2,705	2,705	0
STP Funded Development	100	133	(33)	5,783	5,783	(0)
Schemes	4,171	4,094	77	17,733	17,692	41
PFI Lifecycle Costs	-	-	-	457	298	159
Total Capital Programme	15,670	14,117	1,553	46,847	46,847	(0)

2020/21 CIP

CIP YTD performance

Most divisions are behind plan for the year to date, although most areas delivered in month CIP to maintain existing CIP positions. Divisional forecast are still being worked through.

CIP Delivery by Division	September			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	458	649	191	2,157	1,942	(214)
Integrated Pathways	151	127	(24)	908	716	(192)
Medicine Ipswich	110	118	8	713	575	(138)
Medicine Colchester	115	196	81	689	726	37
MSK and Specialist Surgery	173	171	(2)	1,038	907	(131)
Surgery and Anaesthetics	218	167	(51)	1,278	1,077	(201)
Women's and Children's	123	105	(18)	622	420	(202)
Total Operations	1,347	1,532	185	7,405	6,364	(1,041)
Corporate Services	238	136	(103)	1,407	902	(505)
Non Divisional	161	161	-	964	964	-
Total Trust	1,746	1,828	82	9,776	8,230	(1,546)

Quality Impact Assessment (QIA)

The QIA progress of £17.0m of CIP schemes is shown below:

QIA by £000s Division	With DMT	DMT signed	Passed QIA	Total	%QIA	Last Month	Change
Corporate Services	752	0	1,194	1,947	61%	10%	51%
Cancer and Diagnostics	808	0	2,529	3,337	76%	29%	47%
Medicine Colchester	313	0	1,042	1,355	77%	64%	13%
Medicine Ipswich	176	11	1,146	1,333	86%	65%	21%
MSK and Specialist Surgery	54	0	2,028	2,083	97%	97%	0%
Surgery and Anaesthetics	85	38	2,214	2,336	95%	87%	7%
Women's and Children's	320	99	720	1,140	63%	57%	7%
Integrated Pathways	23	0	1,538	1,561	99%	90%	8%
Non-Divisional	0	0	1,928	1,928	100%	100%	0%
ESNEFT Total	2,533	148	14,340	17,020	84%	66%	19%

- 84% of PIDs have passed QIA by value, increasing by 19% from last month
- 73% of PIDs have passed by number, increasing by 22% from last month
- 72 schemes passed QIA since last month, principally in Corporate Services, Cancer & Diagnostics and Medicine Ipswich
- 7 PIDs have been presented but have outstanding queries: Medicine Colchester (2), Medicine Ipswich (2) and once each for Cancer & Diagnostics, Surgery & Anaesthetics and Women & Children.
- One PID has subsequently been withdrawn following review
- 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.

Workforce Dashboard

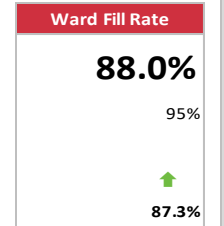
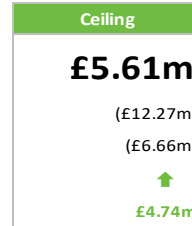
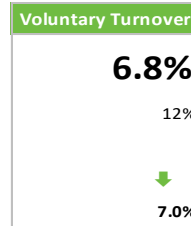
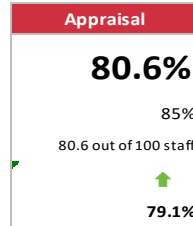
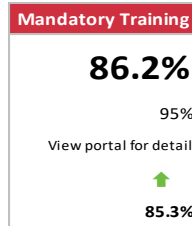
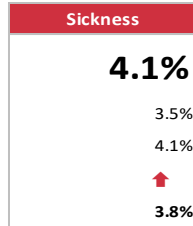
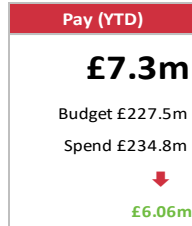
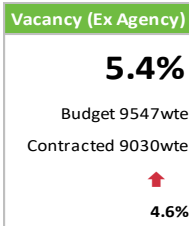
September 2020

