



Performance report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors

Thursday 9th September 2021

	Page
Introduction	2
Single Oversight Framework	3 - 4
Accountability Framework and DAMs	5
Spotlight Reports	6 – 23
Performance Report	24 – 37
Finance and Use of Resources	38 – 40
Well-led	41 – 46
Glossary	47



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

1 NHSI Single Oversight Framework

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

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 July performance for each of the SOF metrics for the Trust along with relevant trend information (where available).

Following a consultation period, NHSE/I have now published updated oversight arrangements: the System Oversight Framework 2021/22. The proposals are designed to strengthen the system led delivery of integrated care. They include 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: 1) quality of care, access and outcomes; 2) preventing ill health and reducing inequalities; 3) people; 4) finance and use of resources; 5) leadership and capability. There is 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. An updated and refreshed AF has been published since the beginning of 21/22. Divisional Accountability Meetings to discuss June performance were held at the beginning of August, and a summary of the key outcomes from these meetings 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	May-21	Jun-21	Jul-21	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	98	108	99	↓		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	2	0	0	→		Never Events were reported each in May 2021 in Ophthalmology.
Mixed sex accommodation breaches	Caring	M	0	0	3	1	↓		There were 3 breaches recorded in June. These all occurred on the Colchester site in Critical Care due to delays in ward step downs
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	93.1%	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%	86.8%	83.7%	81.8%	↓		Patient facing FFT restarted nationally on the 1st December 2020.
Number of emergency c-sections	Safe	M	tbc	105	104	130	↑		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	83.3%	90.0%	81.3%	↓		Patient facing FFT restarted nationally on the 1st December 2020.
- % Recommending - postnatal	Caring	M	90%	98.0%	91.1%	87.9%	↓		
VTE Risk Assessment	Safe	M	95%	96.1%	94.9%	92.4%	↓		
Incidences of Clostridium Difficile infection	Safe	M	9	4	12	12	→		There were 12 C.difficile cases reported in July. 7 of these were in Ipswich (4 HOHA, 3 COHA) and 5 cases were at Colchester hospital (3 HOHA, 2 COHA). Target based on 2020/21. 2021/22 target to be confirmed based on Q1-3 figures for 2020/21.
MRSA bacteraemias	Safe	M	0	0	0	2	↑		There was 2 Trust apportioned MRSA bacteraemia's reported in July. One case on Langham Ward at Colchester Hospital - PICC line insertion site. The other case was at the Ipswich site with an upper urinary source
HSMR (DFI Published - By Month Data Available)	Effective	Q	0	109.6	N/S	115.2	↑		National data quality integrity issues continue with Dr Foster data. For ESNEFT, weekend emergency admission HSMR is higher than expected, with Saturday admissions being statistically significant.
HSMR Weekend (By Month Data Available)	Effective	Q	100	119.0	N/S	125.4	↑		
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.066	1.066	1.074	↑		12 mths to February 2021. This is 'as expected' when compared to the previous annual position (January 2020 data) of 1.074.
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Use of Resources	M	8%	N/S	N/S	N/S	→		Data was not available for this report. This is currently being reviewed

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	May-21	Jun-21	Jul-21	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	93.0%	90.4%	84.9%	↓		A&E waiting time performance based on economy. ED Economy performance for July 2021 was 85.8% for CGH, and 83.4% 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%	65.8%	68.9%	70.4%	↑		
<i>All cancers – maximum 62-day wait for first treatment from:</i>									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	78.7%	80.2%	79.4%	↓		
- NHS cancer screening service referral	Responsive	M	90.0%	72.0%	72.6%	61.2%	↓		Screening service performance snapshot as reported in Accountability Framework taken at 26th August 2021.
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	10.6%	11.9%	13.1%	↑		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	May-21	Jun-21	Jul-21	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	3.3%	3.6%	4.2%	↑		
Staff turnover	Well-led	M	tbc	6.9%	7.3%	7.5%	↑		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	2.1%	1.9%	3.4%	↑		Agency staff % only.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(1,673)	(2,621)	(3,084)	↑		All divisions are behind plan for the year to date.
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	May-21	Jun-21	Jul-21	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	3	3	2	↓		Overall performance in July improved to 1 (best). There was greater capital service cover in the month, with increased revenue to cover cover commitments (in June the Trust repaid a loan from DHSC to support the Essex County development). All other finance metrics remained at 1, except I+E margin which is a 2 due to the slightly worsening cumulative revenue surplus position.
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	0	1	1	1	→		
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	0	1	2	2	→		
I&E MARGIN : Variance from Plan	Finance	M	0	1	1	1	→		
Agency Spend : Remain within agency ceiling	Finance	M	0	1	1	1	→		
Overall: Use of Resources Rating	Finance	M	0	1	2	1	↓		
Overall : Segment Score									
Indicator	Domain	Frequency	Target / Standard	May-21	Jun-21	Jul-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 – Month 3 (June performance)

Clinical divisions performance

Divisional Accountability (DAM) Meetings were held on both Tuesday 3rd August and Wednesday 4th August reviewing June 21 data and performance. The Surgery, Gastroenterology & Anaesthetics DAM did not take place due to annual leave; but their report was submitted and circulated to the Executive team. Performance within some of the Caring, Effective, Safe, Responsive and Well Led domains deteriorated slightly in month (although not reflected in all the overall divisional scores) with the Use of Resources domain remaining at a very similar performance level to the previous month.

During the meetings the executive highlighted the importance of realistic trajectories, the underlying financial position and the need to rework the bed capacity model in order to have a high quality winter plan over the coming weeks.

	Cancer & Diagnostics	Integrated Pathways	Medicine Colchester	Medicine Ipswich	MSK & Specialist Surgery	Surgery, Gastro & Anaesthetics	Womens & Childrens
Caring	3 →	3 →	3 →	3 →	3 →	3 ↓	3 ↓
Responsive	2 →	3 ↑	2 →	2 →	2 →	1 ↓	2 →
Safe	2 ↓	3 →	2 ↓	2 →	3 →	3 ↑	3 ↑
Effective	1 ↓	2 →	2 ↓	2 →	2 ↓	1 ↓	2 ↑
Well-Led	3 →	2 →	2 ↓	3 ↑	2 →	2 →	1 →
Use of Resources	2 →	2 →	3 →	3 →	2 →	2 →	2 →
Aggregated AF Score	2 ↓	2 →	2 ↓	2 →	2 →	1 ↓	2 →

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

- Workforce planning continues to move in right direction. The Executive team asked the Divisions to continue to develop their schedules.
- When trajectories are presented they need to be realistic and evidenced. Particular emphasis was placed on appraisals and job planning trajectories in the August meetings, and some of the Divisions were asked to present their timeline with underlying plans for next month's DAM meeting.
- DM01 performance was really disappointing and the Executive team was surprised to hear that there will be no compliance by the end of July.
- The significant CIP gap across Clinical Divisions continues to be a concern, particularly the recurrent CIP gap. Additional non-recurrent resource was offered to all Divisions to help the identification and delivery of schemes.
- More work is required on the underlying financial position for 22/23 for all the Divisions.
- Bed capacity model to be re-worked due to multiple variant factors in order to better assess additional requirements for winter planning.
- Revised targets for some of the current metrics live from July (full list provided at the end of the report). This will have an impact on the overall AF score for some Divisions.

Corporate performance

- CIP delivery continues to be challenged for Corporate areas. However the overall score for all corporate areas is a 3 "Good".

	Communications	Estates & Facilities	Finance & Information	Governance	Human Resources	ICT	Medical Director	Nursing	Operations	Research & Innovation
Well-Led	2 ↓	3 →	3 →	3 →	2 ↓	3 →	2 →	3 →	3 →	3 →
Use of Resources	4 ↑	2 →	3 →	4 ↑	3 →	4 ↑	3 →	2 →	3 ↑	3 ↓
Aggregated AF Score	3 →	3 →	3 →	3 →	3 →	3 →	3 →	3 →	3 →	3 →

Aggregated AF Score Classification Explained

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

Mortality Ratios - Data Source DF Intelligence – national data quality issues continue

Summary to March 21

- National data quality issues continue.
- ESNEFT 12-mth HSMR 108.1 ‘higher than expected’.
- ESNEFT all diagnoses 115.2 ‘higher than expected’.
- SHMI to February 21 1.0740 (as expected for 23 months).

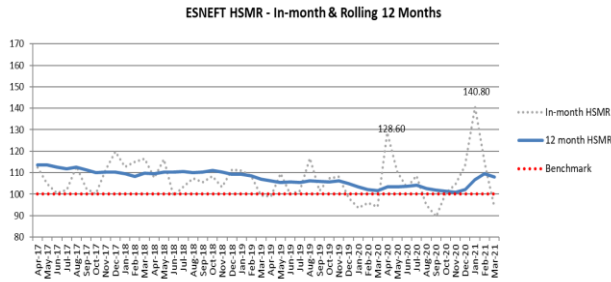
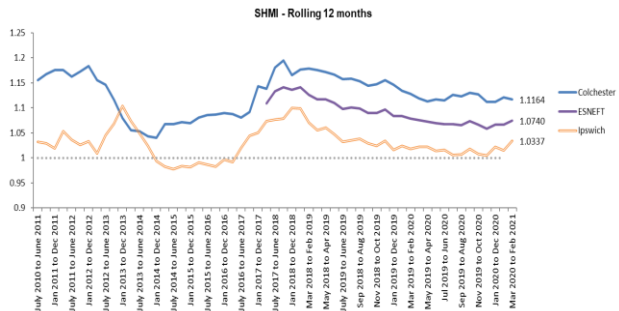
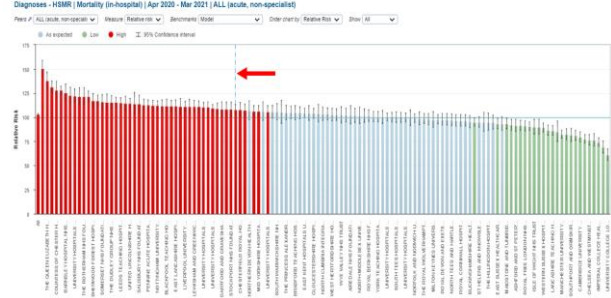


Figure 3.0 – HSMR 12 Month National Peer Comparison



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).

March 2021 discharges (Data taken from DF report – national data quality issues)	ESNEFT	IPS	COL
In-month HSMR EXCLUDES C-19 ON ADMISSION	↓ 94.1	No data	No data
12 month HSMR EXCLUDES C-19 ON ADMISSION	↓ 108.1	→ 106.4	↓ 113.2
Lower confidence limit HSMR - EXCLUDES C-19 ON ADMISSION	↓ 103.5 Outlier	As expected	Outlier
Death rate HSMR (nat. 3.6% was 3.5%)	↓ 3.1%	No data	No data
All diagnosis groups 12 months INCLUDES C-19 DURING ADM	↓ 115.2	111.9	121.4
Lower confidence limit (all)	↓ 111.3 Outlier	Outlier	Outlier

In the region of 12 non-specialist trusts, ESNEFT is 1 of 6 Trusts with a ‘higher than expected’ HSMR – 4 are ‘as expected’ and 2 are ‘lower than expected’.

An outlying group, prostate cancer, has been identified. Hospital IDs will be provided to the teams involved once data extraction services resume.

SHMI – 12 months to February 2021

ESNEFT ↑ 1.0740 – ‘as expected’
Ipswich acute ↑ 1.0337 – ‘as expected’
Colchester ↑ 1.1164 – ‘as expected’

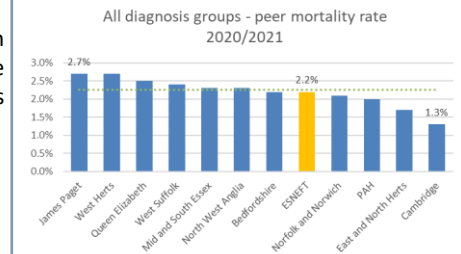
For ESNEFT, weekend emergency admission HSMR is higher than expected, with Saturday admissions being statistically significant.

In-hospital deaths

(IP = inpatient)	Jul 21 No. Deaths	Jul 20 No. deaths	Rolling 12 mths
Ips acute IP	89 (84)	74	116
Col acute IP	127 (101)	116	148
Ips ED	8 (1)	3	6
Col ED	12 (11)	5	11

Figure in brackets = previous month

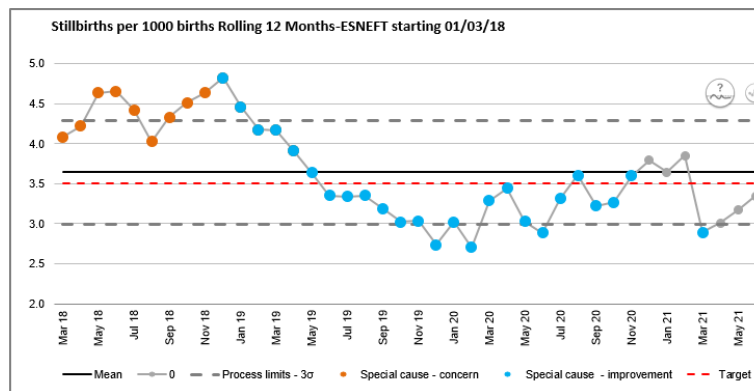
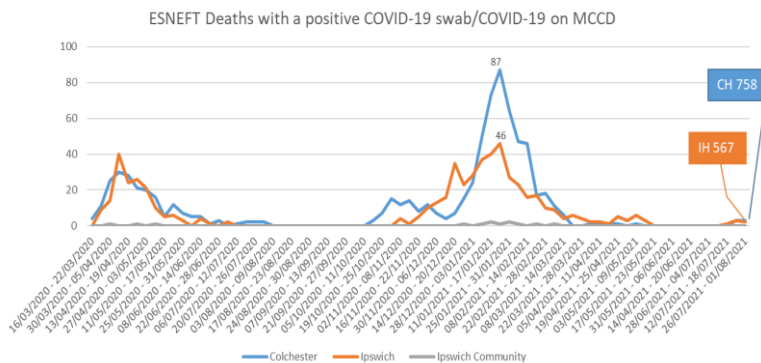
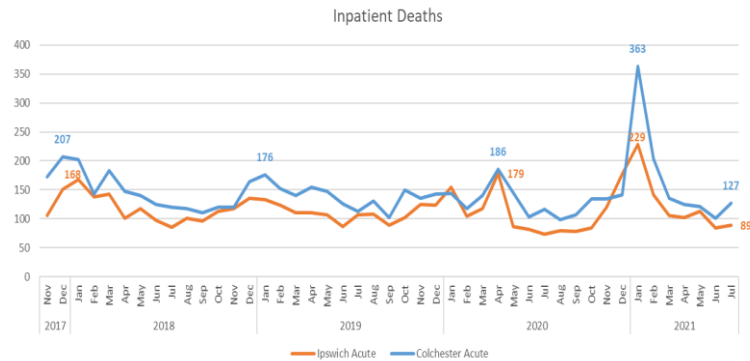
For the year 2020/21, ESNEFT’s mortality rate for all diagnosis groups was just below the median point.



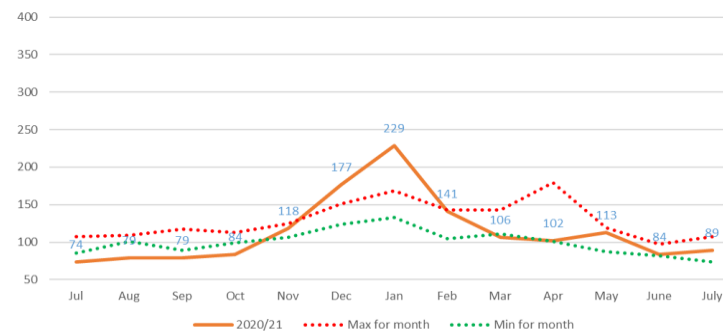
Mortality Trend Data – All inpatients

July 2021

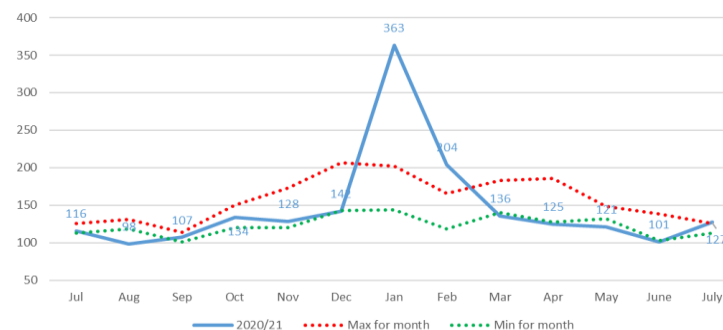
- 216 inpatient deaths (185 in June) – average for Ipswich but at top of seasonal 'norm' for Colchester.
- 12 COVID-19 deaths, 6 patients per site – days without a COVID-19 death: 60 days Ipswich & 79 days Colchester.
- Slight increase in rolling 12 month stillbirths (5 Col, 2 Ips Jan-Jun 2021)



Ipswich Hospital 'Excess' Inpatient Deaths 2017 - 2021



Colchester Hospital 'Excess' Inpatient Deaths 2017 - 2021



Learning from Deaths Meeting

Summary

- Patients/relatives to be shown DNACPR form during discussion.
- AKI identification and management is a recurring theme – audits and training ongoing.
- Teams praised for making 'reasonable adjustments' for patients with LD.
- AMDs for Patient Safety to scope having an ESNEFT medical emergency team (MET).

Learning from Deaths meeting 6th August 2021

DNACPR audit following CQC ICS request – the Deputy AMD for Patient Safety shared learning from the Deteriorating Patient meeting. Staff requested to show patients the DNACPR form during discussion and completion to help patients understand what the form is, improve communication and reduce concerns around lack of involvement in decisions (patients/relatives distressed to find form in discharge paperwork, although discussion documented in health record).

Update from Integrated Pathways:

- Significant improvements in compliance with mortality reviews.
- M&M learning is being shared at the 2 at the Top meetings, which in turn is then disseminated at ward level.
- Nosocomial COVID-19 – RCA theme. Bed moves to accommodate the opening of new red wards.
- EoL training (emotional and clinical) to be arranged for on-call physiotherapists supporting patients in last days/hours
- Case study – patient 'looked' well but numbers told a different story: poor initial management of AKI, seizure caused by metabolic derangement, poor recognition that help was needed sooner. We will be building on thematic learning, shared at ward level (Patient Safety and QI leads undertaking 'learning' audit.)

Learning Disabilities – Main LeDeR diagnosis groups requiring additional focus:

- Respiratory – 24% patients die from a pneumonia with 17% being aspiration pneumonia. The main area of concern is dysphagia which requires early identification and clinical support, e.g. coughing after eating/drinking. Community SALT work could reduce admissions e.g. oral hygiene, swallow assessment. Patients who are fed are at increased risk of aspiration owing to not being given sufficient time to prepare for next mouthful. Community resourcing is an issue.
- Cardiac issues account for 22% of avoidable deaths - Essex producing easy-read resources around heart health
- Deterioration/sepsis - 'soft signs' included in LD training
- Cancer - late diagnosis owing to diagnostic overshadowing. Although nationally making reasonable adjustments for patients is an issue, locally teams are being very proactive – the Breast Screening team was praised for accommodating patient needs, improving access, letting the carer/home as well as the patient know that an appointment had been made and arranging pre-appointment tours with patients. Likewise, the COVID-19 vaccination centre opened early for patients with LD and attended outpatient appointments. Reasonable adjustment tool compliance will be monitored through the AF.
- DNACPR – if written in hospital, must be reviewed during stay and prior to discharge as acutely unwell patients with LD may appear to have a more severe LD than they do and when recovered, could survive with a good outcome if resuscitated.
- EoL – patients to be involved in discussion if the patient has capacity: everyone has the right to know if they wish. There are many Trust resources to help with those conversations.
- Reducing overmedication and looking at positive-behaviour strategies – LD&AHLNSs (LD nurses) supporting medication review work

Summary

North East Essex Community Services (NEECS) – Mortality Reporting

From 1st July, responsibility for care on wards at hospitals at both Clacton and Harwich came under Trust responsibility and North East Essex Community Services.

