



Month 2
(May)



East Suffolk and
North Essex
NHS Foundation Trust

Performance report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors
Thursday 8th July 2021

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

1 NHSI Single Oversight Framework

NHS Improvement (NHSI) implemented the Single Oversight Framework (SOF) in January 2016. The framework has 35 metrics across the domains of: 1. *Quality: Safe, Effective and Caring*; 2. *Operational performance*; 3. *Organisational health*; 4. *Finance and use of resources*

NHSE&I 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 NHSE&I single oversight framework includes five constitutional standards: 1. *A&E*; 2. *RTT 18-weeks*; 3. *All cancer 62 day waits*; 4. *62 day waits from screening service referral*; 5. *Diagnostic six week waits*

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

A consultation on revising NHSE&I's oversight arrangements, with the proposals designed to strengthen the system led delivery of integrated care, has recently concluded. This proposes a framework based on 5 national themes (not CQC domains, but broadly aligned to these) that reflect the ambitions of the NHS Long Term Plan and apply across providers, commissioners and ICSs (quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; leadership and capability, and a sixth theme based on local strategic priorities).

2 Performance against the Accountability Framework

The Accountability Framework (AF) is the mechanism implemented to hold to account both Clinical and Corporate Divisions for their performance. Continuing the work that had been developed at both 'legacy' Trusts to be the primary performance management regime to cover all aspects of divisional business plans. As a consequence, its purpose is to ensure that the Trust delivers its promises to patients and stakeholders. Divisional Accountability Meetings, using the AF as the basis of assessment, were suspended from November to March 2021 due to the ongoing pandemic. Additionally, reporting was also been suspended. An updated and refreshed AF was published in May (April 21 performance) and DAMs to discuss performance were held at the beginning of June. A summary of the key outcomes from these meetings and the performance reported for April is included in this report.

Spotlight reports are also included to provide more detail on performance, and where necessary, corrective actions that are being implemented.

Information on recovery, including comparison to 19/20 performance, is now included as part of the slides detailing performance. Detailed commentary is provided about, diagnostics, RTT recovery and the accelerator programme.

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	Mar-21	Apr-21	May-21	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	98	93	98	↑		Clinical divisions; low, medium, high.
Staff Friends and Family Test % recommended - care	Caring	Q	30%	N/S	N/S	N/S	→		Staff FFT was suspended in April 2020 and will be replaced by a quarterly Pulse Survey. Final details are to be released via the National Office.
Occurrence of any Never Event	Safe	M	0	0	1	1	→		1 Never Event was reported each in April & May 2021, both occurring in Ophthalmology.
Mixed sex accommodation breaches	Caring	M	0	N/S	N/S	0	↓		The last reported breach, in February 2020, occurred on the Critical Care Unit at Colchester. Data collection for this metric restarted in May 2021 following the pandemic
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	93.8%	93.2%	93.1%	↓		Patient facing FFT restarted nationally on the 1st December 2020.
A&E scores from Friends and Family Test – % positive	Caring	M	90%	90.9%	88.9%	86.8%	↓		Patient facing FFT restarted nationally on the 1st December 2020.
Number of emergency c-sections	Safe	M	tbc	103	109	105	↓		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	93.3%	100.0%	83.3%	↓		Patient facing FFT restarted nationally on the 1st December 2020.
- % Recommending - postnatal	Caring	M	90%	95.2%	98.3%	98.0%	↓		
VTE Risk Assessment	Safe	M	95%	94.8%	95.7%	96.1%	↑		VTE Risk Assessment compliance achieved in May 2021.
Incidences of Clostridium Difficile infection	Safe	M	9	10	8	4	↓		There were 4 C.difficile cases reported in May. 1 of these was in Ipswich (0 HOHA, 1 COHA) and 3 cases were at Colchester hospital (3 HOHA, 0 COHA). Target based on 2020/21. 2021/22 target to be confirmed.
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	0	105.2	104.2	109.6	↑		In the region of 12 non-specialist trusts, ESNEFT is 1 of 8 Trusts with a 'higher than expected' HSMR – 2 are 'as expected' and 2 are 'lower than expected'. Approximately 980 spells, including 4 deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload. There were 2 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
HSMR Weekend (By Month Data Available)	Effective	Q	100	111.6	115.7	119.0	↑		
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.067	1.058	1.066	↑		12 mths to December 2020. This is 'as expected' when compared to the previous annual position (November 2020 data) of 1.0582.
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Use of Resources	M	8%	10.5%	N/S	N/S	→		Data was not available for this report. This is currently being reviewed

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Mar-21	Apr-21	May-21	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	95.2%	91.7%	93.0%	↑		A&E waiting time performance based on economy. ED Economy performance for May 2021 was 93.1% for CGH, and 92.8% for IH. Deterioration in performance on both sites was due to increased attendances - back to pre-pandemic levels
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Responsive	M	92.0%	61.8%	62.9%	65.7%	↑		
<i>All cancers – maximum 62-day wait for first treatment from:</i>									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	78.4%	84.2%	75.0%	↓		
- NHS cancer screening service referral	Responsive	M	90.0%	78.7%	72.6%	74.4%	↑		Screening service performance snapshot as reported in Accountability Framework taken at 24th June 2021.
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	13.2%	13.3%	10.6%	↓		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Mar-21	Apr-21	May-21	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	3.4%	3.2%	3.3%	↑		
Staff turnover	Well-led	M	tbc	6.6%	6.7%	6.9%	↑		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%	N/S			NHS Staff Survey suspended in April 2020 and will be replaced by a quarterly Pulse Survey. Final details are to be released via the National Office
NHS Staff Survey - if a friend or relative needs treatment, happy with standard of care provided**	Well-led	A	tbc	68.30%	68.30%	N/S			NHS Staff Survey suspended in April 2020 and will be replaced by a quarterly Pulse Survey. Final details are to be released via the National Office
Proportion of temporary staff	Well-led	Q	tbc	2.6%	2.5%	2.1%	↓		Agency staff % only.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(2,136)	(1,014)	(1,673)	↑		All divisions are behind plan for the year to date.
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Mar-21	Apr-21	May-21	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	2	N/A	1	N/A		There was no formal requirement for organisations to submit a provider finance return to NHSE&I for M1, and no finance metrics were calculated by the Trust. For May, all finance metrics scored 1 (best). The Trust reported an actual surplus position, a favourable variance against its control total and with a high level of cash holding. Agency spend was also below the ceiling set by NHSE&I.
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	0	2	N/A	1	N/A		
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	0	2	N/A	1	N/A		
I&E MARGIN : Variance from Plan	Finance	M	0	1	N/A	1	N/A		
Agency Spend : Remain within agency ceiling	Finance	M	0	1	N/A	1	N/A		
Overall: Use of Resources Rating	Finance	M	0	2	N/A	1	N/A		
Overall : Segment Score									
Indicator	Domain	Frequency	Target / Standard	Mar-21	Apr-21	May-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.

The Accountability Framework (AF) is the Trust's principal performance management tool.

The AF is the mechanism used to hold both Clinical and Corporate divisions to account for their performance and to ensure that Trust resources are converted into the best possible outcomes, for both the quality of services and treatment, as well as the value for money of the work performed.

The AF therefore encapsulates the Trust's vision and more detailed objectives, resourcing, delivery, monitoring performance, course correction and evaluation.

21/22 has seen a significant update to the AF, with all domains reviewed and refreshed and its reporting platform moved to power BI.

2021/22 reporting

Due to COVID-19, there have been no Divisional Accountability meetings (DAMs) meetings since November 20. However, the standard DAM meetings have been reinstated for 21/22 with the first set of meetings held on Tuesday 1st / 8th June reviewing April 21 performance.

Clinical divisions performance

All Divisions acknowledged that April performance was not as strong as they would have liked. However, when considered against the backdrop of COVID-19, the Executive team commented in the DAMs that it represented a good start and continuing improvement in future months was anticipated.

Domain Name	Cancer & Diagnostics	Integrated Pathways	Medicine Colchester	Medicine Ipswich	MSK & Specialist Surgery	Surgery, Gastro & Anaesthetics	Women's & Children's
Caring	3	4	2	3	2	4	4
Responsive	2	2	2	2	2	1	2
Safe	3	2	3	2	2	3	3
Effective	1	2	1	2	2	1	1
Well-Led	3	2	2	2	2	1	2
Use of Resources	2	1	2	2	2	2	2
Aggregated AF Score	2	2	2	2	2	1	2

Key actions for the clinical divisions highlighted from the AF / DAMs

- The development of detailed workforce plans. This is to include capacity, demand and how any workforce risks are to be mitigated.
- Trajectories to be provided for non-compliant metrics for all the AF domains.
- Horizon scanning on potential risks.
- The Divisions are to ask more for support from the Executive team to speed up resolutions of issues.
- Clinical Divisions to bring any concerns that do not flag under specific metrics within the AF to DAM meetings.
- Clinical Divisions to bring good practice/success stories to DAM meetings so that they can be shared with the rest of the Divisions.
- Identification of CIP schemes in order to improve CIP delivery.
- Better understanding of the underlying position for H1 21/21 in order to understand the recurrent financial position for H2 and into 22/23.

Corporate performance

-Appraisal and mandatory training compliance were identified as areas where many of the corporate areas needed to target improved performance.

Domain Name	Communications	Estates & Facilities	Finance & Information	Governance	Human Resources	ICT	Medical Director	Corporate Nursing	Operations	Research & Innovation
Well-Led	3	4	3	3	2	3	3	3	1	3
Use of Resources	3	3	3	3	3	3	3	2	3	4
Aggregated AF Score	3	3	3	3	3	3	3	3	2	3

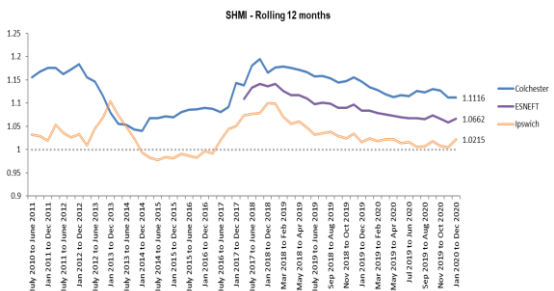
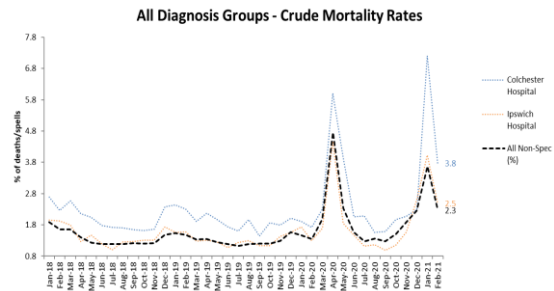
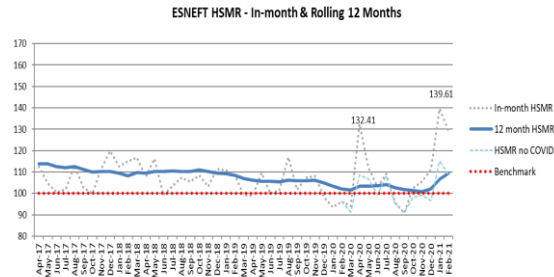
Aggregated AF Score Classification Explained

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

Mortality Ratios - Data Source DF Intelligence

Summary

- ESNEFT 12-mth HSMR 109.6 'higher than expected'.
- HSMR (non-COVID) 'as expected'.
- ESNEFT all diagnoses 119.4 'higher than expected'.
- SHMI 1.0662 (as expected for 22 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).

February 2021 discharges (incomplete data)	ESNEFT	IPS	COL
In-month HSMR EXCLUDES C-19 ON ADMISSION	↓ 129.1	↓ 109.9	↑ 156.8*
12 month HSMR EXCLUDES C-19 ON ADMISSION	↑ 109.6	↑ 106.4	↑ 116.3
Lower confidence limit HSMR - EXCLUDES C-19 ON ADMISSION	↑ 104.9 Outlier	↑ 99.4 As expected	↑ 109.8 Outlier
In-month HSMR - NO C-19 PATIENTS	109.0	92.9	133.1
12 month HSMR - NO C-19 PATIENTS	100.5	95.6	108.4
Lower confidence limit HSMR - NO C-19 PATIENTS	95.8 As expected	88.9 As expected	101.7 Outlier
Death rate HSMR (nat. 3.6% was 3.5%)	→ 3.4%	→ 3.0%	↑ 4.0%
All diagnosis groups 12 months INCLUDES C-19 DURING ADM	↑ 119.4	↓ 115.2	↑ 126.6
Lower confidence limit (all)	↑ 115.4 Outlier	↓ 109.2 Outlier	↑ 120.8 Outlier

In the region of 12 non-specialist trusts, ESNEFT is 1 of 8 Trusts with a 'higher than expected' HSMR – 2 are 'as expected' and 2 are 'lower than expected'. Approximately ↓ 980 spells, including 4 deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload (920 CH sites spells with 4 deaths and 58 IH spells with 0 deaths. 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 Jan resolved from 189 to 140 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.
- Rehabilitation care, fitting of prostheses, and adjustment of devices – 5 deaths – change of patient type in community hospitals

SHMI – 12 months to December 2020

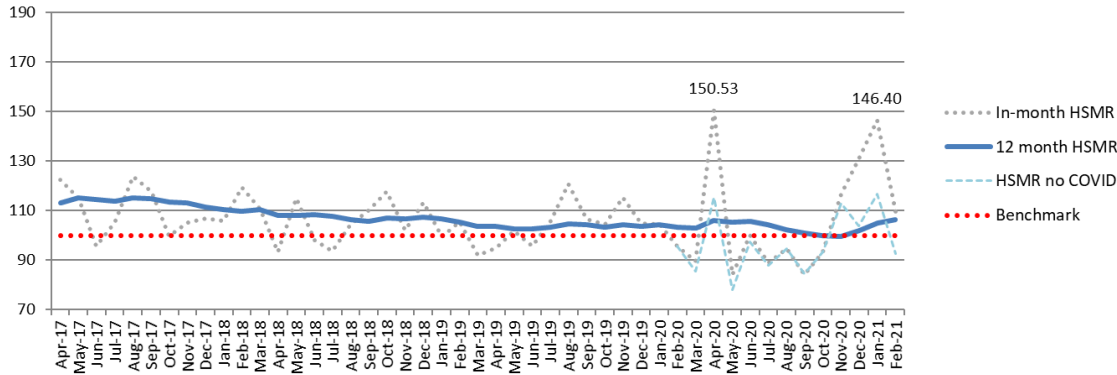
ESNEFT ↑ 1.0662 – 'as expected'
Ipswich acute ↑ 1.0215 – 'as expected'
Colchester ↓ 1.1116 – 'as expected'

For ESNEFT, both weekday and weekend emergency admissions HSMR is higher than expected, with Saturday admissions being statistically significant.

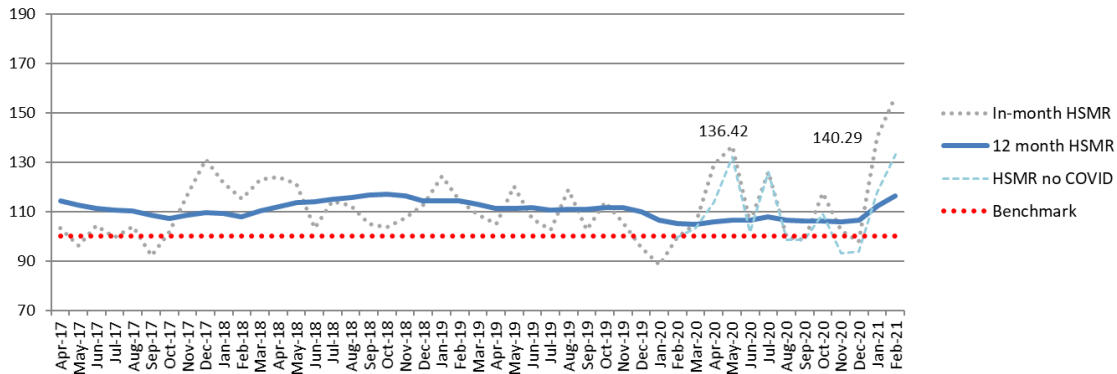
(IP = inpatient)	May 21 No. Deaths	May 20 No. deaths	Rolling 12 mths
Ips acute IP	113 (102)	87	113
Col acute IP	119 (125)	145	151
Ips ED	6 (8)	10	6
Col ED	7 (6)	7	11

Figure in brackets = previous month

Ipswich Hospital HSMR - In-month & Rolling 12 Months



Colchester Hospital HSMR - In-month & Rolling 12 Months



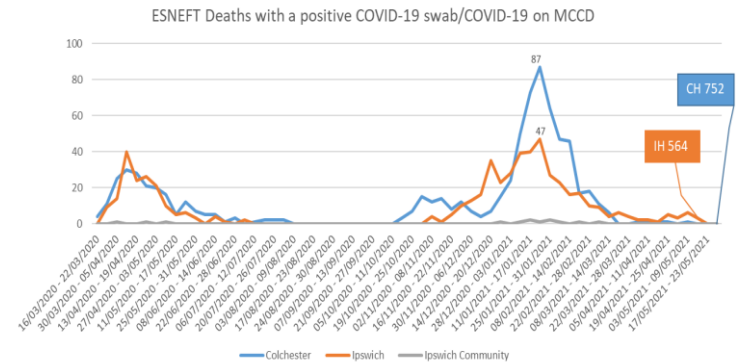
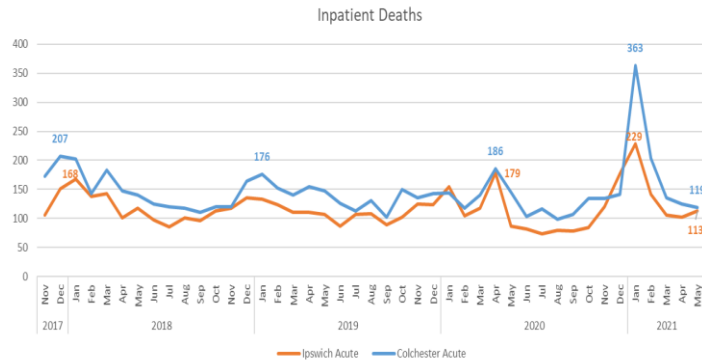
There are currently 8 trust CUSUM alerts (cumulative sum – the cumulative sum of the expected outcomes and actual outcomes over a series of patients. Alerts are designed to signal that a pattern of activity appears to have gone beyond a defined threshold). Gastro and cardiac alerts are beginning to flag consistently and will be investigated.

The breast cancer review is now complete. Care was found to be good but it has highlighted the need for improvements in advanced care planning. This work will be supported by the palliative care team.

Trend Data – all deaths and patients with a positive swab/COVID-19 on the Medical Certificate of Cause of Death (MCCD)

May 21

- May deaths at seasonal norm.
- Colchester - 1 death (3 in Apr).
- Ipswich - 9 deaths (12 in Apr), age range 73 – 88.
- ESNEFT Mar to May 2021, 1,330 COVID-19 deaths (14 community).
- Latest INCARC data indicates slightly higher mortality rate for Colchester ITU, but patients were more unwell.
- Ipswich ITU data unremarkable, per Dr Garfield.



Colchester Site Summary – Dr S Pearson

Parity with submitting organizations with the exception of:

- Mortality 44% (n=52) - national 38%.
- BMI≥40 17% (n=20) - national 12%.
- Patients were more hypoxic - PaO₂/FiO₂ ratio, median 9.3, national 13.1 (the lower the number the sicker the patient), leading to:
 - Higher % patients ventilated in the first 24 hours 40% v 31%.
 - Shorter median LoS prior to ITU admission, 2.5 days v 3.2.

ICINARC report on COVID-19 in critical care
Colchester General Hospital Intensive Care Unit
Admissions from 1 September 2020 to 31 March 2021

This report presents a snapshot of data on patients critically ill with confirmed COVID-19 reported to ICINARC up to 23:59 on 31 March 2021 from Colchester General Hospital Intensive Care Unit. The report accounts for all patients with confirmed COVID-19 admitted to your unit and includes their original admission date (whether in your unit or in a previous unit), their total organ support hours in units and their unit location (whether in your unit or in a subsequent unit). This report covers admissions from 1 September 2020 to 31 March 2021.

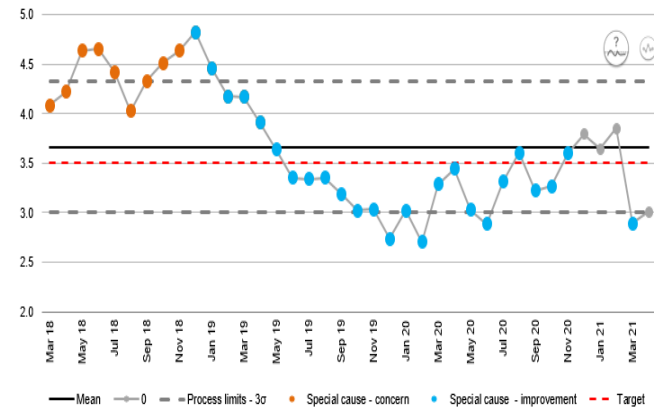
Reporting process

Critical care units participating in the Case Mix Programme are asked to:

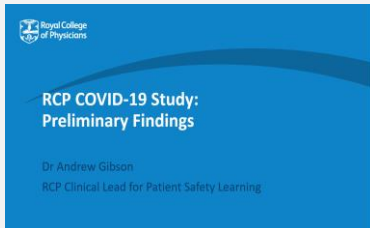
- notify ICINARC as soon as they have an admission with confirmed COVID-19.
- submit an ICINARC admission with confirmed COVID-19, including demographics and first 24-hour physiology.
- submit an ICINARC organ support form with the first 24-hour critical care data.
- resident data for the whole critical care stay, including critical care outcome and organ support, when the patient leaves critical care and
- submit their data when the patient leaves acute hospital.

Admissions to critical care

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



Summary



Quality of care judgements similar to ESNEFT audits undertaken during and after the first wave.

Retrospective case study from 40 trusts - RCP Dr Andrew Gibson

- Applied to **all aspects of care received** but also concentrating on:
 - Escalation, DNACPR, EOLC
 - Evidence of quality of communications
 - Use of national guidance from DHSC and NICE/ Speciality Associations
- Approximately 97% of care was acceptable, good or excellent.
- Only 3.5% of care had 'poor' as the overall care.
- There were no cases of very poor care described.
- Survivors were 10-15 years younger than non-survivors.



What we need to focus on (but some are not new!)