Trust Level

Key Metrics

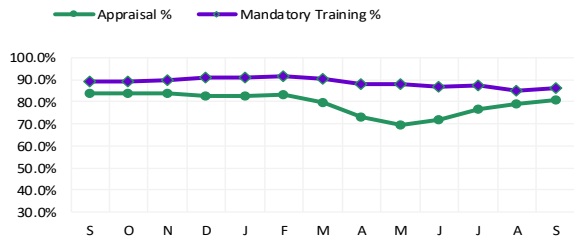
Performance

Target
Achieved
Vs Prior Month
Prior Month



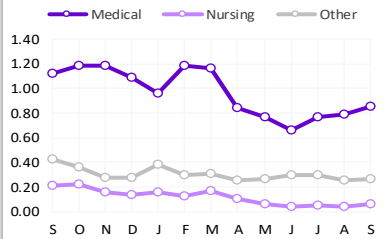
Appraisals & Mandatory Training Compliance

%



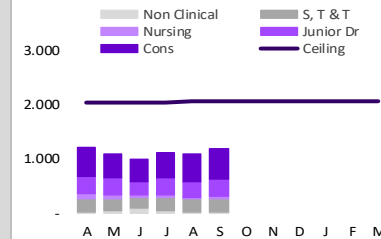
Agency Trends (ex Locum)

£m



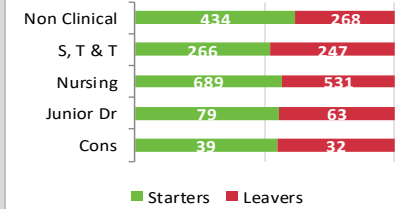
Agency Ceiling

£m



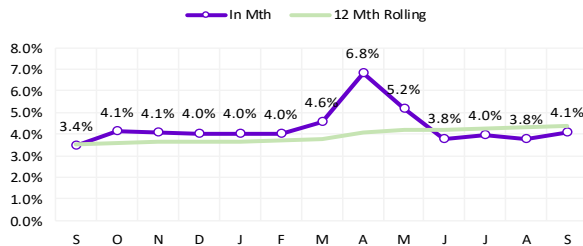
Starter - Leavers (12Mth Rolling)

Headcount



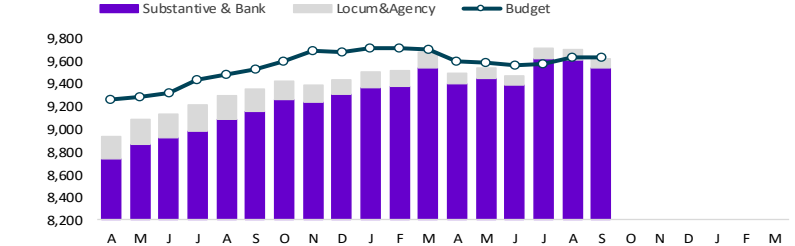
Sickness

%



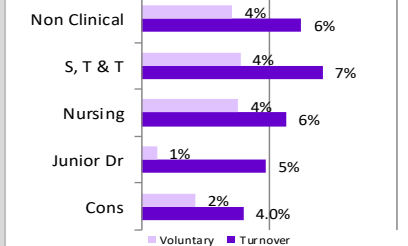
Workforce Trends

wte



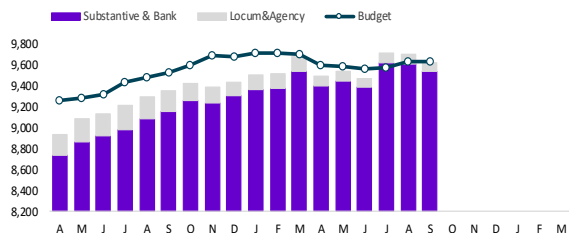
Turnover by Staff Group

Headcount



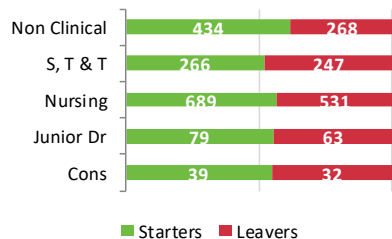
Workforce Trends

wte



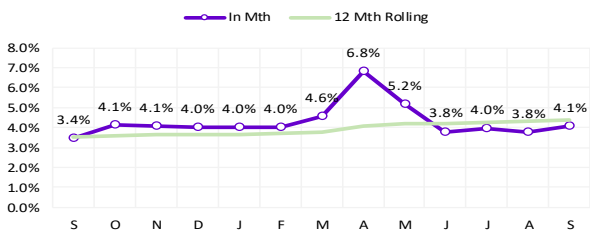
Starter - Leavers (12Mth Rolling)

Headcount



Sickness

%



Commentary

In September, the number of staff in post decreased to 9,030 WTE (August 9,114). The Trust continues to have more starters than leavers overall and in the majority of clinical groups.