There is one ward at Harwich hospital (Trinity) and two wards at Clacton (Durban and St Osyth's Priory) which have rehab/palliative beds.

Links have been made with the lead nurses to establish current practice and work towards ensuring that mortality reviews will be undertaken using ESNEFT templates. There are currently issues with data flows owing to the transfer of information from the current data providers, Synnova. It is hoped that patient details will be made available at the beginning of September.

It is also anticipated that patients will remain on System1 and not be migrated to Portal owing to the fact (in part) that the electronic patient record system will be going out to tender in the near future.

The teams will participate in the 2 at the Top governance process and will be sharing learning, both through mortality reviews and the learning from deaths forum.

Medical support is provided by two GPs, who provide around 8 hours' care per week over 3 days, but who can be contacted if required. Staff will discuss the mortality review process with them.



Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,475 incidents reported in the month, an increase in the number of incidents reported in June (2,176).

2,114 (including 109 for North East Essex Community services - NEECs) of these incidents were Patient Safety related and 2,110 were reported to the NRLS.

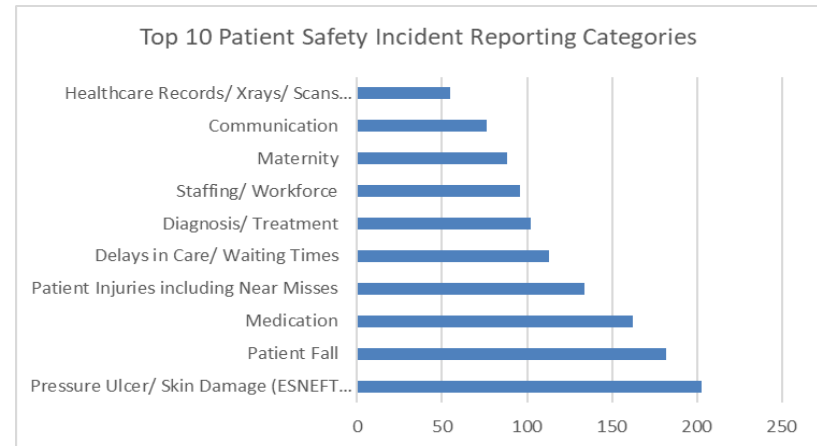
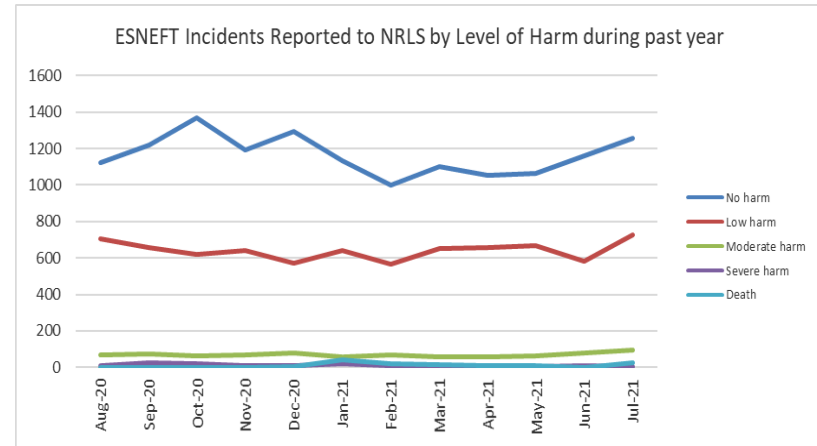
Overdue incidents have increased from last month 767 (592) following decreases in the previous months.

There were 56.65 (55.59) incidents reported per 1,000 bed days.

The highest reported category was pressure ulcer/skin damage (ESNEFT acquired): There were 203 (156) incidents reported, 1 of which were reported as severe harm in NEECS and 20 as moderate harm, all of which are being reviewed through the Harm Free process.

The 2nd highest reported category was patient falls with 182 (150) incidents. One unwitnessed fall resulted in moderate harm on Birch Ward, one severe harm on Waveney Ward and the remainder reported as no and low harm.

The 3rd highest reported category in the month of June was Medication Incidents. There were 162 (154) incidents reported across the Trust, all of which are reported as no and low harm.



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 the month of July.

PSII investigations for July:

Local Priorities: None reported in the month.

National Priorities: None reported in the month.

Incidents requiring an enhanced investigation, PSR:

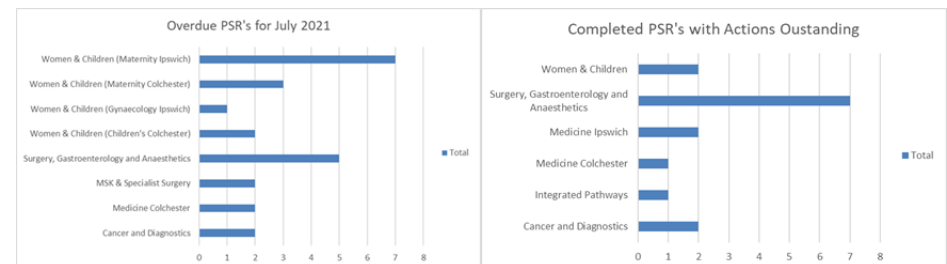
- 21 incidents of pressure damage are being managed through Harm Free Panel, 11 of which are patients in the Community.
- Patient underwent a Myosure procedure. This procedure was unnecessary due to previous biopsy showing endometrial cancer.
- Manipulation Under Anaesthetic (MUA) was performed within the Emergency Department resuscitation area by the consultant. The patient deteriorated following the administration of sedation and a peri-arrest call was initiated. On review it is understood that the correct procedure, which states 2 doctors should be present during an MUA, was not followed. The trained nursing staff assisting were not ED staff and had been relocated for part of the shift to assist due to pressures within the department, they were therefore unaware of the correct procedures for sedation until after the peri-arrest call.

Incidents requiring an enhanced investigation, Outcomes:

- There were 4 PSR reports completed in the month of July, 1 for Cancer & Diagnostics, 1 for Medicine Ipswich and 2 for Surgery, Gastroenterology & Anaesthetics.
- A patient was referred to ENT on with globus symptoms and otalgia. An MRI was carried out and reported as appearing normal, “No pathological cervical lymphadenopathy”. The patient’s biopsy result was negative and so was discharged from the ENT/Head and Neck cancer pathway. The patient was re-referred with worsening symptoms. An MDT discussion of histology and imaging took place and the patient appeared to have a left tongue base mass. A repeat MRI was reviewed in the MDT meeting and showed significant growth of the mass. Oncology impression was that prognosis is likely affected due to delay in diagnosis. Clinicians will continue to self check results and continue with MDT meetings as a means of quality control.
- A patient with possible pancreatitis needed a CT scan and an appointment was arranged which did not take place as intended. A review of this case indicated that the patient was admitted with an initial diagnosis of pancreatitis. As pancreatitis is not an infection and there was no evidence of sepsis at this time it was appropriate for the CT scan not to take place immediately. There is no evidence that the delayed CT, omission of an ultrasound or absence of senior review delayed appropriate action being taken. This case was discussed at the M&M meeting including the delay in CT scanning. Good practice noted was that the nursing staff had escalated each time they had concerns and had checked the patients bloods, night escalation reviewing doctor identified issues early with good examination and understanding of past events and the Doctor referred to their own registrar for guidance, which resulted in urgent CT scan being ordered out of hours.
- A diagnosis of critical stenosis of the proximal anastomosis in a right axilla-bi-fem graft (on an emergency CTA done in December 2020) was missed by a Medica radiologist. The scan also was not flagged for review by a Vascular radiologist. The patient was subsequently admitted 3 months later with an acute graft occlusion. Graft thrombectomy was unsuccessful and the patient went on to have a right below knee amputation. The investigation showed that the diagnosis was missed. The patient had severe peripheral vascular disease (PVD) and was at risk of limb loss if this graft failed as had previous bypass procedures that had occluded. The patency of these grafts over five years is poor. The missed report of the stenosis may not have had an overall affect on the outcome as the PVD in the legs was severe especially in the right leg.

PSRs overdue and with actions outstanding

- There are currently 24 overdue PSRs for July 2021, 2 for Cancer & Diagnostics, 2 for Medicine Colchester, 2 for MSK & Specialist Surgery, 5 for Surgery, Gastroenterology & Anaesthetics, 3 for Women and Children, 3 for Maternity Colchester and 7 for Maternity Ipswich.
- There are currently 15 completed PSRs with actions outstanding for July 2021, 2 for Cancer & Diagnostics, 1 for Integrated Pathways, 1 for Medicine Colchester, 2 for Medicine Ipswich, 7 for Surgery, Gastroenterology and Anaesthetics and 2 for Women & Children.



Patient Safety – Serious Incidents, Overdue action plans & Duty of Candour

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:

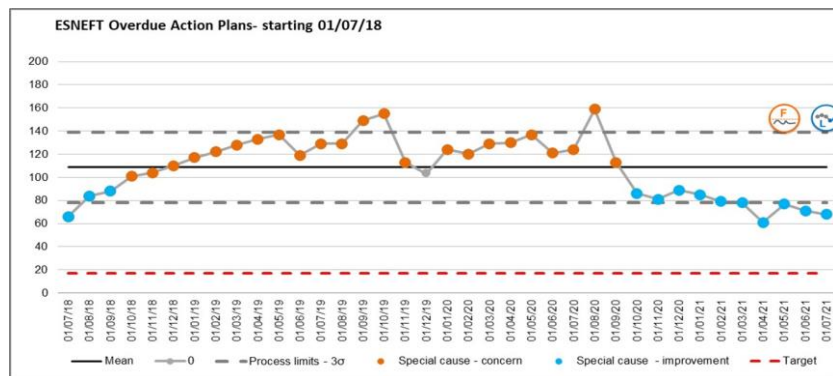
- 1 SI report was submitted to the CCG in the month of July 2021.

The following SI is nearing completion:

- Women's and Children's - 1 report

Number of Completed Action Plans closed in the Month

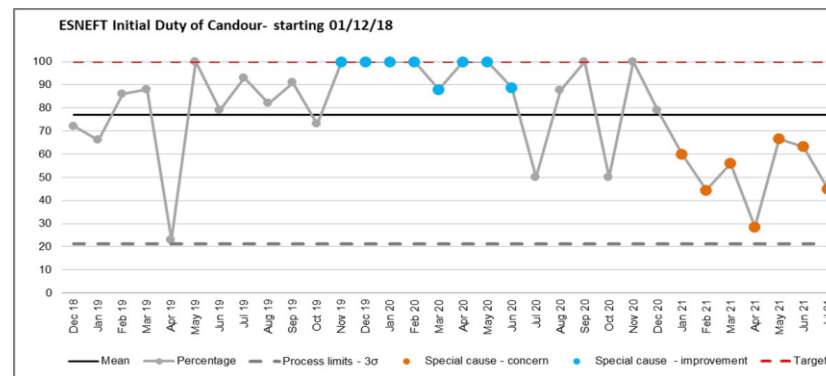
- 3 completed Action Plans were sent for closure in the month of July.
- There are currently 68 (71) overdue action plans for Serious Incidents awaiting evidence.



Duty of Candour

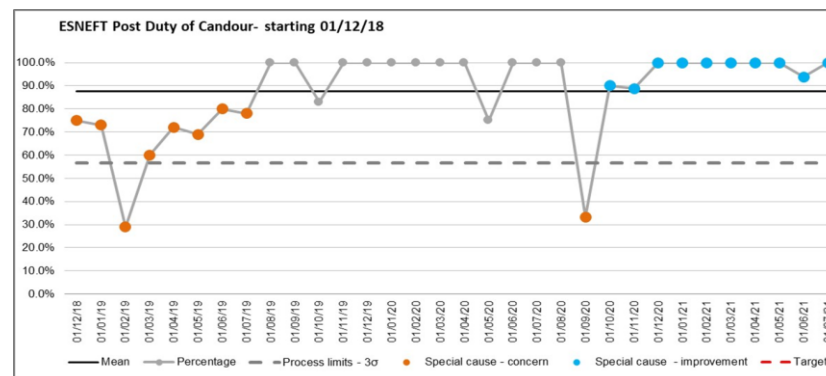
A total of 20 initial Duty of Candour were due in July of which 9 were completed within the timeframe and 11 out of timeframe.

The compliance for DOC is 45% (66.6%).



There were 7 post Duty of Candour due in July 2021. All were completed within timeframe.

Post investigation compliance was 100% for the month of July.

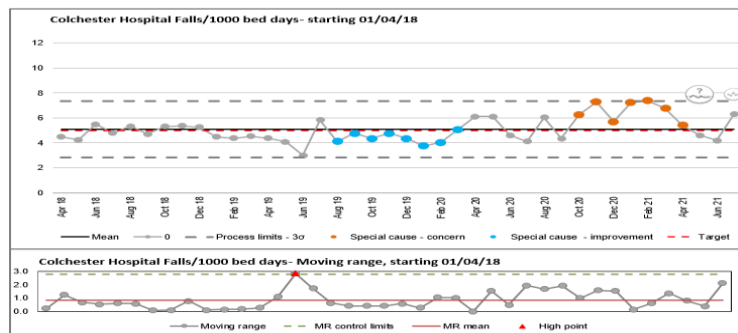


Patient Safety – Falls

Colchester site

Colchester reported 97 falls in July which is an increase on June (61). There was 1 inpatient fall that resulted in serious harm on the Colchester site (subdural haematoma). There were 28 low harm and 69 no harm incidents. Of the total number of falls reported there were 61 unwitnessed incidents with 10 of these incidents occurring in a cohorted bay. There were 17 patients who fell more than once.

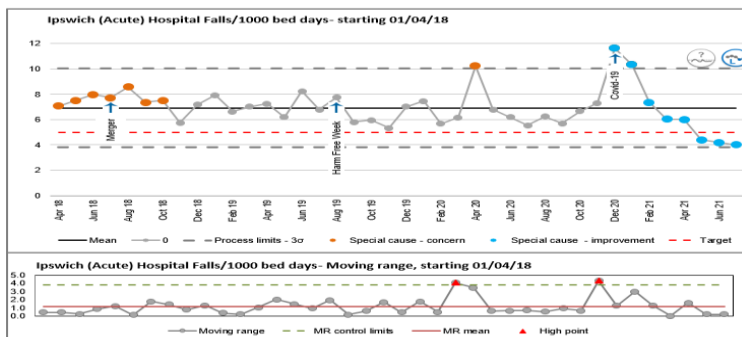
This shows 6.3 falls per 1,000 bed days which is an increase from June (4.2) and is above the national benchmark of 5.5 and ESNEFT benchmark of 5.0.



Ipswich site

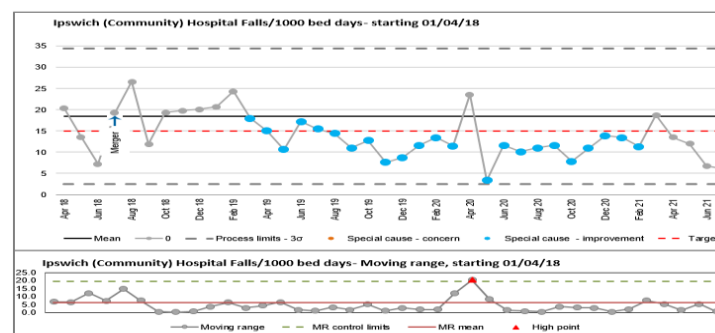
Ipswich acute site reported 57 falls in July showing a decrease on June (62). Positively there were no falls that resulted in serious harm. Of the total number of falls, 9 incidents resulted in low harm whilst 48 resulted in no harm. Of the total number reported there were 39 unwitnessed falls with 7 of these incidents occurring in a cohorted bay.

This shows 4.0 falls per 1,000 bed days which shows a decrease from June (4.2) and is below the national benchmark of 5.5 and ESNEFT benchmark of 5.0.



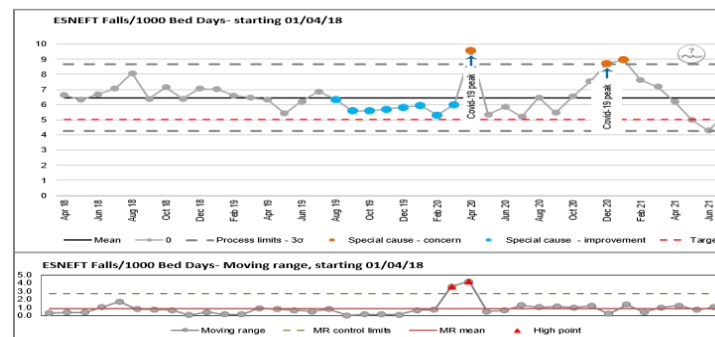
Community Hospitals

The Community Hospitals reported 13 falls in July which is equal to June (13). Aldeburgh Hospital reported 3 falls which is a slight increase on last month (2), Bluebird Lodge reported 8 falls which is an increase on last month (6). Felixstowe Hospital reported 2 falls which is a decrease last month (5). Positively there were no falls resulting in serious harm. Of the total number of community falls there were 3 patients who have fallen more than once however not in the same month but in the same admission. All of the falls were unwitnessed, 4 resulted in low harm and 9 resulted in no harm. This gives a figure of 6.1 falls per 1,000 bed days which shows a decrease on June (6.8) and is below the ESNEFT local benchmark of no more than 15 falls per 1,000 bed days in the community hospitals.



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 5.2 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 5.3.



Patient Safety – Pressure ulcers

ESNEFT

At Trust level, July shows 27 (29) reportable pressure ulcers, resulting in 0.8 developed pressure ulcers per 1000 bed days at ESNEFT, the same rate as in June.

Ipswich and Community Hospitals

Ipswich had twenty two developed pressure ulcers in the month. Nineteen Category 2, two category 3 and one unstageable. This shows a figure of 1.4 developed pressure ulcers per 1,000 bed days, an increase from 1.2 in June. NHS Productivity Calculator gives a central estimate cost of £144k*.

There was two developed grade 2 pressure ulcers reported in the Community Hospitals, giving a figure of 0.9 developed pressure ulcers per 1000 bed days for July, a slight increase from 0.6 in June. NHS Productivity Calculator gives a central estimate cost of £12k*.