- EOLC
- Escalation
- Communication
- Quality of Admission care
- MDTs
- Palliative care
- Senior review
- Excellent PC, MDT function and communication were celebrated throughout with the quality and timing of care delivery being crucial
- Nosocomial infections and intra-hospital transfers were commented on as areas of concern
- Advanced care planning very variable
- Patient and carer stresses with ICU & visiting guidance

Dr Foster COVID-19 trend & benchmark data (all patient types); and nosocomial update

Summary

Dr Foster Data*

Mar –Jan 2021 COVID-19

- Peer mortality rate 27%
- ESNEFT mortality rate 28%
- IH 29%, CH 29%

Jan 2021 COVID-19

- Peer mortality rate 27%
- ESNEFT mortality rate 27%
- IH 26%, CH 29%

Patients without COVID-19

Mar 20 to Jan 21

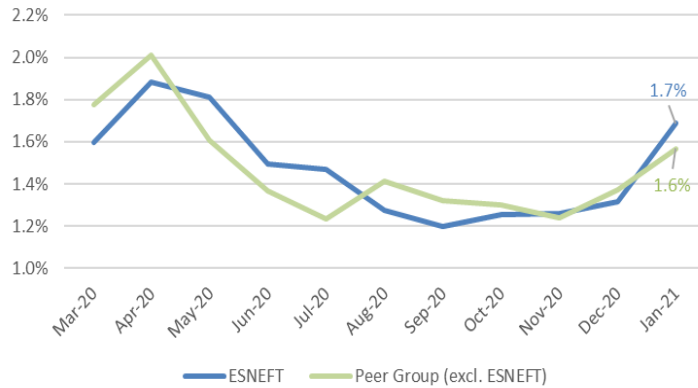
- Peer mortality rate 1.4%
- ESNEFT mortality rate 1.4%
- IH 1.2%, CH 1.8%

A major piece of work is being progressed by the Trust to ensure duty of candour is provided to patients and their relatives regarding nosocomial infection of COVID-19.

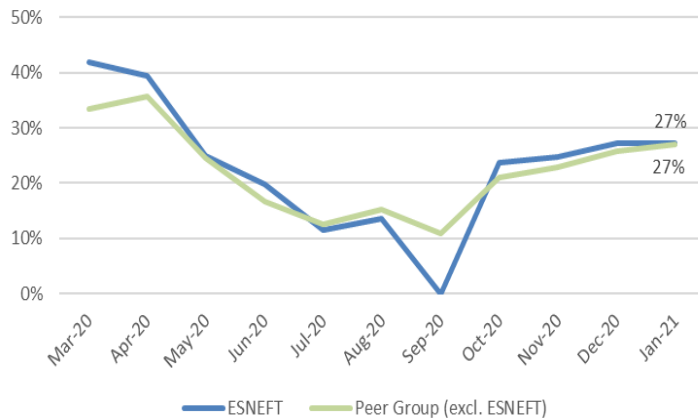
*Includes clinical diagnosis of COVID-19 in the absence of a positive swab

Dr Foster

Mortality Rate - Patients WITHOUT COVID Diagnosis



Mortality Rate - Patients with COVID Diagnosis



Nosocomial COVID-19 infection

Led by the Medical Director, the Trust is undertaking a major piece of work to ensure that it fulfils its duty of candour to patients and their relatives regarding hospital acquired COVID-19.

Learning Themes

Summary

- Significant increase in deaths involving cholecystectomies and pancreatic conditions.
- Delayed presentations.
- Need to increase interventional radiology slots and CEPOD theatre slots.
- Good shared learning generated by M&M meetings.

Learning from Deaths Meeting 4th June 2021 - Triannual Update from General Surgery & Anaesthetics

- There has been a significant increase in the number of patients dying from bowel obstruction/perforation/ischaemia as well as cholangitis/cholecystitis and pancreatitis. Staff will undertake a review of the biliary/pancreatic cases to determine how many of those patients had COVID-19.
- Surgeons believe that admission-anxiety during the pandemic has resulted in delayed presentation leading to high risk surgery.
- Cholecystectomies (a high-risk procedure) used to be done a handful of times each year; currently they are common-place, even in private practice – this has caused operational issues as there is a need to increase the number of interventional radiology slots, particularly ‘out of hours’
Action: CMO requested that the hot cholecystectomy pathway be developed & embedded on both sites – work with diagnostics to increase number of interventional radiology slots.
- In view of increasing demand, additional slots will have to be created at the Ipswich site for hot cholecystectomies as there is no capacity for a second CEPOD theatre.
- Learning themes:
 - M&M meeting are running well, with MDT involvement.
 - Assessment and plan of care -needs to be explicit, timely and by the right seniority.
 - Staff must not request diagnostics such as CTs for patients where the result would not affect treatment (e.g. patient is in the last days of life) – they are stressful for the patient, give false hope and additional anxiety to families and are an abuse of resources.
 - In-reach from other specialties is a key factor in patient outcome. Pre-surgery support from geriatricians for frail patients is essential in balancing the need for intervention against the patient’s physiological reserves and post-operative quality of life. This cannot be anticipated by the many surgical assessment tools in use. Post operative medical/geriatric support for complex patients is paramount as the cause of death is often a medical issue which requires specialty input. There are staffing and bed capacity issues: recruitment to nurse consultant posts needed and ensuring patients are either on a medical ward with surgical input or vice-versa to ensure continuity of care.
Action: Matron for OPS to support geriatric in-reach programme (inpatient and pre-admission).
 - Where surgery carries very high risk, this decision will now be made by 2 consultants.
 - Although staff discuss with patients the risks of surgery, including mortality figures, more consideration needs to be given to discussion around quality of life. A patient story example - months of readmissions and poor quality of life until the patient very sadly passed away.
 - Documentation to first consultant review requires improvement with priority being given to acute abdomen patients.
Action: Patients with an acute abdomen must be reviewed ASAP, with documentation of the consultation (actual/telephone), timed and dated in the notes.
 - Diagnostics should be used earlier with rejected scans chased
Action: The colitis pathway has been reviewed/updated with improved results. A colitis lead has been appointed and MDT meetings are now taking place - an action from the previous LfD meeting.
- An 8 year review of appendectomies is being finalised using the NSQIP database – report to be shared at the next update.
Action: Neurosurgery teaching – referral process/identification of last days of life.
Action: New Ipswich SAU to open November 2022 – infrastructure being put in place.
Action: Patients must be referred to SNOD where appropriate (organ donation) Promote use of earlier diagnostics.
Action: Like NELA follow-ups at 3, 6 and 12 mths, it was recommended that this be done with other surgical groups.

(*emergency theatre programme which came out of the (national) confidential enquiry into patient outcome and death)

Learning Themes

Summary

- Cancer board rounds require further audits to ensure data is captured and actions completed.
- Consultant review for new patients will be re-audited.
- Pilot project for EoL planning – haematology.
- LD team to work with outpatient department to ensure equitable access to services for DNAing patients

Cancer Services Board Round Audit

- Evidence of good consultant presence at meetings.
- New patient review within 14 hours requires work – audit results Mon-Fri 69% Somersham and 90% Colchester – **Action ADoN.**
- 7% of agreed board round actions were not acted upon (additional query re guest patients TBA) – **Action ADoN.**
- Review of documented plans and patient discussion to be undertaken – **Action ADoN.**
- Dr King to undertake pilot project with Haematologists regarding identification of end of life, meaningful conversations and advanced care planning – to be initiated in outpatient clinics before the patient reaches extremis. Expectation of admission avoidance, reduced LoS and better EoL care – **Action Palliative Consultant.**
- Face to face inpatient consultations are being replaced by Board rounds in some cases. There is evidence that regular contact with the senior medical team improves communication, care planning and reduces patient/family anxiety leading to fewer complaints – **Action ADoN.**

Learning Disabilities Update

- The host organisation for LeDeR is now NHS England.
- By late 2021, all deaths of patients with autism will be subject to mandatory mortality review – **Action – LD&AHLs to ensure that this flag is captured on Lorenzo/Portal.**
- Local LeDeR recommendations update:
 - Identification and adequate treatment of pain. **Action - observational pain tools have been utilised more. (DISDAT)**
 - All patients with a learning disability/autism should have an alert/flag on the system. **Action - data exchange happens in Ipswich. CCG are leading on securing data exchange in Essex.**
 - DNAs of appointments to be flagged and reasons looked into, rather than automatically discharging back to GP care. **Action - Meeting with new outpatient matron agreed.**
 - Reasonable adjustment tool to be used for all patients with learning disabilities/ autism. **Action - Current audit. On Accountability Framework.**
 - Hospital passport to be updated to include ‘first point of contact’ details to ensure correct communication with relevant people. **Action - This has been updated and circulated.**
 - Discharge planning must be robust. Discharge team / nurse must ensure carers are competent in care required and changes to care handed over accurately. **Action - Ongoing piece of work.**
 - DNACPRs must not include learning disability / down’s syndrome as reason for not resuscitating alone. **Action - Audit ongoing.**

Patient Safety Team – SI discussion 2020/038

- Work required around DNAing patients to ensure equitable access
- Digital prescriptions can now be extended to 12 weeks’ supply
- Need to improve how learning is delivered to patient-facing staff – possible inclusion of snippets in board rounds allow staff delivering guidance to gauge familiarity of audience.

Learning Themes

Summary

- End of life planning.
- Delays to antibiotics.
- NBM – nutrition and medication.
- Senior reviews and planning.
- General Medicine and OPS are still in the process of addressing the historical mortality review backlog but are making good progress. Cancer services at Ipswich have made a concerted effort with the support of the governance team.
- The senior Friday review group continues to address the backlog of cases for reviews needed by LeDeR.
- Women's & Children's Services continue to maintain high compliance.

Learning from Mortality Reviews

- Had Singlepoint been contacted, patient could have been supported to stay at home rather than dying without family present in hospital (February death, family declined to visit).
- Patients could easily have been supported in preferred place of care which was home.
Action – ongoing work to identify patients in last year of life to support advanced care planning. This will be enhanced with increasing use of the ReSPECT tool and work with the palliative care team to promote discussion about future treatment plans.
- Poorly controlled HTN in community which may have lead to haemorrhagic event.
- Antibiotics not administered on arrival despite test result indicating infection.
Action – improvements in EDs around compliance with antibiotics: process change in Ipswich ED to facilitate administration following prescription
- Patients nil by mouth not having medication reassessed to provide through alternative route.
- Patients not receiving nutrition for many days – complex feeding issues.
Action – new Datix category to capture this data as part of the local theme for the PSIRF. This is part of a focused piece of work.
- Importance of looking at obs trends as well as NEWScores e.g. declining BP
- Indicated scans in small for gestational age babies not being requested.
Action. This has been identified as a key area of focus in maternity.
- Long gap in documentation with no real plan.
- Geriatric review may have changed the decision to operate given the patient's frailty.
- Patients not having frequent senior reviews to support decision-making.
Action – meeting with leads 2/6/2021 to discuss patient review, board rounds, communication and planning as part of 7 day services.
Action – 'consultant of the week' being trialled on West Bergholt Ward.

Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,098 incidents reported in the month, a decrease in the number of incidents reported from April (2,113).

1,808 of these incidents were patient safety related, and 1,805 were reported to the NRLS.

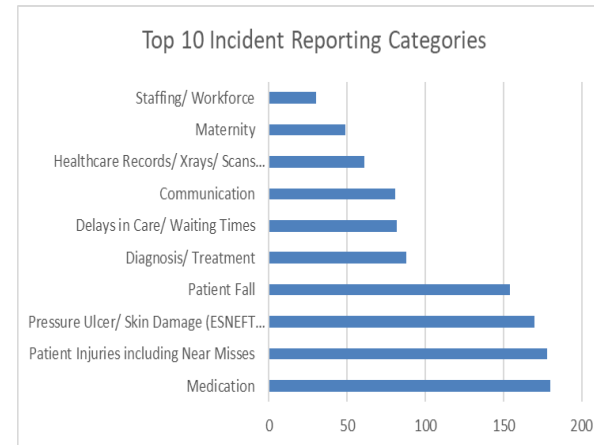
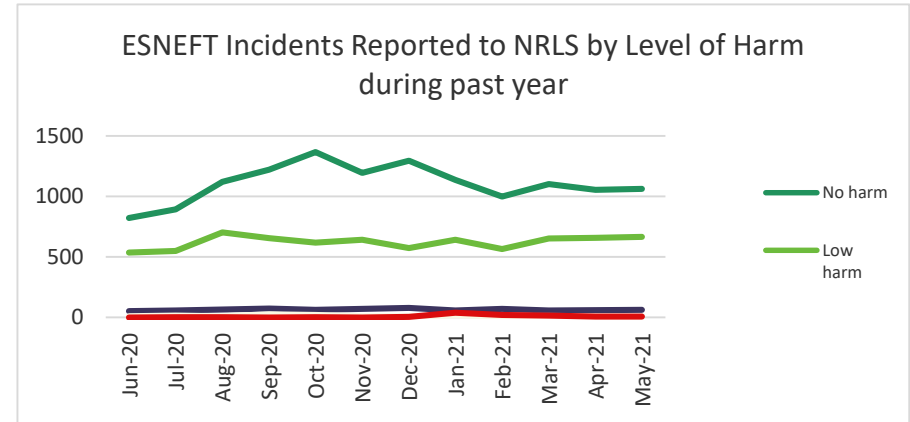
Overdue incidents have decreased from last month 722 (756) following decreases in the previous months.

There were 54.84 (59.12) incidents reported per 1,000 bed days.

The most reported category in the month of May was medication incidents. There were 170 incidents reported across the Trust, one of which is reported as a moderate harm incident. This was a PE identified following orthopaedic surgery and is being investigated by the team through an RCA, the remainder of the incidents were no and low harm.

The 2nd highest reported category was patient injuries including near miss with 107 incidents. 3 of the incidents were graded as moderate harm, however these were all pressure ulcers identified on admission to the ED. The remainder of the incidents were low and no harm.

The 3rd highest reported category was pressure ulcer/skin damage (ESNEFT acquired): there were 170 (165) incidents reported, 1 graded as severe harm, 10 moderate harm and the remainder low/no harm. The severe harm incident occurred in the community and was a deterioration of a deep tissue injury. 4 of the moderate harm pressure ulcers occurred in the community setting, identified through district nursing visits to patients homes and care homes.



Patient Safety – Patient Safety Incident Response Plan (PSIRP)

ESNEFT are early adopters of the Patient Safety Incident Response Framework (PSIRF) and in accordance with the ESNEFT Patient Safety Incident Response Plan, the following have been identified for May:

PSII investigations for May:

Local Priorities: Two reported in the month.

- Nutrition & Hydration – Patient incidents showing delays in recognition of patients at risk of weight loss and complications and delays in management in relation to the MUST risk assessments, and the management required following the outcome of the risk assessment.
- Maternity – Incidents specific to the mother in cases where a near miss was identified relating to timely recognition of bleeding and management of bleeds in a timely manner (these incidents are not covered by each baby counts criteria).

National Priorities: There were 3 reported in May.

The first was a second Never Event in Ophthalmology. The never event involved the wrong patient being given the wrong drug intra vitreally. Immediate actions taken were for all staff to be made aware of the use of the LocSIPP and all to complete human factors training. A hot spot was also shared across the Trust. Additional actions taken were:

- Introduction of a 'pause' (similar to a time out) prior to injecting the patient, confirming with the patient, the others in the room and the patients' healthcare records, the right patient, correct laterality and correct medication for injection.
- Continue human factors training & plans for the cross site peer review of pathway.
- Quality audits (observation) of the use of the LocSSIP.
- Review of staffing & list capacity.

The second incident reported was a maternal death following a bleed at Ipswich Hospital. This will be fully investigated by the HSIB, however an action plan was commenced immediately following the event and is being managed by the Division.

- Land line phone installed in theatre, current mobile loses connectivity.
- Blood fridge stocked and midwives trained.
- Large bore cannulas to be sited for all labouring women.
- Review of Massive Obstetric Haemorrhage Protocol.
- Updated anaesthetic on-call rota now issued to switchboard.
- Debrief and on-going support for family and for staff involved.

The third incident reported was a mis-placed NG tube on Critical Care at Colchester Hospital, the patient is recovering well.

- Debrief has taken place for the staff involved, and on-going support is given to the staff involved.
- Hotspot has been shared across the Trust.
- Focus on communication within the unit and confirming via writing where required due to PPE.
- CCU staff reviewing the incident to identify any further measures that could be taken.

Incidents requiring an enhanced investigation, reported:

- 13 incidents of pressure damage are being managed through Harm Free Panel; 5 of which are patients in the Community.
- Near miss event. Patient contacted regarding pre-op procedures. Patient was listed for an isotope injection. Their procedure was for HDCIS which doesn't need this procedure as standard. On pre-op discussion it was discovered the patients procedure had been entered incorrectly on to the electronic theatre system. This was modified and no injection took place.
- Patient presented with abdominal pain and ascites in April 2021. A CT scan from January 2021 was done to further investigate an ultrasound scan from December 2020 showing hepatocellular carcinoma on a background of known cirrhosis. Patient and family not made aware of CT result and no further management formally decided.

Incidents requiring an enhanced investigation, Outcomes:

- Hotspot created to alert staff to the importance of completing pregnancy status on the Group and Save forms.
- Laboratory SOP has been updated so that all samples documented on the form as "ectopic (pregnancy)" are issued as CMV negative units.

Incidents requiring an enhanced investigation, overdue:

- 2 investigations due in February 1 for Cancer & Diagnostics and 1 for Surgery, Gastroenterology & Anaesthetics.
- 1 investigation due in March for Colchester Medicine.
- 3 investigations due in April for Maternity.

Compliance with serious incident reporting timelines

The Serious Incidents declared in the previous framework (SIF) are continuing to be tracked and monitored until completion.

Serious Incident Reports due for submission to CCG

The Stop the Clock for all SIs has now ceased and all remaining SI reports are now overdue.

There were four SI reports submitted to the CCG in the month of May 2021: one from MSK and Specialist Surgery, one from Infection Control and 2 from Ipswich Medicine.

The following SIs are awaiting completion and all have been commenced:

Medicine Ipswich – 1 report

Cancer & Diagnostic – 1 report

Number of Completed Action Plans closed in the Month

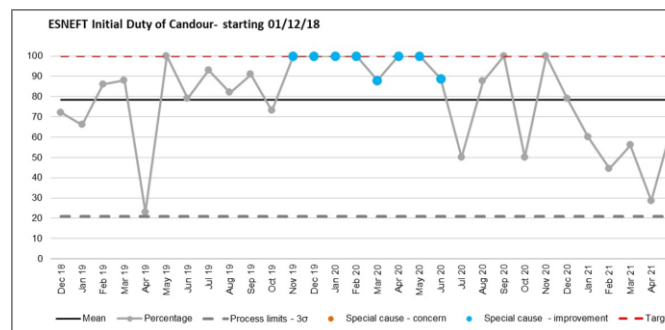
- 9 completed action plans were approved in the month of May.
- There are currently 77 (61) overdue action plans for serious incidents still waiting for evidence.
- The Head of Patient Safety met with the CCG in order to close down overdue action plans and we await the final numbers closed. The Divisions continue to send completed action plans which are being approved and sent to the CCG following the action plan amnesty.

Duty of Candour

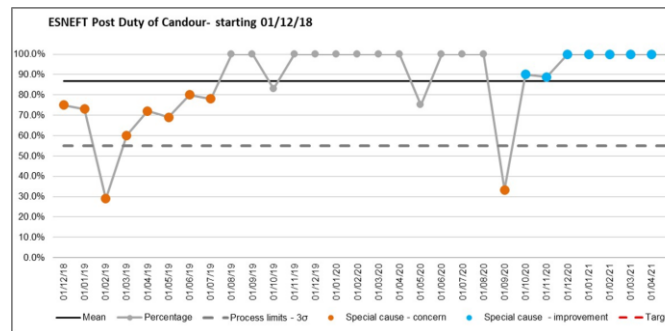
A total of 15 initial Duty of Candour were due in May of which 10 were completed within the timeframe from Integrated Pathways, Medicine Colchester, Surgery & Anaesthetics, Women’s & Children and MSK & Specialist Surgery.

5 were completed out of timeframe – 1 each from Integrated Pathways. MSK & Specialist Surgery & Women’s & Children and 2 for Cancer & Diagnostics.

The compliance for Part 1 DOC is 66.6% (28.6%). Part 2 remains at 100% (100%)



Post investigation remains at 100% for the month of May

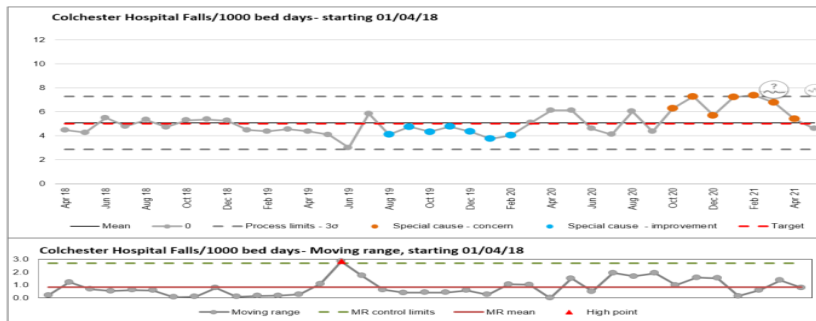


Patient Safety – Falls

Colchester site

Colchester reported 66 falls in May which is a reduction on April (78). Positively there were no falls that resulted in serious harm on the Colchester site. There were 21 low harm and 44 no harm incidents. Of the total number of falls reported there were 44 unwitnessed incidents, with 7 of these incidents occurring in a cohorted bay.

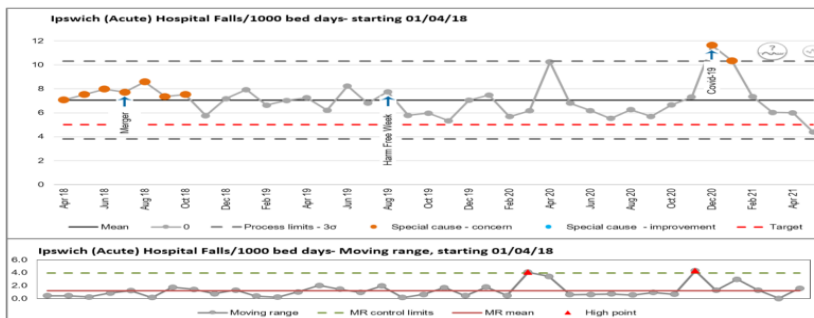
This shows 4.6 falls per 1,000 bed days which is a decrease from April (5.4) and is both below the national benchmark of 5.5 and ESNEFT benchmark of 5.0.



Ipswich site

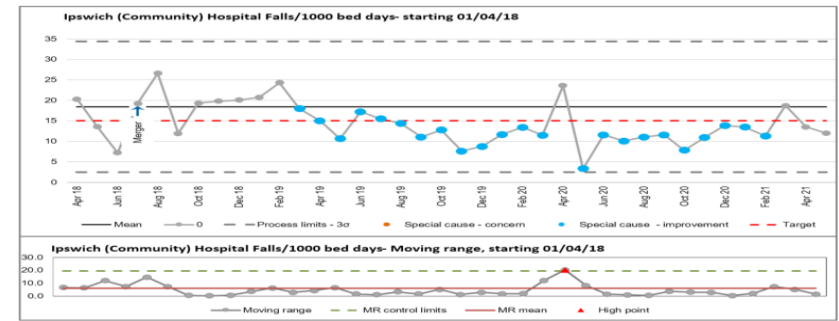
Ipswich acute site reported 58 falls in May showing a decrease on April (82). There was 1 fall that resulted in serious harm (moderate harm – petechial haemorrhage) however following review at harm free panel this was downgraded to low harm. Of the total number of falls, 16 incidents resulted in low harm whilst 44 resulted in no harm. Of the total number reported there were 44 unwitnessed falls with 6 of these incidents occurring in a cohort bay (Bay Watch).

This shows 4.4 falls per 1,000 bed days which shows a decrease from April (6.0) and is both below the national benchmark of 5.5 and ESNEFT benchmark of 5.0.



