



# Performance report

## East Suffolk and North Essex NHS Foundation Trust

Board of Directors  
Thursday 6<sup>th</sup> May 2021

	Page
Introduction	2
Single Oversight Framework	3 - 4
R&R Phase 3 ICS Submission	5
Spotlight Reports	6 – 21
Performance Report	22 – 28
Finance and use of resources	29 – 30
Well-led	31 – 36
Glossary	37



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

### 1 NHSI Single Oversight Framework

NHS Improvement (NHSIE) 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*

NHSIE 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 NHSIE single oversight framework includes five constitutional standards:

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

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

### 2 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 20<sup>th</sup> 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. Divisional Accountability Meetings, using the AF as the basis of assessment, have been suspended from November to March 2021 due to the ongoing pandemic. Additionally, reporting has also been suspended. The plan is for DAMs and associated reporting to return for the new financial year.

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. Where reporting does continue, performance may vary appreciably from previous months. Coupled with the need to minimise the administrative burden on operational staff that contribute to this report, consequently, there are sections where the usual content is abridged or no longer included.

Quality : Safe, Effective & Caring									
Indicator	Domain	Frequency	Target / Standard	Jan-21	Feb-21	Mar-21	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	59	76	98	↑		Clinical divisions; low, medium, high
Staff Friends and Family Test % recommended - care	Caring	Q	30%	N/S	N/S	N/S	→		FFT restarted nationally on the 1st December 2020. Nationally scores will be published from March for December 2020 - February 2021. Locally collected data published here is being ratified by BI and will be published when trends have been established.
Occurrence of any Never Event	Safe	M	0	0	0	N/S	↑		Never Events were last reported in July (1 on the Ipswich site) and August 2020 (3 on the Ipswich site and 1 on the Colchester site)
Mixed sex accommodation breaches	Caring	M	0	N/S	N/S	N/S	→		The last reported breach, in February 2020, occurred on the Critical Care Unit at Colchester. Data is not being collected from April - March 2020
Inpatient scores from Friends and Family Test - % positive	Caring	M	90%	93.8%	92.7%	93.8%	↑		Locally collected data published here is being ratified by BI and will be published when trends have been established.
A&E scores from Friends and Family Test - % positive	Caring	M	90%	90.8%	91.0%	90.9%	↓		Locally collected data published here is being ratified by BI and will be published when trends have been established.
Number of emergency c-sections	Safe	M	tbc	103	101	103	↑		
Maternity scores from Friends and Family Test - % positive :									
- % Recommending - birth	Caring	M	90%	100.0%	100.0%	93.3%	↓		Locally collected data published here is being ratified by BI and will be published when trends have been established.
- % Recommending - postnatal	Caring	M	90%	88.2%	90.0%	95.2%	↑		
VTE Risk Assessment	Safe	M	95%	92.5%	93.7%	94.8%	↑		
Incidences of Clostridium Difficile infection	Safe	M	9	6	11	10	↓		There were 10 C.difficile cases reported in March. 6 of these were in Ipswich (4 HOHA, 2 COHA) and 4 cases were at Colchester hospital (3 HOHA, 1 COHA).
MRSA bacteraemias	Safe	M	0	0	0	0	→		The last MRSA bacteraemia was reported at Ipswich in September 2019.
HSMR (DFI Published - By Month Data Available)	Effective	Q	100	102.6	103.1	105.2	↑		In the region of 12 non-specialist trusts, ESNEFT is 1 of 7 Trusts with a 'higher than expected' HSMR - 3 are 'as expected' and 2 are 'lower than expected'. Approximately 1,960 spells, including 7 deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload. There were 3 Dr Foster Patient Safety Indicator Alerts; 1 for Viral infection; this is as a result of the virus code used for COVID-19, 1 for Rehabilitation Care & 1 for Alcohol related mental disorders
HSMR Weekend (By Month Data Available)	Effective	Q	100	108.7	108.6	111.6	↑		
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.065	1.074	1.067	↓		12 mths to October 2020. This is 'as expected' when compared to the previous annual position (September 2020 data) of 1.074.
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Use of Resources	M	8%	8.2%	10.5%	10.5%	→		

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Jan-21	Feb-21	Mar-21	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	77.9%	89.1%	95.2%	↑		A&E waiting time performance based on economy. ED Economy performance for March 2021 was 95.53% for CGH, and 94.69% for IH.
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Responsive	M	92.0%	65.3%	62.7%	61.8%	↓		
All cancers – maximum 62-day wait for first treatment from:									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	80.4%	74.4%	78.4%	↑		
- NHS cancer screening service referral	Responsive	M	90.0%	77.8%	78.4%	78.7%	↑		Screening service performance snapshot as reported in Accountability Framework taken at 22nd March 2021
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	17.7%	17.5%	13.2%	↓		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Jan-21	Feb-21	Mar-21	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	6.7%	4.2%	3.4%	↓		
Staff turnover	Well-led	M	tbc	6.5%	6.7%	6.6%	↓		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	3.3%	2.8%	2.6%	↓		Agency staff % only.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(2,288)	(2,045)	(2,136)	↑		All divisions are behind plan for the year to date.
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Jan-21	Feb-21	Mar-21	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	2	2	2	→		No Trigger:
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	0	2	2	2	→		Overall scores of 3 or 4 indicate poor financial performance. If a single indicator scores 4, then an override is triggered that means the overall score better than 3 cannot be achieved, ie it cannot score 1 or 2. The Trust is now reporting an overall score of 3 in March. Although the Trust is delivering its plan, agency spend is below target and liquidity remains strong, an overall deficit is being incurred. An adjustment to the calculation of capital service cover has been actioned to remove the repayment of DH borrowing (following the change to the cash and capital regime effective in 20/21) as revenue funded: it was supported by the issue of PDC. Consequently, this no longer scores 4.
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	0	2	3	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	2	2	2	→		
Overall : Segment Score									
Indicator	Domain	Frequency	Target / Standard	Jan-21	Feb-21	Mar-21	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	M7	M8	M9	M10	M11	M12	Trend
Elective Inpatients 20/21	1,036	959	775	288	317	679	
Elective Inpatients 19/20	1,036	996	884	889	929	811	
Elective Inpatients %	100.00%	96.29%	87.67%	32.40%	34.12%	83.72%	
Elective Inpatients Target 20/21	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	
Daycase Inpatients 20/21	7,562	7,481	6,578	4,608	4,763	6,940	
Daycase Inpatients 19/20	8,106	8,085	7,029	8,150	7,584	6,335	
Daycase Inpatients %	93.29%	92.53%	93.58%	56.54%	62.80%	109.55%	
Daycase Inpatients Target 20/21	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	
Outpatient First Appt 20/21	28,765	31,136	27,286	22,339	21,381	29,276	
Outpatient First Appt 19/20	31,297	29,234	23,295	27,851	25,562	21,621	
Outpatient First Appt %	91.91%	106.51%	117.13%	80.21%	83.64%	135.41%	
Outpatient First Target 20/21	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Outpatient F/U Appt 20/21	46,786	49,605	45,317	38,952	37,213	50,474	
Outpatient F/U Appt 19/20	55,747	52,094	44,958	53,499	48,687	44,470	
Outpatient F/U Appt %	83.93%	95.22%	100.80%	72.81%	76.43%	113.50%	
Outpatient F/U Appt Target 20/21	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
All Outpatients Referrals 20/21	32,519	32,004	30,144	25,169	28,092	35,620	
All Outpatient Referrals 19/20	34,193	31,053	27,785	31,884	29,742	22,092	
All Outpatient Referrals %	95.10%	103.06%	108.49%	78.94%	94.45%	161.23%	
All Outpatient Referrals Target 20/21	N/A	N/A	N/A	N/A	N/A	N/A	

Diagnostics	M7	M8	M9	M10	M11	M12	Trend
CT Diagnostics 20/21	5,836	5,532	5,381	5,656	5,050	6,236	
CT Diagnostics 19/20	5,679	5,547	5,548	6,107	5,447	4,926	
CT Diagnostics %	102.76%	99.73%	96.99%	92.62%	92.71%	126.59%	
CT Diagnostics Target 20/21	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
MRI Diagnostics 20/21	2,600	2,421	2,414	2,524	2,546	3,168	
MRI Diagnostics 19/20	3,245	3,016	2,854	3,090	3,056	2,651	
MRI Diagnostics %	80.12%	80.27%	84.58%	81.68%	83.31%	119.50%	
MRI Diagnostics Target 20/21	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
US Diagnostics 20/21	4,941	4,860	4,173	4,084	4,267	4,995	
US Diagnostics 19/20	5,513	5,340	4,368	5,491	4,925	4,267	
US Diagnostics %	89.62%	91.01%	95.54%	74.38%	86.64%	117.06%	
US Diagnostics Target 20/21	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Endoscopy Diagnostics 20/21	2,116	1,923	1,495	1,058	1,300	1,629	
Endoscopy Diagnostics 19/20	1,910	1,963	1,677	1,852	1,881	1,431	
Endoscopy Diagnostics %	110.79%	97.96%	89.15%	57.13%	69.11%	113.84%	
Endoscopy Diagnostics Target 20/21	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	

\* Data taken from the Recovery & Reform dashboard 21/04/2021

Red – below 70% of 2019/20 activity levels, Amber – above 70% (inc), below 85% (exc), Green – above 85% (inc)

Following the sustained pressure both hospital sites were under due to the significant number of COVID-19 admissions in January and February, the Trust significantly improved its performance against the national trajectory of 90% in March for overnight Electives and Daycase procedures. The target was exceeded for Daycase procedures but was not met for Inpatients. These figures exclude IS numbers.

**Elective Inpatients** – Performance was below trajectory for March at 83.72% compared to the target of 90%. This is an improvement of 49.6% compared to February activity which was recorded at 34.12%

**Day case Inpatients** – Performance was above trajectory for inpatient day cases, with 109.55% achieved compared to the target of 90%. This is an improvement of 46.75% compared to February activity which was recorded at 62.8%

**Outpatient First Appointments** – In March, the Trust saw 29,276 first outpatient attendances compared to 21,621 in 2019/20 (135.41%). Performance improved in March by 51.77% compared to February (83.64%). It is important to note that outpatient procedures are included in attendance numbers.

**Outpatient F/U Appointments** – In March, the Trust recorded 50,474 subsequent Outpatient attendances compared to last year’s 44,470 (113.5%). Performance improved in March by 37.07% compared to February (76.43%). It is important to note that outpatient procedures are included in attendance numbers.

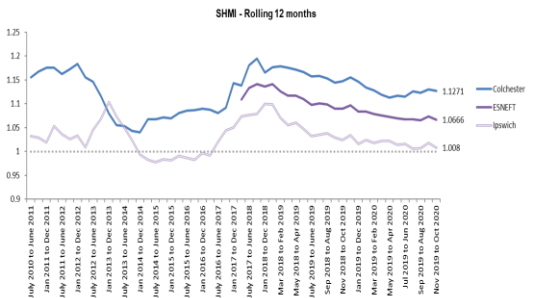
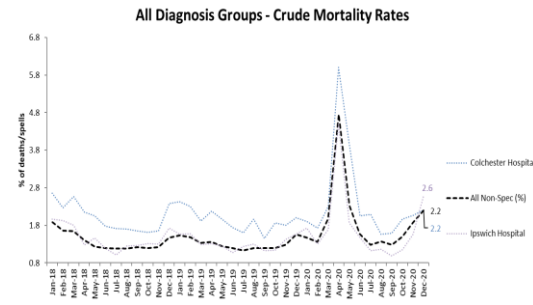
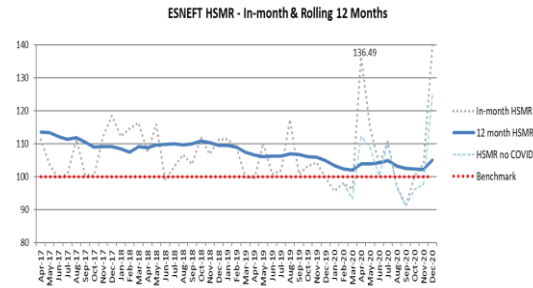
**All Outpatient Referrals** – Over the March period 35,620 referrals were received by Outpatients, compared to 22,092 in 2019/20 (161.23%). This is an increase of 66.78% compared to February when 94.45% of the previous years referrals were received.

Internally, in terms of **diagnostics** the Trust has treated: 126.59% of CT patients, 119.5% of MRI patients, 117.06% of Non-Obstetric Ultrasound and 113.84% of endoscopy patients compared to the same time in 2019/20.

## Mortality Ratios - Data Source DF Intelligence

### Summary

- ESNEFT 12-mth HSMR 105.2 'higher than expected'
- HSMR (non-COVID-19) 'as expected'
- ESNEFT all diagnoses 107.4 'higher than expected'
- All diagnosis groups December 2020 mortality rate, ESNEFT 2.2%, national 2.2%
- SHMI 1.0666 (as expected for 20 mths)



Please note that SHMI excludes patients with a COVID-19 diagnosis.

### 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 be as a result of staff awaiting test results or because COVID-19 was not the main condition treated).

December 2020 discharges (incomplete data)	ESNEFT	IPS	COL
In-month HSMR EXCLUDES C-19 ON ADMISSION	↑ 140.4	↑ 127.4	↑ 177.0*
12 month HSMR EXCLUDES C-19 ON ADMISSION	↑ 105.2	↑ 102.6	↑ 111.8
Lower confidence limit HSMR - EXCLUDES C-19 ON ADMISSION	↑ 100.7 Outlier	↑ 96.2 As expected	↑ 105.4 Outlier
In-month HSMR - NO C-19 PATIENTS	125.2	101.2	168.5
12 month HSMR - NO C-19 PATIENTS	100.4	96.7	107.8
Lower confidence limit HSMR - NO C-19 PATIENTS	96.0 As expected	90.4 As expected	101.4 Outlier
Death rate HSMR (nat. 3.5% was 3.4%)	→ 3.2%	→ 2.9%	→ 3.7%
All diagnosis groups 12 months INCLUDES C-19 DURING ADM	↑ 107.4	↑ 106.3	↑ 111.9
Lower confidence limit (all)	↑ 103.5 Outlier	↑ 100.7 Outlier	↑ 106.4 Outlier

In the region of 12 non-specialist trusts, ESNEFT is 1 of 7 Trusts with a 'higher than expected' HSMR – 3 are 'as expected' and 2 are 'lower than expected'. Approximately ↑ 1,960 spells, including 7 deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload. (1,872 CH sites spells with 6 deaths and 88 IH spells with 1 death. Colchester coders work to the freeze date and Ipswich to the inclusion date (an earlier date) – this is due to capacity).

\*Note, previously published HSMR Nov resolved from 169 to 101 once coding was processed.

Dr Foster patient safety indicator alerts for Deaths in Low Risk Groups:

- Viral infection; this is as a result of the virus code used for COVID-19.
- Alcohol-related mental disorders – 5 patients, all Ipswich – details have been sent to the site Clinical Coding manager.
- Rehabilitation care, fitting of prostheses, and adjustment of devices – 5 deaths

### SHMI – 12 months to October 2020

ESNEFT ↓ 1.0666 – 'as expected'  
Ipswich acute ↓ 1.0080 – 'as expected'  
Colchester ↓ 1.1271 – 'as expected'

For ESNEFT, weekend emergency admission HSMR is higher than expected, with Friday admissions being statistically significant.