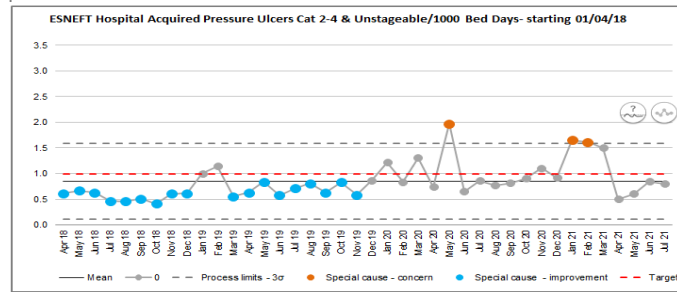
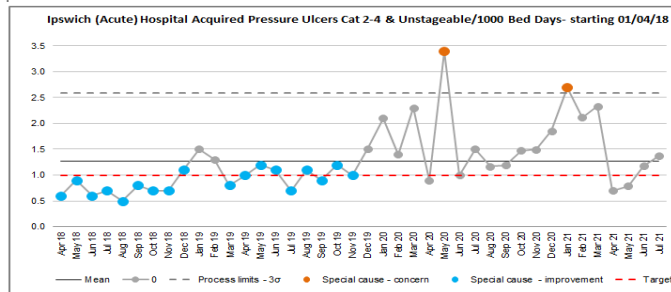
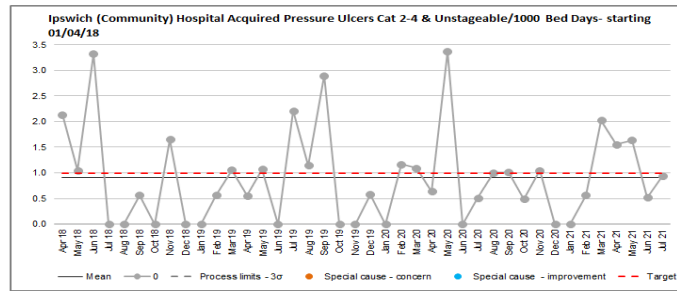
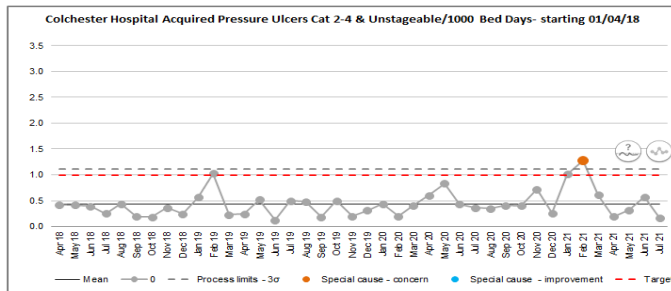
Colchester

Colchester Hospital reported three Category 2 developed pressure ulcers in July. This gives a bed days figure of 0.2 per 1,000 bed days a decrease from 0.6 the previous month. NHS Productivity Calculator gives a central estimate cost of £12K*

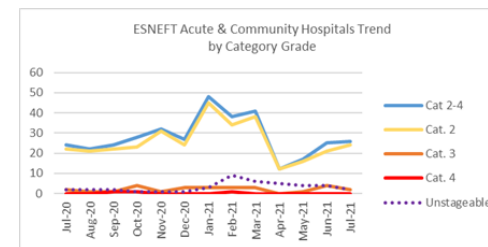
Working towards future prevention

Education and sharing of knowledge has been a key theme for July 2021. Most ward areas at Ipswich have had ASKIN refresher training. The Tissue Viability Team attended a webinar to gain knowledge on new resources, with the aim of improving wound care capabilities across the NHS workforce in line with the National Wound Care Strategy Programme. There are three key areas outlined nationally which are: Lower Limb, Pressure Ulcers and surgical wound management and the TV team will be looking to aligning ongoing professional development within the Team around these key principles. Trends prevalent in RCA reviews are continuing to show that assessment documentation (Body Mapping and MUST) is not being filled in at the expected times in admitting areas. This has been highlighted as key learning to department leaders to ensure it is embedded in patient care and key areas have asked for support on their virtual teaching days to support this. The Harm Free reporting panels continue to be a focus for the senior TVN's and have been in contact with neighbouring Trusts, working together with the patient safety team to review how these panels are run.

Across the wider ESNEFT community at Ipswich there were a total of 17 reportable pressure ulcers and an additional twelve deep tissue injuries. NEECS will be included in more detail in future reports. Bed days are not currently available, and the two tissue viability teams are working together to align processes for reporting and review of pressure ulcers. There were 53 incidents of pressure damage reported across NEECS in the month, crossing both care in a persons home provided by the District Nursing Team and those acquired in the Community Hospitals.



*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.



Breakdown of NEECS developed pressure damage
 Grade 2 – one at Harwich Hospital, two at Clacton Hospital
 Grade 3 – one at Harwich Hospital
 Grade 4 – one in a patient's home

Patient Safety – Infection Control

Clostridium difficile (C.diff)

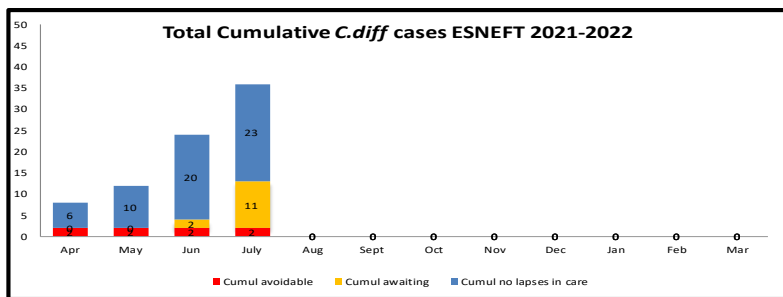
Colchester reported 5 cases of C.diff in July (3 HOHA, 2 COHA), Ipswich reported 7 cases (4 HOHA, 3 COHA).

There were a total of 12 Trust attributed C.diff cases in July 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 continue to be a successful arrangement and assist in the timely review and closure of cases.

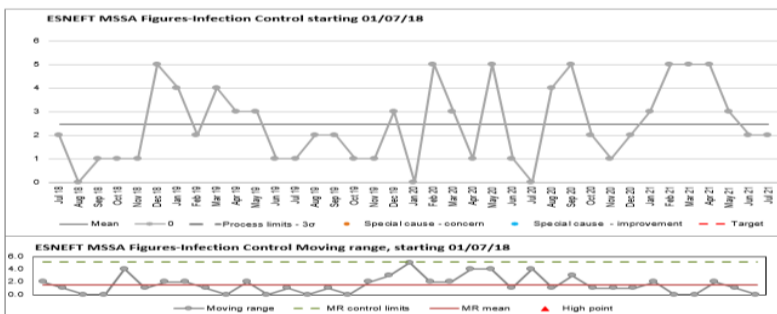
The Ipswich IP&C team will ensure the necessary documents for the remaining 19 C.diff cases occurring during 2020/21 are shared with the CCG as soon as possible to enable closure of all these cases.



Methicillin-susceptible staphylococcus aureus (MSSA)

There were 2 Trust apportioned MSSA bacteraemias.

- Nayland Ward – source bone/joint. Patient had septic arthritis in the shoulder
- Stroke Ward (Colchester) – source unknown



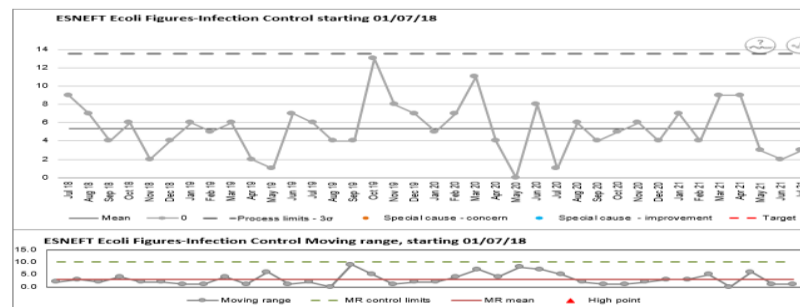
Escherichia coli (E. coli)

There were 3 Trust apportioned E.coli bacteraemias.

Martlesham – source unknown (urinary catheter inserted on admission insertion details recorded)

Levington – source unknown (planned admission for spinal decompression, urinary catheter inserted post surgery insertion details recorded)

Aldham – source unknown (previous E.coli bacteraemia, receiving chemotherapy for lymphoma)



Methicillin-resistant staphylococcus aureus (MRSA)

There were 2 Trust apportioned MRSA bacteraemias.

Langham ward - PICC line inserted – MRSA also isolated PICC insertion site. Incomplete MRSA admission screen, delay in PICC dressing change and removal, no tip from PICC sent after removal. Patient died, PM undertaken. Follow up PIR planned 11/08/2021.

Ipswich – source upper urinary. No lapses in care identified, outcome 3.

Month	Trust Site	MRSA new isolates
July 2021	Colchester	Total 1, Langham
July 2021	Ipswich	Total 1, Somersham no MRSA screen obtained on admission to hospital (Nursing home resident)

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	
June	5	1	0	2	2	2	6

*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 was an outbreak of COVID -19 on Stowupland Ward at the Ipswich site during July.

Staff compliance with lateral flow testing:

37% (1,794/4,833) of staff have completed a LFT in the last 4 days before 09/08/21.

Patient Safety – Maternity Dashboard – June data

Maternity Dashboard			ESNEFT															
Indicator	Green	Amber	Red	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		
				Numbers	No target			572	607	568	525	553	499	473	516	519	579	586
Number of Women who gave Birth (Deliveries)	No target			583	620	575	533	560	506	480	528	524	589	593	533	535		
Number of Babies Born (Births)	No target			11	13	6	8	7	7	8	12	5	10	7	11	3		
Multiple Births	No target			51	46	42	53	42	44	32	48	38	47	53	49	39		
Pre term Births (<37 weeks)	No target			50	64	49	39	44	34	43	38	36	64	44	43	46		
Number of Women Smoking at Delivery	No target			0	0	0	0	0	0	0	1	0	0	0	1	0		
Number whose smoking status is Not Known	No target			0	0	0	0	0	0	0	0	0	0	0	0	0		
% of Women Smoking at Delivery	<11%	11-16%	>16%	8.74%	10.54%	8.63%	7.43%	7.96%	6.81%	9.09%	7.36%	6.94%	11.05%	7.51%	8.24%	8.65%		
Number - Consultant Led Unit	No target			479	489	483	455	470	439	423	479	463	490	509	464	458		
% - Consultant Led Unit	No target			82.16%	78.87%	84.00%	85.37%	83.93%	86.76%	88.13%	90.72%	88.36%	83.19%	85.83%	87.05%	85.61%		
Number - Alongside Midwife Led Unit (JUNO and Broo	No target			76	105	76	54	75	45	36	33	41	79	59	52	56		
% - Alongside Midwife Led Unit (JUNO and Brook	No target			13.04%	16.94%	13.22%	10.13%	13.39%	8.89%	7.50%	6.25%	7.82%	13.41%	9.95%	9.76%	10.47%		
Number - Freestanding Midwife Led Unit (Clacton)	No target			11	10	4	6	3	3	5	3	0	3	7	4	3		
% - Freestanding Midwife Led Unit (Clacton)	No target			1.89%	1.61%	0.70%	1.13%	0.54%	0.59%	1.04%	0.57%	0.00%	0.51%	1.18%	0.75%	0.56%		
Number - Homebirths	No target			17	16	11	17	12	19	15	13	19	15	18	13	18		
% - Homebirths	No target			2.92%	2.58%	1.91%	3.19%	2.14%	3.75%	3.13%	2.46%	3.63%	2.55%	3.04%	2.44%	3.36%		
Number - Other	No target			0	0	1	1	0	0	1	0	1	2	0	0	0		
% - Other	No target			0.00%	0.00%	0.17%	0.19%	0.00%	0.00%	0.21%	0.00%	0.19%	0.34%	0.00%	0.00%	0.00%		
Total Number of Midwife Led Deliveries	No target			104	131	91	77	90	67	56	49	60	97	84	69	77		
% Midwife Led Deliveries	No target			17.84%	21.13%	15.83%	14.45%	16.07%	13.24%	11.67%	9.28%	11.45%	16.47%	14.17%	12.95%	14.39%		
Interventions	No target			70	73	90	78	75	60	69	64	55	69	80	59	66		
Epiiotomies performed	No target			27	31	26	20	27	16	14	23	tbc	22	41	31	tbc		
Transfers of Primips from MLC to CLC	No target			32	42	24	17	27	16	23	6	12	14	21	21	29		
Number of Primips	No target			14	15	8	10	4	14	10	11	tbc	5	9	12	tbc		
% of Transfers for Primips	<45%	45-50%	>50%	45.76%	42.47%	52.00%	54.05%	50.00%	50.00%	37.84%	79.31%	tbc	61.11%	66.13%	59.62%	#VALUE!		
Transfers of Multips from MLC to CLC	No target			62	87	66	60	61	45	35	24	39	55	44	48	46		
Number of Multips	No target			41	46	34	30	31	30	24	34	tbc	27	50	43	#VALUE!		
% of Transfers for Multips	<12%	12-17%	>17%	18.42%	14.71%	10.81%	14.29%	6.15%	23.73%	22.22%	31.43%	tbc	8.33%	16.98%	20.00%	#VALUE!		
Number of Transfers	No target			318	358	338	300	306	278	250	275	290	334	327	297	289		
% of Transfers	No target			28.28%	25.99%	27.20%	28.04%	25.62%	30.93%	30.00%	40.96%	tbc	21.77%	37.31%	38.39%	#VALUE!		
Number of Normal Vaginal Deliveries	No target			2	1	1	2	2	1	3	0	3	2	0	5	2		
Number of Breech Vaginal Deliveries	No target			320	359	339	302	308	279	253	275	293	336	327	302	291		
Total Non operative vaginal deliveries	>60%	55-60%	<55%	54.89%	57.90%	58.96%	56.66%	55.00%	55.14%	52.71%	52.08%	55.92%	57.05%	55.14%	56.66%	54.39%		
% of Non operative vaginal deliveries	No target			27	34	34	40	35	23	34	21	22	25	35	18	21		
Number of Ventouse deliveries	No target			4.63%	5.48%	5.91%	7.50%	6.25%	4.55%	7.08%	3.98%	4.20%	4.24%	5.90%	3.38%	3.93%		
% of Ventouse deliveries	No target			46	39	42	38	43	39	41	51	44	47	53	36	45		
Number of Forcep deliveries	No target			7.89%	6.29%	7.30%	7.13%	7.68%	7.71%	8.54%	9.66%	8.40%	7.98%	8.94%	6.75%	8.41%		
% of Forcep deliveries	No target			73	73	76	78	78	62	75	72	66	72	88	54	66		
Total Instrumental Deliveries	<12%	12-15%	>15%	12.52%	11.77%	13.22%	14.63%	13.93%	12.25%	15.63%	13.64%	12.60%	12.22%	14.84%	10.13%	12.34%		
% Instrumental Deliveries	No target			101	107	94	92	105	102	82	105	101	103	108	106	104		
Number of Emergency C-Sections	No target			17.32%	17.26%	16.35%	17.26%	18.75%	20.16%	17.08%	19.89%	19.27%	17.49%	18.21%	19.89%	19.44%		
% of Emergency C-Sections	No target			89	79	66	61	69	63	70	82	63	78	70	70	74		
Number of Elective C-Sections	No target			15.27%	12.74%	11.48%	11.44%	12.32%	12.45%	14.58%	15.53%	12.02%	13.24%	11.80%	13.13%	13.83%		
% of Elective C-Sections	No target			190	186	160	153	174	165	152	187	164	181	178	176	178		
Total C-sections	<25%	25-30%	>30%	32.59%	30.00%	27.83%	28.71%	31.07%	32.61%	31.67%	35.42%	31.30%	30.73%	30.02%	33.02%	33.27%		
% C-Sections	No target			18	25	21	21	10	20	27	24	16	28	17	18	21		
Elegible for VBAC	No target			14	10	10	10	6	9	14	16	10	18	11	11	16		
Attempted VBAC	No target			77.78%	40.00%	47.62%	47.62%	60.00%	45.00%	51.85%	66.67%	62.50%	64.29%	64.71%	61.11%	76.19%		
Successful VBAC	No target			0	6	1	4	2	0	0	0	4	4	5	2	3		
VBAC Rate	No target			0	1	0	3	0	0	0	0	5	3	3	0	3		
External	No target			29	17	26	23	26	21	16	17	14	17	31	20	20		
Internal	No target			5.07%	2.80%	4.58%	4.38%	4.70%	4.21%	3.38%	3.29%	2.70%	2.94%	5.29%	3.83%	3.76%		
PPH >= 1500mls - All women	No target			15	14	19	15	16	14	11	10	6	12	21	13	12		
% PPH >=1500mls - All women	No target			374	412	394	355	366	321	307	325	342	380	387	337	337		
PPH >= 1500mls - Vaginal (NMPA Criteria)	No target			4.01%	3.40%	4.82%	4.23%	4.37%	4.36%	3.58%	3.08%	1.75%	3.16%	5.43%	3.86%	3.56%		
% PPH >=1500mls - Vaginal (NMPA Criteria)	No target			0	0	0	0	1	0	0	0	0	0	0	1	0		
Maternal Death	No target			2	2	0	1	3	1	0	2	0	2	7	4	4		
Maternal Admissions to CCU	No target			5	5	10	8	6	9	7	6	8	6	15	5	4		
Number of 3rd/4th degree tears	No target			1.27%	1.16%	2.41%	2.11%	1.55%	2.64%	2.13%	1.73%	2.23%	1.47%	3.61%	1.40%	1.12%		
% of 3rd/4th degree tears	0	1-2	>2	1	1	0	0	0	0	0	1	0	0	0	0	0		
HIE Grades 2 & 3	No target			0	0	0	0	0	1	1	2	0	0	0	0	1		
Babies sent for cooling	No target			29	38	39	24	36	25	26	28	28	27	36	40	28		
Term Admissions to NNU	No target			6	9	6	1	6	2	7	7	3	3	4	4	6		
APGAR at 5 min <7 at term (Number)	No target			<1.2%	1.2%-2%	>2%	1.03%	1.45%	1.04%	0.19%	1.07%	0.40%	1.46%	1.33%	0.57%	0.51%		
APGAR at 5 min <7 at term (% of Births)	<2	2	>2	0	4	3	0	3	4	1	1	0	3	1	1	1		
Number of Stillbirths	No target			0	0	1	0	0	0	0	1	2	0	1	2	0		
Neonatal Deaths within 28 days	No target			0	0	1	0	0	0	0	1	2	0	1	2	0		
Late Fetal Losses (22+0 to 23+6 weeks)	No target			2	5	2	3	3	2	1	6	6	3	3	3	3		
Women <18 years at delivery	No target			18	26	27	21	19	16	21	22	24	28	21	23	19		
Women >= 40 years at delivery	No target			84	94	83	68	82	72	58	66	54	95	87	85	85		
Babies from Ethnic Minority Groups	No target			1:1 Care in Established Labour - Mother (Ipswich only)														

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

ESNEFT Emergency Caesarean Sections – June 19.44%

The Emergency Section rate has dropped slightly this month to 19.44% for ESNEFT. The Colchester data has remained fairly consistently around 17.5%, while Ipswich has seen a decline to 21.65%. The Quality Improvement Midwifery Leads have developed a joint MDT working group to explore what good looks like, gain an understanding of women’s experiences and how best to review Caesarean sections, highlight areas for learning and to develop an across site action plan for improvement. Unfortunately, due to high acuity and staffing levels across the Obstetric and Midwifery teams, this meeting has not yet gone ahead. On the Ipswich site, emergency LSCS from the previous 24 hours are discussed at the daily safety huddle.