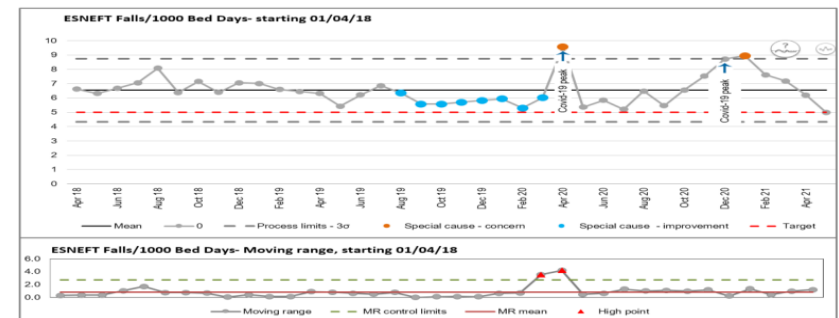
Community Hospitals

The Community Hospitals reported 22 falls in May which is a reduction on April (26). Aldeburgh Hospital reported 11 falls which is a one incident increase on last month (10), Bluebird Lodge reported 9 falls which is a decrease on last month (15). Felixstowe Hospital reported 2 falls which is a one incident increase last month (1) although this the same patient who fell twice. Positively there were no falls resulting in serious harm. Of the total number of community falls, 7 were unwitnessed, 2 resulted in low harm and 9 resulted in no harm. This gives a figure of 12.0 falls per 1,000 bed days which shows a decrease on April (13.5) and is below the ESNEFT local benchmark of no more than 15 falls per 1,000 bed days.



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 however ESNEFT has set a local benchmark of 5.0. The overall figure YTD for the acute sites is 4.5 falls per 1,000 bed days which is both below the national and local benchmarks. The ESNEFT total number of falls per 1,000 including the community hospitals sits at 5.0.



Patient Safety – Pressure ulcers

ESNEFT

At Trust level, May shows 25 (16) reportable pressure ulcers, resulting in 0.61 developed pressure ulcers per 1,000 bed days at ESNEFT, an increase from 0.48 in April.

Ipswich and Community Hospitals

Ipswich had twelve developed Category 2 pressure ulcers, one category 3, and three unstageable pressure ulcers in May, an increase on April. There was an additional 7 deep tissue injuries, of which 2 healed and 5 remain under review. This shows a figure of 0.8 developed pressure ulcers per 1,000 bed days, an increase from 0.5 in April. NHS Productivity Calculator gives a central estimate cost of £126K*

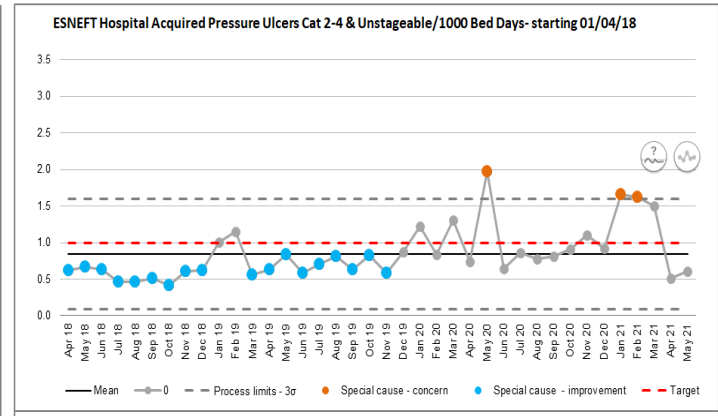
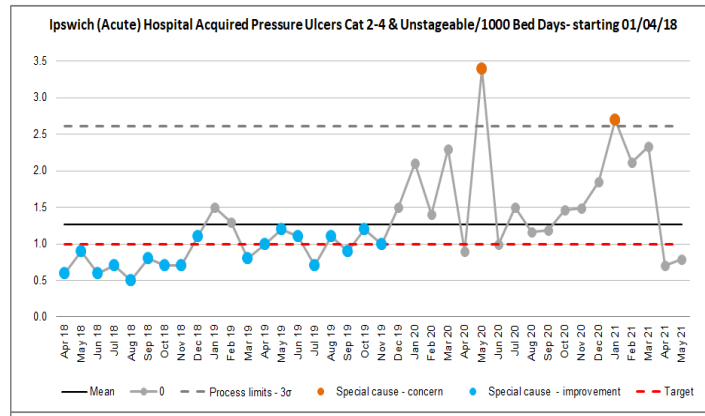
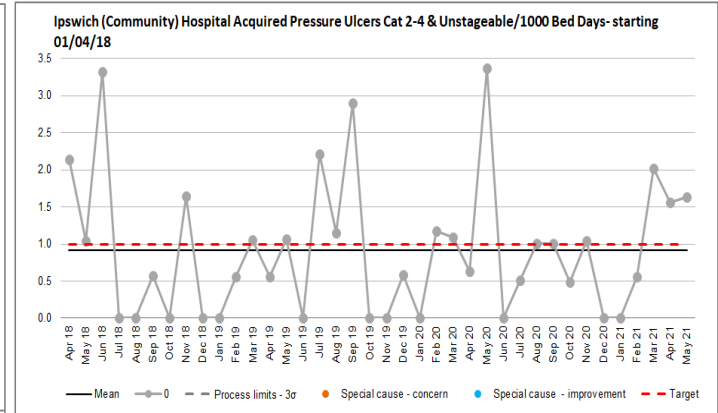
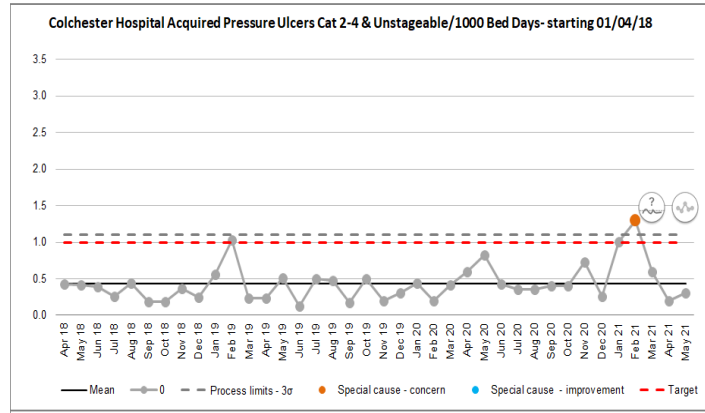
There were four reportable grade 2 pressure ulcers & one deep tissue injury reported in the Community Hospitals, giving a figure of 1.6 developed pressure ulcers per 1,000 bed days for May. This is an increase from 1.0 in April. NHS Productivity Calculator gives a central estimate cost of £27k*.

Colchester

Colchester Hospital reported three Category 2 developed pressure ulcers in May, and 2 unstageable pressure ulcers, an increase from April. There were an additional 10 deep tissue injuries of which 4 healed and 3 continue to be monitored and 2 deteriorated. This gives a bed days figure of 0.3 per 1,000 bed days a slight increase from 0.2 the previous month. NHS Productivity Calculator gives a central estimate cost of £42k*.

Working towards future prevention

There remains a high demand from ward areas for education; the A.S.K.I.N Pressure Ulcer prevention tool will be relaunched again mid June 2021 across the Ipswich site and ward areas are keen and engaged to develop their knowledge of pressure ulcer prevention. Whilst the majority of Wards/Divisions have an awareness of the tool now, the TV team have recognised from RCA feedback that ward areas need ongoing education and support. The TV Team will coach staff in its' use to ensure the model principles become embedded into every day nursing practice. The TV Team are joining a planned teaching programme for Older people's services commencing at the end of June where pressure ulcer prevention principles will be taught via TEAMS. The new band 8a TV Lead commenced mid May and is in the process of meeting key patient care partners both at Colchester, Ipswich and the Community sites/Teams. The Tissue Viability referral process for community patients is being reviewed to make it a clearer process and Quick Reference Guides are to be recirculated. The community teams are also being asked to upload photographs directly to the Datix system for review and a flow chart of this process will be rolled out. No new Adult Safeguarding concerns or PSII enquiries have been raised this month against ESNEFT for pressure damage.



*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)

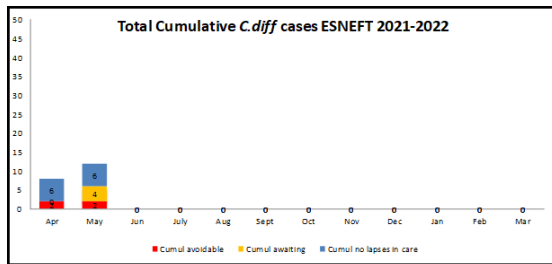
Colchester reported 3 cases of C.diff in May (3 HOHA, 0 COHA), Ipswich reported 1 case (0 HOHA, 1 COHA).

There were a total of 4 Trust attributed C.diff cases in May 2021.

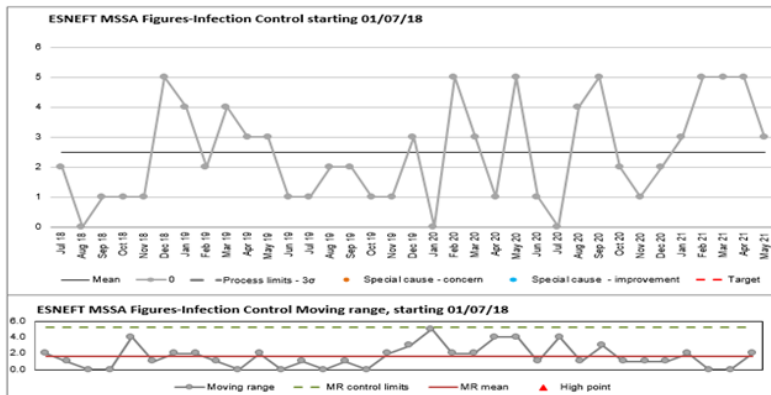
C.diff objectives are being developed for 2021/22; they will be based on Q1-3 figures from 2020/21.

C.diff panel review afternoons have been introduced, where hospital onset cases from the preceding month were discussed. The first meeting was held 6th May 2021.

The IP&C team will ensure the necessary documents for 21 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)



Escherichia coli (E. coli)

There were 3 healthcare acquired E.coli bacteraemia cases identified during May 2021:

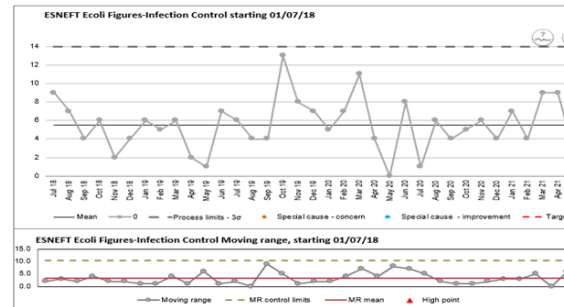
Ipswich

ARCU – source of infection respiratory, patient on BiPAP.

Grundisburgh Ward - source of infection gastro, oesophageal cancer, had reinsertion of stent. RIP same day as blood culture.

Colchester

Brightlingsea ward – source of infection hepatobiliary, CT abdomen showed distended gallbladder and dilated CBD. ERCP performed – stones found in common bile duct.



Methicillin-resistant staphylococcus aureus (MRSA)

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

Mon th	Trust site	MRSA new isolates
May 2021	Colchester	Total 3: Pt 1, Peldon Ward Pt 2, Peldon Ward Pt 3, D'arcy Ward
May 2021	Ipswich	Total 1: Pt 1, Haughley Ward – wound swab Pt 2, Grundisburgh Ward

Patient Safety – Infection Control

COVID -19

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

*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 no outbreaks in the month of May.

Patient Safety – Maternity Dashboard – March data

Maternity Dashboard

					ESNEFT													
Indicator		Green	Amber	Red	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	
Numbers	Number of Women who gave Birth (Deliveries)	No target				507	551	572	607	568	525	553	499	473	516	519	579	585
	Number of Babies Born (Births)		512	558	583	620	575	533	560	560	560	499	480	528	524	589	592	
	Multiple Births		5	7	11	13	6	8	7	7	7	7	8	12	5	10	7	
Smoking	Pre term Births (<37 weeks)				39	34	51	46	42	53	42	44	32	48	38	47	53	
	Number of Women Smoking at Delivery				51	42	50	64	49	39	44	34	43	38	36	64	44	
	Number whose smoking status is Not Known				0	3	1	0	1	1	1	0	1	1	1	0	1	
Place of Delivery	% of Women Smoking at Delivery	<11%	11-16%	>16%	10.06%	7.62%	8.74%	10.54%	8.63%	7.43%	7.96%	6.81%	9.09%	7.36%	6.94%	11.05%	7.52%	
	Number - Consultant Led Unit				473	513	479	489	483	455	470	439	423	479	463	490	509	
	% - Consultant Led Unit				92.38%	91.94%	82.16%	78.87%	84.00%	85.37%	83.93%	86.76%	88.13%	90.72%	88.36%	83.19%	85.98%	
	Number - Alongside Midwife Led Unit (JUNO a				36	33	76	105	76	54	75	45	36	33	41	79	59	
	% - Alongside Midwife Led Unit (JUNO and Bro				7.03%	5.91%	13.04%	16.94%	13.22%	10.13%	13.39%	8.89%	7.50%	6.25%	7.82%	13.41%	9.97%	
	Number - Freestanding Midwife Led Unit (Clad				0	4	11	10	4	6	3	3	5	3	0	3	7	
	% - Freestanding Midwife Led Unit (Clacton)				0.00%	0.72%	1.89%	1.61%	0.70%	1.13%	0.54%	0.59%	1.04%	0.57%	0.00%	0.51%	1.18%	
	Number - Homebirths				3	7	17	16	11	17	12	19	15	13	19	15	17	
	% - Homebirths				0.59%	1.25%	2.92%	2.58%	1.91%	3.19%	2.14%	3.75%	3.13%	2.46%	3.63%	2.55%	2.87%	
	Number - Other				0	1	0	0	1	1	0	0	1	0	1	2	0	
% - Other				0.00%	0.18%	0.00%	0.00%	0.17%	0.19%	0.00%	0.00%	0.21%	0.00%	0.19%	0.34%	0.00%		
Total Number of Midwife Led Deliveries				39	44	104	131	91	77	90	67	56	49	60	97	83		
% Midwife Led Deliveries				7.62%	7.89%	17.84%	21.13%	15.83%	14.45%	16.07%	13.24%	11.67%	9.28%	11.45%	16.47%	14.02%		
Interventions	Episiotomies performed	No target			71	68	70	73	90	78	75	60	69	64	55	69	73	
	Transfers of Primips from MLC to CLC				13	13	27	31	26	20	27	16	14	23	tbc	22	39	
Intrapartum Transfers of Care	Number of Primips				8	4	32	42	24	17	27	16	23	6	12	14	20	
	% of Transfers for Primips	<45%	45-50%	>50%	61.90%	76.47%	45.76%	42.47%	52.00%	54.05%	50.00%	50.00%	37.84%	79.31%	tbc	61.11%	66.10%	
	Transfers of Multips from MLC to CLC				0	3	14	15	8	10	4	14	10	11	tbc	5	9	
	Number of Multips				8	22	62	87	66	60	61	45	35	24	39	55	44	
	% of Transfers for Multips	<12%	12-17%	>17%	0.00%	12.00%	18.42%	14.71%	10.81%	14.29%	6.15%	23.73%	22.22%	31.43%	tbc	8.33%	16.98%	
Mode of Delivery	Number of Transfers				13	16	41	46	34	30	31	30	24	34	tbc	27	48	
	% of Transfers				25.00%	26.67%	28.28%	25.99%	27.20%	28.04%	25.62%	30.93%	30.00%	40.96%	tbc	21.77%	36.64%	
	Number of Normal Vaginal Deliveries				298	337	318	358	338	300	306	278	250	275	290	334	326	
	Number of Breech Vaginal Deliveries				1	1	2	1	1	2	2	1	3	0	3	2	0	
	Total Non operative vaginal deliveries				299	338	320	359	339	302	308	279	253	275	293	336	326	
	% of Non operative vaginal deliveries	>60%	55-60%	<55%	58.40%	60.57%	54.89%	57.90%	58.96%	56.66%	55.00%	55.14%	52.71%	52.08%	55.92%	57.05%	55.07%	
	Number of Ventouse deliveries				22	25	27	34	34	40	35	23	34	21	22	25	35	
	% of Ventouse deliveries				4.30%	4.48%	4.63%	5.48%	5.91%	7.50%	6.25%	4.55%	7.08%	3.98%	4.20%	4.24%	5.91%	
	Number of Forcep deliveries				36	40	46	39	42	38	43	39	41	51	44	47	53	
	% of Forcep deliveries				7.03%	7.17%	7.89%	6.29%	7.30%	7.13%	7.68%	7.71%	8.54%	9.66%	8.40%	7.98%	8.95%	
	Total Instrumental Deliveries				58	65	73	73	76	78	78	62	75	72	66	72	88	
	% Instrumental Deliveries	<12%	12-15%	>15%	11.33%	11.65%	12.52%	11.77%	13.22%	14.63%	13.93%	12.25%	15.63%	13.64%	12.60%	12.22%	14.86%	
	Number of Emergency C-Sections				78	92	101	107	94	92	105	102	82	105	101	103	108	
	% of Emergency C-Sections				15.23%	16.49%	17.32%	17.26%	16.35%	17.26%	18.75%	20.16%	17.08%	19.89%	19.27%	17.49%	18.24%	
Number of Elective C-Sections				77	62	89	79	66	61	69	63	70	82	63	78	70		
% of Elective C-Sections	No target			15.04%	11.11%	15.27%	12.74%	11.48%	11.44%	12.32%	12.45%	14.58%	15.53%	12.02%	13.24%	11.82%		
Total C-sections				155	154	190	186	160	153	174	165	152	187	164	181	178		
% C-Sections	<25%	25-30%	>30%	30.27%	27.60%	32.59%	30.00%	27.83%	28.71%	31.07%	32.61%	31.67%	35.42%	31.30%	30.73%	30.07%		
Unit Diverts	Elegible for VBAC	No target			17	27	18	25	21	21	10	20	27	24	16	28	17	
	Attempted VBAC	No target			12	20	14	10	10	6	9	14	16	10	18	11		
	Successful VBAC	No target			70.59%	74.07%	77.78%	40.00%	47.62%	47.62%	60.00%	45.00%	51.85%	66.67%	62.50%	64.29%	64.71%	
	VBAC Rate	No target			0	0	0	6	1	4	2	0	0	0	4	4	tbc	
	Internal	No target			0	0	0	1	0	3	0	0	0	0	5	3	tbc	
Maternal Morbidity and Mortality	Total PPH >= 1500mls				22	21	29	17	26	23	26	21	16	17	14	17	31	
	% PPH >=1500mls				4.34%	3.81%	5.07%	2.80%	4.58%	4.38%	4.70%	4.21%	3.38%	3.29%	2.70%	2.94%	5.30%	
	Maternal Death	No target			0	0	0	0	0	0	1	0	0	0	0	0	0	
	Maternal Admissions to CCU	No target			1	0	2	2	0	1	3	1	0	2	0	0	tbc	
	Number of 3rd/4th degree tears				11	11	5	5	10	8	6	9	7	6	8	6	14	
% of 3rd/4th degree tears				3.08%	2.73%	1.27%	1.16%	2.41%	2.11%	1.55%	2.64%	2.13%	1.73%	2.23%	1.47%	3.38%		
Neonatal Morbidity and Mortality	HIE Grades 2 & 3	0	1-2	>2	3	0	1	1	0	0	0	0	1	0	0	0	0	
	Babies sent for cooling	No target			2	1	0	0	0	0	1	1	1	2	0	0	0	
	Term Admissions to NNU	No target			32	37	29	38	39	24	36	25	26	28	28	27	31	
	APGAR at 5 min <7 at term (Number)				3	7	6	9	6	1	6	2	7	7	3	3	4	
	APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	0.59%	1.25%	1.03%	1.45%	1.04%	0.19%	1.07%	0.40%	1.46%	1.33%	0.57%	0.51%	0.68%	
	Number of Stillbirths	<2	2	>2	2	0	0	4	3	0	3	4	1	1	1	0	3	
	Neonatal Deaths within 28 days	No target			2	1	0	0	1	0	0	0	0	1	2	0	tbc	
Late Fetal Losses (22+0 to 23+6 weeks)	No target																	
Demographics	Women <18 years at delivery	No target			2	6	2	5	2	3	3	2	1	6	6	3	3	
	Women >= 40 years at delivery	No target			17	20	18	26	27	21	19	16	21	22	24	28	21	
	Babies from Ethnic Minority Groups	No target			78	80	84	94	83	68	82	72	58	66	54	95	87	

1:1 Care in Established Labour - Mother (Ipswich only)

Patient Safety – Maternity Assurance Report: Dashboard Outliers – April data

ESNEFT Emergency Caesarean Sections – April: 18.24%

The Emergency Caesarean section rate has risen slightly from last month. The Quality Improvement Midwifery Leads are developing a joint MDT working group to explore what good looks like, women’s experiences of CS and how best to review Caesarean sections, highlight areas for learning and to develop a cross site action plan for improvement. ESNEFT MDT meeting has been booked for the end of June.

ESNEFT Massive Obstetric Haemorrhage – April: 5.30%

This month’s current PPH >1500ml has seen a significant increase from 2.964% last month, to 5.30% this month. Colchester site is localising the PPH management checklist which is now ready for implementation, Ipswich has already implemented this tool. Colchester has held a MDT case review meeting following the increase of PPH this month, investigating PPH >1500ml and identifying learning, a risk assessment has developed for the risk register, regular MDT Datix review meetings and PPH emergency simulations have been commenced at Colchester, with a plan to commence across site. Ipswich continue to work towards the MDT reviews and meetings however due to the current staffing crisis and acuity, there has been a delay in implementing this. A joint MDT meeting is planned for June for an ESNEFT Maternity PPH QI group to meet and discuss improving PPH >1500ml rates further.

ESNEFT Preterm birth rates <36+6 weeks

There was an increase in the number of preterm birth across sites to over 8%. The national ambition is a 25% reduction from 8% by 2025. In line with Saving Babies Lives care bundle 2 in 2020, preterm birth clinics supported in guidance are successfully implemented across site with good uptake. Fetal Fibronectin testing is newly implemented for women in threatened preterm labour. ESNEFT Maternity continues partnership working with the LMNS to improve the optimisation of the fetus prior to preterm birth, monitoring and improving the Right place of birth QI and offering Magnesium Sulphate QI to all women in preterm labour <30 weeks.