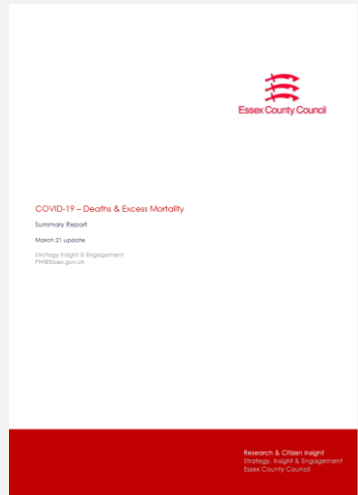
### In-hospital deaths

(IP = inpatient)	Mar 21 No. Deaths	Mar 20 No. deaths	Rolling 12 mths
Ips acute IP	105 (141)	118	121
Col acute IP	135 (204)	140	156
Ips ED	6 (0)	7	7
Col ED	4 (15)	14	13

Figure in brackets = previous month

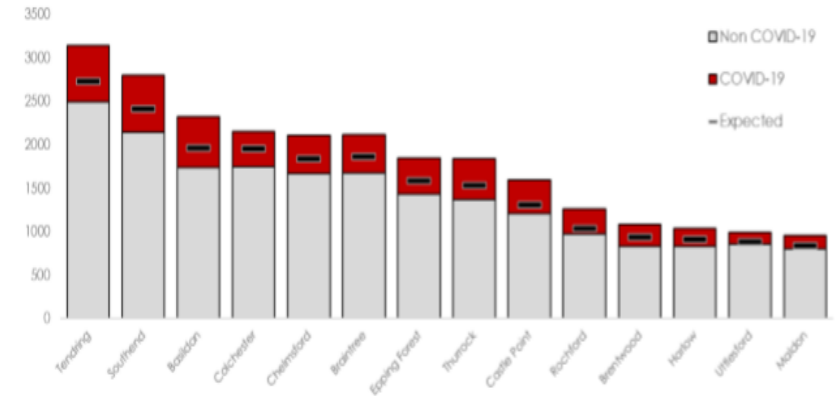
## Essex County Council - COVID-19 Deaths & Excess Mortality

### COVID-19 Summary



- The East of England has a similar excess mortality pattern to England.
- Proportionally, the East has seen a larger rise of second-wave deaths compared to England
- Certain groups, such as the elderly & frail, who had high levels of excess deaths in mid-March to May followed by low levels of excess deaths afterwards. This suggests that deaths in these groups have been 'brought forward'.
- Between week ending March 27 & week ending January 29th 35.3% of all reported deaths of people with learning disabilities were related to COVID-19.

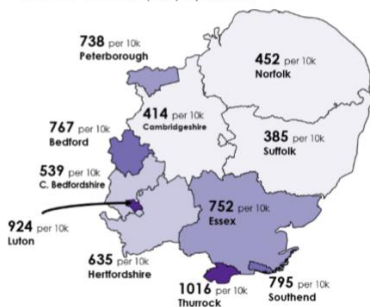
Total deaths from 2020 to week 10 2021



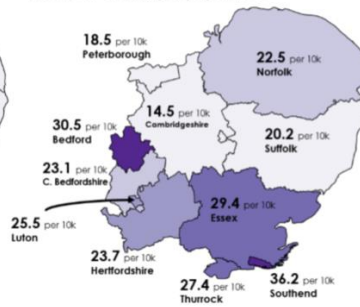
- Essex rates some of highest in the region (cases and deaths)
- Highest death rate in county seen in Tendring peninsula

As of March 21<sup>st</sup> there have been 380,696 COVID-19 cases, and 14,894 COVID-19 deaths reported in the East of England. Note that people with mild or no symptoms are less likely to be tested, so the number of reported cases is likely much smaller than the number of actual cases.

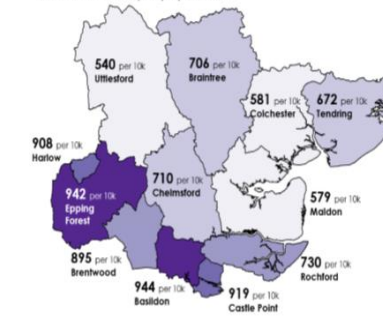
COVID-19 cases per population



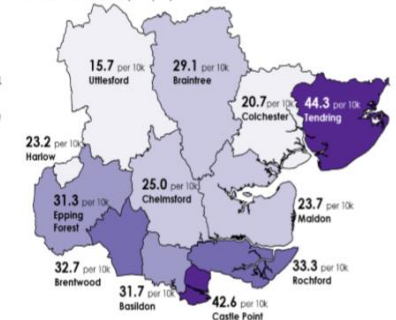
COVID-19 deaths per population



COVID-19 cases per population



COVID-19 deaths per population





## Mortality – Quality: Learning Themes

**Summary**

- Higher admissions and deaths for Colchester patients owing to catchment
- Pain poorly identified and therefore not adequately treated
- Patient alert not always present on PAS reducing opportunity for specialist support
- Soft-signs should be used instead of observations in patients unable to comply
- Changes in baseline should be reassessed prior to discharge to ensure patient safety/competence of

**Learning from Deaths meeting 9<sup>th</sup> April 2021**

A further review of the criteria for identifying whether a patient has received palliative care or specialist palliative care is planned. This will have an impact on HSMR and SMR.

**Presentation from Learning Disabilities & Autism Hospital Liaison Nurse Specialists (LD&AHLNS)**

Higher number of admissions and deaths on the Colchester site owing to large number of homes.

Local learning points/recommendations following LeDeR multiagency review:

- Pain-related distress not being identified in some patients and therefore treated.
- **Action** – pain observation tool to be relaunched.
- LD alerts/flags not on PAS, reducing likelihood of reasonable adjustments and resulting in LD&AHLNSs not being aware of admission.
- **Action** - regular reviews to ensure PAS is up to date.
- MCAs and best interest discussions should be used more robustly and referrals to IMCAs made in a timely manner.
- DNACPRs must not include learning disability as the sole reason for not undertaking resuscitation.. The DNACPR must be discussed with the individual/family/carer as appropriate.
- CHC Fast track funding to be utilised to support people to spend the end of their life in their preferred place of care.
- DNAs of appointments to be flagged and reasons looked into, rather than automatically discharging back to GP care.
- **Action** – LD&AHLNSs to work with Outpatient booking team to flag patients.
- Reasonable adjustment tool to be used for all patients with learning disabilities/ autism.
- Hospital passport to be updated to include ‘first point of contact’ details to ensure correct communication with relevant people.
- Discharge planning should be robust. Discharge team/nurse to ensure carers are competent in care required and changes to care handed over accurately. Community care may need to be reassessed if the patient’s condition has deteriorated.
- **Action** - project around robust discharge planning.
- Actions around EOL care to be completed and documented.



## Mortality Review Dashboard

### Summary

MARs (Multi-Agency Reviews) began last month for patients who died in Colchester Hospital) – these complete the LeDeR review process. The Trust continues to try to obtain data to populate the NHSEI dashboard



ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18): Learning from Deaths Dashboard - February 2020-21



**Description:**

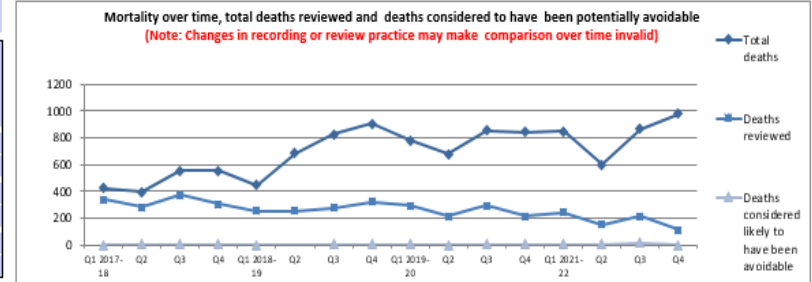
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

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

**Total Number of Deaths, Deaths Reviewed and Deaths Deemed Potentially Due to Problems in Healthcare (does not include patients with identified learning disabilities)**

Total Number of Deaths in Scope		Total Deaths Reviewed		Total No. of deaths considered to have been possibly due to problems in healthcare (Score <=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
356	622	41	72	0	1
<b>This Quarter (QTC)</b>	<b>Last Quarter</b>	<b>this Quarter (QTC)</b>	<b>Last Quarter</b>	<b>This Quarter (QTD)</b>	<b>Last Quarter</b>
978	867	113	212	1	15
<b>This Year (YTD)</b>	<b>Last Year</b>	<b>This Year (YTD)</b>	<b>Last Year</b>	<b>This Year (YTD)</b>	<b>Last Year</b>
3291	3153	719	1017	21	14

Time Series: Start date: 2017-18 Q1 End date: 2020-21 Q4



**Total Deaths Reviewed by Mortality Methodology Score**

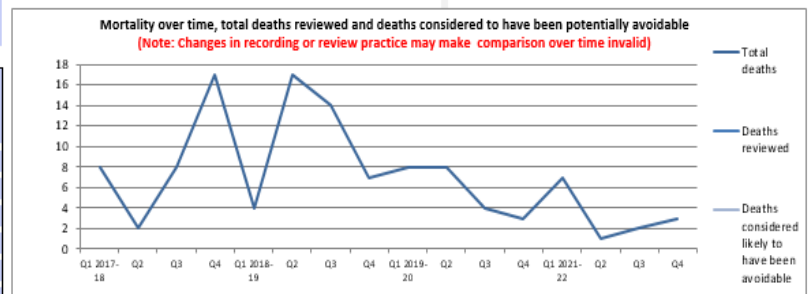
Score 1	Score 2	Score 3	Score 4	Score 5	Score 6
Definitely due to problems in healthcare	Strong evidence there were problems in healthcare	Probably due to problems in healthcare (more than 50:50)	Probably due to problems in healthcare but not very likely	Slight evidence that death was due to problems in healthcare	Death was definitely not due to problems in healthcare
<b>This Month</b> 0 0.0%	<b>This Month</b> 0 0.0%	<b>This Month</b> 0 0.0%	<b>This Month</b> 1 2.9%	<b>This Month</b> 1 2.9%	<b>This Month</b> 33 94.3%
<b>This Quarter (Q)</b> 0 0.0%	<b>This Quarter (Q)</b> 0 0.0%	<b>This Quarter (QTI)</b> 1 1.0%	<b>This Quarter (QTD)</b> 3 3.1%	<b>This Quarter (QTD)</b> 8 8.3%	<b>This Quarter (QTD)</b> 84 87.5%
<b>This Year (YTD)</b> 2 0.3%	<b>This Year (YTD)</b> 9 1.3%	<b>This Year (YTD)</b> 10 1.5%	<b>This Year (YTD)</b> 16 2.4%	<b>This Year (YTD)</b> 48 7.1%	<b>This Year (YTD)</b> 587 87.4%

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

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

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total No. of deaths considered to have been potentially due to problems in healthcare	
This Month	Last Month	This Month	Last Month	This Month	Last Month
1	2	tbc	tbc	tbc	tbc
<b>This Quarter (QTC)</b>	<b>Last Quarter</b>	<b>this Quarter (QTC)</b>	<b>Last Quarter</b>	<b>This Quarter (QTD)</b>	<b>Last Quarter</b>
3	2	0	0	0	0
<b>This Year (YTD)</b>	<b>Last Year</b>	<b>This Year (YTD)</b>	<b>Last Year</b>	<b>This Year (YTD)</b>	<b>Last Year</b>
13	23	0	0	0	0

Time Series: Start date: 2017-18 Q1 End date: 2020-21 Q4



## Mortality Review Dashboard

Trust	ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18)	Total deaths include inpatients, paediatrics, maternity, ED Total deaths also includes patients with LD reviewed under SJR criteria by local team - additional LeDeR death reviews are shown separately Deaths within 30 days of discharge will be included where a concern has been raised. *LD Deaths include deaths within 30 days of discharge.
Org Code	432	
Month	February	
Year	2020-21	

		Not all deaths are subject to mandatory review.										Review of mandatory case records						
Financial Year	Month	Total Deaths	Total Deaths Reviewed	Deaths likelihood > 50% contributed to death	Deaths judged to have been due to problems in healthcare					Deaths judged not due to problems in care		LD Deaths LeDeR Peer Reviewed	LD Deaths Avoidable > 50% LeDeR Review	No. deaths subject to case record review	No. reviews returned	% Case record reviews completed	No. case record reviews outstanding	No. deaths investigated as SIs (includes SHMI deaths)
					Defin	Evidnc	>50/50	<50/50	Slight	6	*LD Deaths							
2020-21	April	400	83	3	0	1	2	1	9	67	4	tbc	tbc	39	35	90%	4	3
2020-21	May	250	83	0	0	0	0	1	2	74	3	tbc	tbc	71	55	77%	16	1
2020-21	June	198	74	0	0	0	0	0	2	71	0	tbc	tbc	57	45	79%	12	2
2020-21	July	201	53	1	0	1	0	0	1	48	0	tbc	tbc	37	26	70%	11	0
2020-21	August	189	45	1	0	0	1	1	4	35	1	tbc	tbc	32	25	78%	7	0
2020-21	September	208	56	0	0	0	0	3	1	50	0	tbc	tbc	32	24	75%	8	2
2020-21	October	238	68	0	0	0	0	1	6	56	1	tbc	tbc	55	42	76%	13	2
2020-21	November	279	65	4	0	3	1	2	6	50	1	tbc	tbc	62	29	47%	33	1
2020-21	December	350	79	11	2	4	5	4	9	52	0	tbc	tbc	91	53	58%	38	1
2020-21	January	622	72	1	0	0	1	2	7	51	2	tbc	tbc	62	36	58%	26	1
2020-21	February	356	41	0	0	0	0	1	1	33	1	tbc	tbc	44	14	32%	30	0

NHSE/I requires trusts in their Annual Quality Report to provide an estimate of the deaths which the provider judges as a result of review or investigation were more likely than not to have been due to problems in the care provided to the patient (i.e. where evidence was definite/strong/>50 50). For 19/20, this figure was revised to 1.4% following the upload of 225 reviews/SIs completed after report submission. For 20/21 this figure is currently 2.9%\*

Issues in healthcare were predominantly associated with hospital-onset COVID-19. National guidance on PPE, learning from RCAs/mortality reviews and the development of tools to support regular patient screening have contributed to the drop in infections.

*\*Royal College of Physicians (2016) Most people who die in hospital have had good care, but research shows that around 3% of deaths might have been avoided.*

## Patient Safety – Incidents

### Total incidents and harm

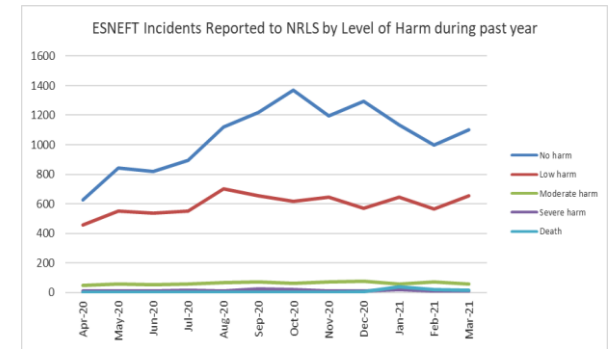
There were a total of 2,128 incidents reported in the month, an increase in the number of incidents reported from February (1,932).

1,843 of these incidents were Patient Safety related and 1,840 were reported to the NRLS.

Overdue incidents have decreased from last month 714 (959).

### Never events

There were no never events reported across ESNEFT in March.



### Patient Safety Incident Response Plan (PSIRP)

#### PSII investigations for February:

- Local Priorities: There was one incident declared on the 1st of March: Maternity – Incidents specific to the mother in cases where a near miss was identified relating to timely recognition of bleeding and management of bleeds.
- National Priorities: None reported in the month.
- There are currently 6 incidents being investigated through the PSIRP

#### Incidents requiring an enhanced investigation, reported:

- 1 fall resulting in harm, managed through Harm Free Panel
- 15 incidents of pressure damage are being managed through Harm Free Panel, 9 of which are patients in the Community
- Maternity incident, intrauterine death.
- Maternity incident, stillbirth at home (22/40), patient had attended triage earlier in the day and a review of the care is being undertaken.
- Patient admitted following a fall and delay in the management of injuries.

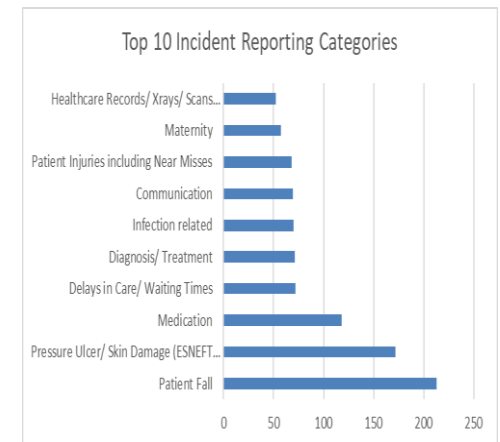
### Patient Safety Incidents

There were 61.95 (60.41) incidents reported per 1,000 bed days.

The most reported category in the month of March was Patient fall Incidents. The number of falls across the Trust has increased in the month of March, of the 228 (213) incidents reported, 1 severe and the remainder were reported as no/low harm. While the number of falls increased, falls by bed days has decreased alongside the harm caused to patients through falls.