ESNEFT Massive Obstetric Haemorrhage – June 3.76%

This month’s current PPH >1500ml for ESNEFT has further reduced to 3.76%. We must recognise that this remains above the national target of 2.9%. The PPH >1500ml rate in June for Colchester was 3.63%, and for Ipswich 3.47% a significant drop from last months data. Both sites have now implemented face to face MDT PROMPT skills and drills training, however, attendance from the Obstetric and Anaesthetic teams continues to be a challenge across both sites, this has been raised and escalated to the leads for both staff groups and the DMT. MDT reviews of all PPH >1500ml have previously been undertaken, however, due to staff shortages in both Midwifery and Obstetric teams on the Colchester site, these reviews have not taken place over the last 2 weeks, the reviews continue at Ipswich. All information, themes and learning are gathered and entered into the joint ESNEFT PPH action plan. Each site is currently using their own bespoke audit template, however, we are working towards merging the two templates to ensure we are assessing the same information. Our findings will be presented at the Risk and Governance Audit meetings at each site in September. The across site joint MDT meetings have been poorly attended due to staffing and acuity. We are working together to ensure across site learning will take place.

ESNEFT Preterm birth rates <36+6 weeks

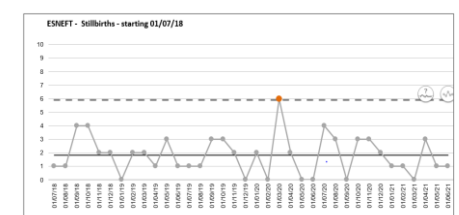
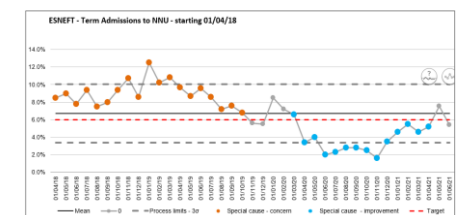
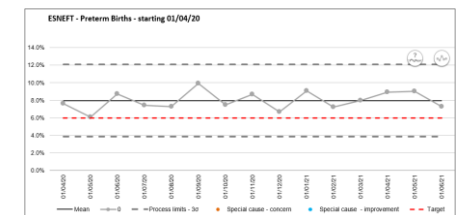
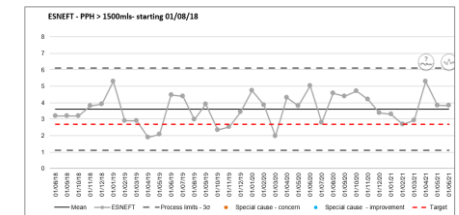
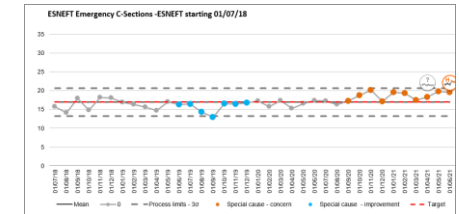
There was a decrease in the number of preterm births across site to 7.2%. The national ambition is a 25% reduction from 8% by 2025. In line with Saving Babies Lives care bundle v2 in 2020, the Quality Improvement work with preterm birth clinics continues, alongside fetal fibronectin for early diagnosis of threatened preterm labour and optimisation of the fetus in preterm birth through administration of antenatal steroids and magnesium sulphate. All missed cases are reviewed and reported regionally as they arise. Exception reports include action plans for continuous learning and improvement. The QI Midwife will be implementing the Optimisation of the fetus QI project across both sites, working with the Neonatal teams in the coming months

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. 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. Current Regional QI projects include thermoregulation across ESNEFT, Kaiser and delayed cord clamping which are currently being planned. Colchester has successfully implemented the Kaiser tool and has seen a significant drop in the number of babies receiving prophylactic antibiotics following birth. Ipswich go live date is the beginning of September. Ipswich continue to trial a heated bedside resuscitaire within theatres, if trial successful, this may be rolled out within the unit. Both units have recently implemented new resuscitaires across the service.

ESNEFT Still births

Colchester - No stillbirths reported in the month of June
Ipswich - 1 stillbirth at 23 weeks plus one day in the month.



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.

ESNEFT has been selected to be a centre for newly recruited international midwives, initial Interviews have taken place.

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

15.13wte new qualified midwives have been appointed and will commence employment in September.

Vacancies	Midwives	Support workers
Colchester	12.66 wte	2.2 wte
Ipswich	20.14	5.79
Maternity leave Midwives	Colchester 8.74 wte	Ipswich- 8.5 wte

Ongoing mitigations-

- Escalation policy being utilised to ensure divert takes place during times of short staffing and high acuity which has an impact on patient safety.
- Agreement for agency staff to be used to fill vacancy on shifts.
- RN's continue to be used on NHSP to provide support for postnatal women on either the ward or delivery suite.
- Attendance at bed meetings continue to ensure site awareness of maternity staffing so support can be sought.

ESNEFT

Trust remaining an outlier against NMPA PPH rate.

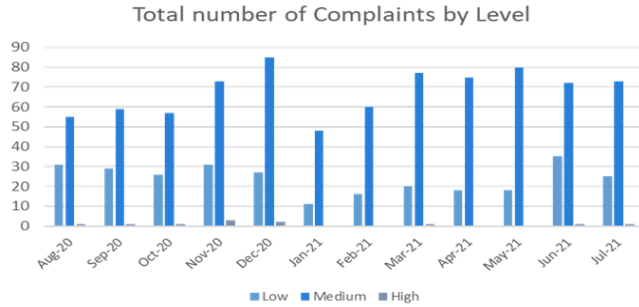
- A joint risk assessment is in production following ongoing outlier status of PPH. QI program is ongoing and an overarching across site action plan has been formulated which includes actions from the maternal death incident.
- Fortnightly/monthly meetings have been launched to review the PPHs and extract themes, learning and will feed into the action plan. There has been good attendance at these so far with good representation from both midwifery and obstetrics at both Colchester and Ipswich.
- Weekly simulations are being conducted to drill each clinical area across site. There are ongoing plans now to conduct one in a 'home like setting' which will be for the community team to participate in.
- The risk assessment will be going for DMT approval week commencing 12th July.
- The action plan will be going to DMT for approval week commencing 28th June.
- A PPH risk management tool is already in place at Ipswich and is being launched at Colchester to assist in appropriately assessing and managing a PPH.

Horizon scanning

Listed below are 9 risks which are currently being worked on for approval to the risk register.

- Ockenden
- CNST
- CQC
- Every birth Every day
- Continuity of Carer (CoC)
- Medway inconsistencies- documentation issues - Colchester
- PPH- continued outlier
- Multiples PPH risk
- Suspended birthing service at Clacton MLU due to maintenance work on the lift (until September 21) - Colchester

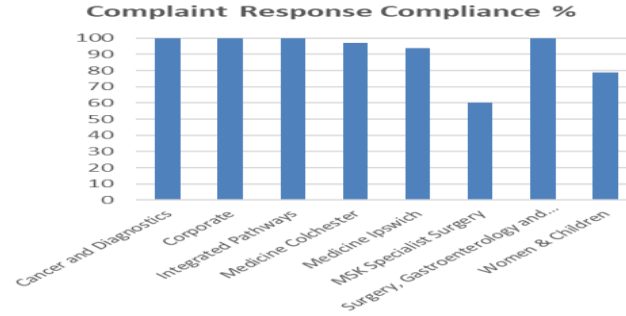
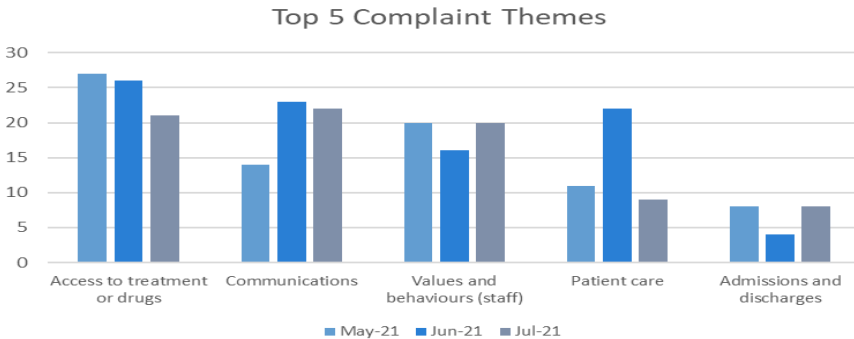
Patient Experience - Complaints



Overall complaints numbers for ESNEFT in July were 99 (108). There was 1 high level complaint recorded in month. Colchester reported 44 (54) complaints and Ipswich reported 55 (54).

Complaint themes

The most common theme for complaints for the month was access to treatment / medications. The main concerns raised were focused on decision making around treatment management. The complaints relating to treatment were mainly delays in receiving treatment and the type of treatment being offered to the patients.



There were 123 (116) complaints closed in the month of July. Overdue complaints increased to 8 (4).

Top themes from PALS:

There were 232 PALS concerns logged for Colchester and 312 for Ipswich for the month of July 2021. This includes 50 logged for NEECS.

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

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

There were 5 PALS cases which were converted into formal complaints for the month of July 2021.

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.

Engagement Activity/Events/Workshops/Opportunities/News

Engagement Activity/Events/Workshops/Opportunities/News

Letters to Loved ones

Since the start of the project in May 2020, Colchester has received 596 and Ipswich 624 letters. During July Ipswich received 30 and Colchester 16.



Coffee morning

A coffee morning was held on 11th August with patient representatives. A patient representative will be supporting the interview for the Patient Experience Officer role.



Patient Experience Walkabouts

Patient Experience Walkabouts took place on 16th August with Head of Patient Experience and Patient Experience Lead visiting Aldeburgh Hospital, Bluebird Lodge and Felixstowe Hospital. Future discussions will take place in relation to commencing the 15 Step Programme across the organisation.

Inpatient Survey 2021

The RAG ratings of the inpatient survey 2021 have been reviewed to identify themes and trends within the data that can be used to create new improvement initiatives across the Trust. The three areas selected for the patient experience team to focus on are as follows:

- Not being prevented from sleeping at night
- Family or home situation considered at discharge and
- Treated with respect and dignity overall

By incorporating this into the 15 steps programme being implemented in October, the patient experience team will be able to review this and work with wards and discharge teams to ensure there is improvement for the 2022 inpatient survey.

ACE transfer of staff

Promotional materials to help previous ACE staff understand and promote ENVOY as the service contractor to facilitate FFT have been requested.

Community device bid

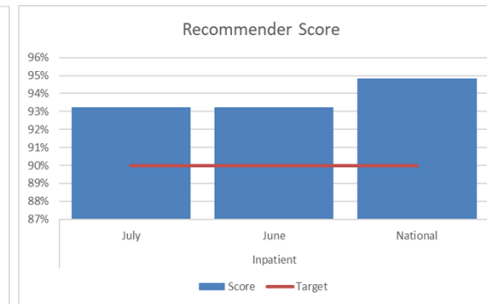
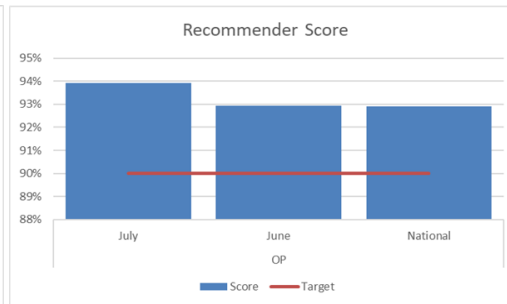
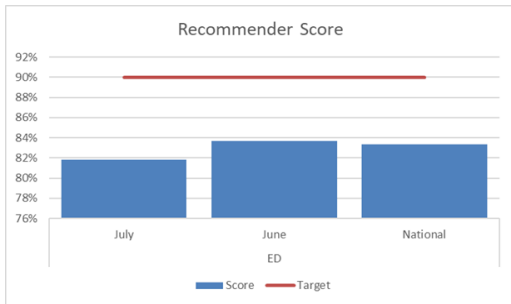
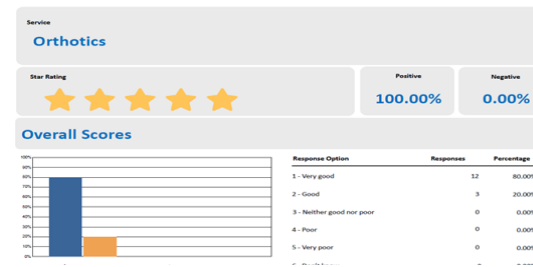
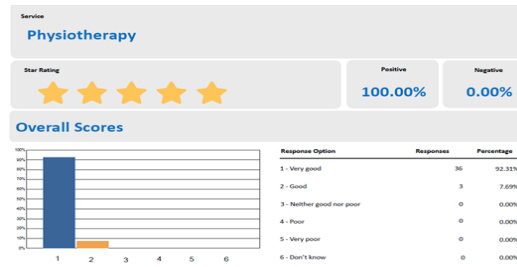
Essex County Council is offering an opportunity to bid for devices across communities. The Patient experience lead is going to work with the insight and improvement officer to write a bid to secure Ipad's across the acute and community settings. This should help improve digital inclusion of patients as the FFT moves towards entirely digital responses.

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. Trial automation of FFT using SMS happening for IP and OP at Ipswich during August

The Patient Experience lead is currently working with the Patient Experience Insight and Improvement Officer to obtain promotional materials to distribute among community teams to enable them to understand the change in service provider for patient feedback from iWantGreatCare to Envoy.



ED		April	May	June	July
ESNEFT	Recommended	88.88%	86.77%	83.68%	81.82%
	Responded	24.00%	23.00%	22.00%	20.00%
National	Recommended	84.24%	82.37%		

Inpatient		April	May	June	July
ESNEFT	Recommended	93.21%	93.10%	93.23%	93.12%
	Responded	26.00%	27.00%	24.00%	26.00%
National	Recommended	94.57%	94.82%		

Birth		April	May	June	July
ESNEFT	Recommended	100.00%	83.33%	90.00%	81.25%
National	Recommended	95.83%	94.58%		

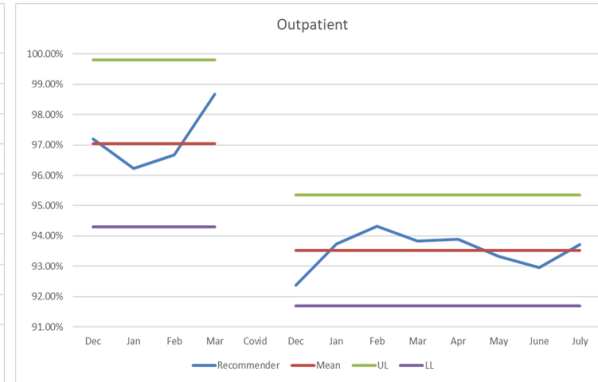
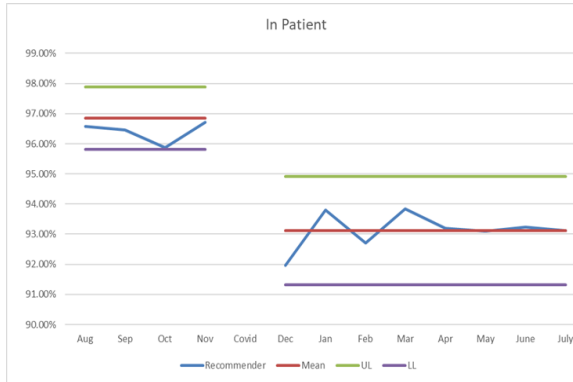
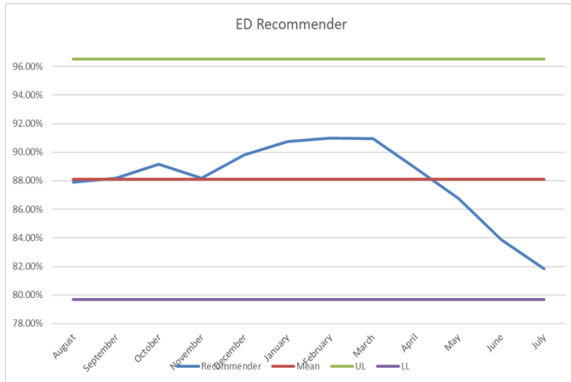
Outpatient		April	May	June	July
ESNEFT	Recommended	93.89%	93.33%	92.95%	93.72%
	National	Recommended	93.37%	92.92%	0.00%

Antenatal		April	May	June	July
ESNEFT	Recommended	100.00%	100.00%	100.00%	100.00%
	National	Recommended	90.37%	0.00%	0.00%

Post Ward		April	May	June	July
ESNEFT	Recommended	98.33%	98.04%	91.08%	87.88%
	National	Recommended	93.51%	94.39%	0.00%

Post Com		April	May	June	July
ESNEFT	Recommended	100.00%	100.00%	94.74%	100.00%
	National	Recommended	91.62%	93.72%	0.00%

Patient Experience – Friends and Family Test



ED has had a continual decline in FFT scores since March: negative scores have been going up and positive scores are going down, compounded with neutral scores increasing from 3% to 8% over the same period. Negative themes are around attitude of staff, waiting times and care, environment and communication.

The inpatient score is fluctuating around 92% - 94% and outpatients is around 93% - 94%.

Suffolk 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	128	95%	135	
Community Hospitals - combined	57	92%	62	46%
Aldeburgh Community Hospital	19	95%	20	45%
Bluebird Lodge	24	92%	26	44%
Felixstowe Community Hospital	14	88%	16	50%
Community Health Teams - combined	71	97%	73	
Pul rehab	38	97%	39	
Stowmarket	0	0%	0	
Heart Failure	0	0%	0	
REACT	0	0%	0	
East Suffolk Cardiac Rehab	33	97%	34	
East Team	0	0%	0	
Ipswich 3	0	0%	0	
North East	0	0%	0	
North West	0	0%	0	
West Team	0	0%	0	
Woodbridge	0	0%	0	
Not recorded	0	0%	0	

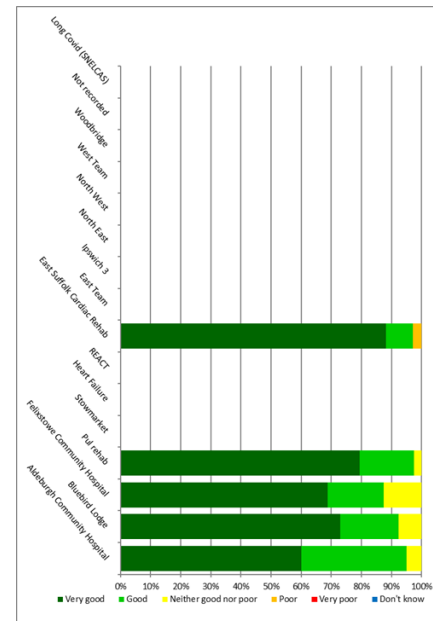
*Response rate = number of surveys received against total number of patients discharged 135

*Response rate = number of surveys received against total number of patients discharged 44

*Response rate = number of surveys received against total number of patients discharged 59

*Response rate = number of surveys received against total number of patients discharged 32

*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%	● 84.9%	● 85.8%	● 83.4%	● -5.5%	● -5.9%	● -4.8%
	Time to initial assessment - 95th pct	15 mins	● 25	● 23	● 26	● 7	● 9	● 0
	Time to initial assessment- percentage within 15 minutes (new measures)		48.8%	57.2%	43.7%	● -0.5%	● -3.0%	● 0.7%
	Time to treatment - median time in department	60 mins	● 80	● 59	● 104	● 4	● 5	● 9
	Average (mean) time in department- non-admitted patients (new measure)□		217	224	212	● 40	● 15	● 57
	Average (mean) time in department- admitted patients (new measure)		299	335	254	● 48	● 70	● 21
	Patients spending more than 12 hours in A&E		141	133	8	● 75	● 72	● 3
Cancer	Proportion of ambulance handovers within 15 minutes (new measure)		23.1%	22.4%	24.0%	● -8.9%	● -7.9%	● -11.3%
	% Patients seen within 2 weeks from urgent GP referral	93%	● 77.1%			● 1.5%		
	% patients waiting no more than 31 days from a decision to treat	96%	● 94.4%			● -2.0%		
Diagnostics	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 79.4%			● -0.8%		
	% patients waiting 6 weeks or more for a diagnostic test	1%	● 13.1%			● 1.3%		
RTT	% of incomplete pathways within 18 weeks	92%	● 68.9%			● 3.1%		
	Total RTT waiting list (open pathways)		61,375			● 1832		
	Total 52+ waiters	1012 (Trajectory)	● 2041			● -281		

- **ED:** Both sites seeing an increase of attendances and acuity. ESNEFT performance has seen a decline in performance against regional and national standards; but remains above the East of England averages. Both Departments have implemented recovery actions and at Colchester an audit is currently being carried out to establish whether patients have considered an alternative to presenting at UTC in the first instance. In the community patients are being signposted to Harwich UTC. Both departments have worked up plans for a further surges in late August based on regional predictions.
- **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:** 2ww performance is below standard but improved again in month. There has been a reduction in the 62 day 1st PTL by 55 patients, currently 3,560. Referrals are significantly increased in the more challenged specialities compared to previous years
- **RTT and Accelerator Programme:** The numbers of patients over 52 weeks has decreased again further this month. The over 52 week position in March 2021 was 3,560. The Vanguard is now in full use by the system with ESNEFT using it for additional capacity when available. There is close monitoring of the accelerator position with the Divisions on a regular basis in order to achieve the September position of 120%. However, this is currently is at risk with workforce being a concern as the indicated additional capacity is not being secured. DMO1 compliance now forecast to be achieved in September due to MRI backlog.