The Trust's rolling voluntary turnover for September was 6.8%, a decrease from the 7.0% reported in August. This has been steadily improving in recent months, and compares well nationally.

Sickness

Sickness in September increased from 3.8% in August to 4.1%.

Risks & Mitigating Actions

Recruitment

The vacancy increase over the last two months is down to a substantial increase in establishment rather than an increase in turnover; predominately due to staffing winter wards and preparations for a second surge of Covid-19.

A significant development is the agreement with NHSP and the Education team to increase the pipeline of international nurses to 30 a month from December. This is combined with agreement to condense the OSCE program to 6 weeks. This will cut bank costs and expedite the increase in nurses needed to cover the remainder of winter.

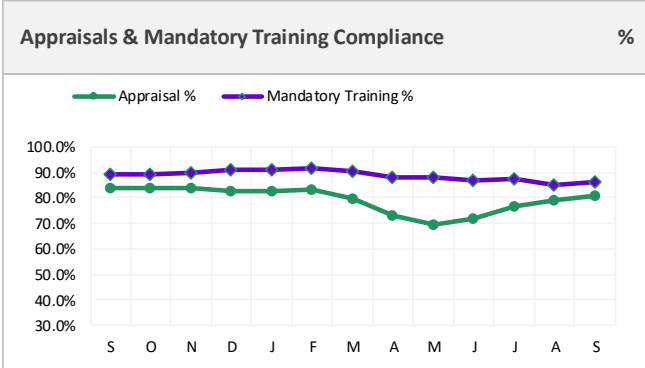
The medical vacancies are all being reviewed individually to identify what else can be done to reduce the vacancy rate and reliance on locum or agency staff.

A major recruitment campaign is ready for the provision of staff to support the NEESPs dissolution and support to the labs to reduce the STT vacancy rate.

Sickness

Sickness has increased in month with the cost to the Trust rising to £1.05m (up from £856k) with 1,817 individuals reporting a period of sickness (up from 1,371). Coughs cold and flu replace anxiety stress and depression as the primary reason given for Trust wide absence although this is different by division and staff group.

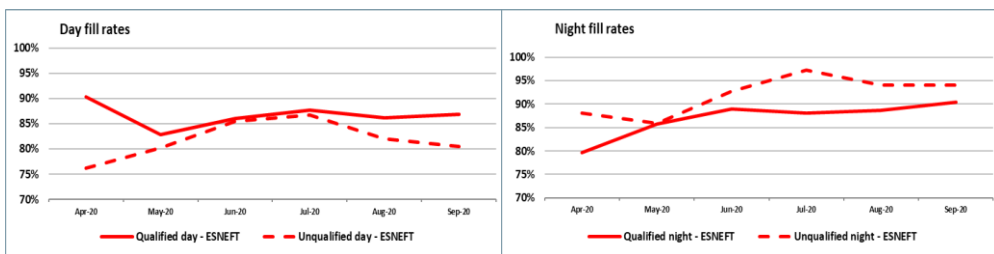
The more in depth data now available through the revised reporting systems is enabling the HR Business Partners to more effectively support sickness prevention and management.



Commentary	Risks & Mitigating Actions
<p>Appraisals Compliance was 80.6% in September, compared to August at 79.1%.</p> <p>Mandatory Training September’s compliance rate increased to 86.2%, from 85.3% in August. No division is reporting an overall green compliance level for mandatory training being at 95%, or above.</p>	<p>Appraisals</p> <p>The steady increase in appraisals reflect the ongoing focus on return to business as usual with email reminders and a review by the HR Business Partners at divisional meetings, it is also a topic at the Divisional Accountability Meetings.</p> <p>Mandatory Training</p> <p>All divisions reported lack of time or inability to release staff from clinical duties as their primary reason for non-compliance. All have been asked to risk assess the areas of non compliance, for example a division with low hand washing compliance in the current pandemic situation could be deemed a greater risk that being non compliance in Prevent training. This is expected at the November meetings.</p> <p>The work continues on the “one position one post” project where all positions and competencies were reviewed to ensure correct alignment and the decrease reflects the number of queries on what is required for each post. This is expected to be concluded by November and is another factor divisions report as an issue for non-compliance.</p>