The 2nd highest reported category was pressure ulcer/skin damage (ESNEFT acquired): There were 187 (172) incidents reported, 15 of which are graded as moderate and 2 severe harm. 9 of the moderate harm pressure ulcers and both severe harm pressure ulcers occurred in the Community setting, identified through District Nursing visits to patients homes.

The 3rd highest reported category was Medication with (165) 118. 12 of the incidents were reported as low harm and the remainder no harm/near miss.



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

### Compliance with serious incident reporting timelines

The Serious incidents declared in the previous framework are continuing to be tracked and monitored until completion.

Serious Incident Reports due for submission to CCG:

There is currently a ‘stop the clock’ in place for all Serious Incident Reports and therefore compliance is not monitored for the month. The Stop the Clock will expire at the end of April.

There was one SI report submitted to the CCG in the month of March 2021: This was from MSK and Specialist Surgery.

The following SIs are awaiting completion and all have been commenced

- Infection Control – 1 report
- Medicine Ipswich – 3 reports
- Cancer & Diagnostic – 1 report
- Women & Children – 3 reports
- MSK & Specialist Surgery – 1 report

All reports are nearing completion.

### Overdue action plans

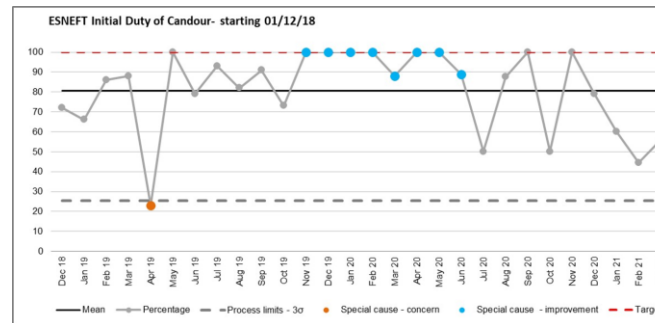
- 4 completed Action Plans were sent to the CCG and 1 was closed in the month of March.
- There are currently 78 (79) overdue Action Plans for Serious Incidents still waiting for evidence.
- The Action Plan amnesty scheduled for March has been rescheduled due to capacity across the teams. The Divisions continue to provide evidence against the action plans overdue.

### Duty of Candour (Moderate Harm)

A total of 22 initial Duty of Candour were due in March, of which 10 are completed outside of the 10 day timeframe.

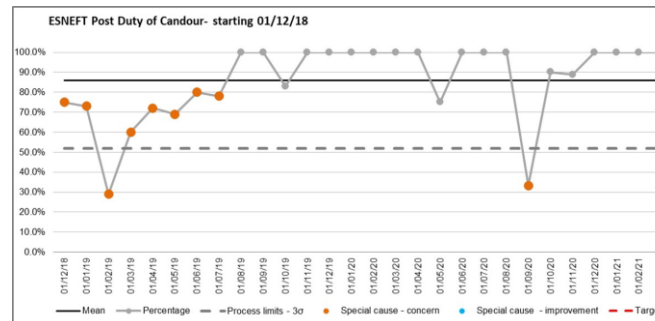
Duty of Candour has been completed outside of the timeframe for Integrated Pathways (5), Medicine, Colchester, Surgery & Anaesthetics (2), Cancer & Diagnostics, Women’s & Children (3)

There was 1 due for PSII005, Women & Children (Maternity - Colchester) and this was completed within the appropriate timeframe. The compliance for duty of candour is 56% (44%).



There was one post Duty of Candour due in March. All were completed within the appropriate timeframe. This was for MSK and Specialist Surgery.

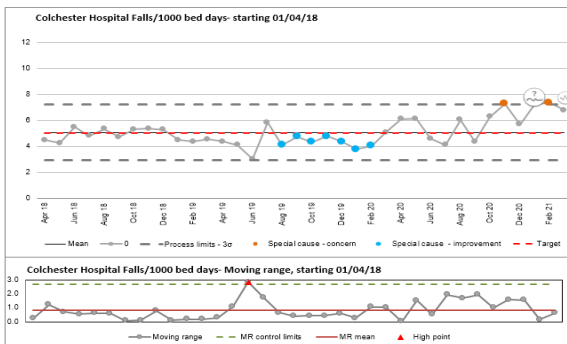
Therefore the compliance for post-investigation duty of candour is 100% (100%).



## Patient Safety – Falls

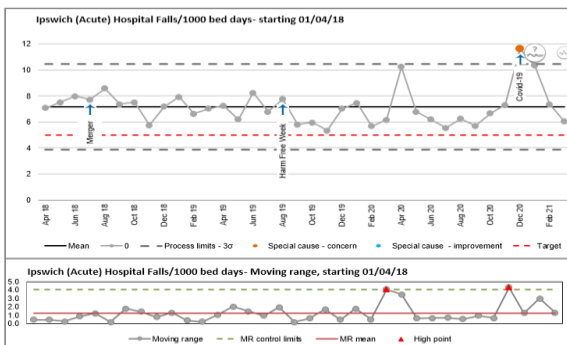
### Colchester site

Colchester reported 91 falls in March which is a reduction on February (96). There was 1 fall that resulted in serious harm on the Colchester site (subdural haematoma), 24 low harm and 66 no harm. Of the total number of falls reported there were 66 unwitnessed incidents with 13 of these incidents occurring in a cohorted bay. This shows 6.76 falls per 1,000 bed days which is a decrease from February (7.37) and is above the national benchmark of 5.5.



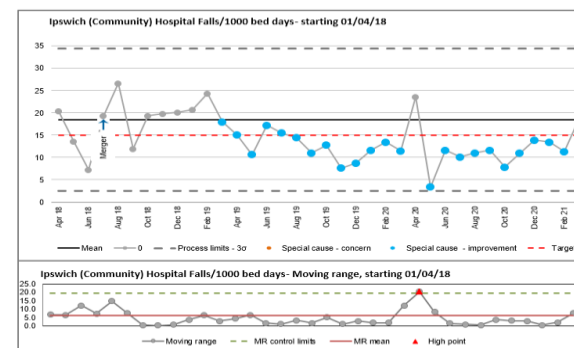
### Ipswich site

Ipswich acute site reported 88 falls in March showing a minor reduction on February (89). There was 1 fall that resulted in serious harm (fractured nose), 30 low harm and 57 no harm. Of the total number reported there were 63 unwitnessed falls with 12 of these incidents occurring in a cohorted bay. This shows 6.03 falls per 1,000 bed days which shows decrease from February (7.35) and is above the national benchmark of 5.5.



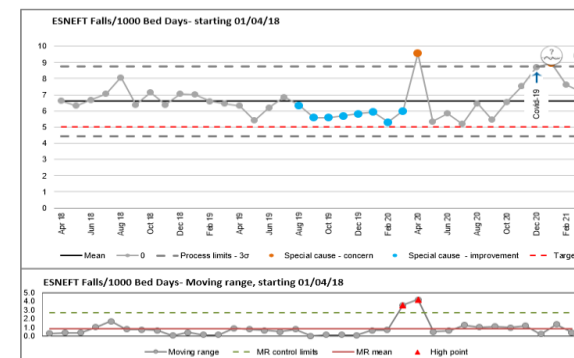
### Community Hospitals

The Community Hospitals reported 38 falls in March which is an increase on February (20). Aldeburgh Hospital reported 16 falls which is an increase on last month (7), Bluebird Lodge reported 21 falls which is an increase on last month (9). Felixstowe Hospital reported no falls which is a decrease on last month (4.) Positively there were no falls resulting in serious harm. Of the total number of community falls, 34 were unwitnessed with 1 patient requiring transfer to Ipswich acute site for post-fall review and imaging. This gives a figure of 18.71 falls per 1,000 bed days which shows an increase on January (11.31). There is currently no national benchmarking for falls incidents in community hospitals although the NHS Benchmarking Network is gathering data to support this.



### 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 YTD of 6.97 falls per 1,000 bed days which is above the national benchmark of 5.5.



## Patient Safety – Pressure ulcers

### ESNEFT

At Trust level, March shows 39 (43) reportable pressure ulcers, resulting in 1.28 developed pressure ulcers per 1,000 bed days at ESNEFT, a decrease from 1.47 in February.

### Ipswich and Community Hospitals

Ipswich had 25 developed Category 2 pressure ulcers, one Category 3 and three unstageable pressure ulcers in March, a 16% increase. However, the levels of harm have decreased. There were an additional 9 deep tissue injuries of which 7 continue to be monitored. This shows a figure of 1.99 developed pressure ulcers per 1,000 bed days, a marginal decrease from 2.0 in February. NHS Productivity Calculator gives a central estimate cost of £224K\*

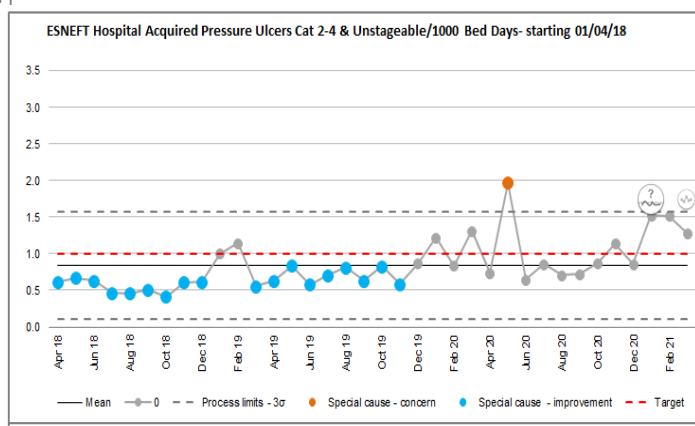
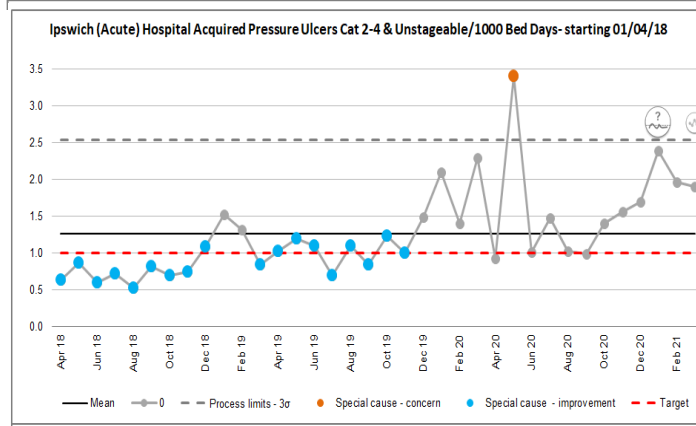
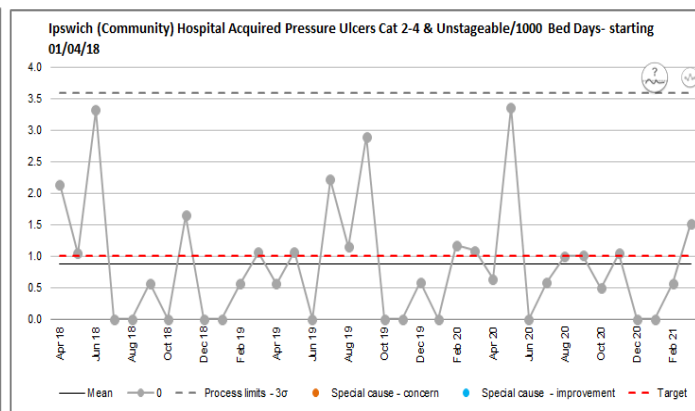
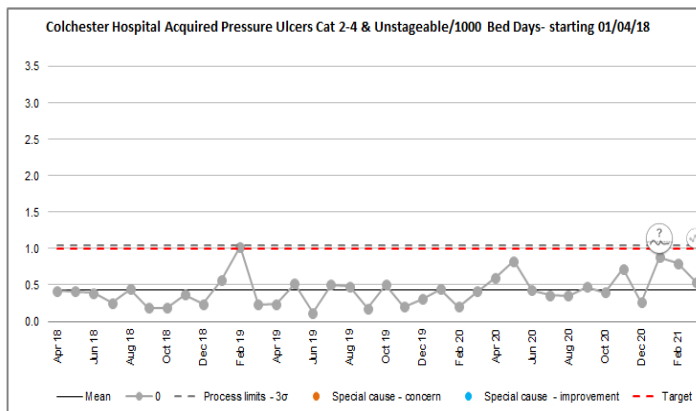
There were three reportable pressure ulcers reported in the Community Hospitals, giving a figure of 1.52 developed pressure ulcers per 1,000 bed days for March, an increase from 0.5 in February. NHS Productivity Calculator gives a central estimate cost of £20K\*

### Colchester

Colchester Hospital reported six Category 2, and one unstageable pressure ulcers in March, a 58% decrease from February. There were an additional 15 deep tissue injuries of which 2 deteriorated to Category 2, 2 healed and 9 continue to be monitored. This gives a bed days figure of 0.54 per 1,000 bed days a decrease from 1.21 the previous month. NHS Productivity Calculator gives a central estimate cost of £59K\*

### Working towards future prevention

A review currently being undertaken of data quality suggests that there will be an increase in ESNEFT acquired PU figures over the last year compared to what has previously been reported and this will mainly affect figures for the Ipswich site. This is part of the annual quality data check to ensure accuracy of reporting. Across both acute sites, TV services have continued to offer general wound care education and support to wards where able. Most recently, 17 staff on Brightlingsea Ward have received 1:1 support via TEAMS as part of an action plan the Ward is working on to improve PU prevention. The rollout of the A.S.K.I.N Pressure Ulcer prevention tool continues across the Ipswich site. The review of acquired PU incidents across ESNEFT over the last month suggests that completion of admission documentation by the acute areas is not always robust, particularly body maps. Skin damage that is then identified by the receiving Wards has to be attributed to ESNEFT. Ensuring correct moving & handling techniques/equipment is an additional theme identified.



\*The pressure ulcer productivity calculator was developed and published by the Department of Health 2010 & updated in 2018 to help NHS organisations and commissioners understand the productivity and cost elements associated with treating patients with pressure ulcers. The tool was developed using the results of research into the cost of pressure ulcers in the UK.

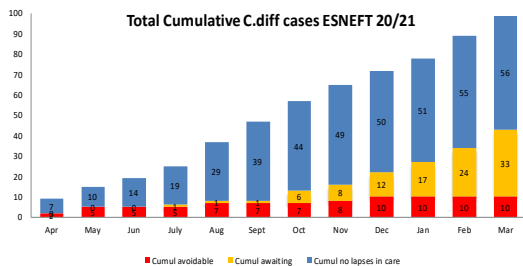
## Patient Safety – Infection Control

### Clostridium difficile (C.diff)

Colchester reported 4 cases of C.diff in March (3 HOHA, 1 COHA), Ipswich reported 6 cases (4 HOHA, 2 COHA).

There were a total of 10 Trust attributed C.diff cases in March. There are no stipulated C.diff infection objectives for 2020/21. Conducting panel reviews has been challenging alongside the management of COVID-19 across ESNEFT. CCG IPCN aware.

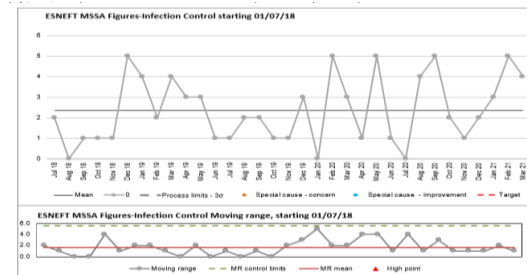
The IP&C team will ensure the necessary documents for 33 C.diff cases occurring during 2020/21 are shared with the CCG as soon as possible to enable closure of all these cases.



### Methicillin-susceptible staphylococcus aureus (MSSA)

There were 4 hospital-apportioned MSSA Bacteraemias identified during March 2021:

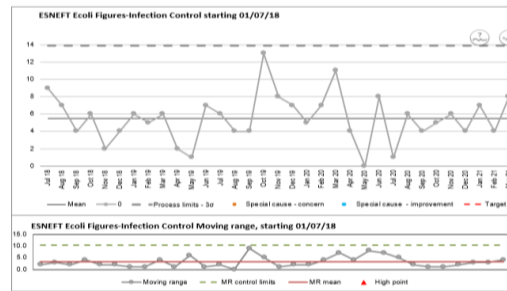
- \*Washbrook Ward – Unknown – Diabetic nephrotic syndrome. IVI.
- \*Levington Ward – Discitis
- \*Aldham ward - Bone/Joint source. Patient underwent a right DHS, MSSA also isolated from right hip tissue.
- \*CCU CGH – possible line related. MSSA also isolated from CVC tip after blood cultures obtained.