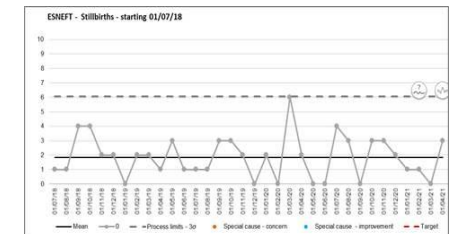
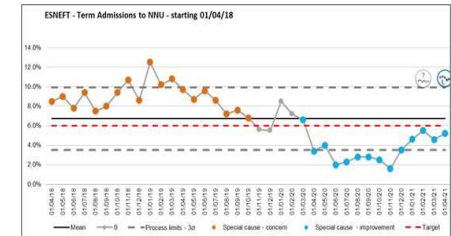
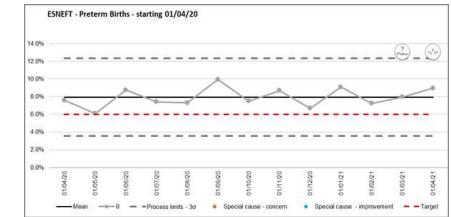
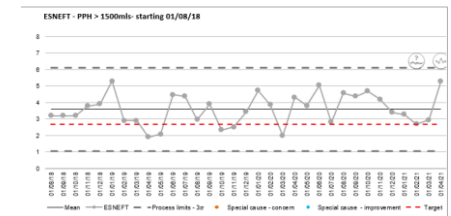
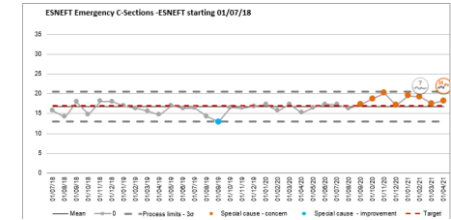
ESNEFT Term Admissions to NNU

ATAIN projects commenced at Colchester October 2017 and at Ipswich in March 2018 to reduce the number of avoidable term admissions to the NNU avoiding unnecessary mother separation. All ATAIN admissions are MDT reviewed, learning is highlighted via ATAIN review MDT meeting and MatNeo Governance. ESNEFT Maternity has a Transitional Care across both sites with midwives caring for babies that require additional care such as IV antibiotics and phototherapy on the postnatal ward. As a consequence of the QI activity term admission rates are declining. Current Regional QI projects include thermoregulation across ESNEFT and Kaiser and delayed cord clamping is currently being planned. The Kaiser go live date for Colchester is the 7th June, with Ipswich date TBC.

ESNEFT Still births

Colchester- 2 stillbirths for April.

Ipswich- 2 stillbirths for April.



Patient Safety – Maternity Assurance Report: Emerging risks, concerns and assurance

Risk Register

ESNEFT

Risk to patient safety due to not being able to fill the midwifery staffing template.

Risk rating - 15

The site specific staffing risks have been merged into a single ESNEFT risk with monthly meetings now scheduled in order to discuss and update.

NHSP have committed to providing 10 international midwives per month from July to September to support midwifery staffing levels.

Thorough review of evidence to confirm effectiveness of controls being reported monthly to the DMT.

A number of recruitments have been placed over the last month and staff are due to commence employment over the next 5 months.

Vacancies	Midwives	Support workers
Colchester	16.09wte	2.62wte
Ipswich	21.98wte	1.4wte

Ongoing mitigations-

- International nurses have commenced employment as Band 3s whilst they await their NMC PINs, and provide support in the postnatal ward, with additional training developed to support practice.
- The maternity bleep holder or maternity matron continue to attend the trust staffing meeting daily to escalate concerns over staffing.
- RN NHSP shifts are continuing to be available daily to assist with staffing levels.
- Recruitment drive continues.
- Red flag and Datix monitoring is ongoing to ensure safety of the unit is maintained.
- International recruitment of midwives commences in June 2021 with a planned 30 WTE to arrive during the autumn.

Colchester

New Risk: Small for gestational age (SGA) babies are not being detected in the antenatal period.

Risk rating - 5

Incorrect use of GROW charts – issues with plotting, timely referrals, inaccuracy of fundal height (FH) measurements and estimated fetal weight (EFW) via ultrasound scan (USS).

Actions taken to address risk

- Electronic GROW charts embedded with Medway to prevent human error of plotting.
- Continue with paper copies of GROW charts to enable transition to Medway.
- All staff required to complete mandatory training on GAP.
- Staff have annual e-learning update.
- Datix reviews of incidents.
- Working with GAP perinatal institute team.
- Investigation of all babies born below 3rd centile.

Patient Safety – Maternity Assurance Report. CNST Assessment and RAG rating: Milestones and Achievements

Achievement of the standards is looking positive but there are several reports to be finalised, drafted and approved through ESNEFT’s governance process to get to Trust Board in early July 2021. The final submission date for the scheme is 15th July 2021.

UPDATE: 2nd June 2021

10 Steps-to-Safety (CNST Maternity Incentive Scheme)

		Next milestone/completion deadline	Ipswich	Colchester	Comments
1	Perinatal mortality review tool	Quarterly report to Trust Board as part of the PSR submitted via Performance and Assurance Committee at end of May.	G	G	
2	MSDS	Final piece of information for the Trust Board report is to set out ESNEFT's plans for meeting the Information Standards Notice Amd 10/2018 requiring fully digitised maternity records. Final report on this standard will be submitted to QPS in May 2021 for subsequent sight by Trust Board in June 2021.	G	G	All requirements met to date, including December 2020 data scorecard. Lack of digital clinical record keeping at Ipswich means Trust Board must sign off a plan for addressing. The plan currently comprises ongoing exploration of utilising Lorenzo maternity system for real time clinical recording, in addition to exploring alternative methods of collecting the relevant data. Any option would be an interim method until the purchase of a new Trustwide system expected in 2023. Action plan signed off by DMT and Chief Nurse, and submitted to LMNS. Full report on the standard will then go to DMT/QPS/Trust Board
3	ATAIN	Confirmation of compliance with this standard will be included in the final CNST report to Trust Board by 15th July 2021	G	G	Review of term admissions from March 20 - Aug 20 (COVID-19 period) was completed by 30/11/20 ATAIN action plan monitored monthly & shared with board level safety , as a standing agenda item.

Patient Safety – Maternity Assurance Report. CNST Assessment and RAG rating: Milestones and Achievements

10 Steps-to-Safety (CNST Maternity Incentive Scheme)

4	Medical workforce planning	Confirmation of anaesthetic medical, neonatal medical and neonatal nursing workforce standards being met or plans in place (for a 6 month period between Jan 20 and May 21) A report specific to this standard will be submitted to Trust Board by 15th July 2021	A	G	Neonatal nursing reports complete, including required action plan. Requirements re obstetric medical workforce were removed in March 2021. Anaesthetics requirements are met, and evidence being gathered. Ips NN service does not meet the BAPM std for Tier 2 rota, and Colchester meets it temporarily until September 2021 (so will meet the CNST standard but will require a future solution). Action planning meeting took place on 5th May, where options for exploration were established. An options paper taken to DMT, with subsequent actions to inform Action plan.
5	Midwifery workforce planning	Annual report on midwifery staffing to be submitted to Trust Board by 15th July 2021	G	G	Additional staffing to BirthRate Plus recommended levels was approved by Trust Board in January 2021. Report drafted and being finalised for presentation to DMT/QPS/Trust Board
6	Saving Babies' Lives Care Bundle v2	Audits to assess compliance with the 5 elements Standard-specific report to Trust Board by 15th July 2021 (date to be informed by results of audits)	G	G	All elements are implemented on both sites but we must demonstrate compliance with all elements, to specific thresholds (between 80 - 95%). As at 2nd June, the audits are nearly complete across both sites, and do demonstrate compliance.
7	Patient feedback	Evidence of use of patient feedback - report to Trust Board by July 21 Standard-specific report to go to DMT/QPS/Trust Board.	G	G	MVPs have provided a report of all co-production activities over the last year. This will form the basis for this Trust Board report, together with several other documents. Report to be collated.

10 Steps-to-Safety (CNST Maternity Incentive Scheme)

8	Multi-professional training	Position re 90% of all staff group completion to be included in final CNST Trust Board report by 15th July 2021	G	G	Requirements were amended in March 2021, to remove the 90% compliance threshold in all staff groups. Nonetheless, the Trust Board must be notified of completion rates, and minute a commitment to ensuring sufficient opportunity for staff to complete the training.
9	Safety champions	Updates to Trust Board re Continuity of Carer plans to be implemented via the maternity section of the monthly PSR report Obtain confirmation of Board level safety champion attendance or appropriate representation at qualifying engagement events Confirmation of compliance with this standard will be included in the final CNST report to Trust Board by 15th July 2021	G	G	Safety intelligence pathway is in place and visible to all staff Board level safety champion hosts monthly safety feedback sessions for staff and safety concern dashboards are displayed for tracking C of C plans reviewed in light of COVID-19, and progress shared with Board level safety champion monthly Mortality and morbidity review completed by 30/11/2020 with actions agreed Monthly Board level and frontline safety champion meetings in place
10	Early notification scheme	Standard specific report going to Trust Board under the PSR in June 2021	G	G	All Early notification scheme requirements met to date All HSIB reporting requirements met to date All qualifying cases between 01/10/20 and 31/03/21 met the criteria, including Duty of candour Report went to Performance Assurance Committee under the PSR in May 2021, and will go to Trust Board in June 2021

Saving Babies Lives V2 Updates (Safety Action 6)

Element 1: Reducing smoking in pregnancy

This element is implemented on both sites. Audits have been taken place across sites in line with CNST requirements. Colchester site audit has shown 100% compliance with CO monitoring at booking and 90% compliance with CO monitoring at 36 weeks gestation. Ipswich shows 95%, and the audit for CO monitoring at 36 weeks shows 82.5%.

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)

On Ipswich site, an alternative intervention is in place (uterine artery doppler flow velocimetry not performed by 24 weeks for high risk pregnancies), LMNS approval has now been agreed. Audits completed to confirm minimum 80% compliance of FGR risk assessments identifying and recording individual risk of FGR at booking being completed, Colchester’s audit demonstrated 100% compliance, with Ipswich audit showing 95% compliance

Element 3: Raising awareness of reduced fetal movement (RFM)

Element is implemented on both sites. The audit for assessing the percentage of women receiving information regarding reduced fetal movements within their pregnancy has shown 100% compliance for both Colchester and Ipswich. The audit for women being appropriately managed for presenting with reduced fetal movements has shown that across both sites, 100% of women attending with reduced fetal movements had fetal wellbeing assessed using CTG monitoring system, with Dawes Redman software assessment

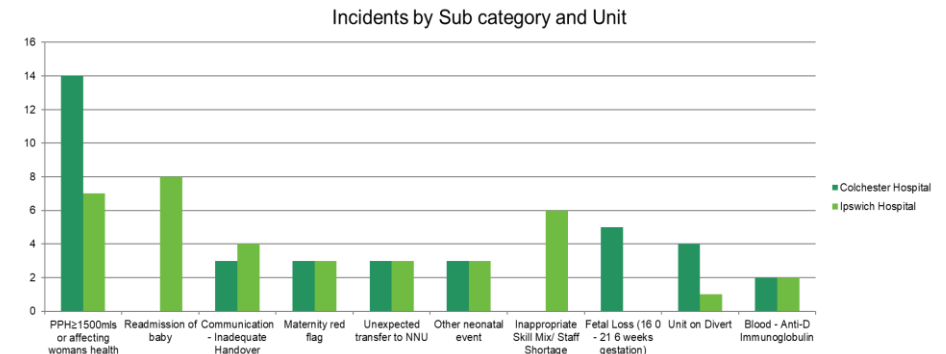
Element 4: Effective fetal monitoring during labour

Both sites are projected to meet the 90% compliance in all staff groups. Colchester site confirms has now met 90% CNST requirements for all groups. Ipswich data continues to be collected.

Element 5: Reducing preterm birth

Element is implemented. Audits completed to assess uptake of Magnesium Sulfate given for neuroprotection for women in preterm labour, both Colchester and Ipswich achieved 100% of eligible women being offered and receiving Magnesium Sulfate for fetal neuroprotection <30 weeks gestation. The steroids for fetal lung maturation audit also showed 100% compliance for Colchester, Ipswich data continues to be collected.

Incidents & Serious Incident Updates



PPH continues to be the highest reported incident and there was a huge increase last month at Colchester. In order to address this Colchester has set up fortnightly MDT meetings to review the PPH’s from the antenatal period to extract themes.

PSII and HSIB

COLCHESTER- 0 raised in April .

IPSWICH- 2 babies transferred for cooling, awaiting to see if HSIB involved.

Unit Divert

Colchester

- 9th April from 02.55-7.15 for acuity and staffing
- 23rd April from 03.00-10.00 for acuity and staffing
- 30th April from 00.30-02.30 for acuity and staffing.
- (one additional Datix was submitted however divert was avoided)

Ipswich

- 6th April from 16:45- 0600 due to acuity and staffing crisis
- 28th April from 14:30- 19:30 due to acuity and staffing crisis

Patient Safety – Maternity Assurance Report: Ockenden Progress

- The national portal for submission of evidence is now open and will remain so until the end of June 2021.
- The national team have now issued their minimum evidential requirements, and ESNEFT’s position is now mapped against those. RAG ratings below as at 2nd June 2021.
- Meeting with regional team to review of ESNEFT’s proposed evidential submission is scheduled for 16th June 2021.
- Funding has become available nationally for the workforce elements of the Ockenden requirements – bids were coordinated via LMNS.

Ockenden - Minimum evidence requirements		
SECTION 1: Immediate and Essential Actions 1 to 7	ESNEFT RAG RATING	Key activities required/underway
Immediate and Essential Action 1: Enhanced Safety	A	a. New LMNS and ESNEFT SOPs being developed to ensure LMSNB and ESNEFT Trust Board oversight of SI reports b. Cross LMNS arrangement required between Suffolk and North East Essex and Mid and South Essex regions for external clinical opinion in applicable cases of maternal death, intrapartum fetal death, neonatal brain injury and neonatal death. ESNEFT have drafted a SOP, for review and agreement by all four other maternity units involved and with SNEE LMNS
Immediate and Essential Action 2: Listening to Women and Families	G	Submit evidence of co-production with MVPs, Lead NED engagement, and bi-monthly safety champion meetings. Also of parental involvement in PMRT reviews.
Immediate and essential action 3: Staff Training and Working Together	A	a. LMNS-wide quarterly training report to be agreed and implemented. b. Finance to provide evidence of training funding being ring-fenced and spent appropriately.
Immediate and essential action 4: Managing Complex Pregnancy	A	b. Audit of early specialist involvement in complex pregnancies underway cross-site.
Immediate and essential action 5: Risk Assessment Throughout Pregnancy	R	a. Further work to embed process for formal risk assessment at every ante-natal contact - including place of birth
Immediate and essential action 6: Monitoring Fetal Wellbeing	A	Review JDs for obstetrician and midwifery fetal monitoring leads, to ensure all required criteria included. Note: No obstetrician time currently allocated to the role, but additional PAs requested as part of Ockenden funding bid.
Immediate and essential action 7: Informed Consent	A	a. Review current methods of evidencing decision making processes which include women’s participation and informed choice. Consider how to strengthen, and how to audit. b. Ask MVPs to review quality of information on the ESNEFT website against Chelsea and Westminster’s website, as an example of best practice.

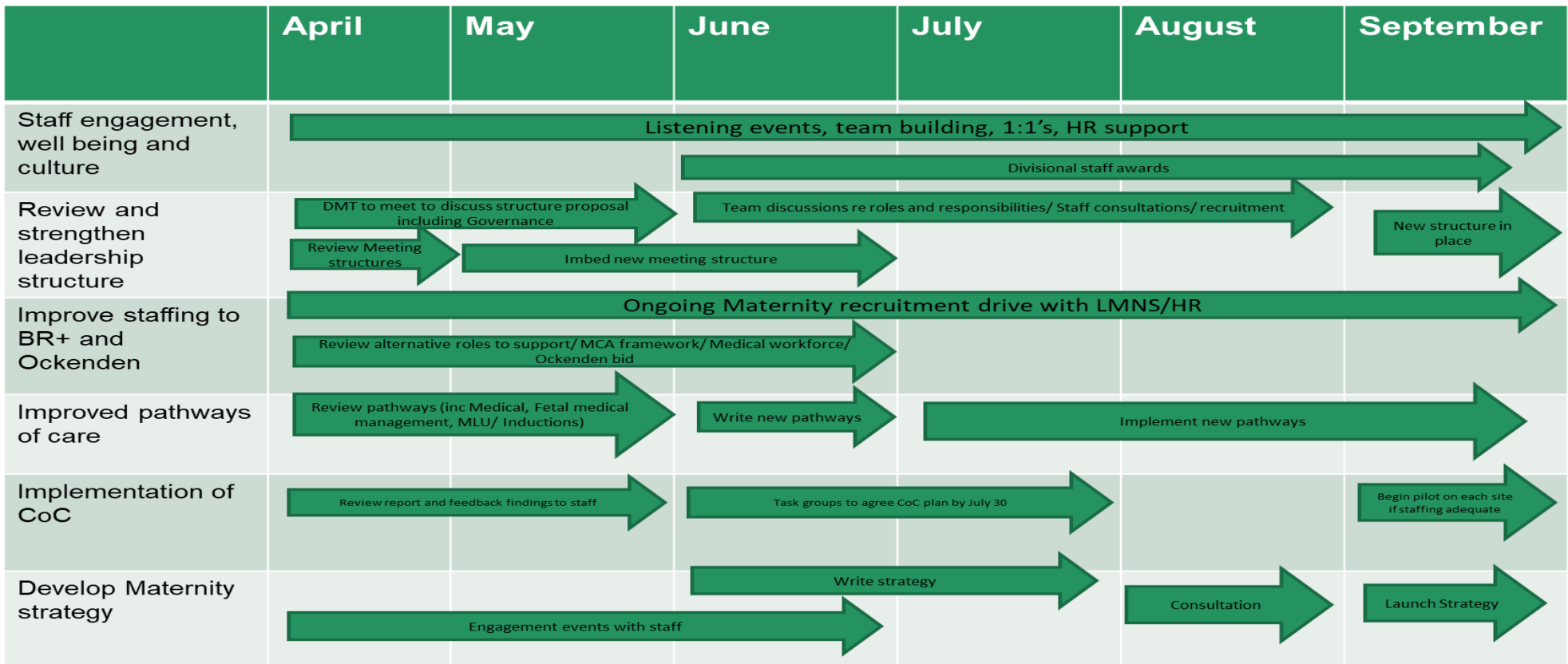
SECTION 2: WORKFORCE PLANNING	ESNEFT RAG RATING	Key activities required/underway
Link to Maternity Safety Actions:	A	a. Evidence 6 monthly workforce reviews for all staff groups, and demonstrate considered at Board level. b. Consider evidence of workforce planning at LMS/ICS level
Midwifery Leadership	A	Complete gap analysis against the RCM strengthening midwifery leadership: a manifesto for better maternity care, with action planning where manifesto not met.
NICE Guidance related to maternity	A	a. Evidence the NICE guidance implementation process. B. Evidence risk assessment where guidance not implemented (FIGO)

Patient Safety – Continuity of carer update and maternity improvement plan on a page. 6 month overview.

Continuity of Care

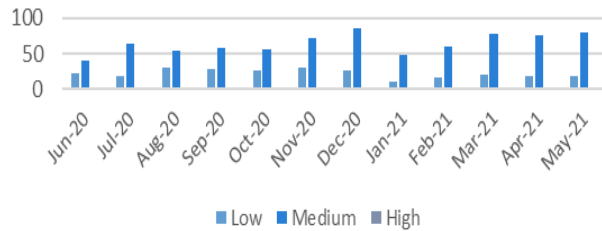
- Feedback has been given to staff about the previous staff consultation process, confirming that the continuity of carer proposals are not proceeding as set out
- External consultant engaged to support with re-engagement of staff in the implementation of continuity of carer, with a focus on safe staffing levels.
- The planning process will be staff-led, and will take into account of COVID-19, and the additional risks faced by women from black, Asian or mixed ethnicity backgrounds, as well as those from areas of higher deprivation.
- Listening events and task groups to be set up for staff to review the optimal method for ESNEFT to implement CoC.
- The regional Continuity of Carer team have offered their support in the plans for ESNEFT, and a co-production meeting with them is also being arranged. An implementation plan is required to be submitted by the LMNS by 30th July. Implementation will not be undertaken until staffing levels are appropriate.

Maternity Improvement plan on a page- 6 month overview



Patient Experience - Complaints

Total number of Complaints by Level

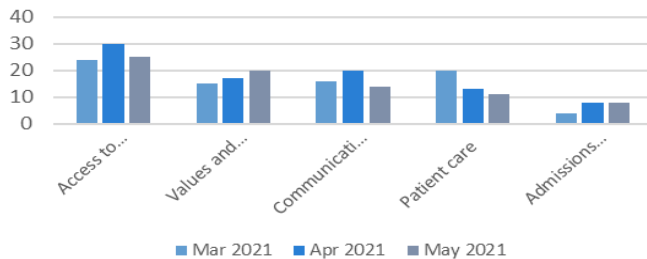


Overall complaints numbers for ESNEFT in May were 98 (93). There have been no high level complaints recorded in month. Colchester reported 40 (60) complaints and Ipswich reported 58 (33).

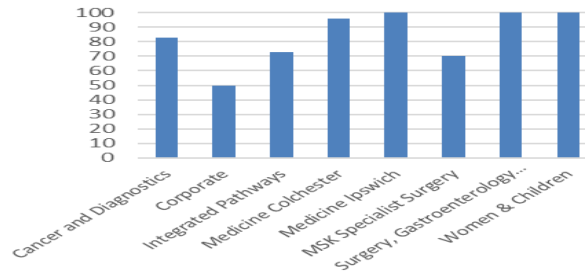
Complaint themes

The most common theme for complaints for May 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 the patients.

Top 5 Complaint Themes



Complaint Response Compliance %



Overall response rate compliance has decreased to 88% this month from 95% in April. There were 98 (81) complaints closed in the month of May. Overdue complaints increased to 12 (2).

Top themes from PALS:

There were 212 PALS concerns logged for Colchester and 240 for Ipswich for the month of May 2021.

The top themes for PALS for the month of May 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 4 PALS cases which were converted into formal complaints for the month of May 2021; 1 for Cancer and Diagnostics, 1 for Surgery, Gastroenterology, 1 for MSK and Specialist Surgery, 1 for Medicine (Colchester)

PALS cases converted to complaints cases were due to the complainant not being satisfied with the response given via PALS and escalated their concerns by submitting a formal complaint.

Letters to Loved Ones

Since the start of the project in May 2020, Colchester has received 554 and Ipswich 551 letters. During May Ipswich received 19 and Colchester 11.



FFT

- SMS working at Colchester with good response rates.
- Ipswich low uptake due to SMS not working with patient record systems.
- Uptake of QR code surveys low across the Trust.
- ACE clinics and departments will need to be added to Envoy with a SMS link for patients to leave FFT feedback.
- Awaiting BI to write data script for Ipswich IP and OP to automate FFT.

National Surveys – Due to COVID-19 these were postponed last year.

- Emergency Care - Survey complete and results back under embargo which have been shared with teams from ED and UTC.
- Children's and Young People – fieldwork ongoing.
- Maternity – Data sample submitted and fieldwork taking place imminently.
- Cancer – Posters displayed informing patients of survey, data sample due to be drawn in June.
- Inpatient – Data sample submitted and fieldwork taking place imminently.
- U16 Cancer Survey – We can't take part this year as it is only for the 13 Principal Treatment Centres, next year it will expanded to some Paediatric Oncology Shared Care Units (POSCUs).

Local Surveys

- Local surveys being conducted using MS Forms.
- Surveys undertaken include but not limited to safeguarding, new born hearing, lower GI, oncology, patient entertainment, heart failure and pain clinic.
- Results either feedback to area/clinics via reports or spreadsheets, areas/ clinics using data for service change and improvement or to benchmark.