The ESNEFT Whole Economy performance reported a drop to 84.9% in July 2021, missing the national standard and down from 90.4% in June 2021. Attendances were at the highest level seen in the last 12 months

4 hour standard- ESNEFT whole economy*

84.9%

↓ vs 90.4% last month

4 hour standard- Colchester

85.8%

↓ vs 91.7% last month

4 hour standard- Ipswich

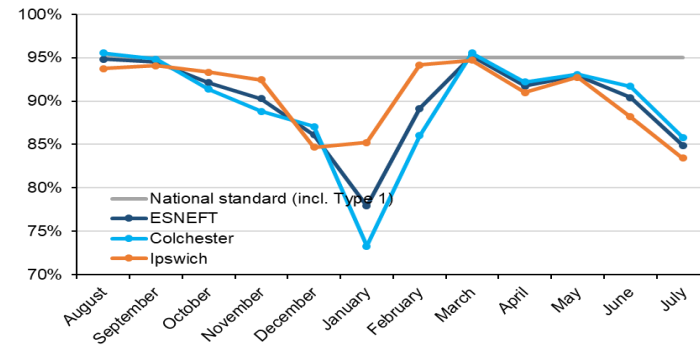
83.4%

↓ vs 88.2% last month

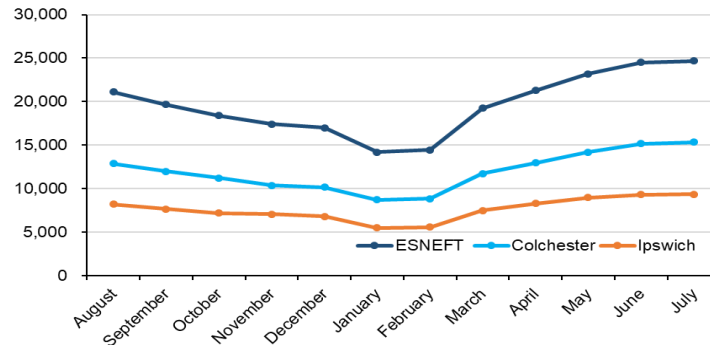
Attendances - ESNEFT **24,693**

↑ vs 24,490 last month

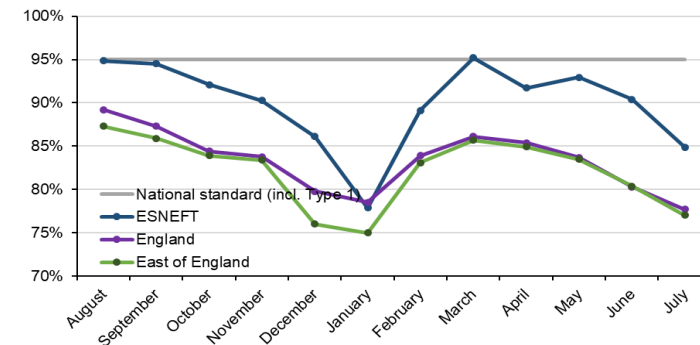
ED Performance: Four hour standard



ED Performance: Attendances



ED Performance: Four hour standard - benchmarking



Service commentary

Ipswich

Performance against the 4 hour standard continued to be above the National and Regional averages in July. Attendances were approx. 1.5% higher than the same period 2019 and this is driven by type 3 activity.

From M5 there is an additional Registrar at night in ED. Funding was recently secured to pilot an increase for the GP streaming contract for an additional 2 hrs/day to support increased attends into the evening. Discussions underway to increase HALO cover to 12 hrs/day. Options around 111 at the front door and “referral only” ED are being scoped with CCG partners.

Alliance actions underway include; rapid access to senior clinical advice between GP and Acute, community peripatetic team in the community to support resilience and mitigate workforce gaps and an expansion of social prescribing.

Colchester

Performance remains above the East of England average performance, however it has seen a steeper decline in performance against the regional & national standards.

Colchester attendances have risen by 1.5% from the previous month where trends for this time of year tend to be lower.

Attendances have increased from walk in patient presentations. Average daily ambulance attendances have remained the same compared to the previous month.

ED & UTC have started an FDAT where a Senior ED Doctor reviews ED identified patients at the front door aiming to reduce the number of patients going into ED.

Handovers have increased for ESNEFT by 4% to their highest level in more than 12 months. ESNEFT handover performance decreased by 8.9 percentage points to it's lowest level since before 2020-21

Number of handovers - ESNEFT

5,757

↑ vs 5,637 last month

Number of handovers - Colchester

3,194

↑ vs 3,098 last month

Number of handovers - Ipswich

2,563

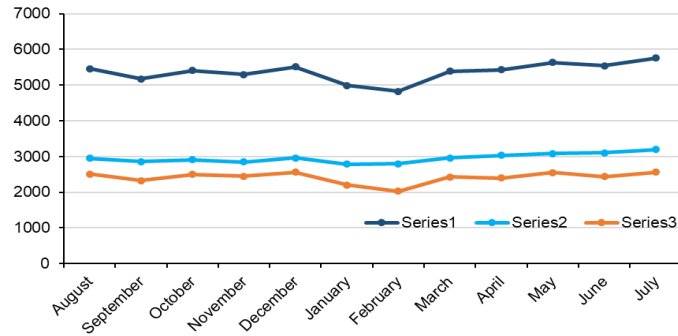
↑ vs 2,439 last month

Handovers within 15 minutes

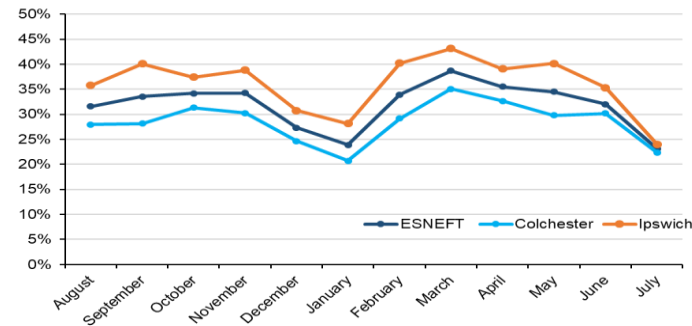
23.1%

↓ vs 32% last month

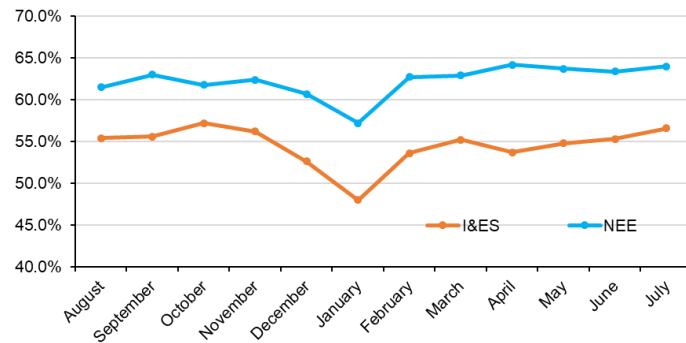
Ambulances: Number of handovers



Ambulances: Percentage of handovers within 15 minutes



Ambulances: Conveyancing rate



Service commentary

Ipswich

Recurrent funding for an additional 3 cubicles (currently non-recurrently funded) is being discussed taking the total from 7 to 10 which will support a reduction in off load delays.

SIREN will be introduced next month which will help speed up the ambulance handover process and provide greater oversight of inbound demand to allow proactive working and more time for capacity to be created. HALO in place 12 hrs/day will also support reduced handover delays.

Colchester

Ambulance handovers saw a marginal increase in July, the average daily attends remained the same. This is still following the same increased trend since January 2021.

Colchester has seen a slight increase of 30 minute offload delays and is working with the HALO team to reduce offload times. A safety cohort nurse in tandem with Consultant safety checks ensure patients do not deteriorate whilst awaiting a bay to be seen.

Colchester had significant bed delays throughout July which contributed towards the increase in offload delays.

Conveyance rates saw a slight decline from previous months but are significantly higher than I&ES.

Time in department measures have worsened across the board. Admitted patients are spending almost five hours in department on average. The number of 12 hour patients has more than doubled; 94% of these long waiters are at Colchester

Time to initial assessment (% patients within 15 mins)
48.8%

↓ vs 49.3% last month

Time to initial assessment (95pct)
25min

↑ vs 18 last month

Average time in dept – non-admitted

217min

↑ vs 177 last month

Average time in dept – admitted

299min

↑ vs 251 last month

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

80 min

↑ vs 76 last month

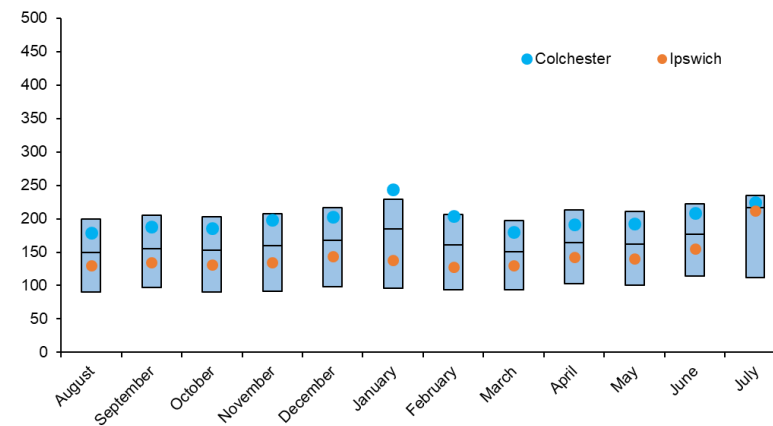
12 hour patients

141

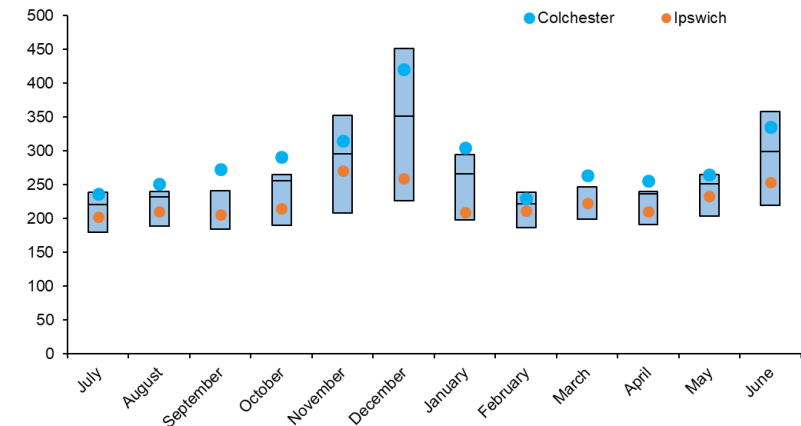
↑ vs 66 last month

**Administrative backlogs at Ipswich will be affecting time in department measures as they are measured on an incomplete sample of Ipswich ED patients.*

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.



Service commentary

Ipswich

Flow out of the Emergency Department has been a challenge which has resulted in patients waiting longer than necessary and created delays to be seen. With increasing levels of patients that do not meet the criteria to reside, a system wide red to green was undertaken with positive results; 20.4% reduction in <7 days, 11.1% reduction in <14 days and 15.4% reduction in <21 days.

However, these challenges have continued into August with increased D2A delays and Wards closed due to COVID-19 outbreaks. In August the team will be undertaking an audit of admissions to understand if patients met the criteria for admission and identify changes in pathways that would avoid unnecessary admissions thereby improving flow.

Alliance actions underway include; options appraisal to scale up support for Pathway 1/ Reablement (linked with challenged home care market), community peripatetic team in the community to support resilience and mitigate workforce gaps and an expansion of social prescribing.

Colchester

Time to Initial Assessment was 94% for July, a slight decline from the previous month.

Average time in department has increased throughout July, the department has seen significant bed waits during July which has contributed to the increase.

A continuation of closed and/or reduced Mental Health services across the region has seen patients remain within the department over 12 hours before being assessed. The Trust is working closely with the CCG and Mental Health services for a way to reduce any impact for patients in mental health crises.

Mental health ED attendances reported nearly a 12% decrease for July 2021. MHLT referrals across ESNEFT also show a reduction for July compared to June by 19%

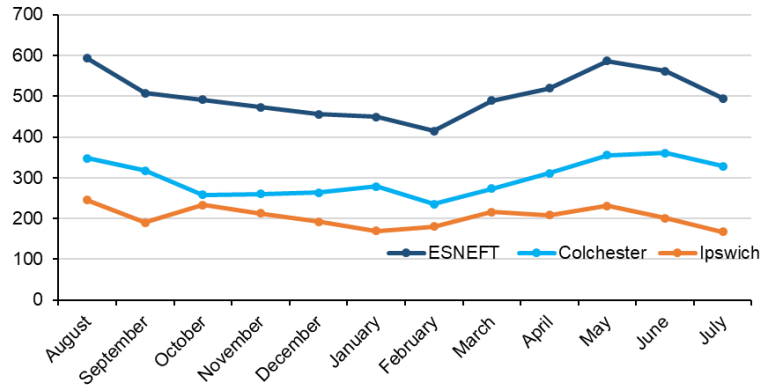
MH attendances - Colchester
328
 ↓ vs 361 last month

MH attendances - Ipswich
167
 ↓ vs 201 last month

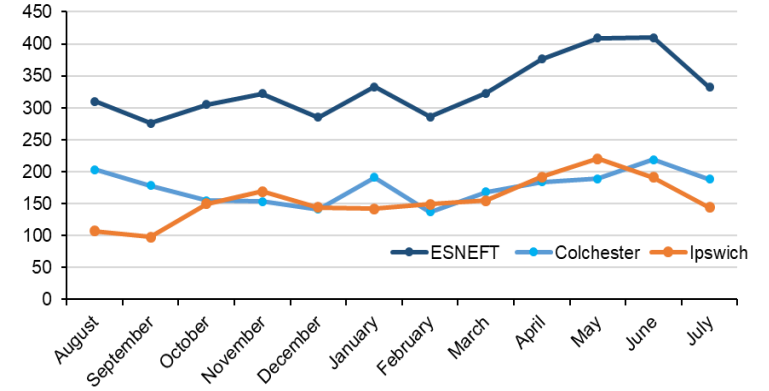
MHLT referrals - Colchester
188
 ↓ vs 219 last month

MHLT referrals - Ipswich
144
 ↓ vs 191 last month

Number of ED attendances due to MH



Number of referrals to the Mental Health Liaison Team



Service commentary

The reduction in attendances follows a similar trend to 2020 (in Ipswich, data is not available for Colchester) where there was a decrease in attendance. As such there is an expected correlation in the decrease in MHLT referrals.

There have been increases in the number of times people have been brought to the EDs under section 136 due to pressures across the health system resulting in reduced availability of 136 suites; this is being reviewed with system wide partners. Additionally there is a meeting in Colchester in August to ensure safe processes in line with the Mental Health Act (MHA) to limit as much as possible the impact on care of others when facilitating 136 assessments in the ED.

In Colchester there has been an increase in the use of the MHA or admissions to provide containment in the absence of a MH bed; in particular this has been evident in relation to children and young people due to national bed pressures and local challenges. Staff have ensured compliance with the MHA in relation to patient rights and paperwork and the escalation response involving multi-agency partners has enabled sharing of risk and support in responding to escalating risks.

Total admissions are broadly consistent with the previous month, although there was a **10.3% increase in non-elective admissions on June**

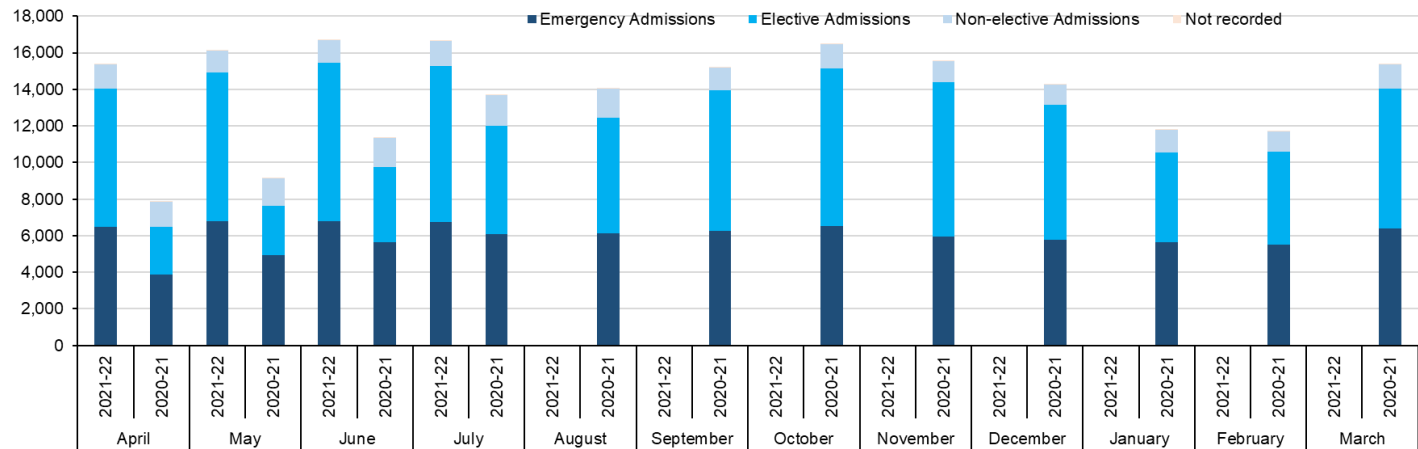
Emergency admissions
6,763
↓ vs 6,780 last month

Elective admissions
8,521
↓ vs 8,685 last month

Non-elective admissions
1,368
↑ vs 1,240 last month

Total admissions
16,663
↓ vs 16,708 last month

Admissions: Inpatient spells by admission type



Service commentary

Colchester

Focus continues with Alliance 16 on improving Criteria to Reside and Discharges. There is improved board round engagement supported by Red Day Tracker and daily capacity and demand meetings with the coastal hospitals; complex weekly patient reviews continue with the MDT. Copford Ward is being used as extra contingent capacity, which is not impacting on elective activity.