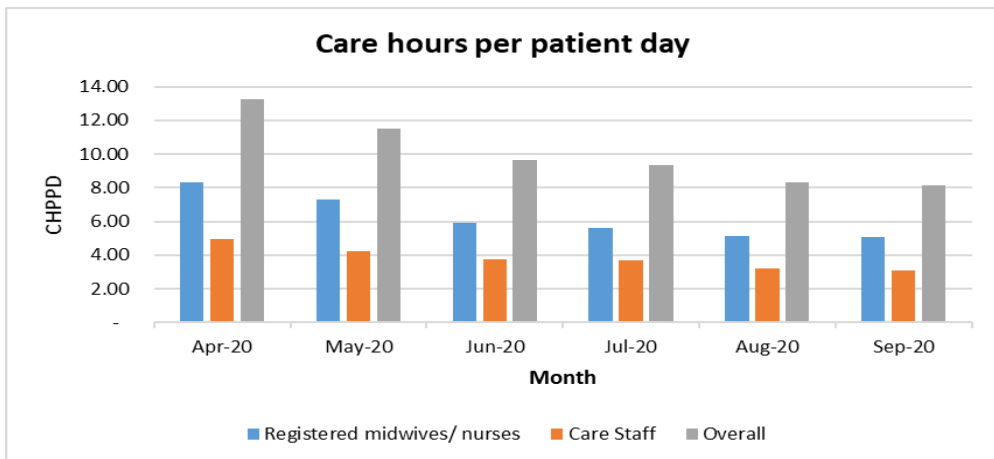
Nursing Fill Rates (including care hours per patient day)

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Qualified day - ESNEFT	82.8%	86.0%	87.7%	86.1%	86.9%	89.0%
Qualified night - ESNEFT	79.6%	85.7%	88.9%	88.1%	88.7%	90.4%
Unqualified day - ESNEFT	76.2%	80.1%	85.5%	86.7%	82.1%	80.5%
Unqualified night - ESNEFT	88.1%	85.9%	92.8%	97.3%	94.1%	94.0%
Overall (average) fill - ESNEFT	81.1%	84.5%	88.2%	88.4%	87.3%	88.0%



Care hours per patient day

Care hours per patient day	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Registered midwives/ nurses	8.31	7.31	5.91	5.64	5.15	5.10
Care Staff	4.98	4.23	3.73	3.69	3.19	3.06
Overall	13.29	11.54	9.64	9.33	8.34	8.16



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.

Templates continue to offer flexibility due to changes required across different clinical areas

We continue to constantly recruit to HCA posts as we know there is a consistently high turnover of this workforce

Risks & Mitigating Actions

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

International recruitment is picking up again and we are continuing to welcome 8 recruits across the trust per month. Due to social distancing we can only accommodate 8 trust wide, however if our bid to the national workforce team is successful, we will likely be able to increase our pipeline and numbers per month. We are also looking at how we can do this as a system