Patient Representatives Coffee morning

The guest speaker for May's coffee morning was Rachel Fletcher, Colchester's youth support worker. The group were interested in knowing more about this role, especially around what her day to day caseload looked like. They also learned more about the youth forum and how they can link together regarding feedback and events. Next month's coffee morning will have a youth forum member to talk about the Forum's plans for 2021.

Patient Representative Engagement

Elective Orthopaedic Centre Project

The first Focus group was supported by patient representatives and was led by Rossa Baker. Feedback from the patient representatives said that it was a very focused group and that Rossa made them feel welcomed and she took on board the feedback and suggestions of everyone in the group. Feedback from Rossa was positive as the patient representatives input was insightful and thought provoking. Future focus group dates have been proposed in line with the development

How to Heal after COVID-19

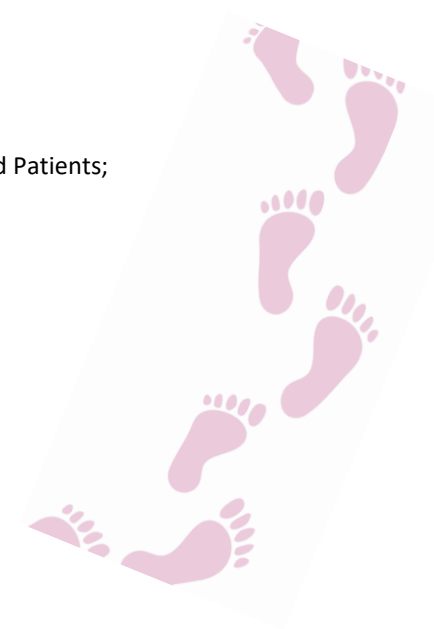
Members of the Colchester Youth Forum took part in a Forum lead by IESCCG exploring the needs of the CYP in our community to better understand:

- What has been the impact of COVID-19?
- What's changed now in a post-COVID-19 world?
- What have we learned?
- What is the contribution of health and care to healing?
- How do we make sure that no one is left behind?

Forum members enjoyed the discussions and found that they could bring the above questions and ask the same within the Trust working with the Adult patient representatives. They have also been invited to give individual feedback either through a questionnaire or personal interviews to ensure that their voice is at the centre of the planning of services for the future in health care services.

What's ahead for Patient Experience

- Did you see carers week? Carers Bus at Ipswich, tweets daily and support offered for any carer;
- Coffee morning held, great attendance and excellent feedback and support;
- Accessible Standards Information pilot commencing July 2021 with a small cohort of Learning Disability Patients and Visual Impaired Patients;
- 15 Steps Programme commencing September 2021;
- Meeting planned for carers cabin at Colchester using charitable funds money;
- Patient Experience Panels and Patient Panels being reviewed and starting up again;
- Patient Experience has never been more exciting.....

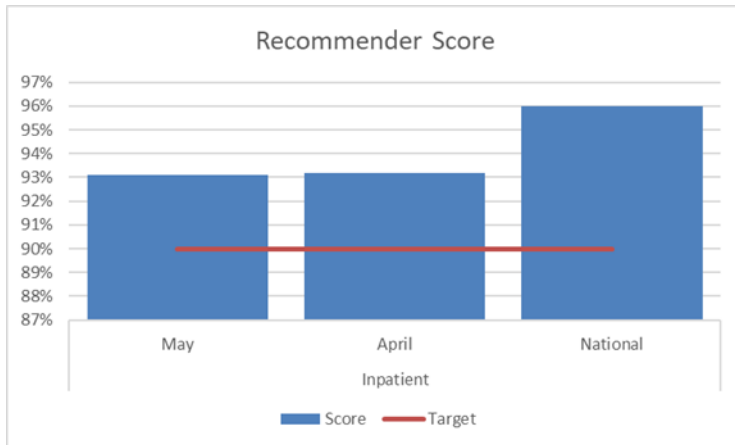
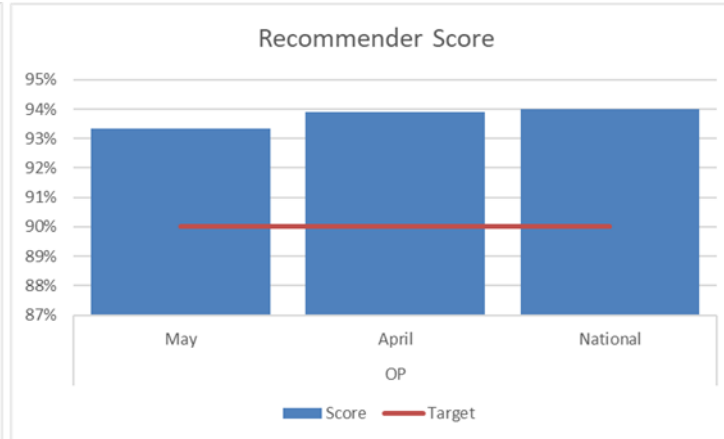
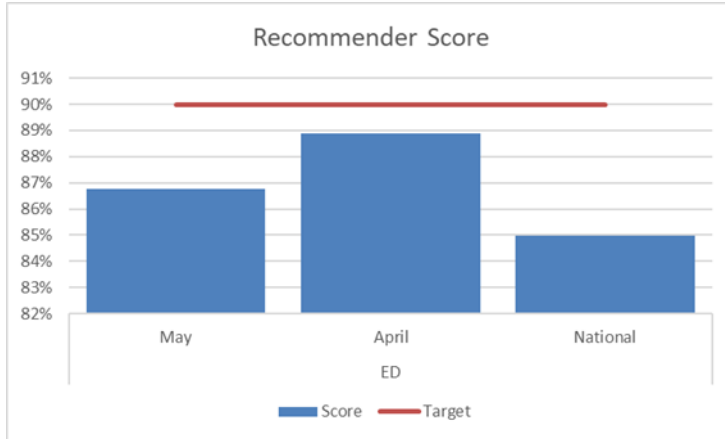


Patient Experience – Friends and Family Test

FFT restarted nationally on the 1st December 2020, with Colchester using predominately SMS and Ipswich using QR codes to gather feedback.

Uptake on QR codes for Ipswich still poor, with the introduction of further services this presents an ideal opportunity to develop SMS Trust wide. Awaiting BI to automate FFT for IP and OP at Ipswich.

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 March 2021



A&E		February	March	April	May
ESNEFT	Recommended	90.98%	90.93%	88.88%	86.77%
	Responded	25.00%	25.00%	24.00%	23.00%
National	Recommended	84.99%	0.00%	0.00%	0.00%
	Responded	0.00%	0.00%	0.00%	0.00%

Inpatient		February	March	April	May
ESNEFT	Recommended	92.70%	93.84%	93.21%	93.10%
	Responded	24.00%	30.00%	26.00%	27.00%
National	Recommended	95.89%	0.00%	0.00%	0.00%
	Responded	24.40%	0.00%	0.00%	0.00%

Birth		February	March	April	May
ESNEFT	Recommended	100.00%	100.00%	100.00%	83.33%
	Responded	96.88%	0.00%	0.00%	0.00%
National	Recommended	0.00%	0.00%	0.00%	0.00%
	Responded	19.90%	0.00%	0.00%	0.00%

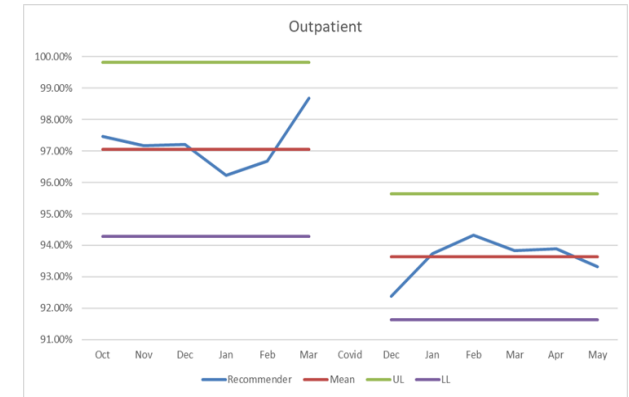
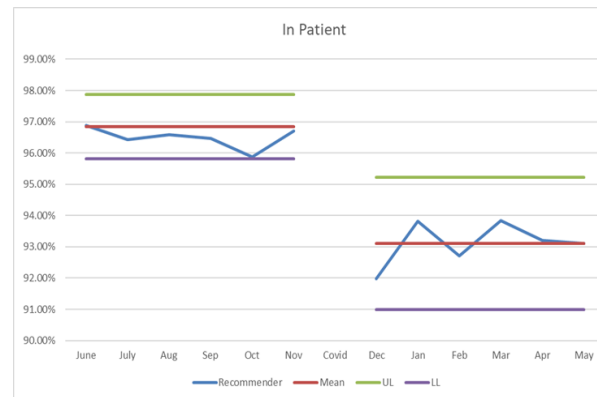
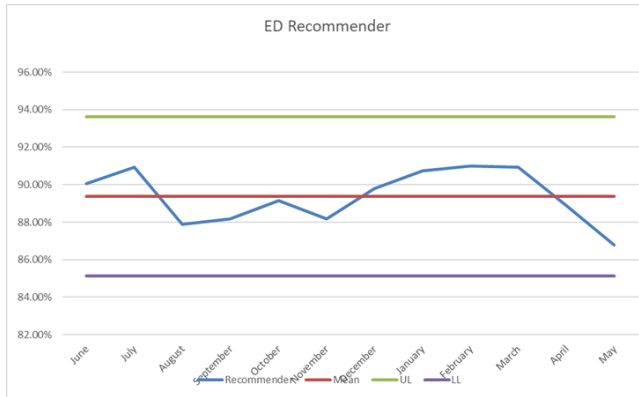
Outpatient		February	March	April	May
ESNEFT	Recommended	94.05%	93.84%	93.89%	93.33%
	Responded	0.00%	93.91%	0.00%	0.00%

Antenatal		February	March	April	May
ESNEFT	Recommended	100.00%	93.33%	100.00%	100.00%
	Responded	95.12%	0.00%	0.00%	0.00%

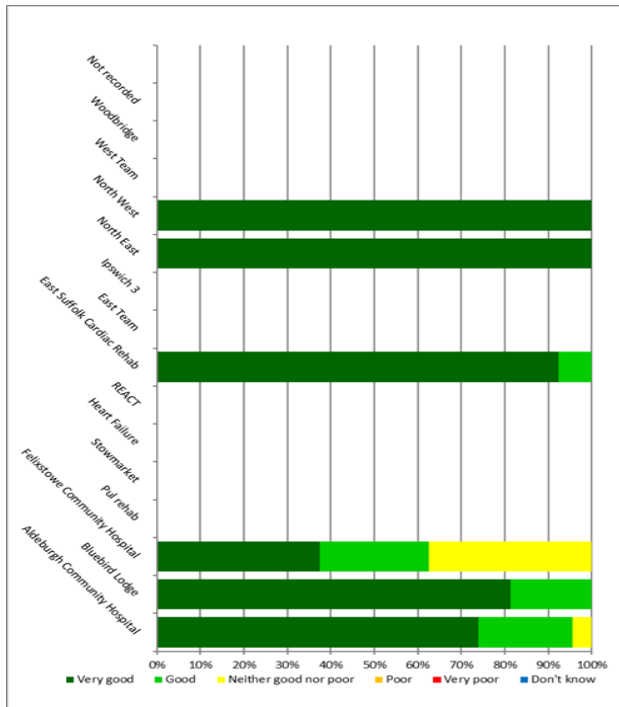
Post Ward		February	March	April	May
ESNEFT	Recommended	90.00%	95.24%	98.33%	98.04%
	Responded	94.84%	0.00%	0.00%	0.00%

Post Com		February	March	April	May
ESNEFT	Recommended	0.00%	100.00%	100.00%	100.00%
	Responded	97.96%	0.00%	0.00%	0.00%

Patient Experience – Friends and Family Test



Community



Friends and Family Test scorecard

	Number of patients who would recommend	% of patients who would recommend*	Number of survey responses received	Response rate	
Combined Scores	61	94%	65		
Community Hospitals – combined	43	91%	47	44%	<i>Response rate = number of surveys received against total number of patients discharged 125</i>
Aldeburgh Community Hospital	22	96%	23	52%	<i>Response rate = number of surveys received against total number of patients discharged 42</i>
Bluebird Lodge	16	100%	16	38%	<i>Response rate = number of surveys received against total number of patients discharged 54</i>
Felixstowe Community Hospital	5	63%	8	36%	<i>Response rate = number of surveys received against total number of patients discharged 29</i>
Community Health Teams - combined	18	100%	18		
Pul rehab	0	0%	0		
Stowmarket	0	0%	0		
Heart Failure	0	0%	0		
REACT	0	0%	0		
East Suffolk Cardiac Rehab	13	100%	13		
East Team	0	0%	0		
Ipswich 3	0	0%	0		
North East	4	100%	4		
North West	1	100%	1		
West Team	0	0%	0		
Woodbridge	0	0%	0		
Not recorded	0	0%	0		

Response rate = number of surveys received against number of first attendances (not known)

Performance Area	Performance measure	Target	Latest Month			Trend		
			ESNEFT	COL	IPH	ESNEFT	COL	IPH
Emergency Department	Four hour standard (Whole Economy)	95%	● 93.0%	● 93.1%	● 92.8%	● 1.2%	● 0.9%	● 1.8%
	Time to initial assessment - 95th pct	15 mins						
	Time to initial assessment- percentage within 15 minutes (new measures)		51.0%	64.0%	44.0%	● 1.0%	● 18.0%	● -7.0%
	Time to treatment - median time in department	60 mins						
	Average (mean) time in department- non-admitted patients (new measure)□		162	193	140	● -2	● 1	● -3
	Average (mean) time in department- admitted patients (new measure)		236	256	210	● -11	● -8	● -13
	Patients spending more than 12 hours in A&E		46	44	2	● -5	● -5	● 0
Cancer	Proportion of ambulance handovers within 15 minutes (new measure)		34.5%	29.8%	40.1%	● -1.0%	● -2.9%	● 1.1%
	% Patients seen within 2 weeks from urgent GP referral	93%	● 75.0%			● 0.4%		
	% patients waiting no more than 31 days from a decision to treat	96%	● 93.0%			● 0.6%		
Diagnostics	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 77.3%			● -6.6%		
	% patients waiting 6 weeks or more for a diagnostic test	1%	● 10.6%			● -2.7%		
RTT	% of incomplete pathways within 18 weeks	92%	● 65.7%			● 2.8%		
	Total RTT waiting list (open pathways)		55,333			● -1584		
	Total 52+ waiters	1453 (Trajectory)	● 2371			● -852		

ED: Both sites seeing an increase of attendances and acuity. Planning underway for circa 400 Ipswich and 600 Colchester attendances per day. Seasonal variation plan including system summer plan will be completed by July including the schemes to mitigate the bed deficits on both sites identified within the modelling work. Table top exercise planned to test surge planning including our response to the COVID-19 Delta variant and the change in guidance.

MH: Focused cross site multi agency group has been established which has improved working relationships. Table top reviews have commenced for any patient within the department for more than 6 hours with a formulated action log and a lessons learnt focus

Cancer: Breast still impacting 2WW performance although an improvement from last month. 62 day above trajectory but a decrease on last month as predicted. Significant increase in treatments in 62 day upgrades. Decrease in numbers over 104 days and an increase in the overall PTL size due to increased referrals predominantly within lower GI and Breast.

RTT and Accelerator Programme: good progress with the three work streams for delivery of 120% of activity in September against the 19/20 baseline. Division plans at the moment show: Day cases 118%, Inpatients 116%, First OPA 110%, Follow up 111%. Numbers of long waiting patients reducing with an aim of all patients over 98 weeks (with the exception of Oral) to be treated by the end of July.

ED Performance:
The ESNEFT Whole Economy performance was 93.0% in May 2021, missing the national standard but increasing from 91.7% in April 2021.

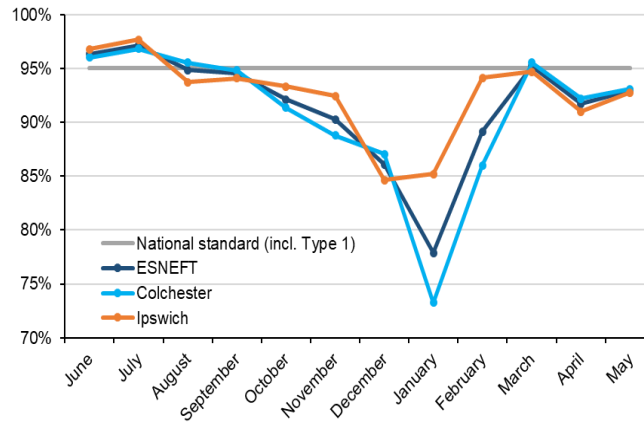
4 hour standard- ESNEFT whole economy*
93.0%
 ↑ vs 91.7% last month

4 hour standard- Colchester
93.1%
 ↑ vs 92.2% last month

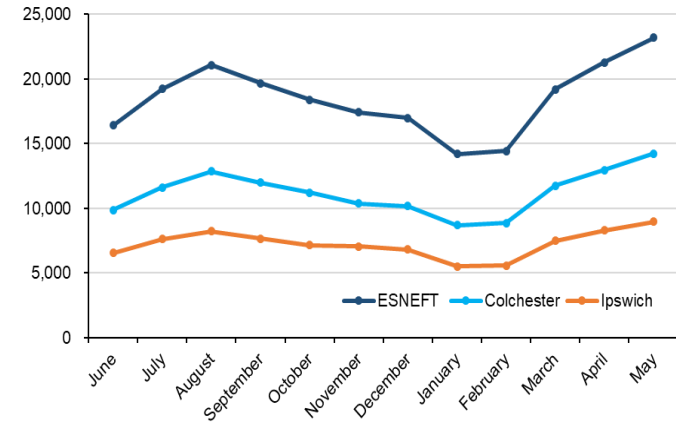
4 hour standard- Ipswich
92.8%
 ↑ vs 91.0% last month

Attendances - ESNEFT
23,212
 ↑ vs 21,279 last month

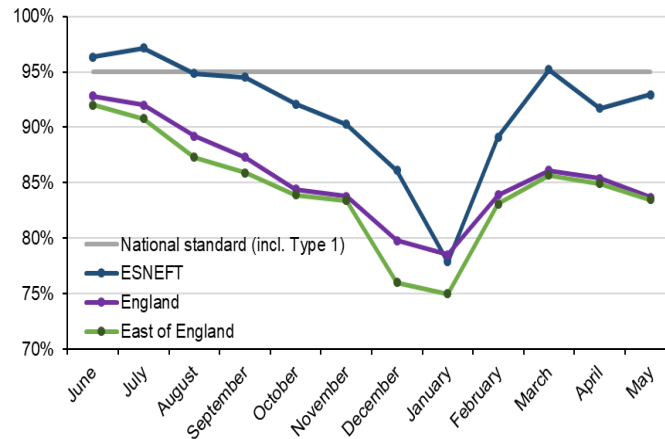
ED Performance: Four hour standard



ED Performance: Attendances



ED Performance: Four hour standard - benchmarking



ESNEFT 4 hour performance continues to be above the East of England and England average performance for the last 12 months.

4 hour standard performance improved by 1- 2% both sites despite increasing attendances to ED. Walk in numbers have been increasing again, with the profile later into the evening. Ipswich GP capacity reduced to 10 hours a day at the end of May, resulting in ED seeing an increase in 111 referrals. Urgent work on going with the system to highlight the demand increase and ensure there is a plan to manage the surges going forward.

Handovers have increased in month, up 4% across ESNEFT, 6% at Ipswich and 2% at Colchester. ESNEFT handover performance has decreased by 1 percentage point

Number of handovers - ESNEFT

5,637
 ↑ vs 5,429 last month

Number of handovers - Colchester

3,086
 ↑ vs 3,035 last month

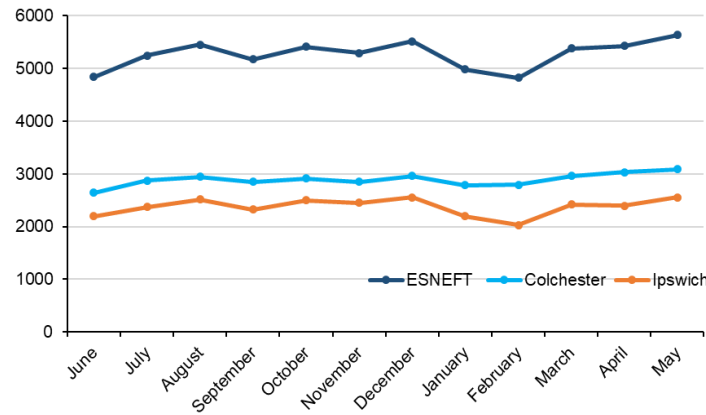
Number of handovers - Ipswich

2,551
 ↑ vs 2,394 last month

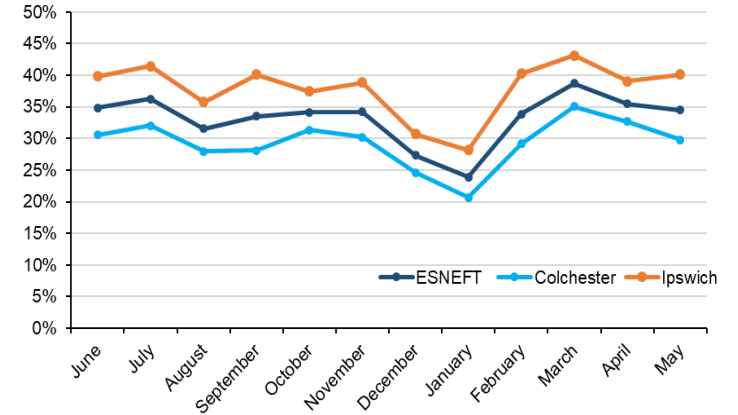
Handovers within 15 minutes

34.5%
 ↓ vs 35.5% last month

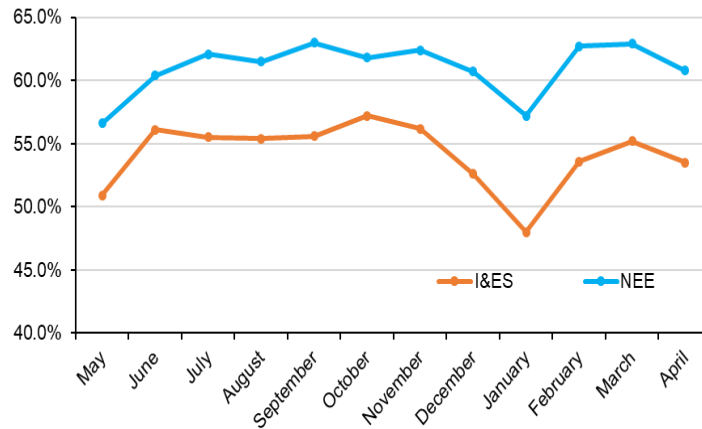
Ambulances: Number of handovers



Ambulances: Percentage of handovers within 15 minutes



Ambulances: Conveyancing rate



Increase in ambulance arrivals predominantly at Ipswich despite a decrease in conveyances from EEAST. Increase on the Ipswich site for 15 minute handover compliance with a decrease in Colchester.

The SIREN project is due to commence soon which will implement a new dashboard to further increase overview of activity for better front door planning and expedited booking in service.

The clinical review of standards introduces new time in department measures. Performance is consistent on last month and time in dept. remains higher at Colchester than Ipswich.