Ipswich

The number of emergency admissions in July dropped by 700 compared to June 2020 and the conversion rate from attendance through ED to admission dropped from 33% to 25% which is now in line with pre-COVID-19 levels. An audit in August will focus on criteria to admit and what could be done to prevent an unnecessary admission.

Teams continued to protect elective beds in July for the elective recovery programme.

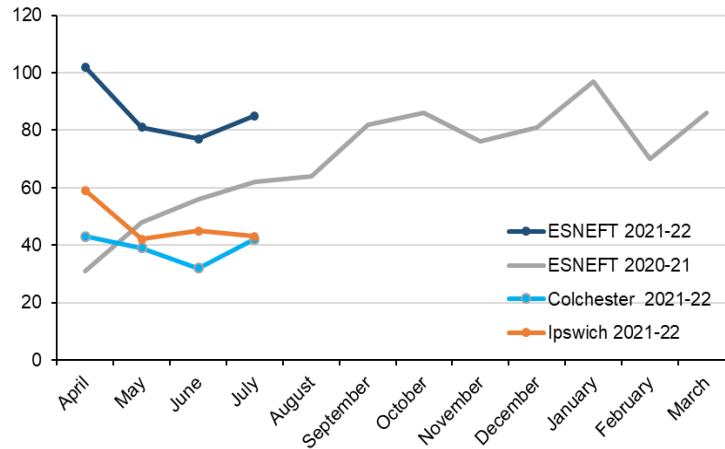
The number of long length of stay patients remains low across ESNEFT relative to national, regional or STP rates but this has increased in month

21+ day patients - ESNEFT
85
 ↑ vs 77 last month

21+ day patients - Colchester
42
 ↑ vs 32 last month

21+ day patients - Ipswich
43
 ↓ vs 45 last month

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



Service Commentary

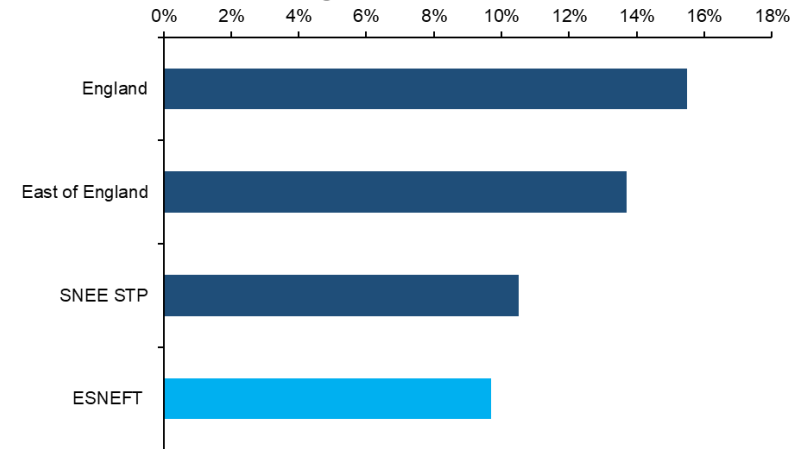
There continues to be weekly senior clinical reviews with divisional teams at ward level for all patients with a LLOS of over 14 days and 21 days, these are monitored and managed through each division.

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.

All patients are discussed twice daily within the discharge hub and any complex delays are reviewed and actions set twice weekly with the CCG, ACS team, contracts and the Discharge Hub. The department has seen a rise in delays compared to previous months, but have worked closely with system partners to try and rectify any ongoing concerns.

There has been a steady increase in over 21 day LLOS patients during the month of July. All areas are continuing to work hard to achieve a reduction in these figures. The numbers appear consistent throughout the month of July, but with the support of the system wide red to green put into place the Trust will hopefully start to see some improvements.

% beds occupied by 21+ day patients (4 week average). Snapshot at 9 August.



For July 2021 ESNEFT has seen a deterioration on all three key metrics for Cancer. 62 day wait performance is 5 percentage points below. There has been a reduction in the 62 day 1st PTL by 55 patients

Two week wait performance **77.1%**

↑ vs 75.6% last month

31 day wait performance **94.4%**

↓ vs 96.4% last month

62 day wait performance **79.4%**

↓ vs 80.2% last month

Patients treated after 104 days

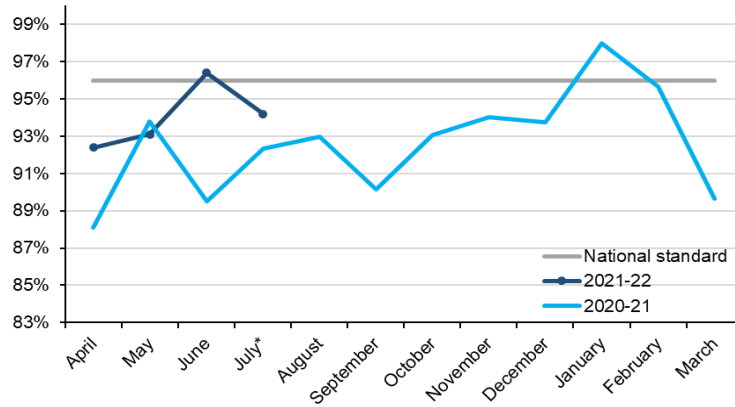
15
↑ vs 9 last month

Total patients on 62 day 1st PTL **3,560**

↓ vs 3,615 last month

**Unvalidated figures as of the 17/08/21. Final figures for July 2021 will be available in September 2021 after submission.*

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



Service commentary

July performance is UNVALIDATED

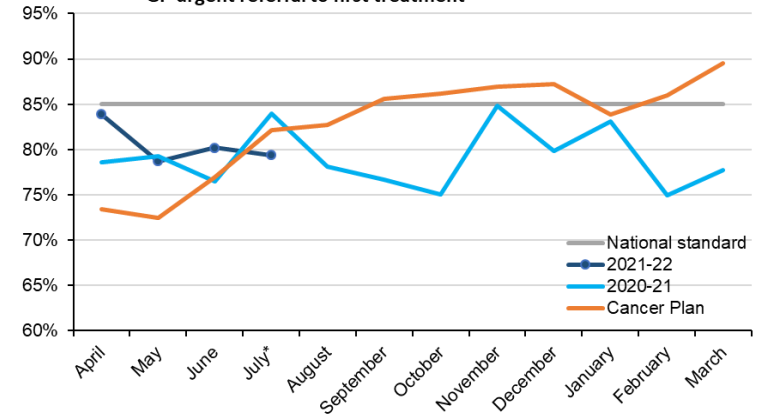
2WW performance remains below standard but an improved position compared to June. Breast, Gynae, LGI, Skin and UGI did not meet the standard however, these are the tumour sites where teams continue to see an increase in referrals. Additional clinics are requested every week to try and meet demand. Main breach reasons are Outpatient capacity and patient choice. In total 3,289 patients were seen for a first appointment on a cancer pathway compared to July 2019 data – 3,015 patients seen - 79% performance

31 day performance has dropped slightly on last month with 391 treatments of which 22 patients waited longer than 31 days. 3 breaches were avoidable, with others due to complex pathways and elective capacity restraints. July 2019 data 412 treatments, 33 breaches - 92% performance

62 day performance has slipped below trajectory for first time at 79.4% against the 82.2% trajectory. Teams have provided 260 first treatments in month compared to the trajectory prediction of 216. The highest number of patients in a backlog position remains within lower GI . Progress has been made however, there is still a high number of diagnosed patients in a backlog position. July 2019 data 251.5 treatments performance only 70.6%

There are 57 patients waiting over 104 days, a decrease since last month. 14 patients (of 57) are diagnosed awaiting treatment, 32 patients are on a Lower GI pathway and 10 are on Upper GI.

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



July 2021 has seen a decline in performance of 1.2 percentage points in patients waiting 6 weeks or more for a diagnostic test. Compared to June 2021 there were a further 242 extra reported breaches

% patients waiting > 6 weeks or more

13.1%

↑ vs 11.9% last month

DM01 6 week breaches

1,632

↑ vs 1,390 last month

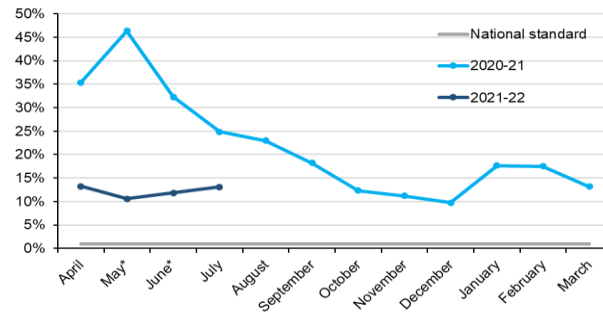
DM01 Waiting List

12,423

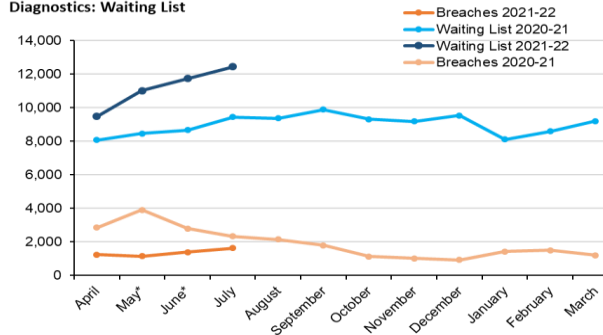
↑ vs 11,727 last month

**Figures include numbers from the Oaks last confirmed waiting list position which was April 2021*

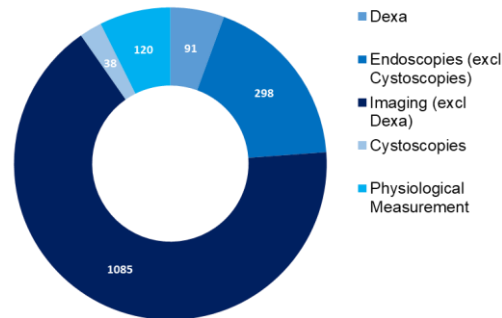
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



Service commentary

In July there were 1,632 breaches in total across ESNEFT, a 17.4% increase. Overall DM01 waiting list increased by 5.9% compared to June.

Urology CGH: Backlog cleared bar a few complex cases. A lot of patient choice for August so there will be patients rolled into September

Urology IHT: As above bar CMG, the team have just secured a Colchester clinic to clear some of the backlog that were lost in July due to machine breakdown and isolating staff.

Vascular: VSU 500 backlog now cleared.

Neurophysiology: All urgent/routine booked within six weeks. Number of planned echoes increased since last month, currently three months behind. The team have had to concentrate on breaches and targets first meaning that planned activity is delayed which is impacting on OPD appointments. This is because the results are not ready for when they are seen in clinic which in turn wastes an OPD appointment.

Endoscopy Colchester: continues to deliver 3 rooms, 7 days per week. Delivery of the 4th room every Saturday and Sunday within Elmstead DSU commenced weekend of 6th June, delivering an additional 24 procedures per week. Booking has proven to be a challenge due to staff absence and last minute cancellations, 5 patients (50%) cancelling from a list scheduled for last Sunday. Reasons for cancellation range from fears surrounding COVID-19 and another activity superseding their appointment.

Endoscopy Ipswich: continuing to deliver pre-COVID-19 activity, losing 38 points per week due to training. The unit continues to deliver 5 days per week of activity at the Grove in Felixstowe, utilising two days per week as additional STT capacity.

Cardiorespiratory: Lung function - Urgent/routine now risen to 146 & polling at 10 weeks, due to annual leave. 165 planned which cannot be booked in until all the urgent/routine backlogs have been cleared. Second lung function machine now sited at Clacton but it was found that the body box needed to be ordered. Locum starting 23/8/21 to cover the existing lung physiologist going on leave from 31/8/21 to 15/9/21. This will not have any impact on reducing waiting lists until the existing lung physiologist is back from leave.

Medical Imaging: Ultrasound and MRI across both sites continues to be a significant contributor to medical imaging breaches. A locum sonographer has started to reduce the MSK Ultrasound waiting times. CT on both sites are well managed.

Rheumatology Ipswich: DEXA continues to be the main contributor to overall ESNEFT imaging breaches in July.

Patients seen within 18 weeks increased in month and, although below the national standard, is above the national average. The number of 52 week waiters on the PTL continues to decrease with a further 395 reduction

Incomplete pathways within 18 weeks - ESNEFT

70.4%

↑ vs 68.9% last month

Incomplete pathways within 18 weeks - National

68.8% (June 21)

52+ waiters as % of list - ESNEFT

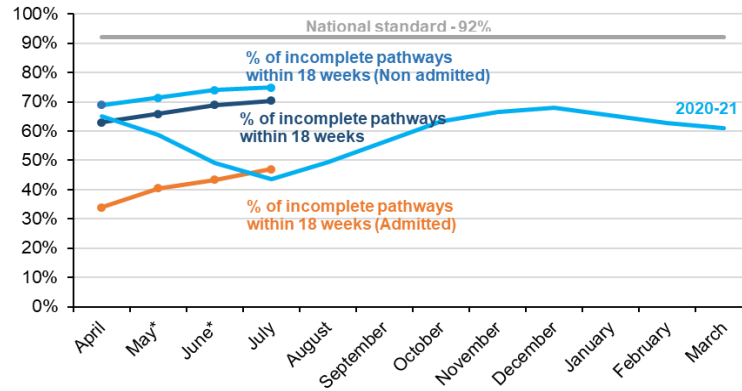
↓ **3.1%**

vs 3.9% last month

52+ waiters as % of list - National

5.6% (June 21)

RTT Waiting List: Performance against 92% standard



Service commentary

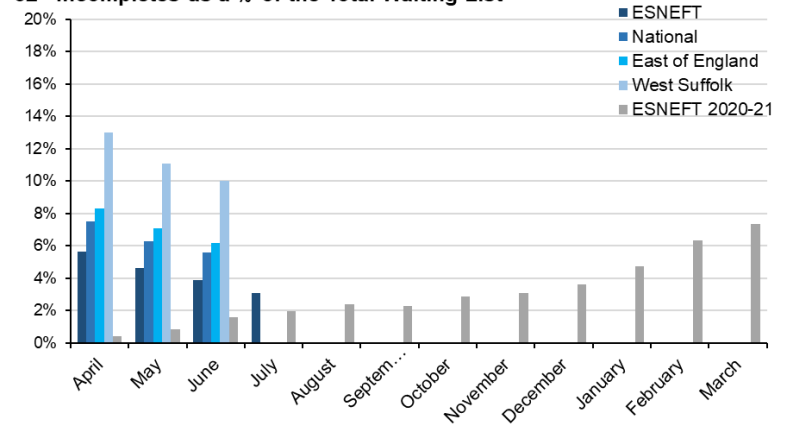
The team continue to see a month on month reduction of over 52 week waiters with a firm focus on the over 98 week and over 78 week position. The services have sight of all patients due to breach 78 weeks by the end of September and we are asking for firm treatment plans for both admitted and non admitted patients.

A plan is now in place for recovery in oral surgery and the plan has been presented to ODG.

The medicine specialities are compliant with this standard and the non-compliance is very much driven by the surgical areas.

Variation across sites has been reviewed, together with colleagues from West Suffolk and mutual aid is now in place for the following services: Oral; ENT; Rheumatology; Urology; & Ophthalmology to provide parity across the ICS.

52+ Incompletes as a % of the Total Waiting List



July activity is below 2019/20 levels for the comparable months and is also down on the previous month. The largest differences are within outpatient activity, with a 6.4% reduction in first appointments and a 7.3% reduction in F/U appointments on June

Elective inpatients

983

↓ vs 984 last month

Daycase inpatients

7,539

↓ vs 7,685 last month

Outpatient First Appt

25,348

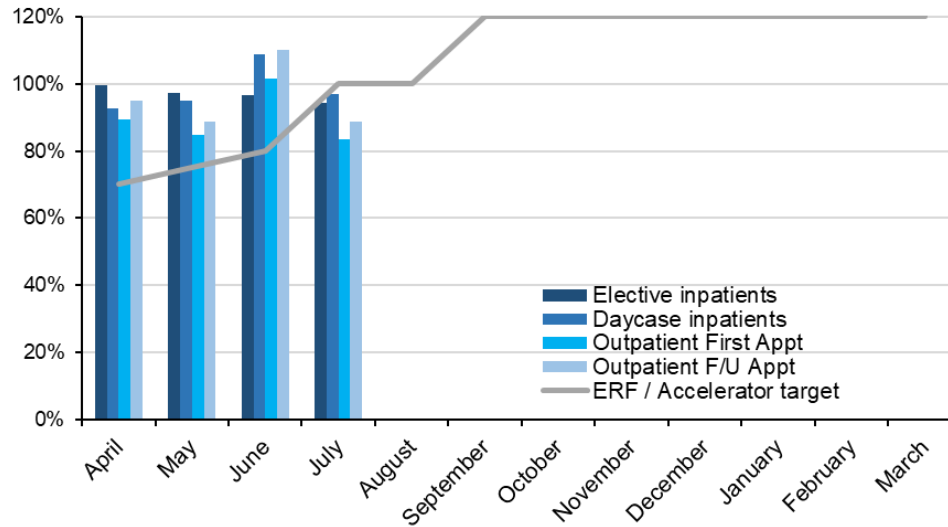
↓ vs 27,070 last month

Outpatient F/U Appt

48,096

↓ vs 51,897 last month

Recovery: Percentage of 2019-20 activity



Service commentary

There has been a decline in activity and this is being driven by extended leave being taken by, in particularly, overseas staff.

Whilst there has been a reduction in the outpatient appointments, there were 1,504 patients discharged with a blue card, who previously would have had either a virtual or face-to-face appointment. The number of patients waiting a follow up over 6 months has decreased by nearly 2,500 over the last 2 months (was 11,456 now 9,108)

The Vanguard opened August 9th, for use by West Suffolk Hospital until October. There are some gaps in the timetable so teams are looking to use the facility for: endoscopy lists; Pre Op Assessment clinics for Ophthalmology and one stop clinics for Vascular/Dermatology.