### Escherichia coli (E. coli)

There were 8 healthcare acquired E.coli bacteraemia cases identified during March 2021:

- \*Peldon Ward – Source upper urinary tract, catheter related, recurrent UTIs
- \*Peldon Ward – Source upper urinary tract
- \*Langham Ward – Unknown source
- \*Grundisburgh Ward – Respiratory source
- \*Stradbroke Ward – Hepatobiliary (Ca pancreas – RIP)
- \*Brantham Ward – Urinary, catheter in situ
- \*CCU Ipswich – Gastrointestinal – open abdomen from Jan 21, hemicolectomy.
- \*Washbrook Ward – Gastrointestinal – Ca rectum newly diagnosed.



### Methicillin-resistant staphylococcus aureus (MRSA)

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



## Patient Safety – Infection Control

### COVID -19

Month/Site	Number of HOIHA		Number of HOPHA		Number of HODHA		Total
	Col	Ips	Col	Ips	Col	Ips	ESNEFT attributable (HOPHA and HODHA cases)
March	5	17	2	10	1	4	17*

\*Numbers correct at date of reporting

#### 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.

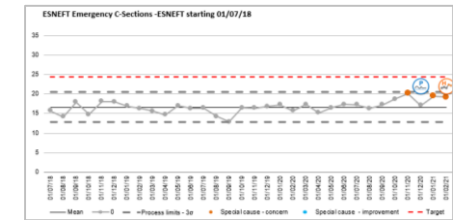
There have been 5 outbreaks in the month of March: 1 at Colchester Hospital and 2 each at Ipswich Hospital and the Community Hospitals.

As part of the Trust’s response the Infection Prevention and Control team are working with internal and external stakeholders to ensure that all areas of practice are maintained at a consistent high standard, thereby minimising the risk as much as possible for nosocomial transmission to occur.

## Patient Safety – Maternity Assurance Report: Dashboard Outliers – February data

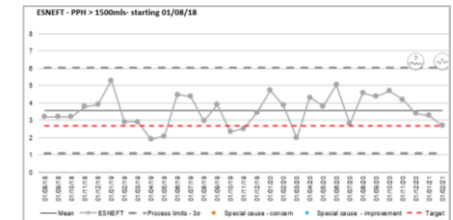
### ESNEFT Emergency Caesarean Sections – February: 19.27%

The Emergency Caesarean section rate remains fairly static in comparison to January's data, with a slight reduction in the percentage of EMLSCS being performed (from 19.51% to 19.27%). Following an across site discussion between the Quality Improvement Midwifery Leads regarding existing practices which are not currently effective across sites, the plan going forward is to develop joint MDT working group to explore how to review all Caesarean sections, highlight areas for learning and to develop an across site action plan for improvement. QI lead midwives to set up meeting this month.



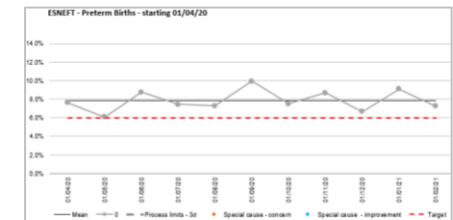
### ESNEFT Massive Obstetric Haemorrhage – February: 2.70%

This month's current PPH >1500ml is within national target of <2.9%. MDT Quality Improvement working will include ongoing monitoring/PROMPT MDT training focusing on PPH learning for all members of staff, and planning of across site PPH awareness week. Both Colchester and Ipswich have an excellent MDT PROMPT faculty including Anaesthetic involvement and at Colchester, all PROMPT sessions are well attended by all members of the MDT monthly. At Ipswich, there have been difficulties in releasing members of the Obstetric and Anaesthetic teams working clinically, to attend the monthly PROMPT training sessions. The training guideline has now been updated to include the mandatory attendance of everyone providing or involved in the provision of emergency care within the Maternity Services, to the monthly PROMPT sessions, the leads of all MDT staff groups have been made aware of these changes and have been encouraged to book members of their teams onto one session each year.



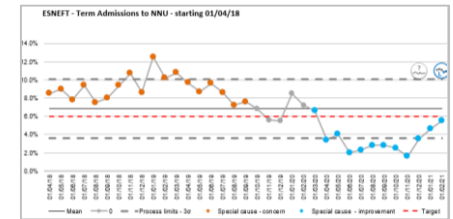
### ESNEFT Preterm birth rates <36+6 weeks

Following the addition of Element 5- reducing preterm birth rates to the Saving Babies Lives Initiative care bundle version 2, ESNEFT Maternity has implemented preterm birth clinics on each site, developed and updated guidelines and implemented Fetal Fibronectin testing for women in threatened preterm labour. ESNEFT Maternity has also been working with the LMNS to improve the optimisation of the fetus prior to preterm birth, implementing the right place of birth initiative (babies <27 weeks or <28 weeks for multiples must be born in a level 3 unit) and offering Magnesium Sulfate to all women in preterm labour <30 weeks. Both have been extremely successful across sites and we look forward to sharing this information and data with you in the coming months.



### ESNEFT Term Admissions to NNU

ESNEFT Maternity have been working at Colchester since October 2017 and at Ipswich since March 2018 to reduce the number of term admissions to the NNU, highlighting the 5 main reasons for admission; hypoglycaemia, respiratory distress, jaundice, asphyxia and sepsis. Both sites have been working on projects to appropriately manage these elements as an MDT, escalating appropriately when these measures were unsuccessful. ESNEFT Maternity has also developed Transitional Care across both sites which is now embedded, with midwives caring for babies that require additional care such as IV antibiotics and phototherapy on the postnatal ward or NNU as required. The measures that have been put into place have dramatically reduced the term admission rates. This has meant that a significant number of babies that would have been admitted to NNU and therefore separated from their mother to receive care, have received the care, and remained with their mother.



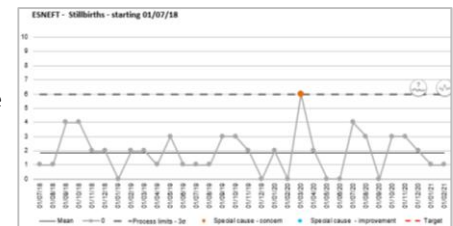
### ESNEFT Still births

#### **Colchester February: 1**

26 weeks- interruption of pregnancy – late booker at 23 weeks, multiple abnormalities identified. Reported to MBRRACE however not meeting the criteria for PMRT, so mortality review form will be completed.

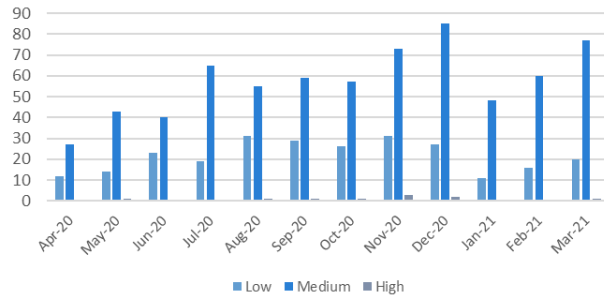
#### **Ipswich January: 0 stillbirths**

1 neonatal death at 21+1 mid-trimester miscarriage



## Patient Experience - Complaints

Total number of Complaints by Level

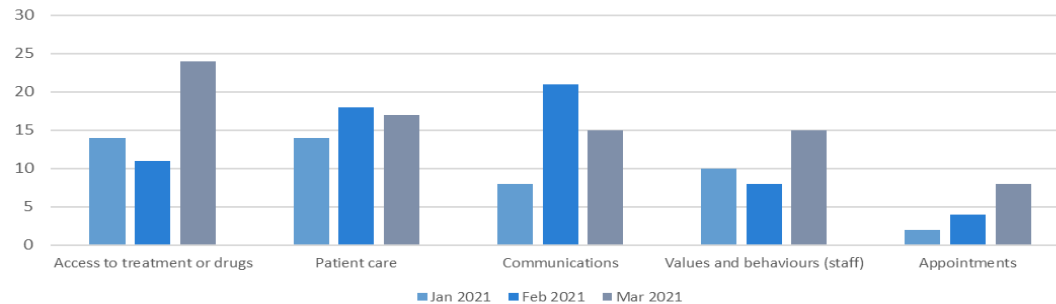


Overall complaints numbers for ESNEFT in March were 98 (76). There has been one high level complaints reported in the month for Surgery & Anaesthetics relating to the treatment received and a lack of sedation.

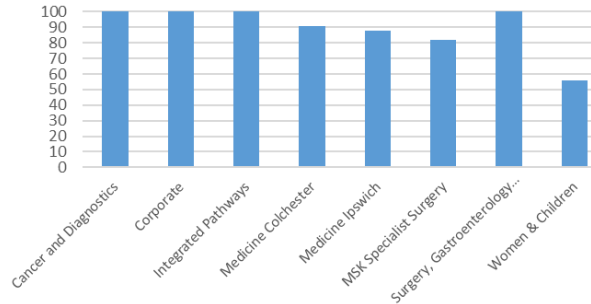
### Complaint themes

The most common theme for complaints for February 2021 is access to treatment/medications. The main concerns raised are focused on decision making around treatment management. The complaints relating to treatment tend to focus on delays in receiving treatment and the type of treatment being offered to patients.

Top 5 Complaint Themes



Complaint Response Compliance %



Overall response rate compliance has decreased to 88% this month from 99% in February. There were 98 (81) complaints closed in the month of March. Overdue complaints increased to 8 (2).

### Top themes from PALS:

There were 241 PALS concerns logged for Colchester and 236 for Ipswich for the month of March 2021.

The top themes for PALS for the month of March 2021 are communication and appointments.

PALS queries raised in relation to appointments are around appointments being cancelled and queries regarding when follow-up appointments and surgery will be re-scheduled.

There were 6 PALS cases which were converted into formal complaints for the month of February 2021; 1 for Corporate, 1 for Medicine Colchester, 3 for MSK & Specialist Surgery, 1 for Surgery, Gastroenterology and Anaesthetics and 2 for Women & Children.

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.

## Engagement Activity



## Letters to loved ones...

### Letters to Loved ones

The Trust has received and delivered a total of 1,115 letters since 1<sup>st</sup> May 2020 – 31<sup>st</sup> March 2021.

During March, Ipswich received 16 (46%) and Colchester 19 (54%).

There were 35 (down from 124) letters sent across the Trust to 19 (down from 51) individual patients.

49% of loved ones heard about the service through the hospital website or social media, 51% heard about the service via word of mouth.



Welcoming



Safe



Caring and involving



Well organised and calm

### 15 Steps Challenge

Project planning will commence from May to implement the 15 Steps Challenge across ESNEFT. The purpose is to help staff, service users and others to work together to identify improvements that can be made to enhance the service user experience. It is a collaborative process and will include both staff and service user representatives.

15 Steps provides a way of understanding service users' first impressions more clearly and how this impacts on their initial experiences of care & supports sharing good practice.

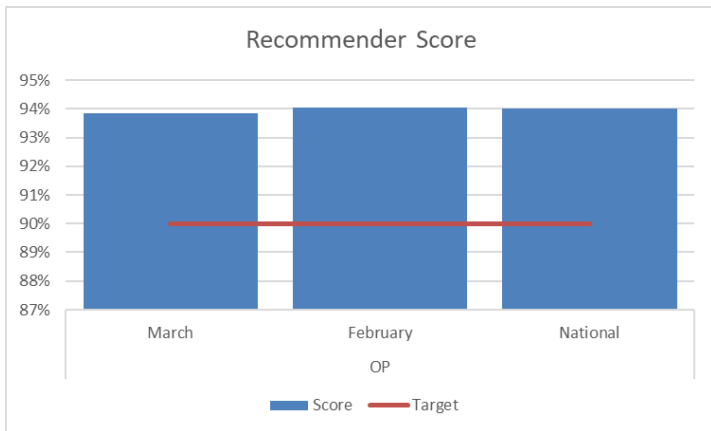
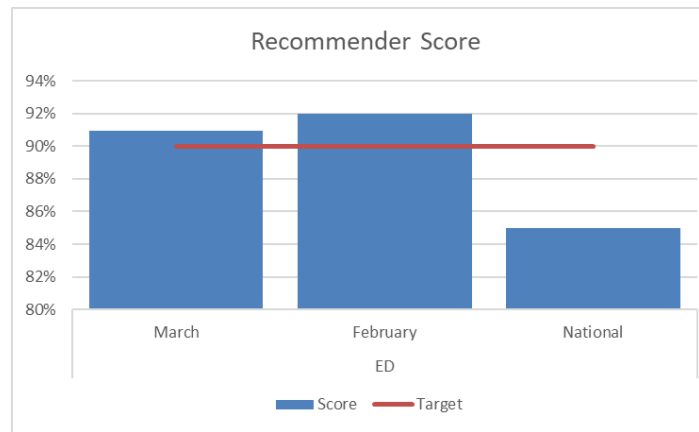
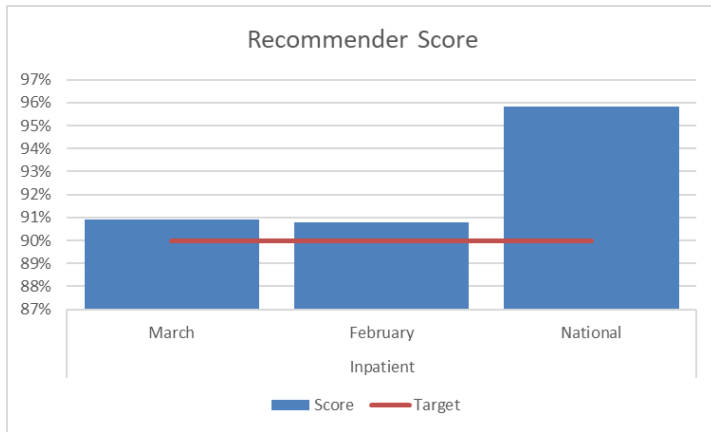
The project SRO is the Chief Nurse and will be coordinated by the Head of Patient Experience. Recruitment will include Staff across all services (e.g. community & ward based staff, healthcare assistants, therapists, non-clinical staff), Executive and Non-Executive Directors.

The plan is to roll out the programme from August 2021, and this will be subject to COVID-19 restrictions.

## Patient Experience – Friends and Family Test

FFT restarted nationally on the 1st December 2020, with Colchester using predominately SMS and Ipswich using QR codes to gather feedback. The restart coincided with the upsurge in COVID-19 and this has impacted on the response rate where staff input is required.

Nationally scores will be published from March for the December 2020 and January and February 2021, local data will be published when trends have been established.