Time to initial assessment (% patients within 15 mins)

51.0%
 ↑ vs 50.0% last month

Time to initial assessment (95pct)

15min
 ↓ vs 16 last month

Average time in dept – non-admitted

162min
 ↓ vs 164 last month

Average time in dept – admitted

236min
 ↓ vs 247 last month

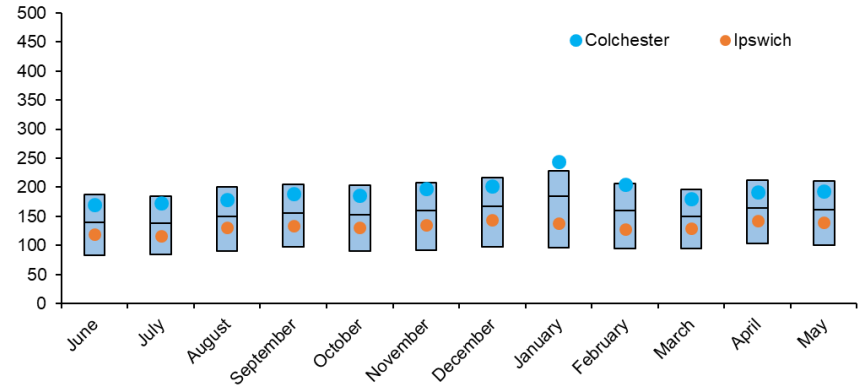
Time to treatment – median time in dept. (60 mins)

60 min
 ↑ vs 55 last month

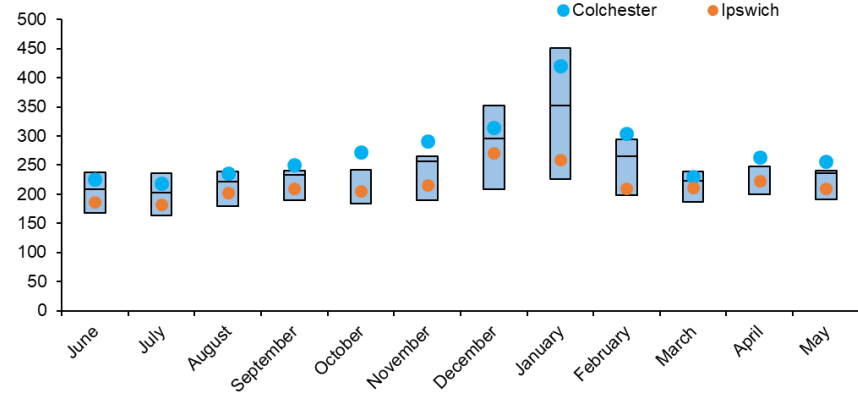
12 hour patients

46
 ↓ vs 51 last month

Average (mean) time in department - non-admitted patients. ESNEFT mean and quartile range.



Average (mean) time in department - admitted patients. ESNEFT mean and quartile range.



Decline in 60 minute time to be seen performance with increased waits specifically in the evening due to later surge in activity and reduction of GP availability at Ipswich.

Ipswich Non-admitted LoS Avr 138 mins and 209 mins for admitted a reduction in time spent in the ED in both categories compared to April.

Patients over 12 hours increase due to the presentations of Mental Health Patients which has seen a significant increase in Ipswich.

Mental health ED attendances continue to increase, up by 44% from February and 10% in month. MHLT referrals have also increased, up by 42% from February across ESNEFT.

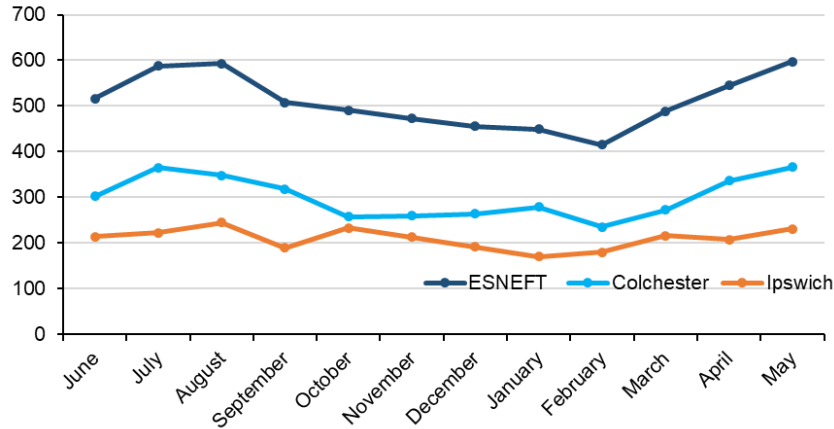
MH attendances - Colchester
366
 ↑ vs 337 last month

MH attendances - Ipswich
231
 ↑ vs 208 last month

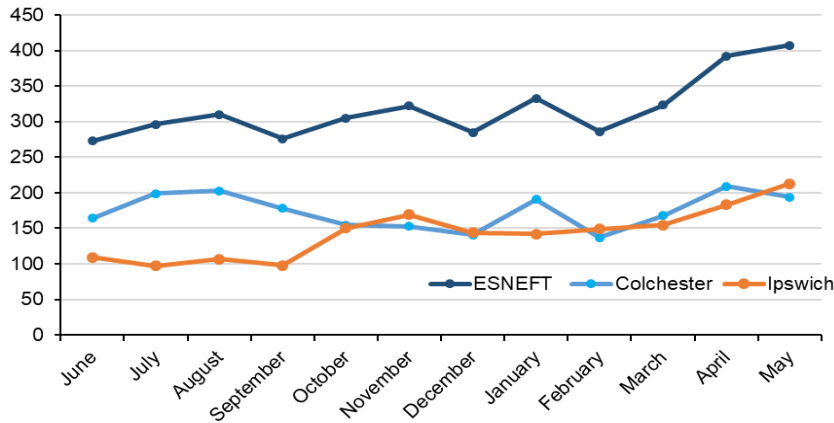
MHLT referrals - Colchester
194
 ↓ vs 209 last month

MHLT referrals - Ipswich
213
 ↑ vs 183 last month

Number of ED attendances due to MH



Number of referrals to the Mental Health Liaison Team



Colchester and Ipswich

Due to the large volume increase of mental health, alcohol and social crisis presentations, a focused cross site multi agency group has established.

Improved working relationships have been forged between MH liaison teams and ED, with an increased presence within both departments. Joint attendance at daily huddles facilitates a greater understanding of the activity within the departments, offering focused support to appropriate patients and families in situ and follow up.

Table top reviews have commenced for any patient that is in the department for more than 6 hours. The reviews are approached from the wider system with involvement from NSFT, EPUT and social care where appropriate. An action log is formulated as a consequence and members of the team are reviewing processes and pathways with a view to improving the patient's journey and experience.

Admissions: Emergency and Elective Admissions continue to increase, up 5.3% and 6.5% on April respectively. Total admissions are at their highest since October 2020.

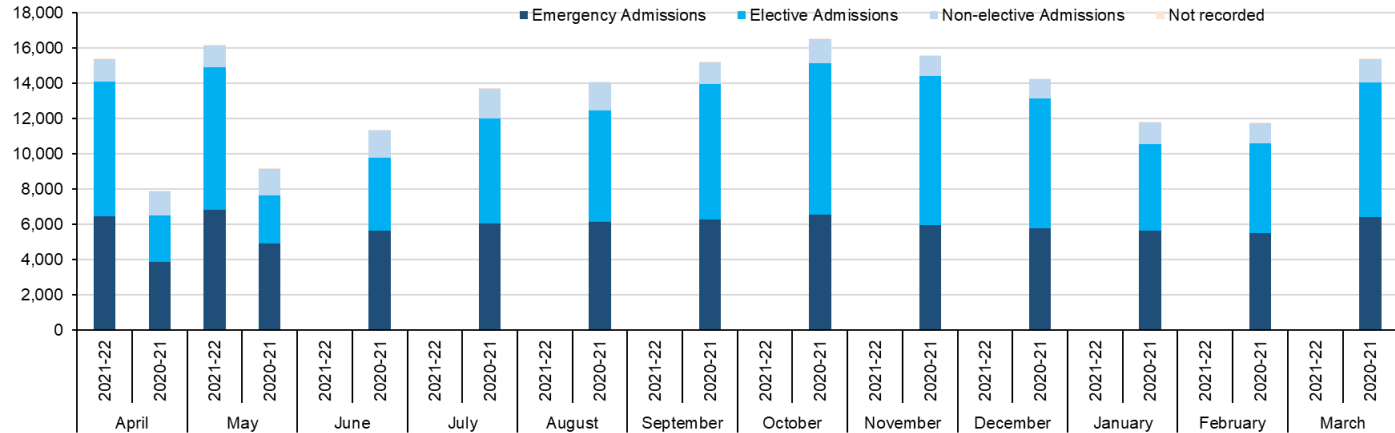
Emergency admissions
6,814
 ↑ vs 6,468 last month

Elective admissions
8,094
 ↑ vs 7,600 last month

Non-elective admissions
1,220
 ↓ vs 1,308 last month

Total admissions
16,130
 ↑ vs 15,384 last month

Admissions: Inpatient spells by admission type



Service Commentary

Emergency admissions were lower between November – March due to the national pandemic and the reduction in attends through the Emergency Department on both sites. As we return back to normal Emergency attends we will see an increase in Emergency Admissions back to pre-COVID-19 levels.

AMSDEC Ipswich opened in April and we are continuing to develop new same day emergency care pathways to avoid unnecessary admissions.

The increase in Elective admissions is due to the enhanced focus of the elective recovery accelerator programme.

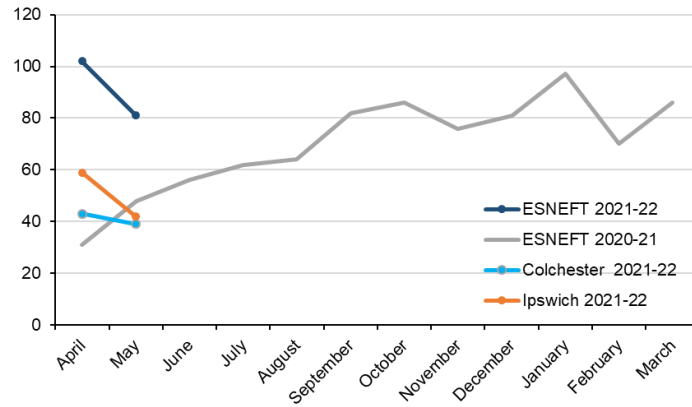
The number of long length of stay patients remains low across ESNEFT relative to national, regional or STP rates and has decreased in month at both sites.

21+ day patients - ESNEFT
81
 ↑ vs 102 last month

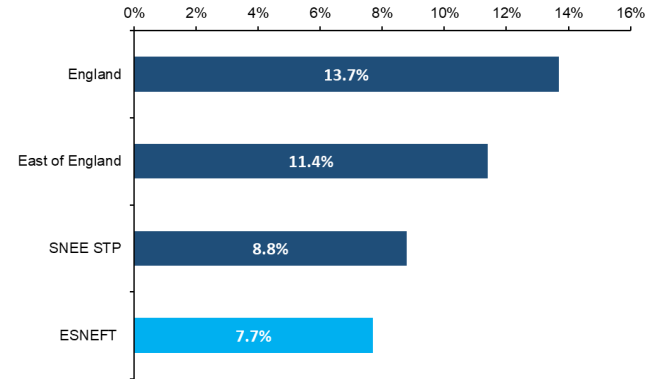
21+ day patients - Colchester
39
 ↓ vs 43 last month

21+ day patients - Ipswich
42
 ↓ vs 59 last month

Inpatients: Number of 21+ day patients (4 week average)



% beds occupied by 21+ day patients (4 week average). Snapshot at 15 June.



Ipswich Site

There remains weekly senior clinical reviews with divisional teams at ward level for all patients with a LLOS of over 14 days and over 21 days, these are monitored and managed through each division. There are twice weekly reviews with a senior led panel via the red day tracker for all patients over 14 days and 21 days, with the support from the discharge hub, focusing on any highlighted delays.

We have seen a steady reduction with LLOS patients. All areas are working hard to achieve a further reduction and maintain these figures. The numbers appear consistent throughout the month, with some slight peaks but overall compared from April there has been a positive decrease in the numbers for both the over 14 days and 21 days LLOS.

Colchester Site

Focus continues with Alliance 16 on improving criteria to reside and discharge, improved board round engagement supported by Red Day Tracker. Further 1 day reduction LLoS achieved on fractured NoF pathway, with potential for further improvement.

Performance remains below national standards, although two week and 31 day wait performance has increased in month. 62 day wait performance remains above plan but the PTL is increasing.

Two week wait performance

75.0%

↑ vs 74.6% last month

31 day wait performance

93.0%

↑ vs 92.4% last month

62 day wait performance

77.3%

↓ vs 83.9% last month

Patients treated after 104 days

43

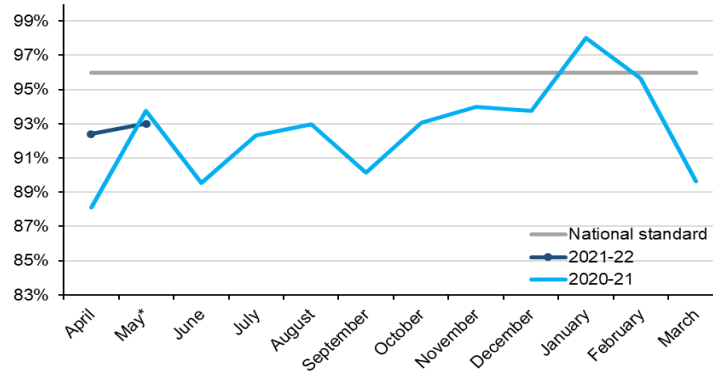
↓ vs 67 last month

Total patients on 62 day 1st PTL

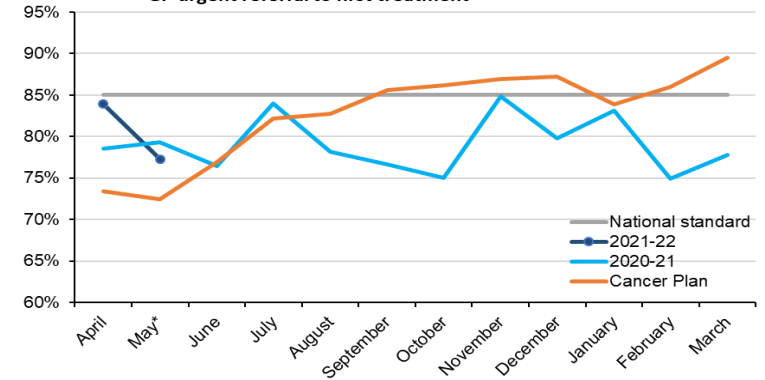
3,691

↑ vs 3,190 last month

Cancer Performance: % patients waiting no more than 31 days from a decision to treat



Cancer Performance: % patients waiting no more than 62 days from GP urgent referral to first treatment



Service Commentary

2ww capacity in Breast is still impacting performance. This has improved in June on both sites with the increase of available clinic capacity.

31 day breaches were in Breast across both sites due to elective capacity. The service team are working to improve their surgical capacity going forward.

62 day performance is currently above trajectory although a decrease as predicted. Numbers of treatments on the 62 day upgrade pathway were also high at 110.5 in May. Lower GI breaches due to complex diagnostic pathways and elective capacity. The team are now working towards offering a TCI date to all diagnosed patients on the PTL.

Numbers of patients treated after 104 days has decreased since last month. Lower GI in Ipswich still have the highest number of patients on their PTL over 104 days (25).

Increased 2ww referral numbers across the tumour sites and pathway management of benign patients in high volume tumour sites e.g. Lower GI and Breast.

*Unvalidated figures as of the 16/06/21. Final figures for May 2021 will be available in July 2021 after submission

Diagnostics performance: six week breach performance has improved in month, with 99 fewer breaches, although performance remains above national standard.

% patients waiting > 6 weeks or more

10.6%

↑ vs 13.2% last month

DM01 6 week breaches

1,154

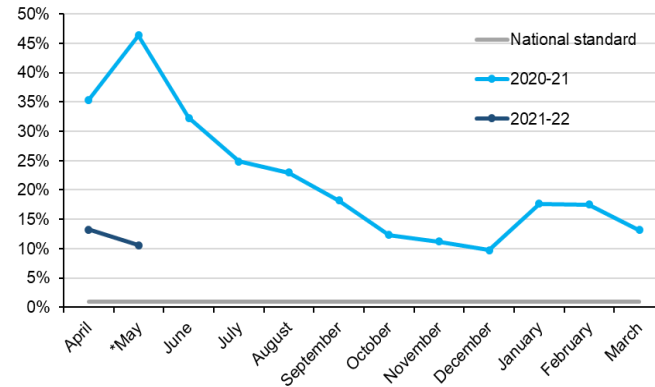
↓ vs 1,253 last month

DM01 Waiting List

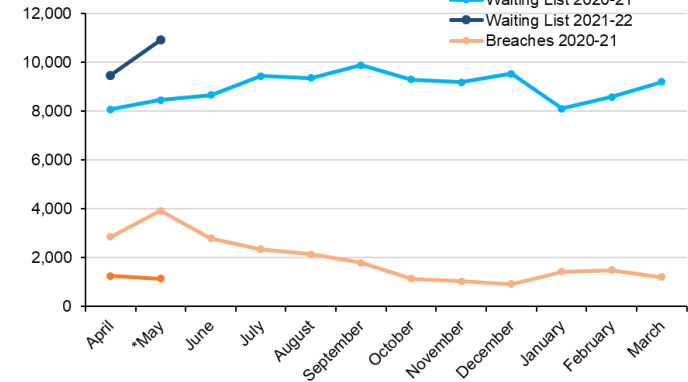
10,915

↑ vs 9,468 last month

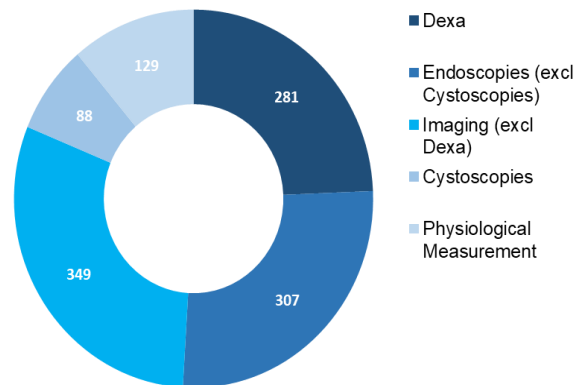
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



Service Commentary

In May ESNEFT saw a 7.9 % decrease in breaches. DM01 waiting list increased by 15.2% compared to April.

Urology – extra clinics being held at Colchester and Ipswich. Trajectory for June compliance is on track.

Endoscopy Colchester - w/b 31st May the service is delivering a 4th room every Saturday and Sunday within Elmstead DSU, delivering an additional 24 procedures per week. All surveillance patients have been clinically validated, using timescale for scope as initial triage metric.

Endoscopy Ipswich - Commencing two additional days from W/B 14th June capacity being utilised for STT.

Cardiorespiratory (echos) –additional sessions as well as a locum.

Medical Imaging – Ultrasound and MRI at Ipswich continues to be a significant contributor to our medical imaging breaches. A locum radiographer has been sourced to providing additional MRI sessions

Rheumatology Ipswich – DEXA continues to be the main contributor to overall ESNEFT imaging breaches in May (281).

****May data provisional – unvalidated figures and excludes The Oaks**

RTT performance: Patients seen within 18 weeks increased in month and, although below the national standard, is above the national average. The proportion of 52 week waiters on the PTL continues to decrease.

Incomplete pathways within 18 weeks - ESNEFT

65.7%

↑ vs 62.9% last month

Incomplete pathways within 18 weeks - National

64.4% (Apr 21)

52+ waiters as % of list - ESNEFT

4.3%

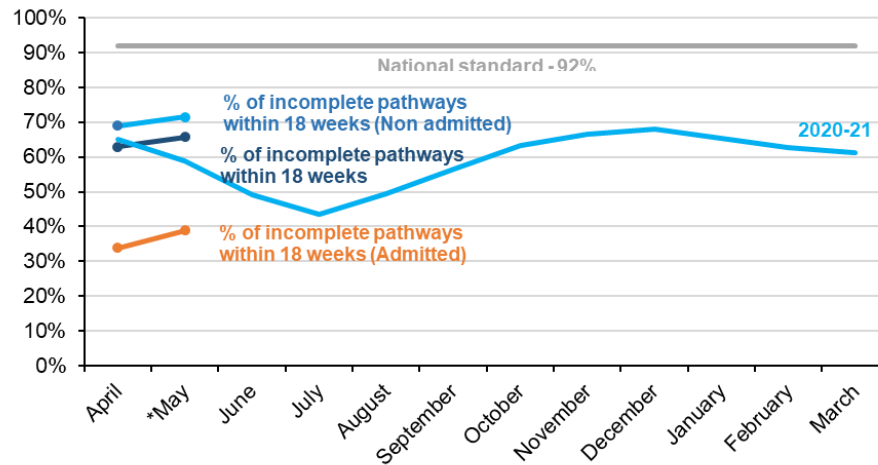
vs 5.7% last month

52+ waiters as % of list - National

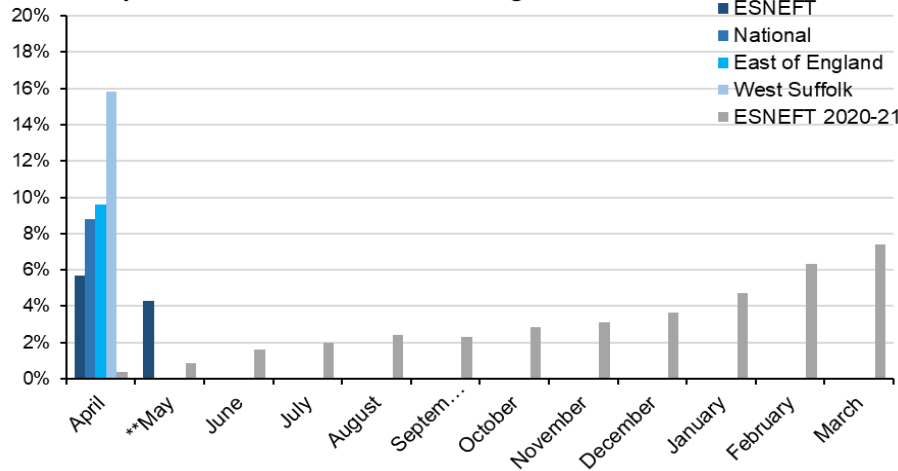
8.8% (Apr 21)

****May data provisional – unvalidated figures and excludes The Oaks**

RTT Waiting List: Performance against 92% standard



52+ Incompletes as a % of the Total Waiting List



Service Commentary

Although compliance has not been met for 92%, this is largely driven by those specialities with longer waiting times. A number of services are compliant including the majority of the medicine services; Dermatology at Ipswich and Oral at Colchester.

Many services have seen improvements in the first quarter with several sitting between 80 – 85%.

This is being reviewed by speciality and site to ensure opportunities for improvements are identified.