CT and MRI activity are above target and activity has increased in month, by 0.5% and 6.8% respectively. Ultrasounds and Endoscopy activity decreased in July 2021 compared to June, by 3.9% and 12.4% respectively

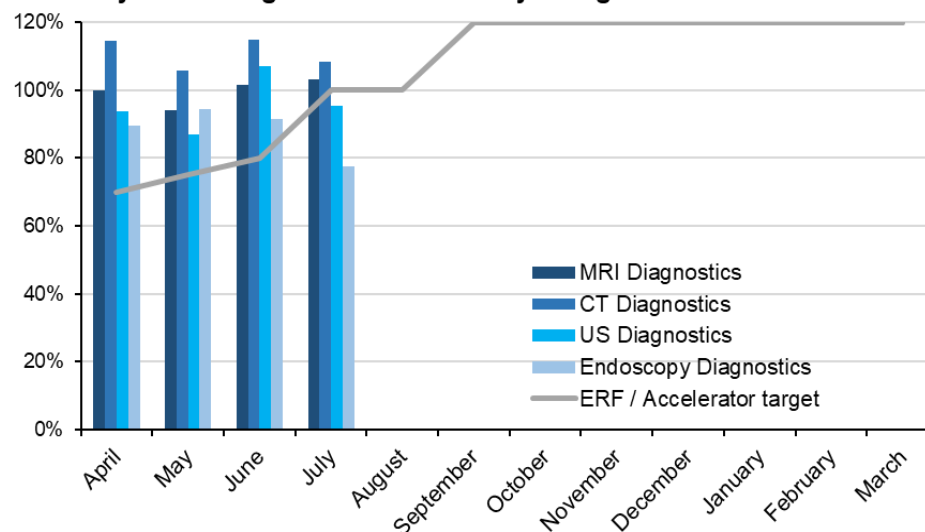
CT
6,236
 ↑ vs 6,206 last month

MRI
3,210
 ↑ vs 3,006 last month

US
10,633
 ↓ vs 11,065 last month

Endoscopy
1,511
 ↓ vs 1,724 last month

Recovery: Percentage of 2019-20 activity - Diagnostics



Service commentary

MRI: Colchester capacity has increased from June to over 100%. Both CT and Ultrasound capacity has decreased from June – this is due to annual leave and sickness during the month of July.

Endoscopy Colchester: Polling time for 2ww diagnostic has remained at 9 days in spite of the increase in Colorectal 2ww referrals . At W/E 1/08/19 Colchester received 48 Colorectal 2ww referrals, the same time this year receiving 85 (increase of 44%). Current backlog: 31 2ww, 42 urgent, 277 routine and 852 Surveillance. All surveillance patients have been clinically validated, using timescale for scope as initial triage metric. The team are currently utilising additional capacity at the Oaks to reduce the routine backlog and have sent all routines for a booking in date. Four rooms are running on the August Bank Holiday Monday to support DM01 clearance. The team have requested a forward look of capacity from the Oaks as although they have stated they have 100 points or 50 patients available each week the reality is nearer 15 patients. In addition the service is moving towards delivering endoscopic activity one day a week from Ivy Benson House in Clacton, this forming part of the CDH work. This is due to start from 30/09/21.

Endoscopy Ipswich: Polling time for 2ww is 8 days. Current Backlog: 94 2ww, 34 urgent, 40 routine and 256/389 surveillance. In addition the service is exploring utilisation of the Vanguard Unit, aiming to pick up empty sessions, the first scheduled for Friday 20th August. The unreliability of insourced nursing staff has resulted in last minute list cancellation twice this month, the provider reporting 39 on the day staff cancellations.

The RTT waiting list has increased by a further 2,322 pathways (4%). The number of 52+ week waiters has decreased by 322 pathways (12%) but still remains above plan. 78+ week waiters are also decreasing

Total open RTT pathways
61,375

↑ vs 59,543 last month

52+ week waiters

2,041

↓ vs 2,322 last month

78 + week waiters

376

↓ vs 401 last month

98 + week waiters

33

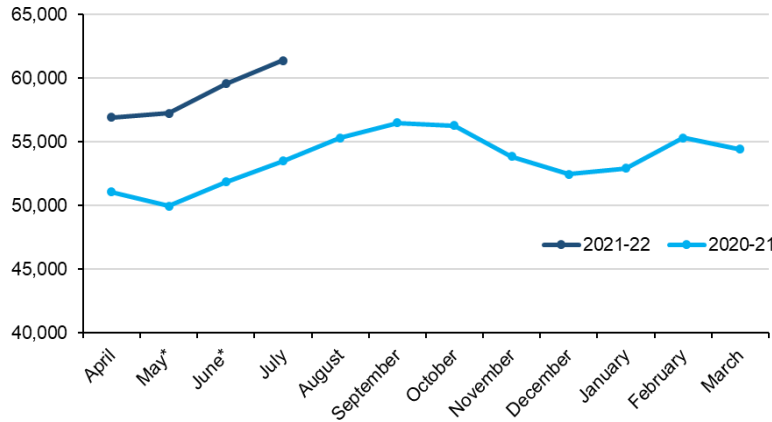
↑ vs 30 last month

104+ week waiters

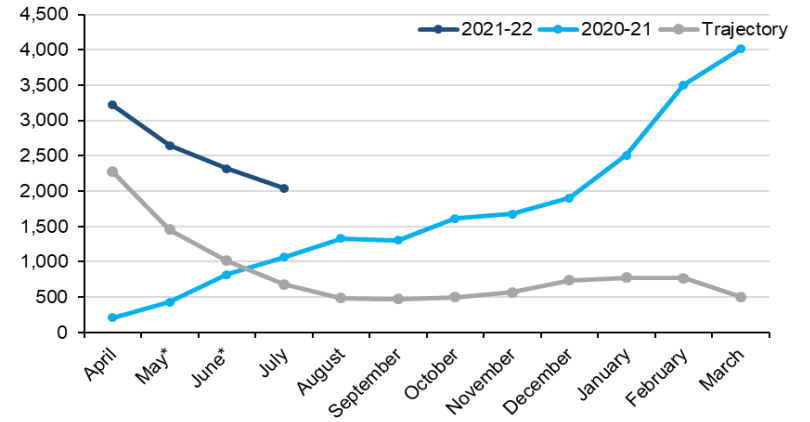
26

↑ vs 23 last month

RTT Waiting List: Total open pathways



RTT Waiting List: Total 52+ week waiters



Service commentary

Good progress is being made with the longest waiting patients sitting between 52 weeks and 78 weeks but there are still rises in the numbers for over 104/98 and 78 weeks.

The over 104 week waiters are being driven by OMFS but there is now a firm plan in place for recovery of this position with operating lists being sourced and patients reviewed in clinic for discussion about surgery.

The team are also working with the services to identify what non-admitted capacity is needed to ensure that there are no over 78 week patients by the end of September.

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

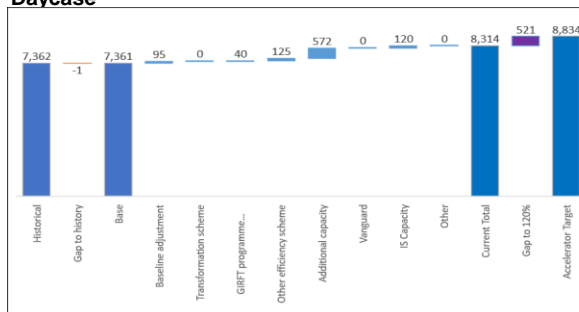
Daycase
112.9%

Elective Inpatients
107.7%

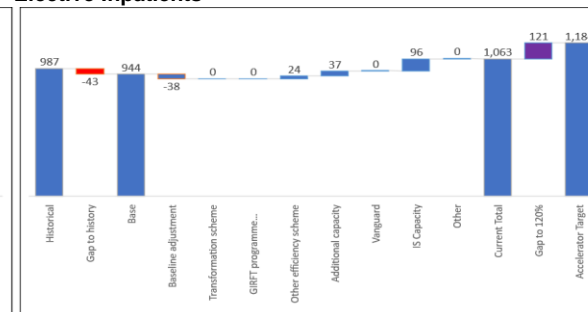
First Outpatients
111.5%

Follow up Outpatients
105.3%

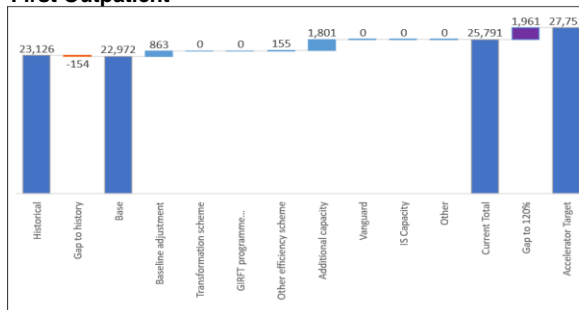
Daycase



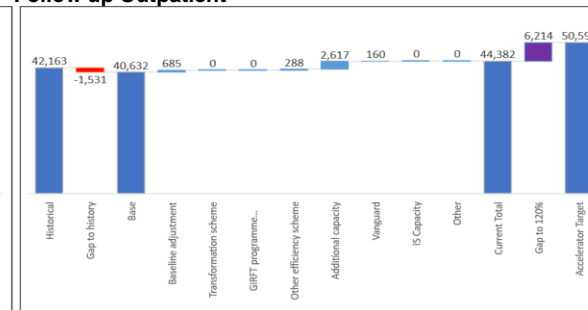
Elective Inpatients



First Outpatient



Follow up Outpatient



Service Commentary

The team are meeting on a regular basis with the services around the accelerator status for September to identify the gaps for achievement and the plans to ensure that this activity is captured. Services at risk of non delivery are:

- Orthopaedics
- Pain
- Dermatology

All teams are continuing to deliver additional activity, however this has reduced over July and will do in August due to higher levels of annual leave and the workforce gaps.

Other programmes of work for improving productivity in both outpatients and theatres are well underway, alongside the transformational work focussing on sustainable long term change which includes the GIRFT and HVLC pathway work.

Nationally the accelerator sites have been extended to November 2021 for delivery.

Month 4 Performance

Summary Income and Expenditure	July			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Clinical Income	70,648	73,723	3,075	277,842	283,860	6,018
Top-Up	1,320	522	(798)	5,199	2,597	(2,602)
Other Income	2,972	2,438	(534)	11,886	13,580	1,694
Total Income	74,940	76,683	1,743	294,927	300,037	5,110
Pay	(45,741)	(45,293)	448	(179,757)	(176,357)	3,400
Non Pay	(26,807)	(28,882)	(2,075)	(103,141)	(111,532)	(8,391)
Total Expenditure	(72,548)	(74,174)	(1,626)	(282,898)	(287,889)	(4,991)
EBITDA	2,392	2,509	117	12,029	12,148	119
Impairments	-	-	-	-	-	-
Other Non Operating	(2,774)	(2,835)	(61)	(11,050)	(10,923)	127
Surplus / (Deficit)	(382)	(326)	56	979	1,225	246
EBITDA %	3.2%	3.3%		4.1%	4.0%	

Performance Against CT

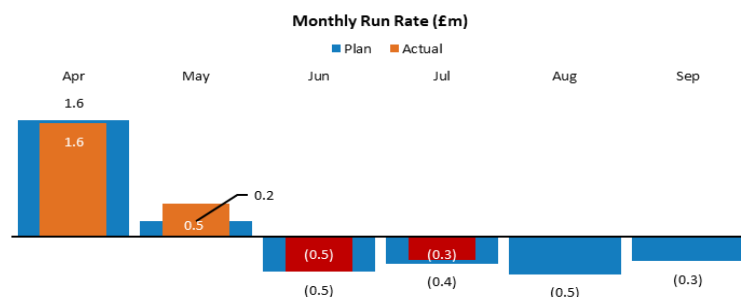
Donated Income/Depreciation	(18)	21	39	(72)	26	98
Total Non CT Items	(18)	21	39	(72)	26	98
Performance Against CT	(400)	(305)	95	907	1,251	344

M4 Revenue Headlines

In July the Trust reported an actual deficit of £0.3m (after adjusting for non control total items). For the year to date there is favourable variance of £0.3m against control total.

Plan profile and actual performance

The graph below shows actual I&E performance by month relative to the planned surplus / (deficit).



Key Variances

Cumulative ERF income to M4 has been assessed as £15.2m (with no ERF assumed for month 4 itself based on activity delivery in month). In month, additional income has been included in relation to Medical Virology / COVID-19 testing recording currently funded through the ERF. This remains a risk which is under national review, but is released due to receipt of cash from the centre relating to this. This is approximately £2.2m more than plan.

Non Pay costs exceeded plan in the month, mainly due to the absorption of Anglia Community Enterprise (ACE) into the Trust. These costs were not part of the Trust plan as they were not certain at the time the plan was submitted. ACE non pay costs were £1.8m in July. For the year to date the non pay overspend is driven by both the additional costs associated with ERF delivery and a CIP shortfall (total £3.1m).

In preparation for the tougher H2 national funding settlement, the Trust is building a contingency for H2, affecting both pay and non-pay.

Temporary Pay

Agency pay expenditure for the year to date is £4.3m and accounts for 2.4% of all pay costs. In July monthly agency spend increased significantly from £0.8m in June to £1.5m. This was driven in part by ERF delivery but also the absorption of ACE into the Trust (ACE agency costs were £0.4m for July; 70 WTE).

NHSE&I have maintained the Trust's annual agency expenditure ceiling for 2021/22 at £24.5m. For Month 4 agency costs were under the ceiling (£1.5m v £2.0m ceiling). The year to date position is also under the NHSE&I limit (£4.3m v £8.2m 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 also increased considerably in the month (from £3.2m to £3.8m) due to ERF delivery and the absorption of ACE (£0.2m).

2021/22 Capital programme & Cash position

Capital Expenditure

At the end of July the Trust capital programme was underspent against the re-profiled plan by £0.2m (£3.2m spend £3.4m re-profiled plan). Against the original plan this would have been an underspend of £5.4m (£3.2m against an original year to date plan of £8.6m).

The STP Funded development has incurred no costs for the year to date (as planned) but the Trust has received a VAT refund on prior year costs, hence the in year credit position on this project.

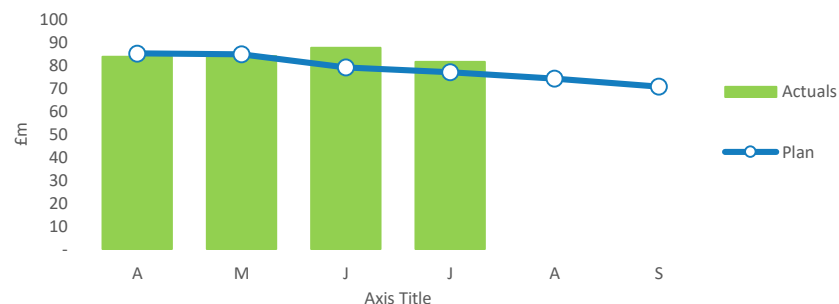
The Trust is forecasting that it will meet its capital programme plan for the year.

Capital Programme	Year to date			Forecast		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	1,072	1,012	60	5,704	5,665	39
Non-Medical Equipment	-	-	-	-	19	(19)
ICT	42	(5)	47	1,566	1,566	(0)
Estates & Facilities	142	116	26	2,500	2,500	0
STP Funded Development	(111)	(110)	(1)	13,217	13,217	0
Schemes	2,277	2,217	60	19,996	20,015	(19)
PFI Lifecycle Costs	-	-	-	1,161	1,161	-
Total Capital Programme	3,422	3,229	193	44,144	44,144	0
PFI Lifecycle Costs	-	-	-	(1,161)	(1,161)	-
PFI Residual Interest	246	246	-	738	738	-
Disposals	-	(123)	123	-	(123)	123
Donated	-	(82)	82	(1,609)	(1,617)	8
Net CDEL	3,668	3,270	398	42,112	41,981	131

Cash Position

The Trust held significant levels of cash at the end of July.

Like the balance sheet, there is presently no external plan for cash, but cash is being closely monitored and managed and an internal trajectory for H1 21/22 has been established. The graph below shows actual cash levels, by month, against this plan



Cash actuals are slightly higher than anticipated, mainly because of slippage on the Trust's original capital plan. Trust is endeavouring to pay all creditors within 7 days as nationally required. Where invoices can be matched to orders this is achievable. However, where further authorization is required this 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 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 July.

2021/22 CIP

CIP Year to Date

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

CIP Delivery by Division	July			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	379	223	(156)	1,446	1,113	(333)
Integrated Pathways	239	341	102	956	849	(107)
Medicine Ipswich	156	161	5	618	507	(111)
Medicine Colchester	167	191	24	669	707	38
MSK and Specialist Surgery	178	110	(68)	710	318	(392)
Surgery, Gastro & Anaesthetics	397	318	(79)	1,363	619	(744)
Women's and Children's	173	56	(117)	691	159	(532)
Total Operations	1,688	1,398	(290)	6,454	4,272	(2,181)
Corporate Services	374	207	(167)	1,495	594	(900)
Total Trust	2,062	1,606	(456)	7,948	4,867	(3,081)

July Position

Overall the CIP programme is £3.1m behind target as at the end of July.

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

Key Variances

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

- Corporate services - £900k, of which £334k relates to Estates & Facilities and £191k ICT.
- Surgery, Gastro and Anaesthetics - £744k
- Women & Children - £532k

Delivery of 21/22 target

Additional support is in place for Estates and Facilities, Integrated Pathways, and Women & Children

Comparative analysis for services (comparing similar services across sites) has been undertaken and has identified the following annualised opportunities:

- Cancer and Diagnostics - £5.7m to £6.8m
- Surgery, Gastro and Anaesthetics - £5.4m
- Women and Children - £3m
- MSK and Special Surgery - £2.9m

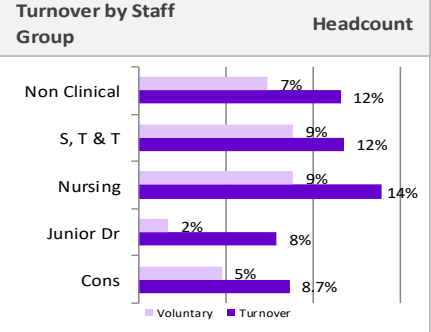
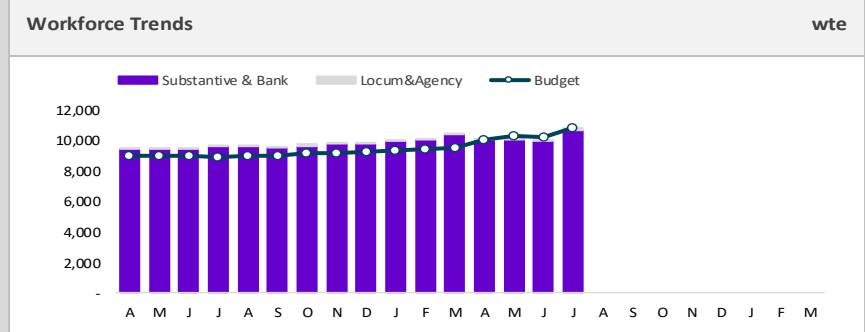
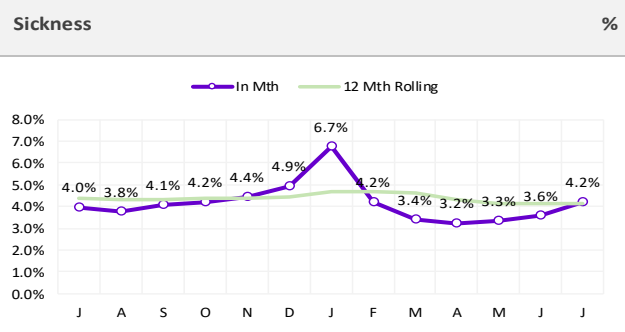
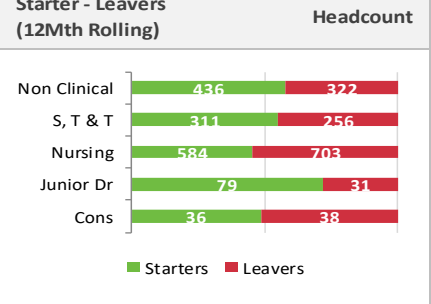
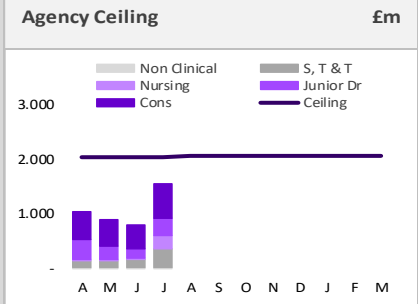
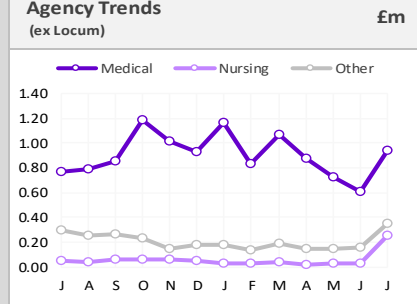
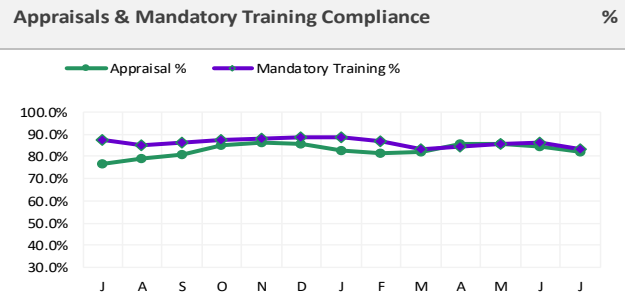
No benefit has been assumed from ERF or accelerator initiatives. The focus on 21/22 will be to recover elective activity, but accelerator funding is in place to deliver overall productivity improvements which will have a recurrent benefit to the Trust.