A&E		December	January	February	March
ESNEFT	Recommended	89.79%	90.75%	90.98%	90.93%
	Responded	23.00%	25.00%	25.00%	25.00%
National	Recommended	0.00%	0.00%	0.00%	0.00%
	Responded	0.00%	0.00%	0.00%	0.00%

Inpatient		December	January	February	March
ESNEFT	Recommended	91.97%	93.81%	92.70%	93.84%
	Responded	22.00%	23.00%	24.00%	30.00%
National	Recommended	0.00%	0.00%	0.00%	0.00%
	Responded	0.00%	0.00%	0.00%	0.00%

Birth		December	January	February	March
ESNEFT	Recommended	100.00%	100.00%	100.00%	100.00%
	Responded	0.00%	0.00%	0.00%	0.00%
National	Recommended	0.00%	0.00%	0.00%	0.00%
	Responded	0.00%	0.00%	0.00%	0.00%

Outpatient		December	January	February	March
ESNEFT	Recommended	91.90%	93.73%	94.05%	93.84%
	Responded	0.00%	0.00%	0.00%	0.00%
National	Recommended	0.00%	0.00%	0.00%	0.00%
	Responded	0.00%	0.00%	0.00%	0.00%

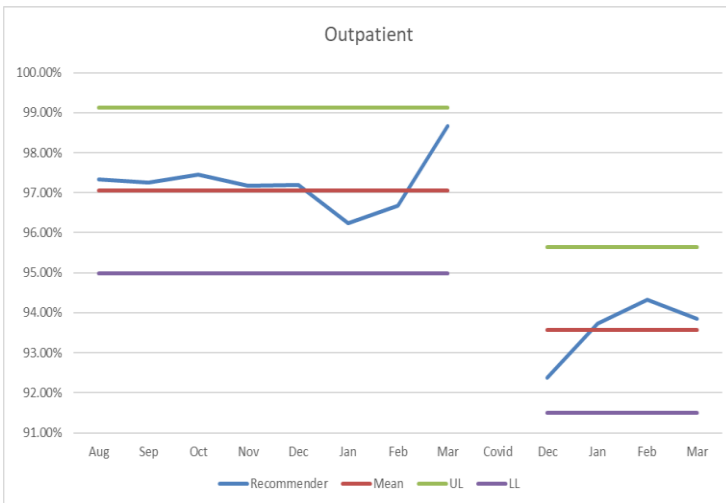
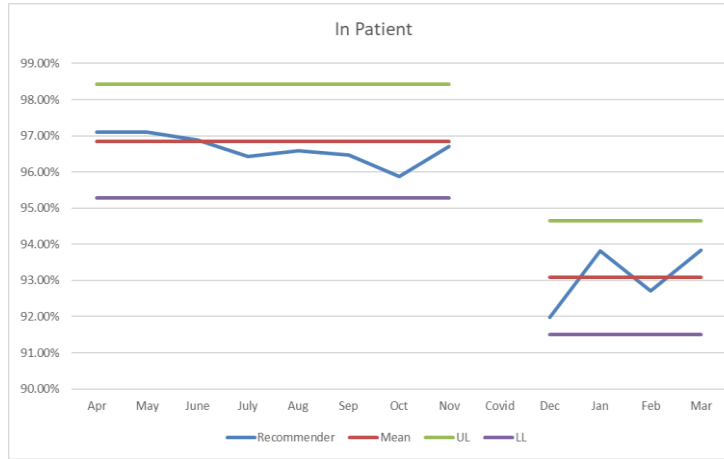
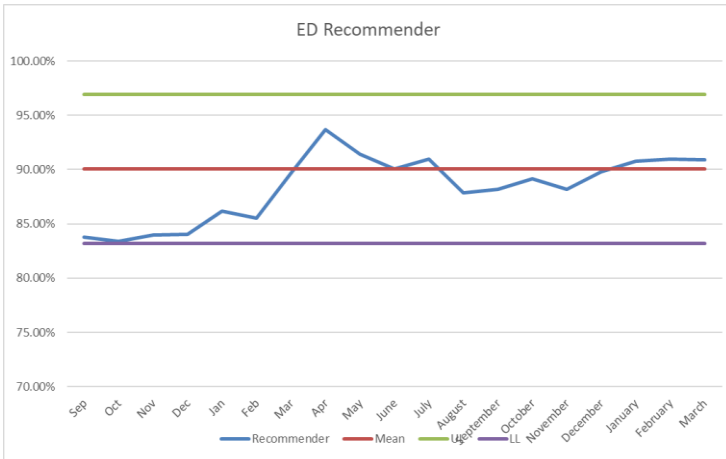
Antenatal		December	January	February	March
ESNEFT	Recommended	0.00%	0.00%	100.00%	93.33%
	Responded	0.00%	0.00%	0.00%	0.00%
National	Recommended	0.00%	0.00%	0.00%	0.00%
	Responded	0.00%	0.00%	0.00%	0.00%

Post Ward		December	January	February	March
ESNEFT	Recommended	100.00%	88.24%	90.00%	95.24%
	Responded	0.00%	0.00%	100.00%	100.00%
National	Recommended	0.00%	0.00%	100.00%	100.00%
	Responded	0.00%	0.00%	0.00%	0.00%

Post Com		December	January	February	March
ESNEFT	Recommended	0.00%	0.00%	0.00%	100.00%
	Responded	0.00%	0.00%	0.00%	0.00%
National	Recommended	0.00%	0.00%	0.00%	0.00%
	Responded	0.00%	0.00%	0.00%	0.00%

Figures for FFT taken from Envoy, still to be ratified by Business Informatics and may be subject to change next month. National score is for February 2020

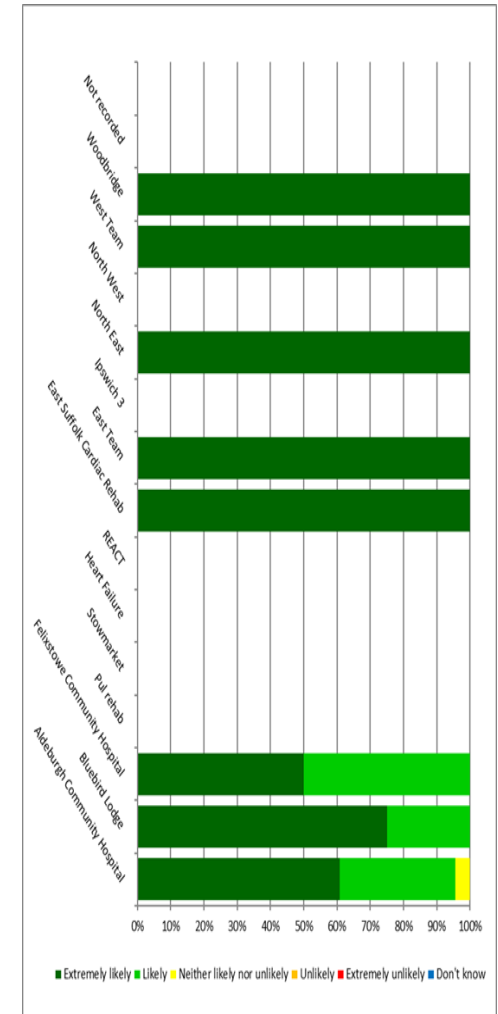
## Patient Experience – Friends and Family Test



The FFT score has jumped sharply at the start of COVID-19, and is continuing to track above the pre COVID-19 average of 85% for ED

The inpatient score has dropped since FFT restart, however still within the expected range.

Outpatients score has dropped significantly, since the FFT restart. This is showing a steady increase however more data is need to ascertain a trend. Analysis of the comments shows 3% of negative comments were “stop” to opt out of the SMS survey, this should reduce over time as patients who wish to opt out will have completed this request.



QR codes not suited to patient  
Demographic: community hospital teams looking at possibility of reintroducing paper surveys.

## TOP FIVE ISSUES

A&E Economy Performance

**95.20%**

Colchester

**95.53%**

Ipswich

**94.69%**

Cancer Performance

**\*78.38%** (unvalidated)

RTT Performance

**61.08%**

Ambulance Handover

**44** excess of 60 mins

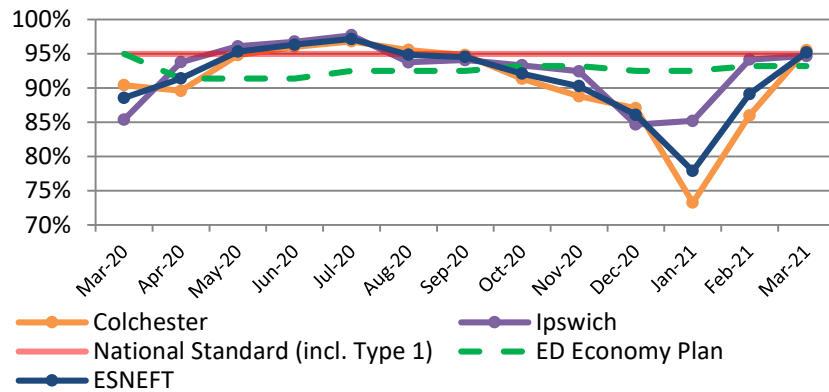
Diagnostics Performance

**13.16%**

### URGENT CARE

Performance in line with Trajectory

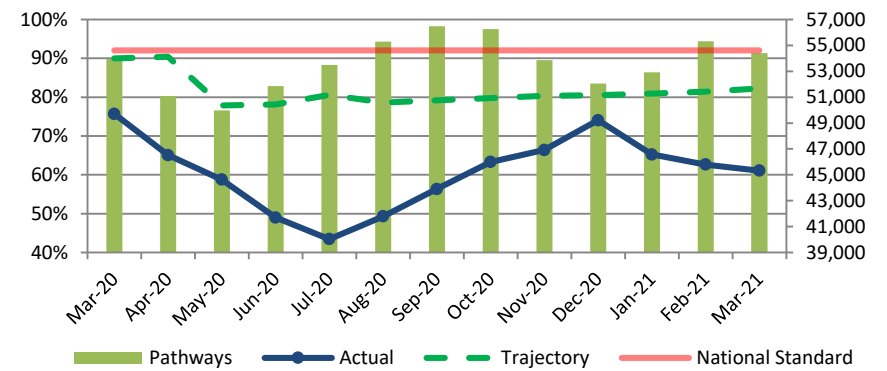
ED Economy 4 Hr Standard -Trajectory vs Actual



### RTT

Exception Report Needed

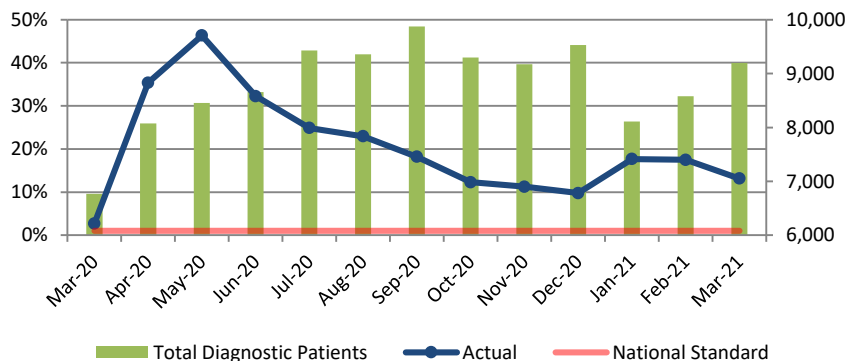
RTT Incompletes - Trajectory vs Actual



### DIAGNOSTICS

Exception Report Needed

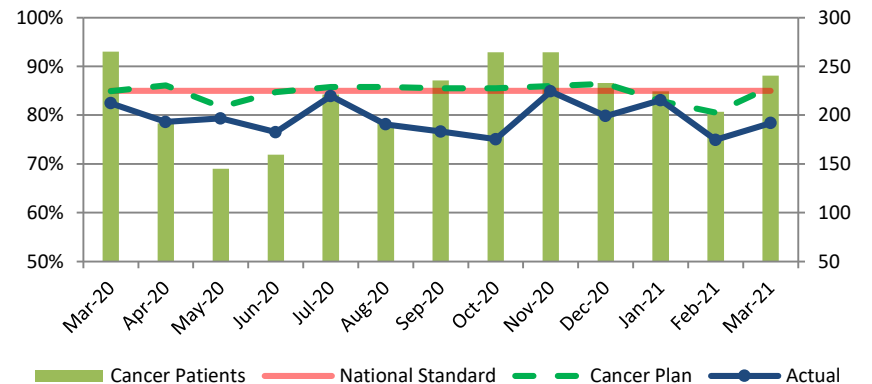
Diagnostic Standard



### CANCER

Exception Report Needed

Cancer 62 Waits Standard - Trajectory vs Actual



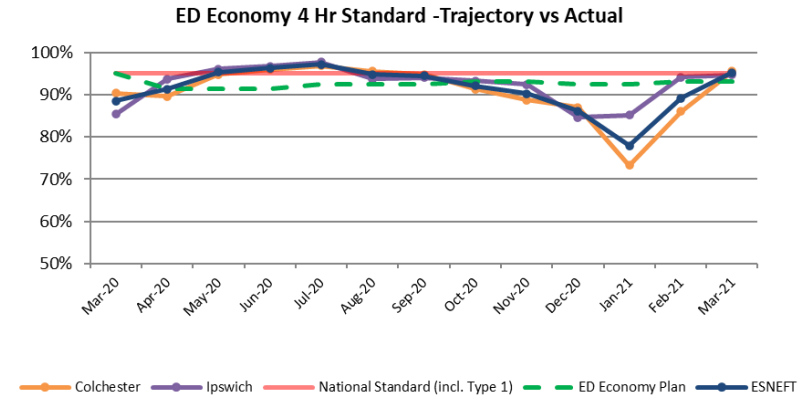
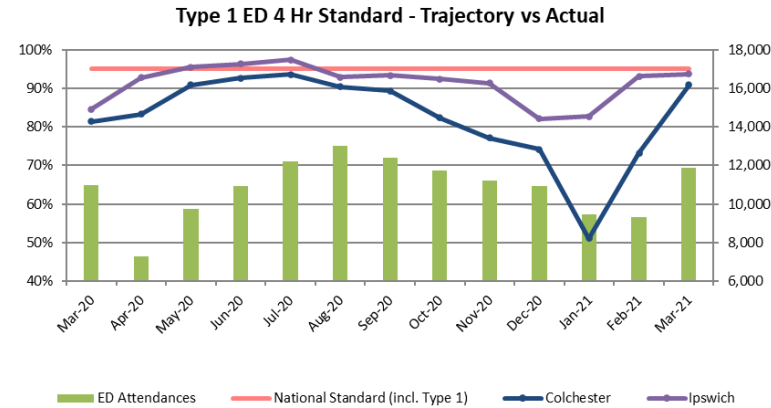


Performance against the 4 hr standard for Type 1 for March 2021 reported 90.94% for Colchester which was an increase on the February 2021 performance of 73.22%. Ipswich also reported an increase in performance to 93.68% in March 2021, from 93.10% in February 2021. Both fell short of the National Standard of 95%.

ED Economy performance for March 2021 reported 95.53% for Colchester and 94.69% for Ipswich.

The ESNEFT Economy performance reported 95.20% in March 2021 which was an increase on the February 2021 performance of 89.14%; this was above the trajectory set for March 2021 of 93.2% and above the National Standard of 95%.

## Monthly Trend



### Colchester

Performance in March increased for both Type 1 and for Economy standard. Suspected & confirmed COVID-19 presentations within the department reduced significantly in line with national figures.

Type 1 daily patient attendance increased from an average of 164 per day in February to an average of 181 per day. Average attendance in the COVID-19 area of ED reduced to 13 per day indicating a shift back to pre-COVID-19 pressures on the department.

The Urgent Treatment Centre saw a significant uptake in attendance, with a 50% increase in March against the previous 4 months. Attendance numbers continue to increase into April as lockdown regulations relax.

### Ipswich

Ipswich ended the 20/21 FY on 93% against the 4 hour standard for all ED attends. March showed an increase in attends in all areas, up 32% on February's attends. Despite increased attends IH site continued with good flow and minimal closed beds allowing throughput in ED to both ward and assessment areas and increased utilisation of GP streaming slots in the last month of the extended hours contract.

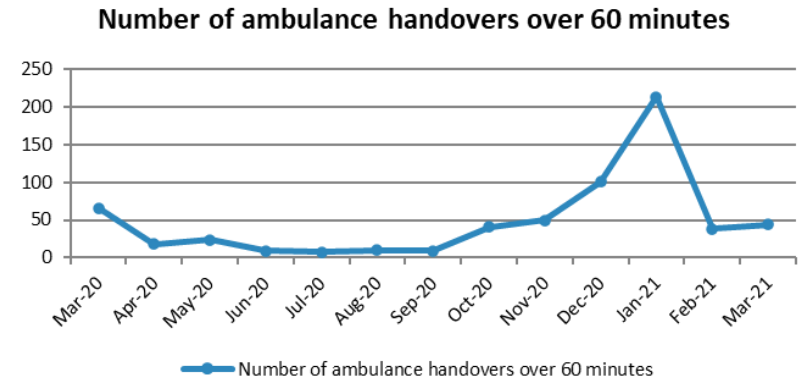
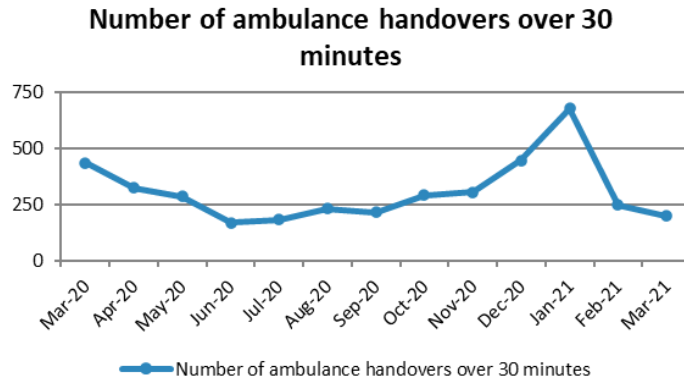
ED attends have continued to increase during April 2021 back to 98% of pre-COVID-19 levels with a further increase in the utilization of GP slots. Nosocomial outbreaks in April have impacted on speciality capacity and there are a number of patients who do not have the right to reside, however the team is unable to discharge them until the end of the isolation period. This has resulted in a large amount of unusable capacity impacting on flow from the front door.