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

POD Profiles - Trust Level

	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
All Staff													
Headcount	10,393	10,517	10,484	10,547	10,475	10,459	10,535	10,280	10,413	10,539	10,633	10,380	10,397
Establishment (including agency)	9,529	9,595	9,684	9,680	9,708	9,714	9,704	9,595	9,587	9,562	9,567	9,635	9,627
In post	8,585	8,661	8,648	8,687	8,744	8,763	8,829	8,847	9,012	9,055	9,180	9,114	9,030
Vacancy	944	934	1,035	992	964	951	874	748	575	506	387	521	597
Vacancy %	9.9%	9.7%	10.7%	10.3%	9.9%	9.8%	9.0%	7.8%	6.0%	5.3%	4.0%	5.4%	6.2%
Establishment (excluding agency)	9,492	9,554	9,637	9,626	9,633	9,639	9,635	9,529	9,521	9,496	9,491	9,555	9,547
Vacancy (excluding agency)	907	892	988	938	889	877	806	682	510	441	311	441	518
Vacancy % (excluding agency)	9.6%	9.3%	10.3%	9.7%	9.2%	9.1%	8.4%	7.2%	5.4%	4.6%	3.3%	4.6%	5.4%
Turnover													
¹ Turnover (12 Month)	11.1%	11.0%	10.8%	10.7%	10.6%	10.3%	10.2%	10.6%	10.4%	10.0%	10.2%	11.3%	11.1%
¹ Voluntary Turnover (12 Month)	8.3%	8.1%	7.8%	7.6%	7.6%	7.4%	7.1%	7.5%	7.7%	7.0%	7.1%	7.0%	6.8%
¹ Starters (to Trust)	177	211	100	100	166	109	167	136	131	86	87	105	109
¹ Leavers (from Trust)	109	93	98	86	92	56	116	74	62	47	98	223	93
Sickness													
% In Mth	3.4%	4.1%	4.1%	4.0%	4.0%	4.0%	4.6%	6.8%	5.2%	3.8%	4.0%	3.8%	4.1%
WTE Days Absent In Mth	8,727	10,862	10,520	10,805	10,818	10,075	12,423	18,013	14,358	10,241	10,931	10,544	10,956
Mandatory Training & Appraisal Compliance													
Mandatory Training	89.2%	89.2%	89.8%	90.8%	91.1%	91.4%	90.7%	88.3%	88.0%	87.1%	87.6%	85.3%	86.2%
Appraisal	83.6%	83.7%	83.6%	82.8%	82.8%	83.5%	79.6%	73.0%	69.6%	72.1%	76.8%	79.1%	80.6%
Temporary staffing as a % of spend													
Substantive Pay Spend	32,744	33,402	33,361	33,847	34,182	33,966	35,050	35,687	35,906	35,935	36,653	37,804	36,402
Overtime Pay Spend	161	148	150	160	119	118	130	169	178	158	112	118	120
Bank Pay Spend	1,672	1,714	1,647	1,693	1,723	1,792	1,978	1,820	1,446	1,125	1,350	1,625	1,557
Agency Pay Spend	1,747	1,756	1,621	1,487	1,498	1,614	1,642	1,204	1,097	991	1,110	1,080	1,174
Total Pay Spend	36,324	37,019	36,779	37,187	37,522	37,491	38,801	38,880	38,627	38,208	39,225	40,628	39,253
Agency & Bank %	12.7%	12.8%	11.8%	11.4%	11.9%	12.2%	12.7%	10.6%	9.3%	8.3%	9.5%	10.0%	10.0%
Agency %	4.8%	4.7%	4.4%	4.0%	4.0%	4.3%	4.2%	3.1%	2.8%	2.6%	2.8%	2.7%	3.0%
Nurse staffing fill rate													
% Filled	89%	92%	94%	92%	94%	92%	90%	81%	85%	82%	88%	87%	88%

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	2,670	2,681	2,700	2,713	2,719	2,720	2,713	2,726	2,684	2,677	2,630	2,705	2,681
In post	2,409	2,456	2,472	2,479	2,487	2,486	2,495	2,491	2,514	2,514	2,523	2,516	2,516
Vacancy	261	225	229	235	232	233	218	235	171	164	106	190	164
Vacancy %	9.8%	8.4%	8.5%	8.7%	8.5%	8.6%	8.0%	8.6%	6.4%	6.1%	4.0%	7.0%	6.1%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,437	1,450	1,450	1,456	1,456	1,454	1,455	1,454	1,404	1,406	1,373	1,425	1,393
In post	1,302	1,324	1,330	1,322	1,317	1,318	1,337	1,338	1,337	1,330	1,326	1,317	1,321
Vacancy	135	126	120	135	139	136	118	115	67	75	46	108	72
Vacancy %	9.4%	8.7%	8.3%	9.2%	9.5%	9.4%	8.1%	7.9%	4.8%	5.4%	3.4%	7.6%	5.2%
Consultants													
Establishment (including agency)	494	495	496	495	500	499	497	496	495	484	488	497	494
In post	411	409	413	413	413	416	414	417	419	422	421	426	423
Vacancy	83	87	83	82	88	83	83	79	76	62	67	72	70
Vacancy %	16.8%	17.5%	16.7%	16.6%	17.6%	16.5%	16.8%	16.0%	15.3%	12.9%	13.7%	14.4%	14.3%
Junior Medical													
Establishment (including agency)	654	655	655	660	662	662	661	653	669	672	671	673	667
In post	642	623	626	625	625	637	638	631	651	658	658	647	675
Vacancy	13	31	28	35	37	24	22	22	18	14	13	25	(8)
Vacancy %	2.0%	4.8%	4.3%	5.2%	5.6%	3.7%	3.4%	3.4%	2.7%	2.1%	1.9%	3.8%	-1.2%
Scientific, Technical and Therapeutic													
Establishment (including agency)	1,768	1,778	1,828	1,780	1,777	1,780	1,780	1,770	1,761	1,757	1,750	1,772	1,772
In post	1,598	1,598	1,595	1,592	1,604	1,599	1,610	1,616	1,646	1,646	1,665	1,678	1,679
Vacancy	170	180	233	189	173	180	169	154	116	111	85	94	93
Vacancy %	9.6%	10.1%	12.8%	10.6%	9.7%	10.1%	9.5%	8.7%	6.6%	6.3%	4.9%	5.3%	5.3%