Overall activity is above target and the number of elective, daycase and outpatient first appt. patients has increased in month by 18%, 5% and 1% respectively. Outpatient F/U activity decreased in month by 2%

Elective inpatients

1,017

↑ vs 859 last month

Daycase inpatients

7,079

↑ vs 6,739 last month

Outpatient First Appt

22,950

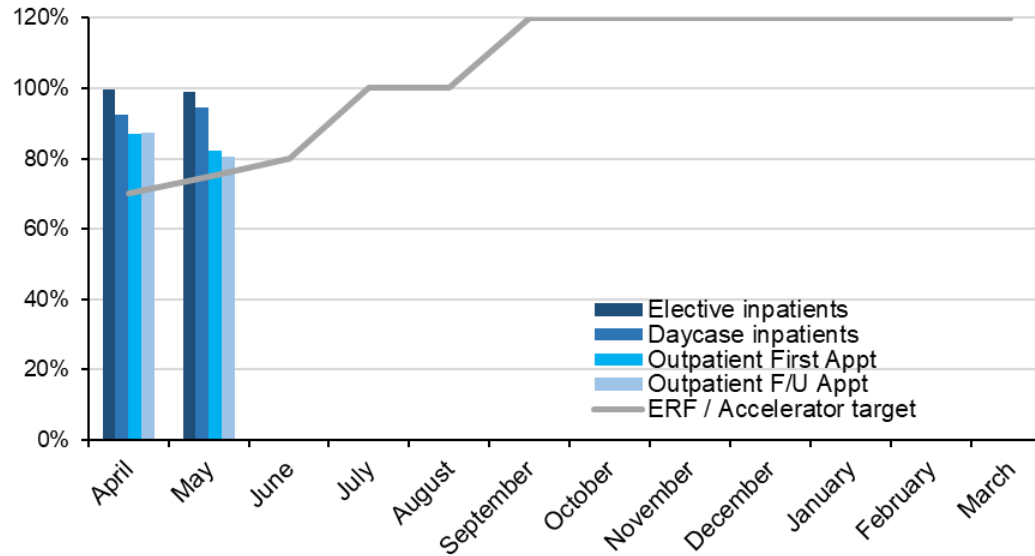
↑ vs 22,769 last month

Outpatient F/U Appt

41,585

↓ vs 42,260 last month

Recovery: Percentage of 2019-20 activity



Service Commentary

Good progress is being made for all areas and the work around inpatient activity is continuing with the use of insourcing/weekend working.

Transformation projects are underway focussing on productivity improvements across theatres and POA.

Outpatients' bumper weekends' are being planned for both 1st OPA and FU, continuing to rollout Blue Card, Virtual Clinics, A&G & PIFU.

A vanguard has been secured for system capacity.

Engaging with IST for data quality and waiting list assessments.

Overall activity is above target but CT, MRI and US activity has decreased in month, by 2%, 1% and 5% respectively. Endoscopy activity increased by 4%.

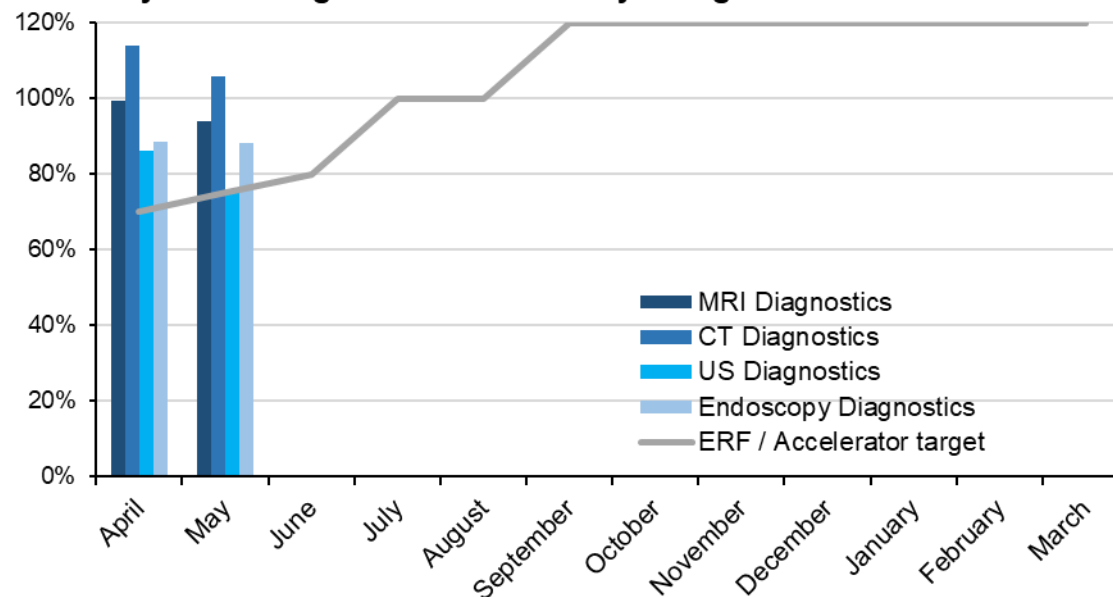
CT
5,922
 ↓ vs 6,036 last month

MRI
2,901
 ↓ vs 2,940 last month

US
4,195
 ↓ vs 4,414 last month

Endoscopy
1,659
 ↑ vs 1,602 last month

Recovery: Percentage of 2019-20 activity - Diagnostics



Service Commentary

MRI: At Colchester site during May there was a large increase in inpatient referrals and also 2 MRI scanners had technical break downs. A mobile scanner was bought in to provide additional lists to help with recovery.

CT: Both sites had down time due to faults – these have both been repaired and currently working back at full capacity.

Ultrasound: at both sites have had staff sickness May which has caused disruptions to the service.

Endoscopy Colchester: In addition from w/b 31st May the service is delivering a 4th room every Saturday and Sunday within Elmstead DSU, delivering an additional 24 procedures per week.

Recovery RTT: The RTT waiting list has decreased in month, down by 1,584 pathways (3%). The number of 52+ week waiters has decreased by over a quarter (26%) in one month, although the number of 78+ week waiters has increased.

Total open RTT pathways
55,333

↓ vs 56,917 last month

52+ week waiters

2,371

↓ vs 3,223 last month

78 + week waiters

453

↑ vs 398 last month

98 + week waiters

37

↑ vs 29 last month

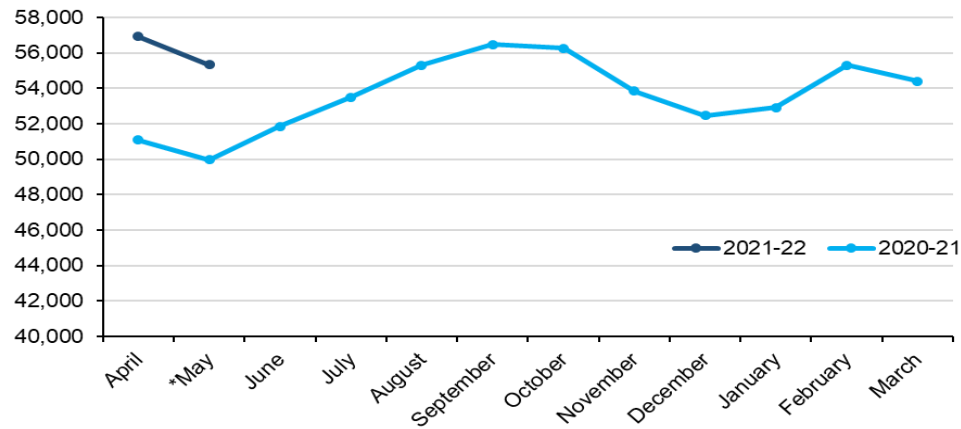
104+ week waiters

22

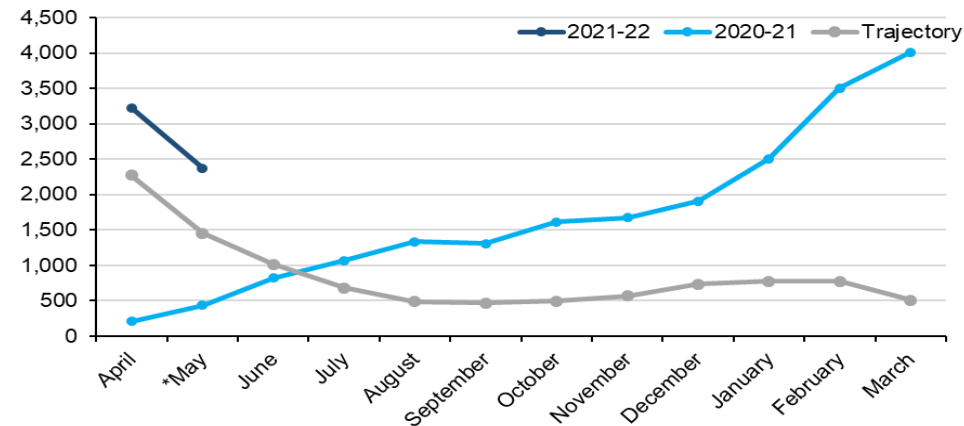
→ vs 22 last month

***May data provisional – unvalidated figures and excludes The Oaks*

RTT Waiting List: Total open pathways



RTT Waiting List: Total 52+ week waiters



Service Commentary

Patients waiting over 52 weeks continue to reduce, however those over 104 weeks is static and some increase in those waiting over 78 weeks. Many of these patients have a P3/P4 categorisation and are clinically complicated. It is our aim to have no patients over 98 weeks by the end of July (the exception being Oral patients).

A piece of work is underway reviewing disparity across sites for long waiting patients to determine opportunities for our patients.

An offer of 40 ophthalmology patients per month for WSH long waiting patients.

September planning position: across all points of delivery the projected activity is below the target of 120% of 19-20 activity, with the biggest shortfall in capacity for F/U outpatient activity

Daycase
112.4%

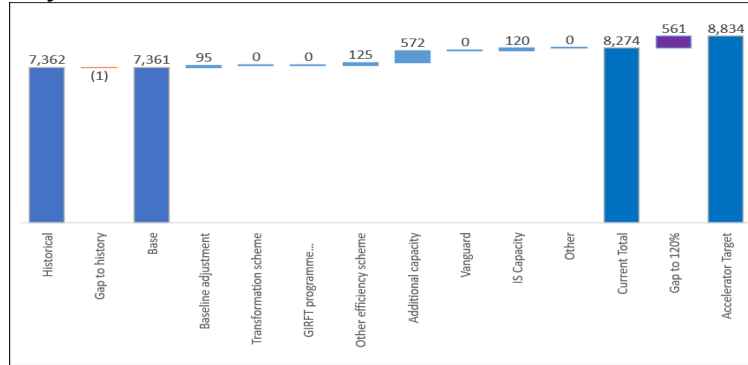
Elective Inpatients
107.7%

First Outpatients
115.5%

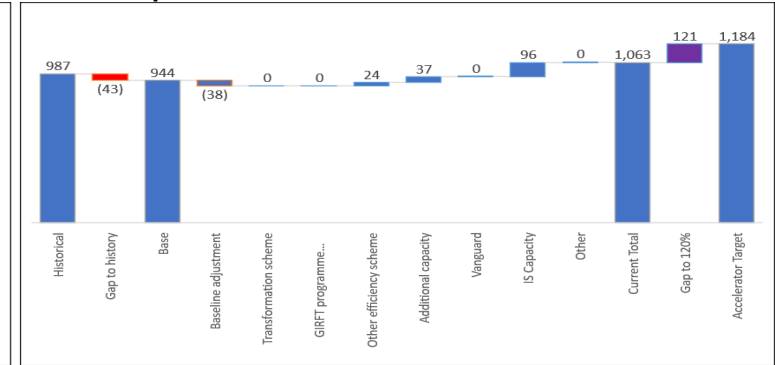
Follow up Outpatients
103.5%

***437 of the 561 Daycase gap are based upon Chemotherapy assumptions, Chemotherapy outside of ERF and Accelerator Programme monitoring*

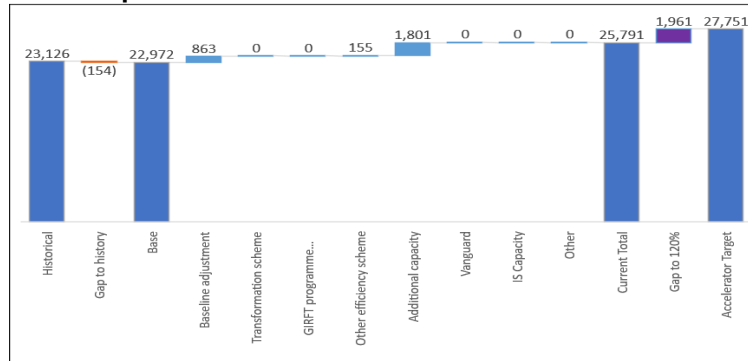
Daycase



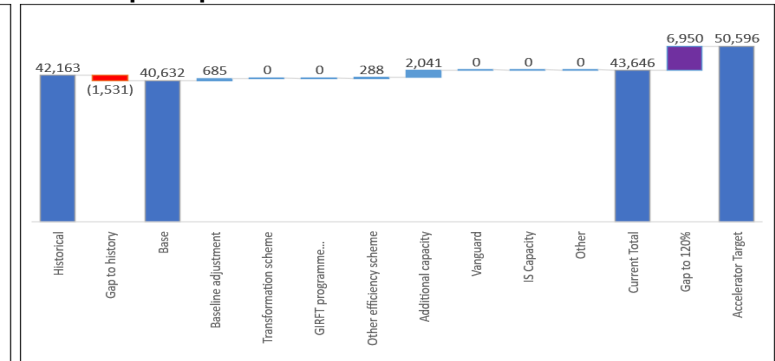
Elective Inpatients



First Outpatient



Follow up Outpatient



Service Commentary

Current forecast for July is that we will be compliant at 100% for each of the PODs. September forecast based on divisional plans at the moment shows:

- Daycases – 118%
- Inpatients – 116%
- First OP – 110%
- Follow up – 111%

Further work is ongoing with all teams to improve the position for September.

Month 2 Performance

Summary Income and Expenditure	May			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Clinical Income	69,957	69,847	(110)	137,377	135,420	(1,957)
Top-Up	1,242	658	(584)	2,561	1,501	(1,060)
Other Income	2,972	3,126	154	5,942	6,503	561
Total Income	74,171	73,631	(540)	145,880	143,425	(2,455)
Pay	(44,927)	(42,240)	2,687	(88,943)	(84,371)	4,572
Non Pay	(26,260)	(28,271)	(2,011)	(49,561)	(51,610)	(2,049)
Total Expenditure	(71,187)	(70,511)	676	(138,504)	(135,981)	2,523
EBITDA	2,984	3,120	136	7,376	7,444	68
Impairments	-	-	-	-	-	-
Other Non Operating	(2,762)	(2,662)	100	(5,519)	(5,396)	123
Surplus / (Deficit)	222	458	236	1,857	2,048	191
EBITDA %	4.0%	4.2%		5.1%	5.2%	
Performance Against CT						
Donated Income/Depreciatio	(18)	23	41	(36)	(24)	12
Total Non CT Items	(18)	23	41	(36)	(24)	12
Performance Against CT	204	481	277	1,821	2,024	203

M2 Revenue Headlines

In May the Trust reported an actual surplus of £0.5m (after adjusting for non control total items). For the year to date there is favourable variance of £0.2m against control total.

Key Variances

- The shortfall on clinical income is driven by a lower than estimated ERF for the first 2 months.
- Lower than expected activity for the LAMP contract, and other COVID-19 testing is the main reason for the shortfall of £1m against 'top-up' income.
- Pay costs are below plan because of the impact of lower ERF delivery and COVID-19 testing costs not being as great as anticipated.
- The adverse non-pay variance is largely driven by a CIP shortfall (total £1.7m).

Financial Framework and ERF Funding

Finance and contracting arrangements have been confirmed for H1 2021/22. System funded envelopes are to continue in H1 21/22 based on H2 20/21 envelopes, adjusted for pressures and policy priorities. Block payment arrangements are also to continue. Additional fixed income support has been made available for NHS Providers to recognise the impact of COVID-19 on services not funded through NHS income streams (such as car parking). There will be a significant efficiency requirement for the second part of the year. It is understood that planning guidance for H2 will not be available in a timely manner.

For acute services, systems will be able to access additional funding through the Elective Recovery Fund (ERF). The ERF has been introduced to encourage the greatest levels of activity. It is to operate at a system level. Activity delivered above nationally set thresholds as compared to 2019/20 activity levels will result in additional funding.

Temporary Pay

Agency pay expenditure for the year to date is £1.9m and accounts for 2.3% of all pay costs. This is down on the average for last year of 2.9%. In May monthly agency spend was lower than April (£0.9m v £1.0m). NHSI/E have maintained the Trust's annual agency expenditure ceiling for 2022/22 at £24.5m. For Month 2 agency costs were under the ceiling (£1.0m v £2.0m ceiling). The year to date position is also under the NHSI limit (£1.9m v £4.1m ceiling). As always, it is important to note that the Trust has a comparatively high ceiling and must therefore continue to reduce spending on agency staff to more affordable levels for the benefit of the overall financial plan. Bank spend has reduced considerably over the last 2 months. In May, bank spend was £3.2m compared to £4.8m in March.

2021/22 Capital programme & Cash position

Capital Expenditure

At the end of May there was an underspend of £1.2m, of which £0.6m was in month 2.

The main drivers of the underspend were the Molecular Lab project (£0.5m) and the Interventional Radiology development (£0.6m), where delays have been caused by materials shortage and design issues. However, although these schemes are behind plan for the year to date they are expected to be completed within the year and the Trust is currently forecasting a small underspend of £55k. This forecast slippage will be re-deployed onto appropriately agreed priorities.

Capital Programme	Year to date			Forecast		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	700	518	182	4,420	4,398	22
Non-Medical Equipment	-	-	-	-	-	-
ICT	40	38	2	1,075	1,090	(15)
Estates & Facilities	100	62	38	2,500	2,500	(0)
STP Funded Development	-	-	-	21,255	21,255	-
Schemes	1,640	617	1,023	19,307	19,341	(34)
PFI Lifecycle Costs	-	-	-	-	-	-
Total Capital Programme	2,480	1,235	1,245	48,557	48,584	(27)
Donated	-	(82)	82	(1,609)	(1,691)	82
Net CDEL	2,480	1,153	1,327	46,948	46,893	55

Cash Position

The Trust held cash of £83.9m at the end of May.

The Trust is also endeavouring to pay all creditors within 7 days as nationally required. Where invoices can be matched to orders this is achievable. However, where further authorization is required this may not be possible although the Trust makes payments are made as soon as appropriate authorization is obtained. This is reflected in the Trust's Public Sector Payment Performance (PSP) for non-NHS invoices. In 2020/21 the Trust paid on average 87.4% of these invoices within 30 days. This has risen to 89.8% for 21/22 cumulatively to the end of May.

2021/22 CIP

CIP Year to Date

All divisions, except Colchester Medicine and Cancer are behind plan for the year to date.

CIP Delivery by Division	May			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	372	330	(42)	717	776	59
Integrated Pathways	239	77	(162)	478	334	(144)
Medicine Ipswich	155	142	(13)	308	226	(82)
Medicine Colchester	167	335	167	334	335	0
MSK and Specialist Surgery	178	85	(93)	355	127	(228)
Surgery, Gastro & Anaesthetics	330	77	(253)	661	124	(537)
Women's and Children's	173	32	(141)	345	49	(296)
Total Operations	1,613	1,077	(536)	3,199	1,970	(1,228)
Corporate Services	374	249	(124)	747	303	(444)
Total Trust	1,987	1,327	(660)	3,946	2,273	(1,673)

May Position

Overall the CIP programme is £1.6m behind target as at the end of May.

This is based on an even profiling of the £24m overall target.

A new electronic QIA process has been developed which is being piloted. This removes the need for specific QIA panels and electronically records PID approval status.

Key Variances

The following areas re reporting the largest shortfalls against the CIP target:

- Surgery and Anaesthetics - £537k
- Corporate services - £444k, of which £144k relates to Estates & Facilities
- Women & Children - £296k

Forecast for 21/22

A separate CIP report was reported to the performance committee . This details the main actions to be taken to deliver the full £24m target.

- Additional support is in place for Estates and Facilities, Integrated Pathways, and Women's & Children's
- Comparative analysis for services (comparing similar services across sites) has been undertaken and divisions are reviewing this outputs.
- Ne benefit has been assumed from ERF or accelerator initiatives. The focus on 21/22 will be to recover elective activity, but accelerator funding is in place to deliver overall productivity improvements which will have a recurrent benefit to the Trust.