**60 minute handover breaches for March 2021 reported an increase from 38 in February 2021 to 44 in March 2021.**

Handovers over 30 minutes reported a decrease from 251 in February 2021, to 201 in March 2021.

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

## Monthly Trend



## Service Commentary

### Ipswich

Ambulance arrivals have now returned to pre-COVID-19 levels and there were the same number of ambulance arrivals in March 2021 as there were in January 2020 showing a return to winter pressure demand. Ongoing work as part of emergency care program board over utilisation of prehospital services such as GP fed advice line and REACT services for admission avoidance. Continued local work between ED and EEAST to review ambulance arrivals that could have sourced care elsewhere, or identify new pathways for ICS consideration. Despite a return to normal volumes ambulance offload delays decreased compared to January 2020 aided by the movement of minor illness and injury to the fracture clinic resulting in an additional three majors cubicles which supported ambulance off loads and reduced corridor care.

### Colchester

Total Ambulance attendances increased from 2,795 in February to 2,961 in March.

Average ambulance attendance reduced from 100 per day in February to 96 per day in March.

Total 30min+ offload delays decreased from 82 in February to 31 in March and a percentage decrease for total offload delays in month of 2.9% in February to 1% in March.

There were no 60 minute offload delays in March.

As attendances rise into April. System partners are looking at full utilization of community services to ensure suitable patients are treated at home without coming into the acute environment.

**62 Day Cancer Waits for 1st Treatment remains below Target. Performance for March 2021 was 78.38%, this is below the 85% National standard**

2WW wait from referral to first seen was below target at 92.4% for March 2021 against a 93% National standard.

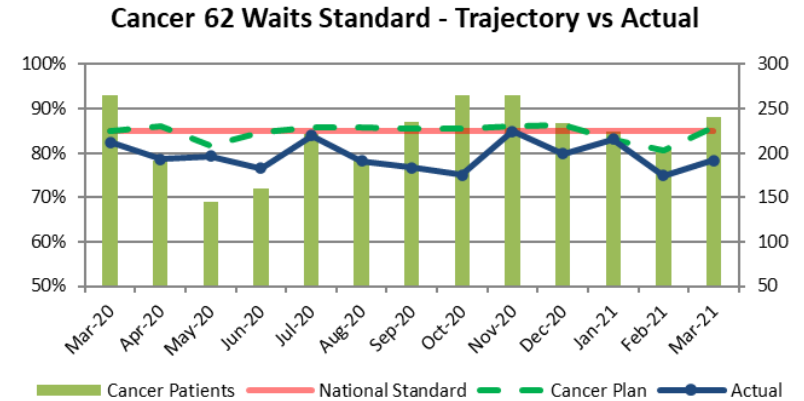
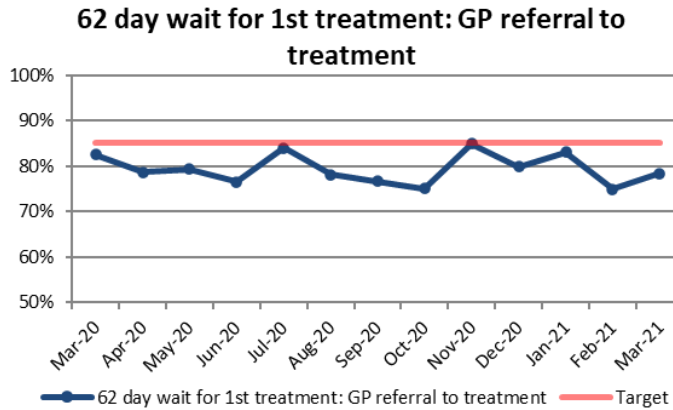
31 day wait from decision to treat to treatment for March 2021 was 89.2% which is below the National standard of 96%.

The number of patients currently waiting (snapshot) 104+ days on a 62 day first Cancer pathway has decreased for March 2021 to 56 from a reported 57 patients in February 2021

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

*\*\*Unvalidated figures as at 20/04/2021. Final figures for March 2021 will be available in May 2021 after submission*

## Monthly Trend



## Service Commentary

A much improved 2WW performance from previous months mainly due to improvements on the breast pathway – Colchester patients being offered the opportunity to be seen at Ipswich has effectively evened out the waiting times on each site. This allowed an immediate recovery in month. However due to the significantly higher than average referrals received by the Trust and ongoing consultant vacancies, performance is not sustainable. In order to support further recovery however an Insourcing SLA has been approved and the company will commence with bi-weekly Saturday clinics from 1st May.

31 day performance shows a drop against previous months which is mainly due to theatre capacity for LGI, tertiary delays for Urology and Skin and a number of breast patients that had commenced on hormones but where surgery was still the planned treatment. Surgery would then be planned quite a while after the DTT so patients would breach 31 days – This was expected as hormone treatment (breast and prostate) will not stop the cancer pathway where surgery is planned at a later date. This position will improve as the backlog is cleared.

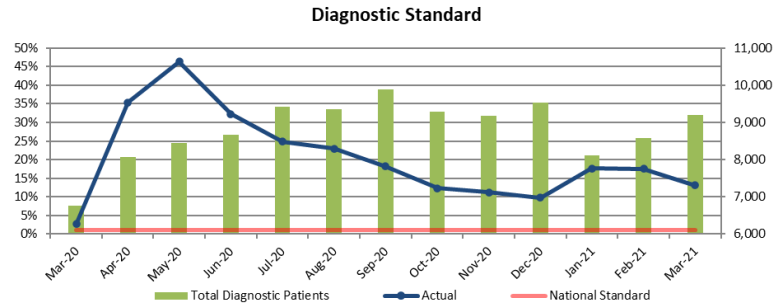
62 day performance: Improvement on the previous month with a higher number of breaches seen in LGI, UGI and Breast. Although there were a number of breaches due to delays with theatre capacity and HDU availability, it's worth noting that there are a number of breaches in the system due to patient fitness. This has been noted across the system, where COVID-19 delays have meant that a patients health has deteriorated whilst they have been waiting for a treatment date.

104+ day position remains steady with the highest number of long waiters being within Lower and Upper GI. Many are awaiting clinical review and are not expected to have a cancer diagnosis, others are diagnosed and either have a TCI booked or are too unfit to proceed at this time. Urology is a combination of patient fitness and those awaiting a TCI date at our tertiary centres.

Other Cancer Standards	Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
2 week wait from referral to date first seen: All	93%	84.1%	90.8%	96.9%	93.4%	90.4%	88.8%	83.4%	91.5%	84.4%	86.2%	81.0%	84.8%	92.4%
31 day wait from diagnosis to 1st treatment	96%	91.6%	88.1%	93.8%	89.5%	92.3%	93.0%	90.1%	93.1%	94.0%	93.8%	98.0%	95.7%	89.2%
62 day wait for 1st treatment: GP referral to treatment	85%	82.5%	78.6%	79.3%	76.5%	83.9%	78.1%	76.6%	75.0%	84.9%	79.8%	83.1%	74.9%	78.4%
104+ days on 62 day first PTL (showing 100+ prior to Mar 17)	0	40	50	99	215	156	127	68	51	42	50	63	57	56

Diagnostic performance for March 2021 reported 13.16% which failed to meet the National standard of 1%.

## Monthly Trend



## Service Commentary

In March there were 1,210 breaches in total across ESNEFT, a 19.4% decrease. Overall DM01 waiting list increased by 7.2% compared to February.

**Urology** – Routine cystoscopies starting to be booked. Plan is to have DM01 cleared by end of June 2021. The division’s main area of concern are IHT cystometry, looking at extra clinics at IHT to reduce backlog.

**Neurophysiology** – Medicine finished March with 0 breaches across Cardiology, Sleep Studies and Neurophysiology

**Endoscopy Colchester** – Elmstead Endoscopy is now fully staffed following the return of the redeployed nursing workforce back w/b 5/04/21. The unit has returned to running to Pre-COVID-19 levels of activity, we are running 3 rooms, 7 days a week, including bank holidays where possible. However, this is heavily dependent on insourcing. Elmstead current polling time for 2ww is 13 days. Colchester current numbers:- 25 2ww, 47 urgent, 225 routine. Surveillance numbers have reduced from 1,085

**Endoscopy Ipswich** - Ipswich Endoscopy staff have returned from redeployment with the exception of one staff member. The service is now running 3 lists as before with the 4 point change to ensure space in recovery. YMS are working with the service from May and we will be supplementing with our own staff as pre COVID-19. Ipswich current numbers:- 39 2ww, 58 urgent, 169 routine and 448 surveillance.

**Cardiorespiratory (echos)** Routine echoes currently being booked within breach date. 24 Hour Tapes currently being booked within breach date. The Drive through service in Clacton for <24 Tapes is now up and running successfully with up to 40 additional lists per week. Lung Function 130 (Routine) 178 (Planned) service is waiting for new machine to be delivered and confirmation as to where it will be situated. Regular sessions for stress echoes have now started as clinical staff have been released from the wards. Bubbles and contrasts will also be added onto the end of stress echo lists. Exercise Tests currently being booked within breach date. A new Cardiographer has started and will be performing ECGs on regular sessions, space permitting.

**Medical Imaging** – Ultrasound on Ipswich site continues to be a significant contributor to our medical imaging breaches. Improvements have been arranged to ensure the backlog is cleared by May 2021, including additional clinics and joint site working. CT on both site are well managed and MRI capacity modeling is underway to mitigate the private sector support being reduced.

**Rheumatology Ipswich** – DEXA continues to be the main contributor to overall ESNEFT imaging breaches in March (420).

Diagnostic Standard - Details	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
DM01 6+ week breaches	183	2858	3918	2792	2346	2147	1796	1144	1031	932	1433	1502	1210
DM01 Endoscopy 6+ week breaches	44	681	1078	1314	1314	1196	844	473	279	240	438	505	548
DM01 Imaging 6+ week breaches (excl DEXA)	8	1217	1915	735	169	97	88	92	45	137	318	319	99
DM01 DEXA 6+ week breaches	0	0	12	77	346	391	430	326	429	454	467	499	420
DM01 Physiology 6+ week breaches	131	960	913	666	517	463	434	253	278	101	210	179	143
DM01 Waiting List	6770	8076	8455	8658	9428	9358	9876	9289	9176	9530	8112	8580	9194

The Initial Value for Direct to Stroke Unit is below the target of 90% at 73.4% for March 2021

Scanned within one hour met the 50% target. ESNEFT in March 2021 reported 68.4%.

The Initial Value reported for March 2021 performance of patients spending 90% of their stay on stroke unit met the target of 80% at 87.3%

## Monthly - ESNEFT

Stroke - ESNEFT combined AF Values														
Standard	Target	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% patients admitted directly to stroke unit within 4 hours of hospital arrival	90%	81.8%	80.0%	86.2%	82.9%	79.3%	74.3%	79.2%	75.2%	76.4%	61.0%	64.9%	62.9%	73.4%
	Numerator/Denominator	63/77	52/65	75/87	63/76	73/92	75/101	76/96	82/109	68/89	72/118	48/74	56/89	69/94
% patients who scanned within one hour of hospital arrival	50%	72.5%	59.3%	68.6%	71.6%	67.1%	73.3%	69.6%	63.3%	70.5%	66.3%	75.4%	69.9%	68.4%
	Numerator/Denominator	50/69	35/59	48/70	53/74	55/82	66/90	64/92	57/90	55/78	67/101	49/65	51/73	54/79
Patients spending => 90% of their stay on a stroke unit	80%	89.3%	85.7%	87.0%	83.8%	78.4%	86.8%	85.6%	86.5%	82.8%	75.2%	79.0%	80.0%	87.3%
	Numerator/Denominator	67/75	60/70	67/77	62/74	69/88	79/91	77/90	90/104	72/87	88/117	49/62	64/80	69/79

## Service Commentary

**Stroke 4 hours Standard – 73.4% (69/94)** of patients were admitted directly to the stroke units within 4 hours of Hospital arrival in month; an improvement on the previous month’s performance. Both units have ring-fenced stroke beds for direct admissions; reiterating the need to ensure stroke capacity with both Site Teams. Pre-alerts continue as patients approach ED and ASN cover has been good in month.

**68.4% of Patients were scanned within one hour of hospital arrival (54/79).** A slight decrease in percentage performance in month. Both departments continue to work closely with ED 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 by the Consultants. Delays with CT has been an issue and presentation where stroke was not the primary presentation has been seen in month too.

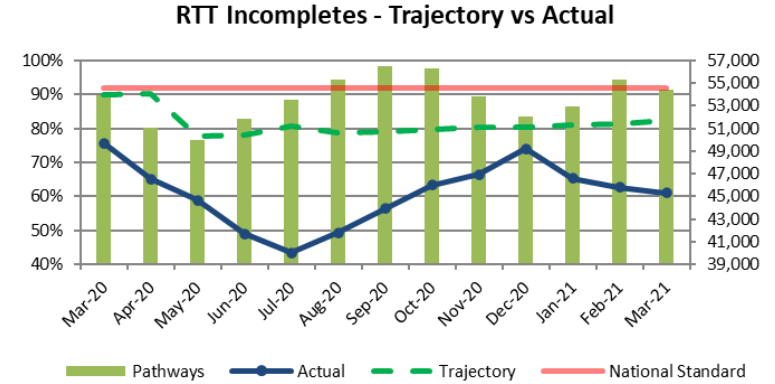
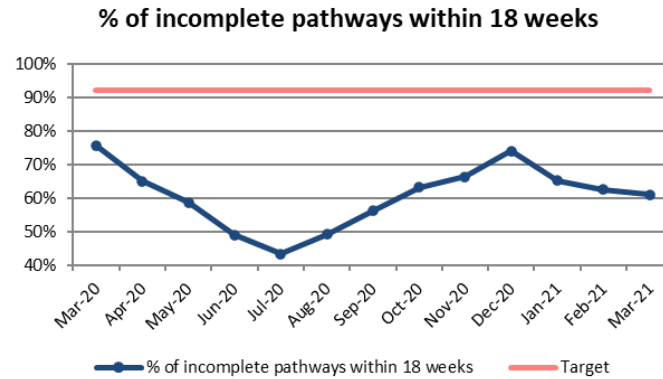
**87.3% of patients spent 90% of time on the stroke unit (69/9;9).** Increase in position from last month and highest performing month on this standard since May 2020. Larger strokes have a longer length of stay on the units; and a number of severe strokes have presented in month on both units. On the Colchester site; stroke/rehab pathways are being reviewed; working closely with system partners as to how these can be enhanced.

*\*Provisional figures as at 20/04/2021. Final figures for March 2021 will be available next month*

March 2021 RTT position reported 61.08%. This is below the National Standard of 92%.

There were a total of 4,013 52+ week breaches for March 2021: Colchester reported 1,580, Oaks reported 399 and Ipswich reported 2,034.

### Monthly Trend



### Service Commentary

Divisions have developed recovery plans which are ambitious to reduce the number of patients waiting over 52 weeks. As at the end of March 2021 the total number of patients waiting over 52 weeks was 3,575 (not including the Oaks). The plans show for General Surgery, Gynecology and Orthopedics they are unlikely to reduce all patients over 52 weeks in this current year.

Planning Guidance has now been received and outlines the activity thresholds required and gateway requirements for access to the additional recovery funding. Nationally there are discussions around what the 'backstop' will be i.e. 104 weeks by the end of Q2 with a further reduction in year. Divisions are modelling this at 78 weeks at the moment and due by April 30<sup>th</sup>.

Independent Sector support from the Oaks (for Q1/Q2) and the Nuffield (for Q2) has been secured for recovery. The team are also working with West Suffolk Hospital colleagues as part of the system wide approach to patient care due to the challenges during the summer whilst extensive building works take place, this may affect the overall delivery for reducing the backlog for ESNEFT.

Patients over 78 weeks are a focus. This is being driven by Gynae/T&O at the Colchester site and General Surgery/Oral at the Ipswich site. The clinical prioritisation work shows that the majority of these patients are P3 and P4 with 4 x P2 patients on the Ipswich site who have dates for surgery. Over 85% of these patients sit between weeks 78 to 83 weeks and we are also closely monitoring the patients sitting between 52 weeks and 78 weeks to ensure that all P2 patients are identified and dated. This is in conjunction with booking cancer patients and clinically urgent patients who are requiring treatment.

The Trust has seen a decrease in the number of patients sitting between 40 and 51 weeks (1,895 28 Feb 21/1,534 28 March 21).

Other RTT Standards	Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
% of incomplete pathways within 18 weeks - admitted	92%	53.9%	40.2%	32.9%	25.1%	21.3%	26.0%	32.7%	39.6%	44.7%	46.1%	42.2%	37.2%	33.0%
% of incomplete pathways within 18 weeks - non-admitted	92%	80.2%	70.7%	65.3%	55.7%	49.5%	55.3%	62.1%	69.1%	71.6%	73.3%	71.2%	69.2%	68.1%
Number of RTT Incomplete pathways >52 weeks	0	49	205	431	821	1067	1283	1304	1614	1673	1903	2505	3503	4013
Total Backlog	-	13127	17854	20588	26557	30259	28029	24650	20602	18095	16801	18294	20650	21068

## Month 12 Performance

Summary Income and Expenditure	March			Full Year		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Clinical Income	65,515	74,233	8,718	770,648	778,302	7,654
Other Income	2,864	21,631	18,767	35,661	59,855	24,194
<b>Total Income</b>	<b>68,379</b>	<b>95,864</b>	<b>27,485</b>	<b>806,309</b>	<b>838,157</b>	<b>31,848</b>
Pay	(41,148)	(47,517)	(6,369)	(480,328)	(486,872)	(6,544)
Non Pay	(25,266)	(44,337)	(19,071)	(297,465)	(320,492)	(23,027)
<b>Total Expenditure</b>	<b>(66,414)</b>	<b>(91,853)</b>	<b>(25,439)</b>	<b>(777,793)</b>	<b>(807,364)</b>	<b>(29,571)</b>
<b>EBITDA</b>	<b>1,965</b>	<b>4,011</b>	<b>2,046</b>	<b>28,515</b>	<b>30,792</b>	<b>2,277</b>
Impairments	-	(2,903)	(2,903)	-	(2,903)	(2,903)
Other Non Operating	(2,557)	(971)	1,586	(30,409)	(28,428)	1,981
<b>Surplus / (Deficit)</b>	<b>(592)</b>	<b>137</b>	<b>729</b>	<b>(1,894)</b>	<b>(539)</b>	<b>1,355</b>
<b>EBITDA %</b>	<b>2.9%</b>	<b>4.2%</b>		<b>3.5%</b>	<b>3.7%</b>	
<b>Performance Against CT</b>						
Impairments	-	(2,903)	(2,903)	-	2,903	2,903
Adjust transfers by absorption	-	-	-	-	(318)	(318)
Centrally Procured Inventories	-	(739)	(739)	-	(739)	(739)
FA donations	-	40	40	-	40	40
Consumables Donated DHSC	-	12,020	12,020	-	12,020	12,020
Donated Income/Depreciation	29	(13,308)	(13,337)	332	(13,060)	(13,392)
<b>Total Non CT Items</b>	<b>29</b>	<b>(4,890)</b>	<b>(4,919)</b>	<b>332</b>	<b>846</b>	<b>514</b>
<b>Performance Against CT</b>	<b>(563)</b>	<b>(4,752)</b>	<b>(4,189)</b>	<b>(1,562)</b>	<b>308</b>	<b>1,870</b>
Exclude PSF/FRF/MRET	-	-	-	-	-	-
<b>Performance exl PSF/FRF/MRET</b>	<b>(563)</b>	<b>(4,752)</b>	<b>(4,189)</b>	<b>(1,562)</b>	<b>308</b>	<b>1,870</b>

### Draft year End Position

The Trust is reporting a surplus of £0.3m for the year (after adjusting for non control total items). This represents a favourable variance of £1.9m against control total.

Before adjusting for non control total items a deficit of £0.5m is reported, this is largely driven by impairments of £2.9m.

Work is still ongoing to finalize the accounts for submission on 27 April but the reported position is not expected to materially change. This position will then be subject to external audit review.

### Non Control Total Items

These are items that are excluded when calculating financial performance against the control total. These include impairment of fixed assets and donated equipment income and depreciation. For this year, donated income is particularly high due to the receipt of donated COVID-19 equipment and consumables from DHSC. The cost of these consumables is also excluded.

### Cash Position

The Trust held significant levels of cash at the end of March. The particularly high cash holding is driven by receipt in May of approximately £35m FRF (including the notified bonus) / STF monies related to 19/20 and high levels of capital creditors/accruals at month 12. The Trust is also endeavouring to pay all creditors within 7 days as nationally required. Where invoices can be matched to orders this is achievable. However, where further authorization is required this December not be possible although the Trust makes payments are made as soon as appropriate authorization is obtained. This is reflected in the Trust's Public Sector Payment Performance (PSPP) for non-NHS invoices. In 2019/20 the Trust paid on average 68.9% of these invoices within 30 days. This has risen to 86.7% cumulatively to the end of March.



## 2020/21 CIP & Capital Programme

### CIP Year to Date

Most divisions were behind plan for the year. For month 12 most divisions maintained their existing CIP positions.

CIP Delivery by Division	March			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	213	240	27	3,483	3,294	(189)
Integrated Pathways	151	142	(9)	1,816	1,738	(78)
Medicine Ipswich	119	168	49	1,426	1,368	(58)
Medicine Colchester	115	103	(11)	1,378	1,349	(29)
MSK and Specialist Surgery	173	211	38	2,076	2,128	52
Surgery, Gastro & Anaesthetics	206	121	(85)	2,515	1,834	(681)
Women's and Children's	122	103	(18)	1,351	751	(600)
<b>Total Operations</b>	<b>1,098</b>	<b>1,087</b>	<b>(11)</b>	<b>14,045</b>	<b>12,462</b>	<b>(1,583)</b>
Corporate Services	220	140	(80)	2,837	2,284	(553)
Non Divisional	161	161	-	1,928	1,928	-
<b>Total Trust</b>	<b>1,479</b>	<b>1,388</b>	<b>(91)</b>	<b>18,810</b>	<b>16,674</b>	<b>(2,136)</b>

### Final Position

The final position for 20/21 is an achievement of £16.7m against a target of £18.8m. This is a shortfall of £2.1m against target.

### Planning for 21/22

- 89% of PIDs for FYE CIP delivery have passed QIA
- The Full Year Effect of current CIP schemes is £10.5m, or a £8.3m shortfall against the target which will be carried forward into 21/22
- The Trust has planned on an additional 2.5% CIP on expenditure budgets excluding pass-through costs for 21/22, which totals £15,692k. Adding the 20/21 recurrent shortfall of £8,324k gives a total CIP requirement for 21/22 of £24,016k or 3.8% of divisional expenditure budgets (excluding pass-through).

### Capital Expenditure

At the end of March there was an overspend against plan of £8.6m.

This 'overspend' was agreed with NHSEI and while benefiting the Trust who had cash to support the spend, also supported the region in delivering their capital targets.

### Capital Plan

The capital plan was initially agreed at £37.5m for 2020/21. In March this has now increased to £55.0m to reflect additional capital funding provided in year.

Significant additions include:

- Molecular Biology Lab (£5.2m),
- UEC Winter Funding (£3.8m),
- Critical infrastructure (£2.9m), and
- ICT Funding (£3.8m).

Capital Programme	Full Year		
	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	17,480	26,389	(8,909)
Non-Medical Equipment	138	143	(5)
ICT	9,362	8,065	1,297
Estates & Facilities	2,705	3,382	(677)
STP Funded Development	1,769	2,753	(984)
Schemes	23,062	22,571	491
PFI Lifecycle Costs	457	298	159
<b>Total Capital Programme</b>	<b>54,973</b>	<b>63,602</b>	<b>(8,629)</b>

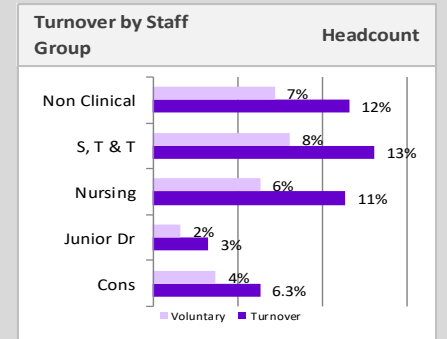
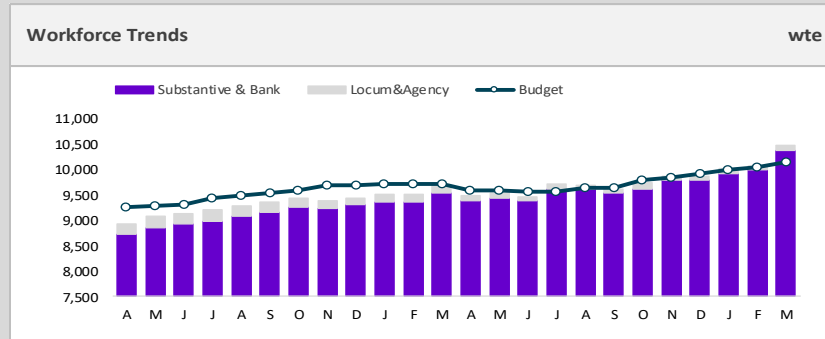
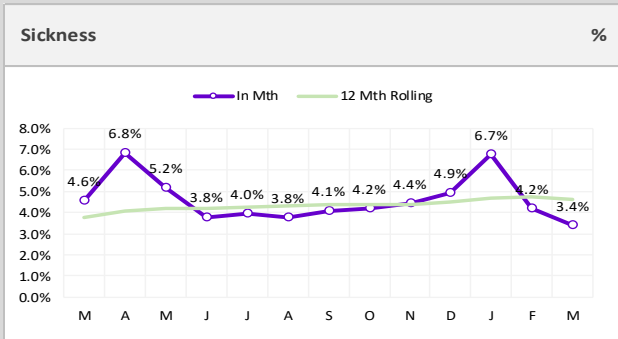
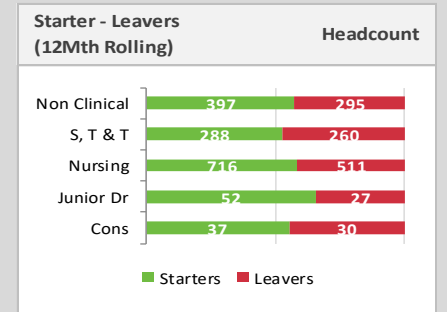
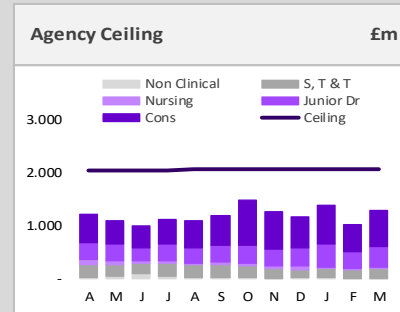
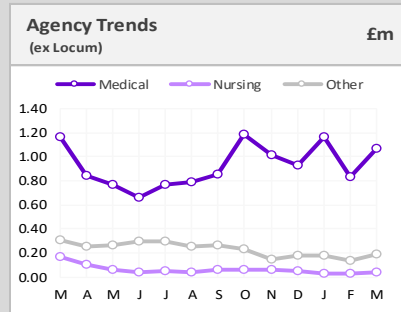
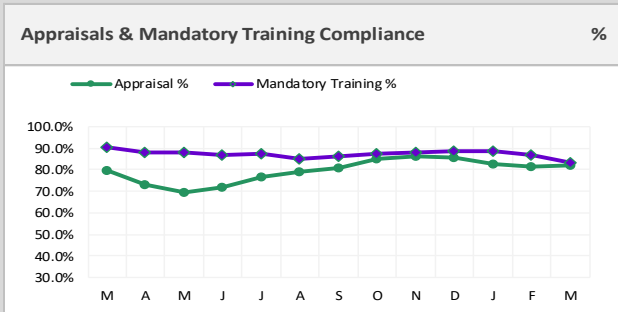
# Workforce Dashboard

March 2021

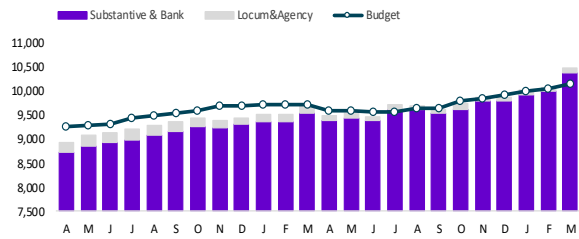
## Trust Level



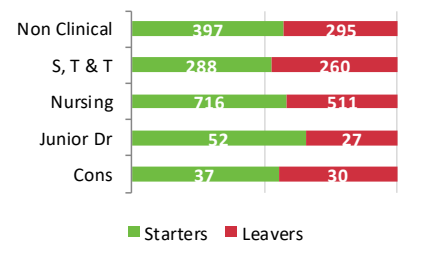
Key Metrics	Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Ceiling	Ward Fill Rate
Performance	<b>5.5%</b>	<b>£13.1m</b>	<b>3.4%</b>	<b>83.5%</b>	<b>82.3%</b>	<b>6.6%</b>	<b>£10.31m</b>	<b>90.3%</b>
Target	Budget 9927wte	Budget £474.5m	3.5%	95%	85%	12%	(£24.54m)	95%
Achieved	Contracted 9381wte	Spend £487.7m	3.4%	View portal for detail	82.3 out of 100 staff		(£14.22m)	
Vs Prior Month	↓	↓	↓	↓	↑	↓	↑	↑
Prior Month	5.7%	£6.47m	4.2%	87.1%	81.3%	6.7%	£9.56m	87.5%



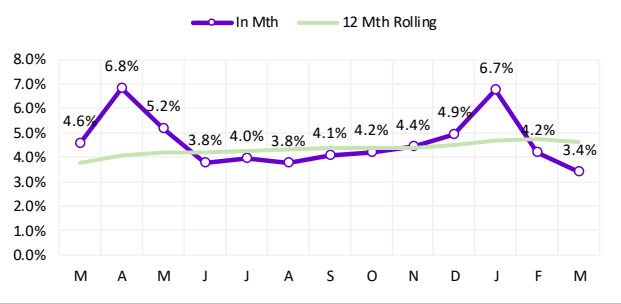
## Workforce Trends wte



## Starter - Leavers (12Mth Rolling) Headcount



## Sickness %



## Commentary

### Recruitment

In March, the number of staff in post increased to 9,381 WTE (February 9,308). The Trust continues to have more starters than leavers overall and in the majority of clinical groups.

The Trust's rolling voluntary turnover for March decreased to 6.6% from 6.7% in February. This has been steadily improving in recent months, and compares well nationally.

### Sickness

Sickness in March decreased from 4.2% in February to 3.4%. We continue to carefully monitor reasons for absence.

The Wellbeing Hub, which was launched last October and comprises of four functions; Occupational Health, Raising Concerns and two new services; Health & Wellbeing and the Staff Psychology Service. It continues to work collaboratively with Divisional Management Teams through the HR/OD Business Partners to support staff during the recovery process. Individual and team interventional work is underway which includes psychological debriefs, decompression sessions, tailored wellbeing support, welfare calls made by Mental Health First Aiders and Brew Crew support.