Workforce Dashboard

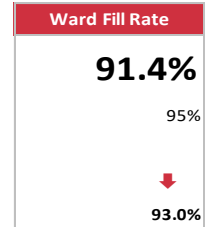
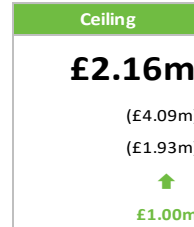
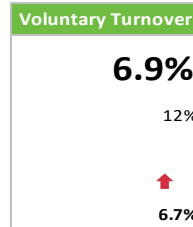
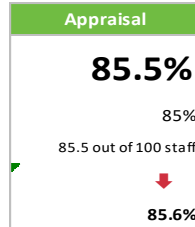
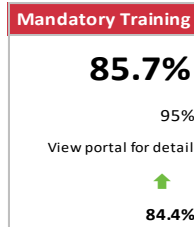
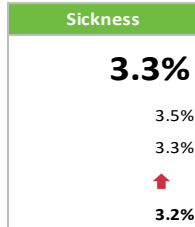
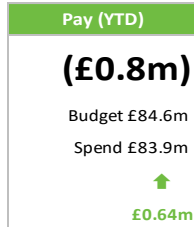
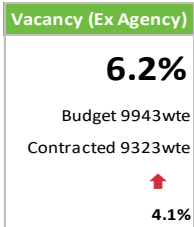
May 2021

Trust Level

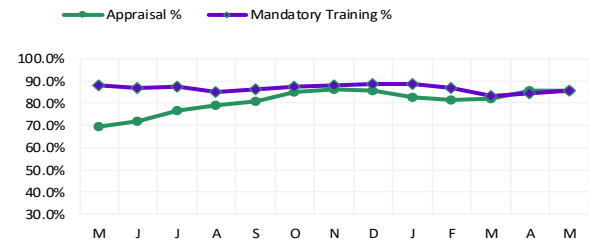
Key Metrics

Performance

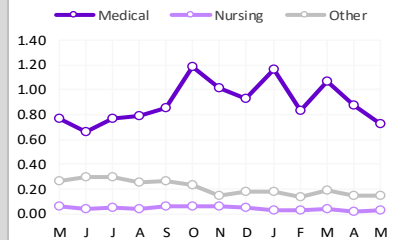
Target
Achieved
Vs Prior Month
Prior Month



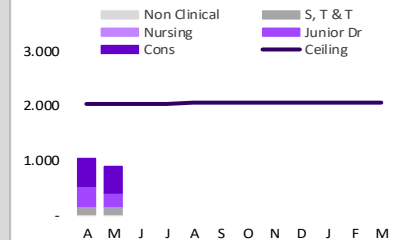
Appraisals & Mandatory Training Compliance



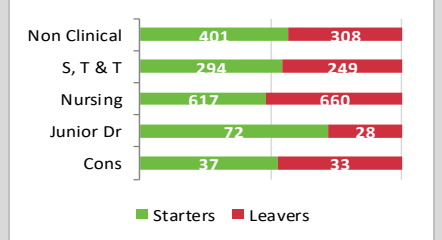
Agency Trends (ex Locum)



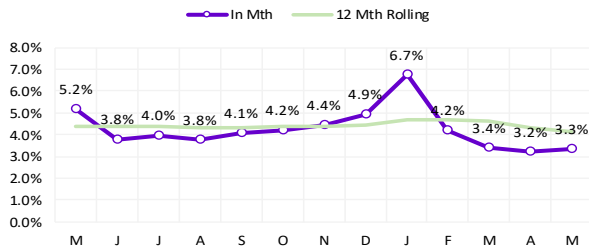
Agency Ceiling



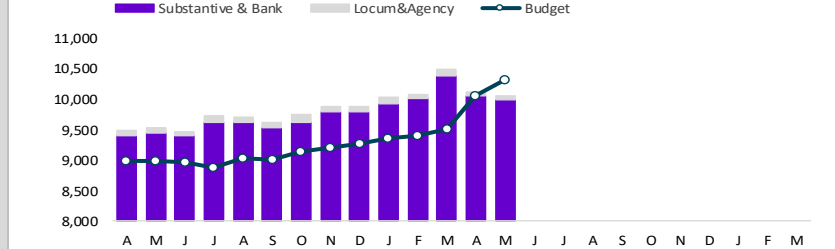
Starter - Leavers (12Mth Rolling)



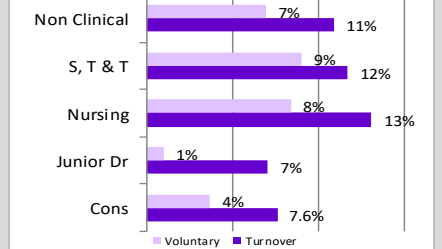
Sickness



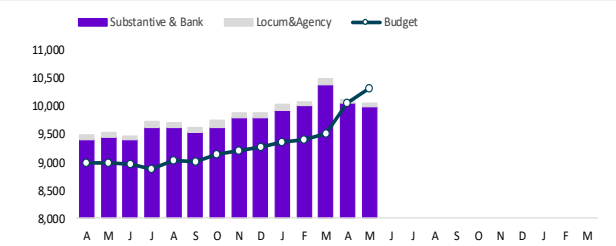
Workforce Trends



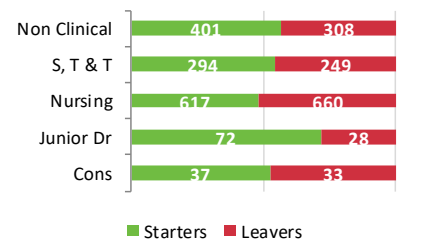
Turnover by Staff Group



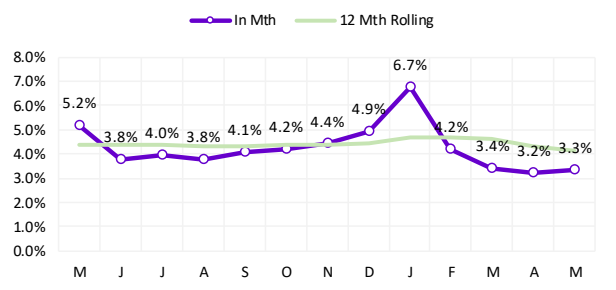
Workforce Trends wte



Starter - Leavers (12Mth Rolling) Headcount



Sickness %



Commentary

Recruitment

In May, the number of staff in post decreased to 9,323 WTE (April 9,395). The Trust continues to have more starters than leavers overall in the majority of clinical groups.

The Trust’s rolling voluntary turnover for May was 6.9%. This has been steadily improving in recent months, and compares well nationally.

Recruitment for Community Diagnostic Hub Phase 1 commenced.

International Nurse recruitment focus continues with 12 arrivals in May for June induction. ESNEFT has been confirmed as one of two pilot trusts for International Midwives.

Sickness

Sickness has increased slightly in month to 3.3% from 3.2%. Anxiety, Stress and Depression remains the highest reason for Trust wide absence when looking at FTE days lost at 29.9% of all days lost.

The Wellbeing hub continues to provide a range of support including our employee assistance programme, team and individual decompression and de-briefings. We have re-commenced mental health first aid training to support early identification of concerns and informal debriefing .

The clinical psychology team has now expanded which will further strengthen the psychological provision to staff.

Risks & Mitigating Actions

Recruitment, Resourcing and Planning

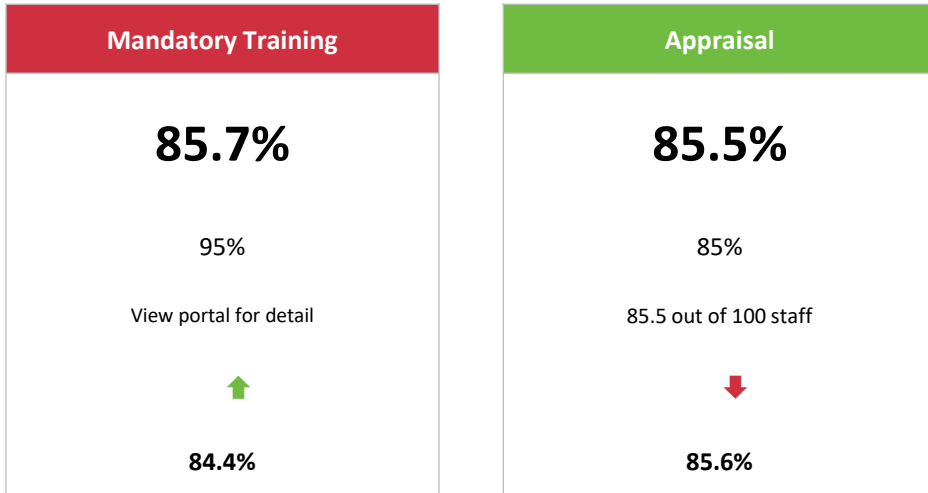
There has been an increase in the number of vacancies (6.2% from 4.1% in April) and this is due to a further 150 roles being advertised as a result of the COVID-19 recovery programme. ESNEFT is now undertaking all Recruitment activity for ACE vacancies.

The trust is taking part in a pilot to recruit international midwives these are already qualified with a pin to enable them to enter the trust ready to practise

The retention strategy is now being finalised.

100% of our new starters have met with our Resourcing Partners, as part of our retention Strategy.

HRBPs are continuing with Business/Workforce planning with FMs/Resource BPs. Progress reports will be shared at monthly Divisional Accountability Meetings.



Commentary

Mandatory Training

May's compliance rate increased to 85.7% from 84.4% in April showing the reintroduction of the bi-weekly reminder e-mails is having a positive effect.

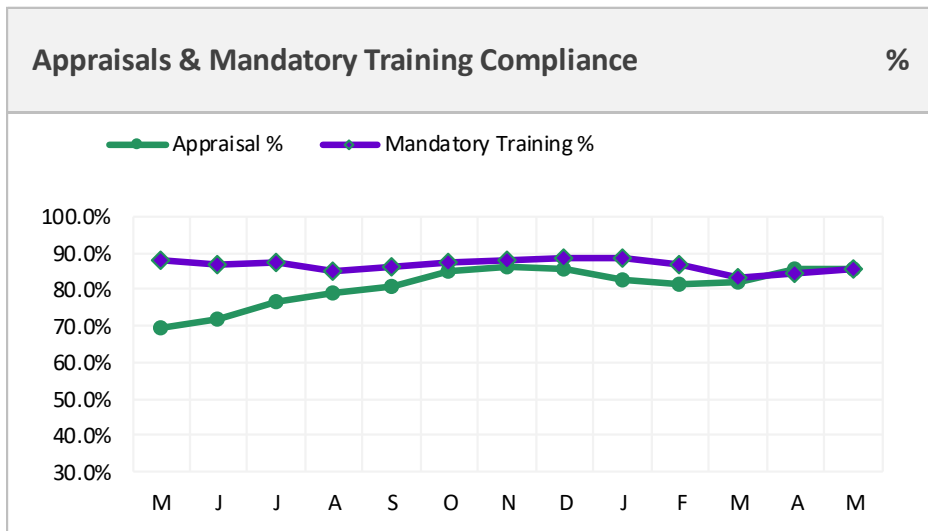
We have now reintroduced the teaching of conflict resolution level 2 after agreement from Infection Prevention and Control. We are undertaking an analysis of all taught sessions to look at the capacity to teach (trainer availability and room capacity) compared to those that are out of date and due to renew up until 31.12.21, and will provide to results to the Strategic Workforce Group and the People and Organisational Development Committee.

Appraisal

May's compliance rate decreased to 85.5%, from 85.6% in April.

The appraisal bite size sessions are continuing with over 100 attendees to date. As well as the organisational sessions the HRBPs are cascading within their divisions.

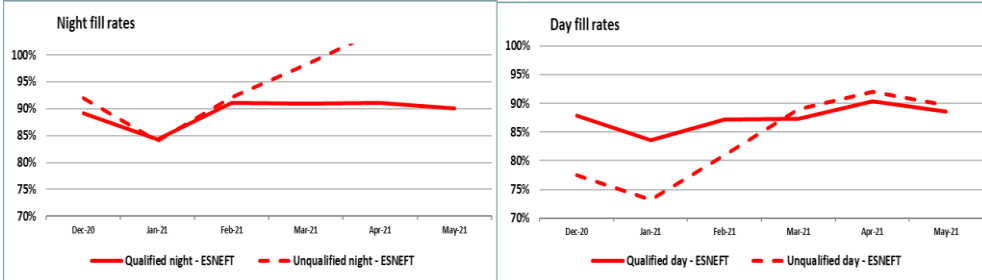
The pay step review policy has been agreed and communication will be sent w/c 12.7.21 with reminder e-mails to be sent to staff and managers in July, August and September for staff who have a pay progression gateway scheduled for October. There is a manager and staff members guide to be circulated and there was a detailed discussion on appraisal, mandatory training and pay step review at the matrons and ward sisters meeting last week.



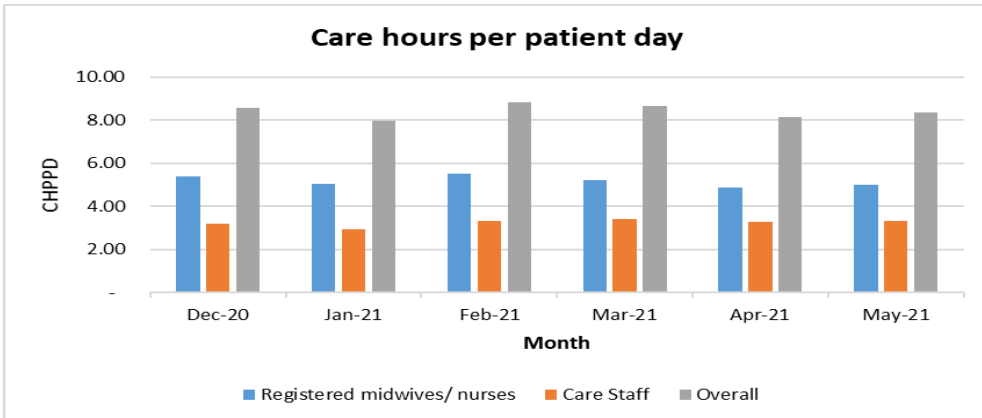
Nursing Workforce Update

Fill Rates (including care hours per patient day)

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Qualified day - ESNEFT	87.9%	83.5%	87.1%	87.3%	90.4%	88.5%
Qualified night - ESNEFT	89.2%	84.4%	91.1%	90.9%	91.1%	90.1%
Unqualified day - ESNEFT	77.5%	73.2%	81.0%	88.9%	92.0%	89.7%
Unqualified night - ESNEFT	91.9%	83.9%	92.1%	98.2%	104.6%	103.3%
Overall (average) fill - ESNEFT	86.3%	81.3%	87.5%	90.3%	93.0%	91.4%



Care hours per patient day	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Registered midwives/ nurses	5.39	5.05	5.50	5.23	4.87	5.00
Care Staff	3.18	2.92	3.31	3.42	3.27	3.34
Overall	8.57	7.97	8.81	8.65	8.14	8.34



Commentary

The Trust publishes monthly data on staffing fill rates for nurses, midwives and care staff via the NHS Choices website. This enables patients and the public to see how hospitals are performing on meeting inpatient safe nursing levels.

Safe Care Project: To standardise and increase compliance with Safe Care across the Trust. Annual Census data collection has now been concluded and acuity establishment reviews are being undertaken with a view to all meetings being complete by mid July.

International Nurse Recruitment: ESNEFT have committed to increase pipeline of IRN to 296 by 31-12-21. Following updated Government guidance, the Trust continue with IRN recruitment from India. We expect to welcome approximately 25 nurses per month until September. Numbers will reduce towards the end of the year but we remain on target to recruit the agreed number of nurses from overseas.

Pilot for EoE: Initiative from NSHE/I to support the recruitment of European qualified midwives with PINS. Following our success with our IRN recruitment, ESNEFT were selected as a pilot site. We will welcome our first cohort of European Midwives within the coming two months.

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

Risks & Mitigating Actions

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.

We have a clear plan over the next 3 months and ongoing pipeline for international recruitment until December 2021 and plan to continue with overseas recruitment in 2022, with smaller numbers of nurses joining the Trust.

POD Profiles - Trust Level

	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21
All Staff													
Headcount	10,084	10,132	10,250	10,301	10,393	10,517	10,484	10,547	10,475	10,459	10,535	10,726	10,712
Establishment (including agency)	8,980	8,959	8,885	9,019	9,004	9,142	9,203	9,262	9,361	9,406	9,506	10,060	10,308
In post	9,012	9,055	9,180	9,114	9,030	9,041	9,031	9,066	9,134	9,308	9,381	9,395	9,323
Vacancy	(31)	(97)	(295)	(95)	(26)	102	173	196	227	98	125	665	985
Vacancy %	-0.3%	-1.1%	-3.3%	-1.1%	-0.3%	1.1%	1.9%	2.1%	2.4%	1.0%	1.3%	6.6%	9.6%
Establishment (excluding agency)	8,954	8,932	8,849	8,979	8,964	9,087	9,138	9,166	9,219	9,280	9,334	9,793	9,943
Vacancy (excluding agency)	(58)	(123)	(331)	(135)	(66)	46	108	101	84	(28)	(48)	397	620
Vacancy % (excluding agency)	-0.6%	-1.4%	-3.7%	-1.5%	-0.7%	0.5%	1.2%	1.1%	0.9%	-0.3%	-0.5%	4.1%	6.2%
Turnover													
¹ Turnover (12 Month)	10.4%	10.0%	10.2%	11.3%	11.1%	12.0%	11.8%	11.8%	11.7%	11.8%	11.7%	12.5%	12.8%
¹ Voluntary Turnover (12 Month)	7.7%	7.0%	7.1%	7.0%	6.8%	6.8%	6.6%	6.7%	6.5%	6.7%	6.6%	6.7%	6.9%
¹ Starters (to Trust)	131	86	87	105	109	100	131	97	202	164	142	126	72
¹ Leavers (from Trust)	77	81	70	103	109	93	98	86	92	56	116	192	169
Sickness													
% In Mth	5.2%	3.8%	4.0%	3.8%	4.1%	4.2%	4.4%	4.9%	6.7%	4.2%	3.4%	3.2%	3.3%
WTE Days Absent In Mth	14,358	10,241	10,931	10,544	10,956	11,679	11,898	13,790	18,947	10,871	9,804	8,988	9,590
Mandatory Training & Appraisal Compliance													
Mandatory Training	88.0%	87.1%	87.6%	85.3%	86.2%	87.4%	87.9%	88.5%	88.4%	87.1%	83.5%	84.4%	85.7%
Appraisal	69.6%	72.1%	76.8%	79.1%	80.6%	85.2%	86.4%	85.9%	82.7%	81.3%	82.3%	85.6%	85.5%
Temporary staffing as a % of spend													
Substantive Pay Spend	34,828	34,864	35,385	36,400	35,187	34,585	34,983	41,668	35,947	31,098	42,498	37,673	37,393
Overtime Pay Spend	178	158	112	118	120	137	162	170	148	215	154	183	164
Bank Pay Spend	2,524	2,195	2,618	3,029	2,772	3,318	3,799	3,627	4,292	3,527	5,020	3,232	3,298
Agency Pay Spend	1,097	991	1,110	1,080	1,174	1,481	1,218	1,150	1,370	998	1,287	1,043	885
Total Pay Spend	38,627	38,208	39,225	40,628	39,253	39,520	40,162	46,616	41,757	35,837	48,960	42,131	41,740
Agency & Bank %	9.4%	8.3%	9.5%	10.1%	10.1%	12.1%	12.5%	10.2%	13.6%	12.6%	12.9%	10.1%	10.0%
Agency %	2.8%	2.6%	2.8%	2.7%	3.0%	3.7%	3.0%	2.5%	3.3%	2.8%	2.6%	2.5%	2.1%
Nurse staffing fill rate													
% Filled	85%	82%	88%	87%	88%	89%	90%	86%	81%	87%	90%	93%	91%

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21
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Nursing (Qualified) - excluding Midwives

Establishment (including agency)	2,681	2,674	2,627	2,708	2,679	2,768	2,792	2,809	2,914	2,916	2,932	2,861	2,976
In post	2,514	2,514	2,523	2,516	2,516	2,527	2,545	2,534	2,600	2,613	2,645	2,656	2,694
Vacancy	168	161	103	192	163	241	247	275	313	303	287	205	282
Vacancy %	6.3%	6.0%	3.9%	7.1%	6.1%	8.7%	8.8%	9.8%	10.8%	10.4%	9.8%	7.2%	9.5%

Nursing (Band 5) - excluding Midwives

Establishment (including agency)	1,403	1,405	1,372	1,426	1,393	1,470	1,485	1,497	1,497	1,492	1,491	1,427	1,429
In post	1,337	1,330	1,326	1,317	1,321	1,335	1,335	1,321	1,316	1,330	1,358	1,370	1,398
Vacancy	66	74	45	109	72	135	150	176	181	162	133	57	31
Vacancy %	4.7%	5.3%	3.3%	7.7%	5.2%	9.2%	10.1%	11.8%	12.1%	10.9%	8.9%	4.0%	2.1%

Consultants

Establishment (including agency)	494	484	488	497	493	494	497	501	500	502	502	505	520
In post	419	422	421	426	423	423	422	417	424	428	427	429	429
Vacancy	75	62	66	71	70	71	75	83	75	74	74	76	91
Vacancy %	15.1%	12.8%	13.6%	14.4%	14.3%	14.4%	15.1%	16.6%	15.0%	14.7%	14.8%	15.0%	17.5%

Junior Medical

Establishment (including agency)	669	672	671	673	667	676	703	696	697	711	718	708	720
In post	651	658	658	647	675	682	653	665	660	680	651	656	645
Vacancy	18	14	13	25	(8)	(5)	50	31	36	31	67	53	75
Vacancy %	2.7%	2.1%	1.9%	3.8%	-1.2%	-0.8%	7.1%	4.5%	5.2%	4.4%	9.4%	7.5%	10.4%

Scientific, Technical and Therapeutic

Establishment (including agency)	1,746	1,742	1,736	1,758	1,758	1,779	1,762	1,784	1,806	1,796	1,789	1,859	1,960
In post	1,646	1,646	1,665	1,678	1,679	1,698	1,691	1,706	1,717	1,723	1,748	1,746	1,740
Vacancy	101	96	71	80	79	81	71	77	89	73	41	113	220
Vacancy %	5.8%	5.5%	4.1%	4.5%	4.5%	4.6%	4.0%	4.3%	4.9%	4.1%	2.3%	6.1%	11.2%

ADON	Associate Director of Nursing	LOS	Length of Stay
AF	Accountability Framework	M&M	Morbidity & Mortality
AHLS	Adult Hospital Life Support	MCCD	Medical Certificate Cause of Death
AMSDEC	Acute Medical Same Day Emergency Care	MDT	Multidisciplinary Team
ARCU	Acute Respiratory Care Unit	MH	Mental health
ATAIN	Avoiding Term Admissions Into Neonatal Units	MSDS	Maternity Services Data Set
BI	Business Informatics	MSK	Musculoskeletal
BMI	Body Mass Index	MUST	Malnutrition Universal Screening Tool
CCG	Clinical Commissioning Group	N/S	Not submitted
CCU	Critical Care Unit	NATSSIP	National Safety Standards for Invasive Procedures
CEPOD	Confidential Enquiry into Perioperative Deaths	NBM	Nil By Mouth
CIP	Cost Improvement Plan	NED	Non Executive Director
CMO	Chief Medical Officer	NELA	North East Leadership Academy
CMV	Cytomegalovirus	NEWS	National Early Warning Score
CNST	Clinical Negligence Scheme for Trusts	NICE	National Institute for Health & Care Excellence
CO	Carbon monoxide	NMC	Nursing & Midwifery Council
COC	Continuity of Care	NNU	Neonatal Unit
CQC	Care Quality Commission	NRLS	National Reporting and Learning System
CS	Caesarean section	NSFT	Norfolk & Suffolk NHS Foundation Trust
CTG	Cardiotocography	NSQIP	National Surgery Quality Improvement Project
CUSUM	Cumulative Sum	OP	Outpatients
CYP	Children & Young People	OPA	Outpatient Appointment
DHSC	Department of Health & Social Care	OPS	Older Peoples Services
DISDAT	Disability Distress Assessment Tool	PALS	Patient Advice and Liaison Service
DMT	Divisional Management Team	POA	Point of access
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	PPH	Postpartum haemorrhage
DOC	Duty of Care	PROMPT	Practical Obstetric Multi-professional Training
DSU	Day Surgery Unit	PSIRF	Patient Safety Incident Response Framework
ED	Emergency Department	PTL	Patient Tracking List
EEAST	East of England Ambulance Service	QI	Quality Improvement
EOE	East of England	QIA	Quality Impact Assessment
EOL	End of Life	QPS	Quality & Patient Safety Committee
EOLC	End of Life Care	RAG	Red Amber Green
EPUT	Essex Partnership University NHS Foundation Trust	RCA	Root Cause Analysis
ERF	Elective Recovery Fund	RCP	Royal College of Physicians
FFT	Friends and Family Test	RN	Registered Nurse
FTE	Full Time Equivalent	RTT	Referral to Treatment
FU	Follow up	SAU	Surgical Assessment Unit
H1	Half 1	SHMI	Summary Hospital Mortality Indicator
H2	Half 2	SI	Serious Incident
HSIB	Healthcare Safety Investigation Branch	SIREN	SARS-COV2 immunity and reinfection evaluation
HSMR	Hospital Standardised Mortality Ratio	SNOD	Specialist Nurse Organ Donation
ICS	Integrated Care System	SOF	Single Oversight Framework
ICU	Intensive Care Unit	SOP	Standard Operating Procedure
INCARC	Intensive Care National Audit & Research Centre	STT	Scientific, Therapeutic and Technical Staff
IP	Inpatients	TCI	To Come In
ITU	Intensive Treatment Unit	TOP	Termination of Pregnancy
LD	Learning Disabilities	TV	Tissue Viability
LEDER	Learning Disabilities Mortality Review	UTC	Urgent Treatment Centre
LFD	Learning from Deaths	W/B	Week beginning
LLOS	Long length of stay	WSH	West Suffolk Hospital
LMNS	Local Maternity and Neonatal System	WTE	Whole Time Equivalent
LOCSSIP	Local Safety Standards for Invasive Procedures		