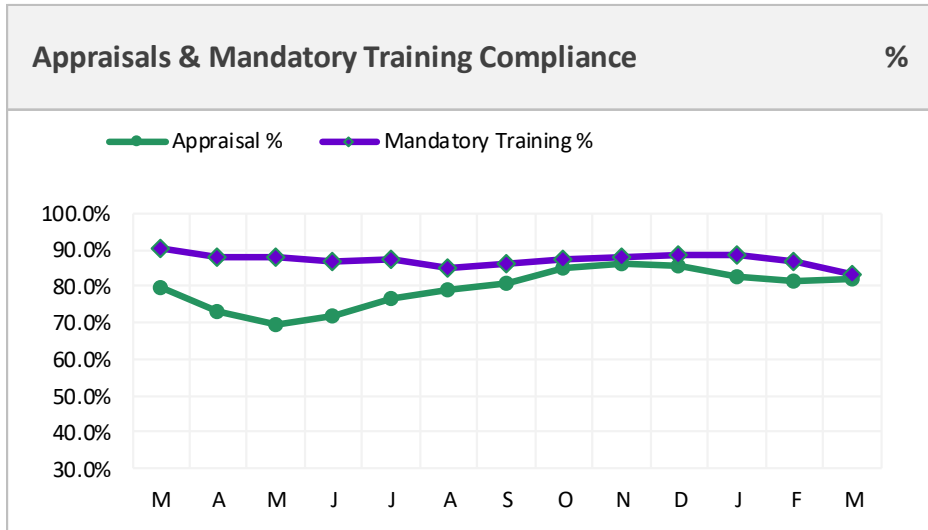
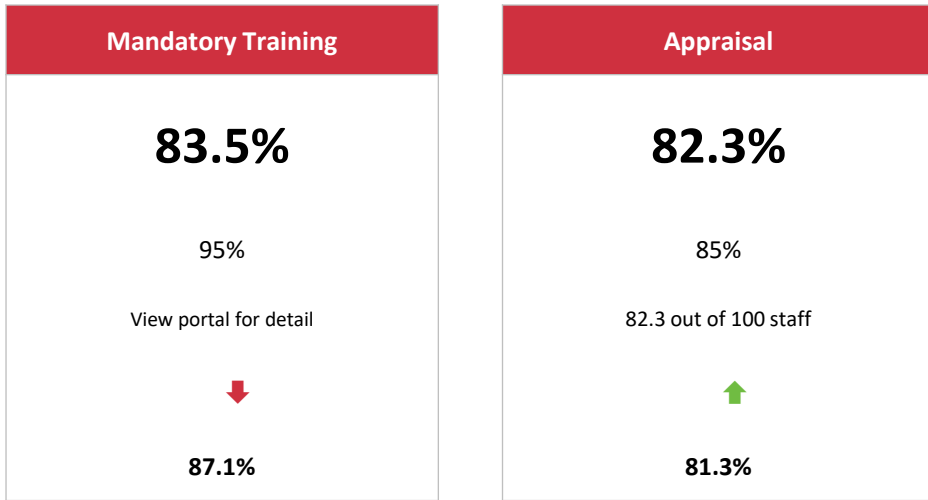
## Risks & Mitigating Actions

### Recruitment

The vacancy rate continues to reduce and is currently at 5.5%. We are progressing to the position of no established vacancies within nursing or HCAs.

A further 26 international nurses started with the Trust on 21 March. We will be ceasing recruitment from India due to the current health crisis in the country.

We are agreeing the retention strategy which should be available from May 2021. This will support the work of the retention and career partners with improving our retention rates.



## Commentary

### Appraisals

March's compliance rate increased slightly to 82.3%, from 81.3% in February.

During April a number of virtual training sessions have taken place to assist managers in having effective appraisal conversations focusing on individual health and wellbeing and career aspirations.

Listening sessions have taken place to help inform the review of the appraisal process and paperwork.

### Mandatory Training

March's compliance rate decreased to 83.5%, from 87.1% in February.

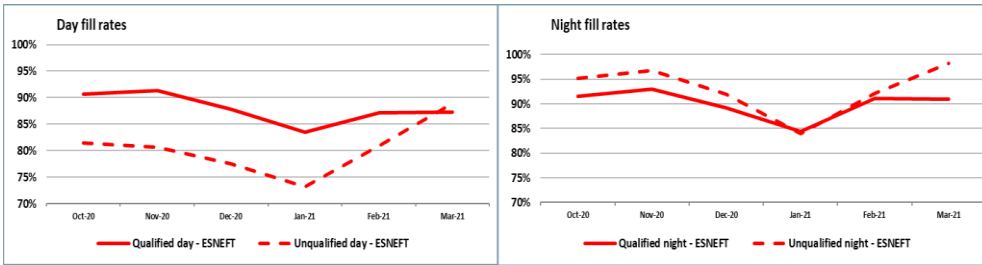
Considerable work has been undertaken to transfer, where possible, elements of mandatory training to an on-line teaching programme.

Where there are taught elements of mandatory training the teams are putting on additional sessions to ensure appropriate social distancing and safety measures are in place.

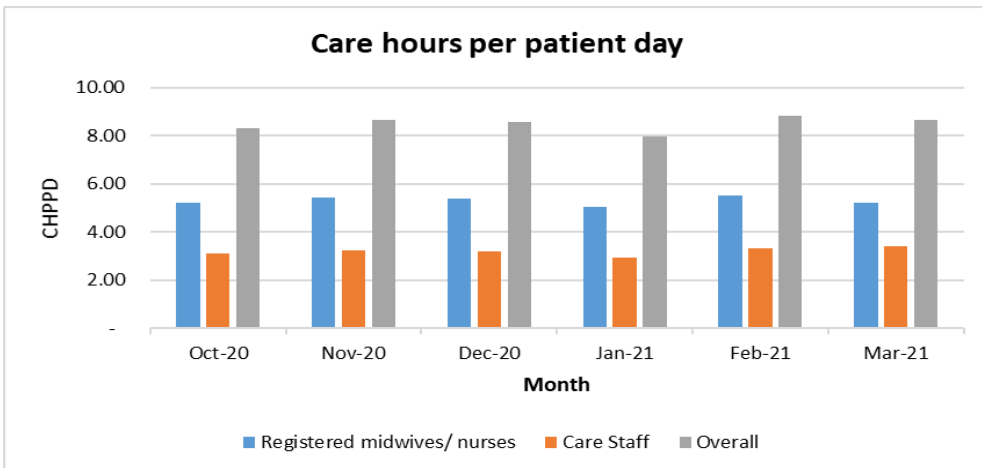
Weekly reminder e-mails have been restarted to advise managers and individuals when their appraisal and/or mandatory training is due or out of date.

Nursing Fill Rates (including care hours per patient day)

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Qualified day - ESNEFT	90.7%	91.3%	87.9%	83.5%	87.1%	87.3%
Qualified night - ESNEFT	91.5%	93.0%	89.2%	84.4%	91.1%	90.9%
Unqualified day - ESNEFT	81.4%	80.7%	77.5%	73.2%	81.0%	88.9%
Unqualified night - ESNEFT	95.2%	96.7%	91.9%	83.9%	92.1%	98.2%
Overall (average) fill - ESNEFT	89.3%	90.0%	86.3%	81.3%	87.5%	90.3%



Care hours per patient day	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Registered midwives/ nurses	5.20	5.44	5.39	5.05	5.50	5.23
Care Staff	3.11	3.22	3.18	2.92	3.31	3.42
<b>Overall</b>	<b>8.30</b>	<b>8.66</b>	<b>8.57</b>	<b>7.97</b>	<b>8.81</b>	<b>8.65</b>



Commentary	Risks & Mitigating Actions
<p>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.</p> <p>We have rolling adverts for recruitment of HCAs and experienced Band 5 Nurses.</p>	<p>We continue to regularly engage with our students in order to prepare them for life as an NQN and are committed to offering posts to all our students.</p> <p>We have a clear plan over the next 3 months and ongoing pipeline for international recruitment until December 2021.</p>
<p>RAG rules                      Less than 80% : Red                      80 - 95%: Yellow                      95 - 101%: Green                      More than 101%: Amber</p>	

	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
--	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------

**All Staff**

Headcount	10,535	10,280	10,413	10,539	10,633	10,380	10,397	10,411	10,447	10,462	10,560	10,735	10,814
Establishment (including agency)	9,704	9,595	9,587	9,562	9,567	9,635	9,627	9,782	9,850	9,910	10,005	10,049	10,154
In post	8,829	8,847	9,012	9,055	9,180	9,114	9,030	9,041	9,031	9,066	9,134	9,308	9,381
Vacancy	874	748	575	506	387	521	597	742	819	844	871	741	773
Vacancy %	9.0%	7.8%	6.0%	5.3%	4.0%	5.4%	6.2%	7.6%	8.3%	8.5%	8.7%	7.4%	7.6%
Establishment (excluding agency)	9,635	9,529	9,521	9,496	9,491	9,555	9,547	9,672	9,730	9,759	9,808	9,868	9,927
Vacancy (excluding agency)	806	682	510	441	311	441	518	631	699	694	674	560	546
Vacancy % (excluding agency)	8.4%	7.2%	5.4%	4.6%	3.3%	4.6%	5.4%	6.5%	7.2%	7.1%	6.9%	5.7%	5.5%

**Turnover**

<sup>1</sup> Turnover (12 Month)	10.2%	10.6%	10.4%	10.0%	10.2%	11.3%	11.1%	12.0%	11.8%	11.8%	11.7%	11.8%	11.7%
<sup>1</sup> Voluntary Turnover (12 Month)	7.1%	7.5%	7.7%	7.0%	7.1%	7.0%	6.8%	6.8%	6.6%	6.7%	6.5%	6.7%	6.6%
<sup>1</sup> Starters (to Trust)	167	136	131	86	87	105	109	100	131	97	202	164	142
<sup>1</sup> Leavers (from Trust)	116	74	62	47	98	223	93	79	80	98	81	72	113

**Sickness**

% In Mth	4.6%	6.8%	5.2%	3.8%	4.0%	3.8%	4.1%	4.2%	4.4%	4.9%	6.7%	4.2%	3.4%
WTE Days Absent In Mth	12,423	18,013	14,358	10,241	10,931	10,544	10,956	11,679	11,898	13,790	18,947	10,871	9,804

**Mandatory Training & Appraisal Compliance**

Mandatory Training	90.7%	88.3%	88.0%	87.1%	87.6%	85.3%	86.2%	87.4%	87.9%	88.5%	88.4%	87.1%	83.5%
Appraisal	79.6%	73.0%	69.6%	72.1%	76.8%	79.1%	80.6%	85.2%	86.4%	85.9%	82.7%	81.3%	82.3%

**Temporary staffing as a % of spend**

Substantive Pay Spend	33,648	34,579	34,828	34,864	35,385	36,400	35,187	34,585	34,983	41,668	35,947	31,098	42,498
Overtime Pay Spend	130	169	178	158	112	118	120	137	162	170	148	215	154
Bank Pay Spend	3,380	2,928	2,524	2,195	2,618	3,029	2,772	3,318	3,799	3,627	4,292	3,527	5,020
Agency Pay Spend	1,642	1,204	1,097	991	1,110	1,080	1,174	1,481	1,218	1,150	1,370	998	1,287
Total Pay Spend	38,801	38,880	38,627	38,208	39,225	40,628	39,253	39,520	40,162	46,616	41,757	35,837	48,960
Agency & Bank %	12.9%	10.6%	9.4%	8.3%	9.5%	10.1%	10.1%	12.1%	12.5%	10.2%	13.6%	12.6%	12.9%
Agency %	4.2%	3.1%	2.8%	2.6%	2.8%	2.7%	3.0%	3.7%	3.0%	2.5%	3.3%	2.8%	2.6%

**Nurse staffing fill rate**

% Filled	90%	81%	85%	82%	88%	87%	88%	89%	90%	86%	81%	87%	90%
----------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

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

	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
<b>Nursing (Qualified) - excluding Midwives</b>													
Establishment (including agency)	2,713	2,726	2,684	2,677	2,630	2,705	2,681	2,769	2,793	2,811	2,915	2,918	2,934
In post	2,495	2,491	2,514	2,514	2,523	2,516	2,516	2,527	2,545	2,534	2,600	2,613	2,645
Vacancy	218	235	171	164	106	190	164	242	248	276	315	305	289
Vacancy %	8.0%	8.6%	6.4%	6.1%	4.0%	7.0%	6.1%	8.8%	8.9%	9.8%	10.8%	10.4%	9.8%
<b>Nursing (Band 5) - excluding Midwives</b>													
Establishment (including agency)	1,455	1,454	1,404	1,406	1,373	1,425	1,393	1,470	1,486	1,498	1,498	1,493	1,491
In post	1,337	1,338	1,337	1,330	1,326	1,317	1,321	1,335	1,335	1,321	1,316	1,330	1,358
Vacancy	118	115	67	75	46	108	72	135	150	176	182	163	133
Vacancy %	8.1%	7.9%	4.8%	5.4%	3.4%	7.6%	5.2%	9.2%	10.1%	11.8%	12.1%	10.9%	8.9%
<b>Consultants</b>													
Establishment (including agency)	497	496	495	484	488	497	494	494	498	501	500	502	502
In post	414	417	419	422	421	426	423	423	422	417	424	428	427
Vacancy	83	79	76	62	67	72	70	71	75	83	75	74	75
Vacancy %	16.8%	16.0%	15.3%	12.9%	13.7%	14.4%	14.3%	14.4%	15.1%	16.7%	15.1%	14.7%	14.9%
<b>Junior Medical</b>													
Establishment (including agency)	661	653	669	672	671	673	667	676	703	696	697	711	718
In post	638	631	651	658	658	647	675	682	653	665	660	680	651
Vacancy	22	22	18	14	13	25	(8)	(5)	50	31	36	31	67
Vacancy %	3.4%	3.4%	2.7%	2.1%	1.9%	3.8%	-1.2%	-0.8%	7.1%	4.5%	5.2%	4.4%	9.4%
<b>Scientific, Technical and Therapeutic</b>													
Establishment (including agency)	1,780	1,770	1,761	1,757	1,750	1,772	1,772	1,793	1,776	1,798	1,820	1,810	1,803
In post	1,610	1,616	1,646	1,646	1,665	1,678	1,679	1,698	1,691	1,706	1,717	1,723	1,748
Vacancy	169	154	116	111	85	94	93	95	85	91	103	87	55
Vacancy %	9.5%	8.7%	6.6%	6.3%	4.9%	5.3%	5.3%	5.3%	4.8%	5.1%	5.7%	4.8%	3.0%



2WW	2 Week Wait	LMNS	Local Maternity and Neonatal System
AF	Accountability Framework	MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
CCG	Clinical Commissioning Group	MDT	Multidisciplinary Team
CCU	Critical Care Unit	NED	Non Executive Director
CGH	Colchester General Hospital	NNU	Neonatal Unit
CH	Colchester Hospital	NQN	Newly Qualified Nurse
CHC	Continuing Healthcare	NRLS	National Reporting and Learning System
CIP	Cost Improvement Plan	PALS	Patient Advice and Liaison Service
COHA	Community Onset Healthcare Associated	PAS	Patient Administration System
CVC	Central Venous Catheter	PFI	Private Finance Initiative
CYE	Current Year Effect	PID	Project Initiation Document
DAM	Divisional Accountability Meeting	PPH	Postpartum haemorrhage
DHS	Dynamic Hip Screw	PROMPT	Practical Obstetric Multi-professional Training
DHSC	Department of Health & Social Care	PSII	Patient Safety Incident Investigation
DM01	Diagnostics Waiting Times and Activity	PSPP	Public Sector Payment Performance
DNA	Did Not Attend	Q1	Quarter 1
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	Q2	Quarter 2
DOC	Duty of Care	QI	Quality Improvement
DTT	Decision to Treat	QIA	Quality Impact Assessment
ED	Emergency Department	QR	Quick Response
EEAST	East of England Ambulance Service	RAG	Red Amber Green
EMLSCS	Emergency Lower Segment Caesarean Section	RCA	Root Cause Analysis
EOL	End of Life	REACT	Reactive Emergency Assessment Community Team
FFT	Friends and Family Test	RTT	Referral to Treatment
FRF	Financial Recovery Fund	SHMI	Summary Hospital Mortality Indicator
FYE	Full Year Effect	SI	Serious Incident
HCA	Health Care Assistant	SLA	Service Level Agreement
HDU	High Dependency Unit	SMR	Standardised Mortality Ratio
HOHA	Healthcare Onset Healthcare Associated	SOF	Single Oversight Framework
HR/OD	Human Resources/Organisational Development	SRO	Senior Responsible Officer
HSMR	Hospital Standardised Mortality Ratio	STF	Sustainability and Transformation Fund
I&E	Income & Expenditure	T&O	Trauma & Orthopaedics
ICS	Integrated Care System	TCI	To Come In
IH	Ipswich Hospital	UGI	Upper Gastrointestinal
IMCA	Independent Mental Capacity Advocate	UTI	Urinary Tract Infection
IPCN	Lead Infection Prevention and Control Nurse	WTE	Whole Time Equivalent
LD	Learning Disabilities	YTD	Year to Date
LGI	Lower Gastrointestinal		