Workforce Dashboard

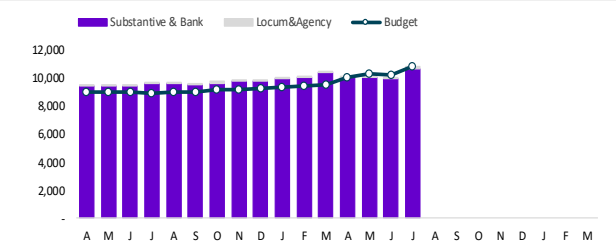
July 2021

Trust Level

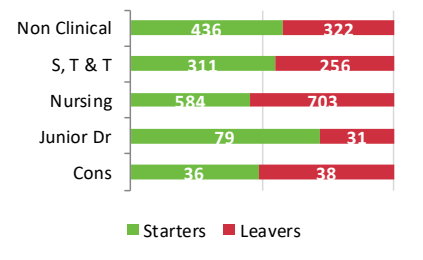
Key Metrics	Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Ceiling	Ward Fill Rate
Performance	4.7%	(£0.9m)	4.2%	83.5%	81.9%	7.5%	£3.91m	91.5%
Target	Budget 10352wte	Budget £171.9m	3.5%	90%	90%	12%	(£8.18m)	95%
Achieved	Contracted 9870wte	Spend £171m	4.2%	View portal for detail	81.9 out of 100 staff		(£4.27m)	
Vs Prior Month	↓	↓	↑	↓	↓	↑	↑	↓
Prior Month	5.5%	(£1.35m)	3.6%	86.3%	84.2%	7.3%	£3.40m	95.3%



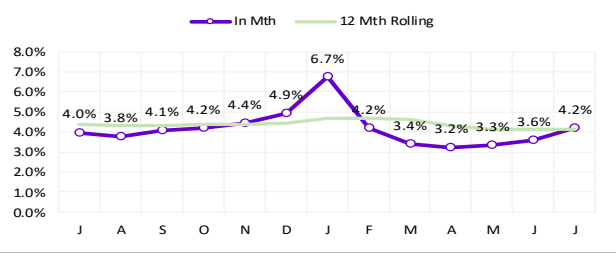
Workforce Trends wte



Starter - Leavers (12Mth Rolling) Headcount



Sickness %



Commentary

Recruitment

In July, the number of staff in post increased to 9,870 WTE (June 9,329). The Trust continues to have more starters than leavers overall in the majority of clinical groups. The Trust’s rolling voluntary turnover for July was 7.5% (June 7.3%).

Recruitment for Community Diagnostic Hub Phase 1 has commenced.

There continues to be a focus on International Nurse recruitment with 12 arrivals in May for June induction. We have provided a number of on-line training sessions for our international nurse arrivals whilst they are in quarantine hotels.

Sickness

Sickness has increased in month to 4.2% from 3.6%. 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. However, there was an increase in COVID-19 related absence in July which was linked to NHS App notifications of potential COVID-19 contacts.

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 a decrease in the number of vacancies (4.7% from 5.5% in June). ESNEFT is now undertaking all Recruitment activity for NEECS vacancies.

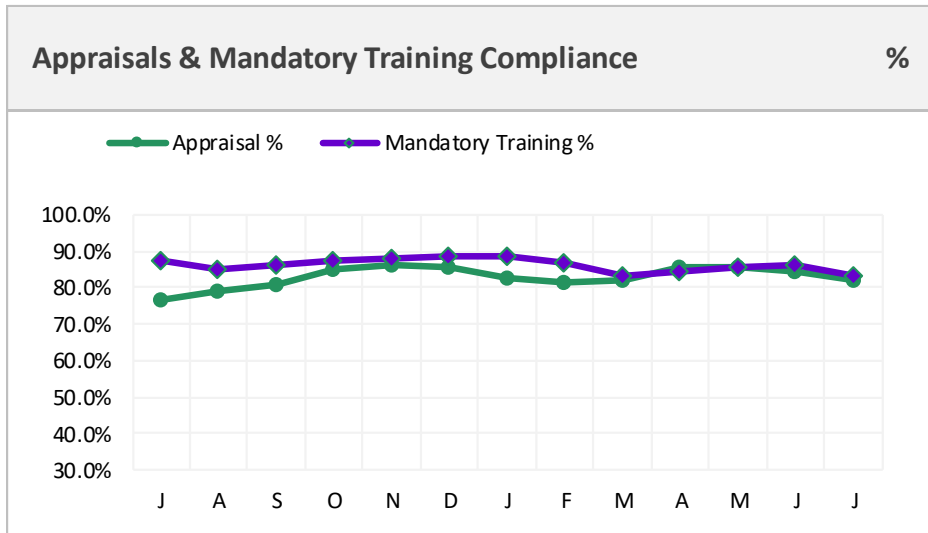
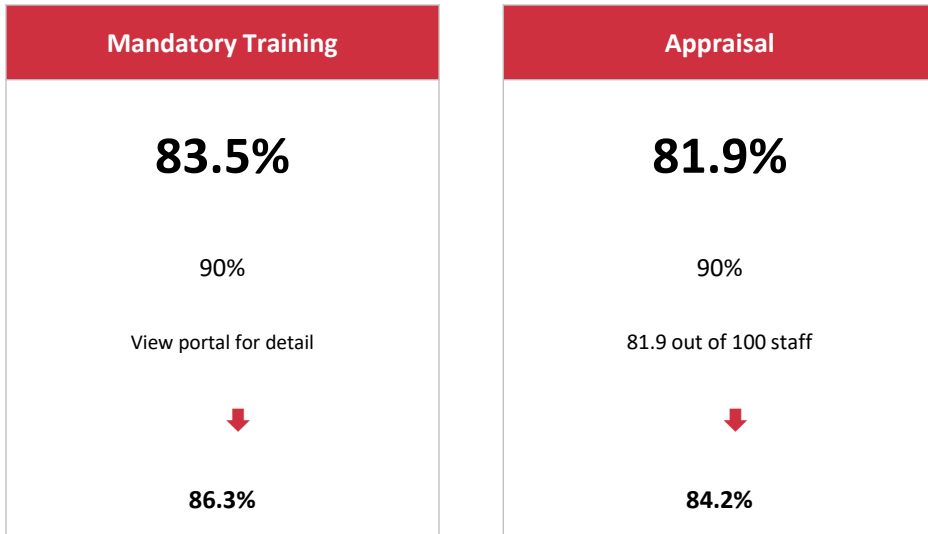
The Trust is taking part in a pilot to recruit international midwives that are already qualified with a pin to enable them to enter the Trust ready to practise. Arrivals dates planned from October 2021.

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.

We are continuing to review the Consultant vacancies in order to confirm final WTE vacancies. We have recruited to Consultant posts in Anaesthetics, Rheumatology, ED.



Commentary

Mandatory Training

July's compliance rate decreased to 83.5% from 86% in June.

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

July's compliance rate decreased to 81.9%, from 84.8% in June.

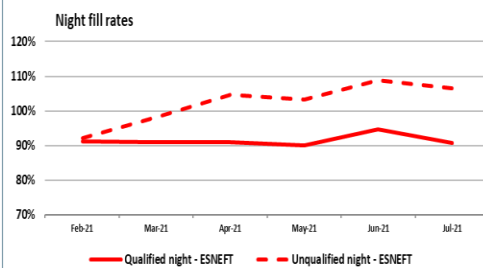
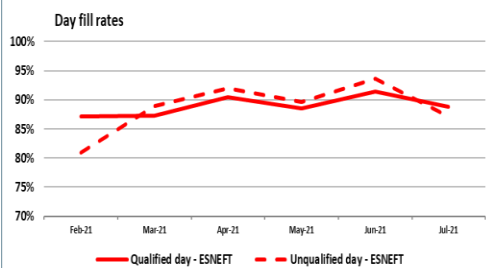
The appraisal bite size sessions are continuing with over 100 attendees to date. As well as the organisational sessions, the HRBPs are cascading within their divisions.

The pay step review policy has been agreed and communication to be sent in July, 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.

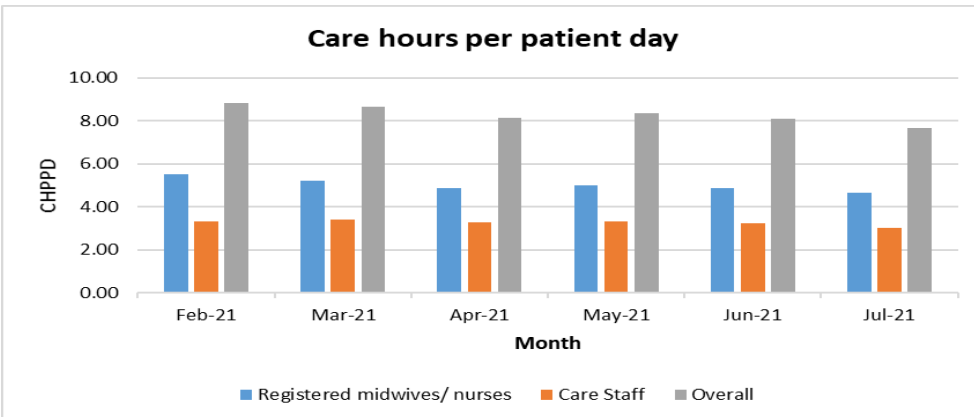
Nursing Workforce Update

Fill Rates (including care hours per patient day)

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Qualified day - ESNEFT	87.1%	87.3%	90.4%	88.5%	91.4%	88.9%
Qualified night - ESNEFT	91.1%	90.9%	91.1%	90.1%	94.8%	90.8%
Unqualified day - ESNEFT	81.0%	88.9%	92.0%	89.7%	93.7%	87.1%
Unqualified night - ESNEFT	92.1%	98.2%	104.6%	103.3%	108.8%	106.5%
Overall (average) fill - ESNEFT	87.5%	90.3%	93.0%	91.4%	95.3%	91.5%



Care hours per patient day	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Registered midwives/ nurses	5.50	5.23	4.87	5.00	4.86	4.65
Care Staff	3.31	3.42	3.27	3.34	3.23	3.04
Overall	8.81	8.65	8.14	8.34	8.09	7.69



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: Acuity meetings have taken place and the annual acuity report is under review following feedback from the divisions. When this has been finalised it will be presented at the October Board.

International Nurse Recruitment:

ESNEFT have committed to an increased pipeline of IRN to 296. Owing to COVID-19 restrictions, HEE have granted an extension until February 2022 to ensure all nurse are placed and supported appropriately.

Student Nurse Associates (SNA):

Eight SNA completed their training and qualified in July. They have been given SNA posts and are enjoying being part of the team. A further eight SNA continue their course and are expected to qualify in February 2022.

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 and ongoing pipeline for international recruitment until February 2022 and continue with European Midwifery recruitment.

POD Profiles - Trust Level

	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21
All Staff													
Headcount	10,250	10,301	10,393	10,517	10,484	10,547	10,475	10,459	10,535	10,726	10,712	10,713	11,367
Establishment (including agency)	8,885	9,019	9,004	9,142	9,203	9,262	9,361	9,406	9,506	10,060	10,308	10,185	10,803
In post	9,180	9,114	9,030	9,041	9,031	9,066	9,134	9,308	9,381	9,395	9,323	9,329	9,870
Vacancy	(295)	(95)	(26)	102	173	196	227	98	125	665	985	856	933
Vacancy %	-3.3%	-1.1%	-0.3%	1.1%	1.9%	2.1%	2.4%	1.0%	1.3%	6.6%	9.6%	8.4%	8.6%
Establishment (excluding agency)	8,849	8,979	8,964	9,087	9,138	9,166	9,219	9,280	9,334	9,793	9,943	9,876	10,352
Vacancy (excluding agency)	(331)	(135)	(66)	46	108	101	84	(28)	(48)	397	620	547	483
Vacancy % (excluding agency)	-3.7%	-1.5%	-0.7%	0.5%	1.2%	1.1%	0.9%	-0.3%	-0.5%	4.1%	6.2%	5.5%	4.7%
Turnover													
¹ Turnover (12 Month)	10.2%	11.3%	11.1%	12.0%	11.8%	11.8%	11.7%	11.8%	11.7%	12.5%	12.8%	13.3%	13.4%
¹ Voluntary Turnover (12 Month)	7.1%	7.0%	6.8%	6.8%	6.6%	6.7%	6.5%	6.7%	6.6%	6.7%	6.9%	7.3%	7.5%
¹ Starters (to Trust)	87	105	109	100	131	97	202	164	142	126	72	83	115
¹ Leavers (from Trust)	70	103	109	93	98	86	92	56	116	192	169	104	116
Sickness													
% In Mth	4.0%	3.8%	4.1%	4.2%	4.4%	4.9%	6.7%	4.2%	3.4%	3.2%	3.3%	3.6%	4.2%
WTE Days Absent In Mth	10,931	10,544	10,956	11,679	11,898	13,790	18,947	10,871	9,804	8,988	9,590	9,923	12,662
Mandatory Training & Appraisal Compliance													
Mandatory Training	87.6%	85.3%	86.2%	87.4%	87.9%	88.5%	88.4%	87.1%	83.5%	84.4%	85.7%	86.3%	83.5%
Appraisal	76.8%	79.1%	80.6%	85.2%	86.4%	85.9%	82.7%	81.3%	82.3%	85.6%	85.5%	84.2%	81.9%
Temporary staffing as a % of spend													
Substantive Pay Spend	35,385	36,400	35,187	34,585	34,983	41,668	35,947	31,098	42,498	37,673	37,393	37,695	39,858
Overtime Pay Spend	112	118	120	137	162	170	148	215	154	183	164	159	132
Bank Pay Spend	2,618	3,029	2,772	3,318	3,799	3,627	4,292	3,527	5,020	3,232	3,298	3,196	3,763
Agency Pay Spend	1,110	1,080	1,174	1,481	1,218	1,150	1,370	998	1,287	1,043	885	802	1,540
Total Pay Spend	39,225	40,628	39,253	39,520	40,162	46,616	41,757	35,837	48,960	42,131	41,740	41,852	45,293
Agency & Bank %	9.5%	10.1%	10.1%	12.1%	12.5%	10.2%	13.6%	12.6%	12.9%	10.1%	10.0%	9.6%	11.7%
Agency %	2.8%	2.7%	3.0%	3.7%	3.0%	2.5%	3.3%	2.8%	2.6%	2.5%	2.1%	1.9%	3.4%
Nurse staffing fill rate													
% Filled	88%	87%	88%	89%	90%	86%	81%	87%	90%	93%	91%	95%	91%

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	2,627	2,708	2,679	2,768	2,792	2,809	2,914	2,916	2,932	2,861	2,976	2,911	3,057
In post	2,523	2,516	2,516	2,527	2,545	2,534	2,600	2,613	2,645	2,656	2,694	2,715	2,883
Vacancy	103	192	163	241	247	275	313	303	287	205	282	196	174
Vacancy %	3.9%	7.1%	6.1%	8.7%	8.8%	9.8%	10.8%	10.4%	9.8%	7.2%	9.5%	6.7%	5.7%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,372	1,426	1,393	1,470	1,485	1,497	1,497	1,492	1,491	1,427	1,429	1,437	1,513
In post	1,326	1,317	1,321	1,335	1,335	1,321	1,316	1,330	1,358	1,370	1,398	1,420	1,464
Vacancy	45	109	72	135	150	176	181	162	133	57	31	17	49
Vacancy %	3.3%	7.7%	5.2%	9.2%	10.1%	11.8%	12.1%	10.9%	8.9%	4.0%	2.1%	1.2%	3.3%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,222	1,235	1,235	1,266	1,280	1,280	1,237	1,265	1,325	1,270	1,265	1,235	1,319
In post	1,368	1,295	1,186	1,156	1,138	1,175	1,145	1,246	1,281	1,290	1,176	1,142	1,232
Vacancy	(146)	(61)	50	111	141	105	92	18	44	(20)	89	93	87
Vacancy %	-11.9%	-4.9%	4.0%	8.8%	11.0%	8.2%	7.5%	1.4%	3.3%	-1.5%	7.0%	7.6%	6.6%
Consultants													
Establishment (including agency)	488	497	493	494	497	501	500	502	502	505	520	524	520
In post	421	426	423	423	422	417	424	428	427	429	429	429	429
Vacancy	66	71	70	71	75	83	75	74	74	76	91	95	92
Vacancy %	13.6%	14.4%	14.3%	14.4%	15.1%	16.6%	15.0%	14.7%	14.8%	15.0%	17.5%	18.2%	17.6%
Junior Medical													
Establishment (including agency)	671	673	667	676	703	696	697	711	718	708	720	713	780
In post	658	647	675	682	653	665	660	680	651	656	645	659	726
Vacancy	13	25	(8)	(5)	50	31	36	31	67	53	75	54	54
Vacancy %	1.9%	3.8%	-1.2%	-0.8%	7.1%	4.5%	5.2%	4.4%	9.4%	7.5%	10.4%	7.6%	6.9%
Scientific, Technical and Therapeutic													
Establishment (including agency)	1,736	1,758	1,758	1,779	1,762	1,784	1,806	1,796	1,789	1,859	1,960	1,932	2,088
In post	1,665	1,678	1,679	1,698	1,691	1,706	1,717	1,723	1,748	1,746	1,740	1,743	1,862
Vacancy	71	80	79	81	71	77	89	73	41	113	220	188	226
Vacancy %	4.1%	4.5%	4.5%	4.6%	4.0%	4.3%	4.9%	4.1%	2.3%	6.1%	11.2%	9.7%	10.8%

2WW	2 Week Wait	LD	Learning Disabilities
ACE	Anglian Community Services	LFT	Lateral Flow Test
ACS	Acute Coronary Syndrome	LGI	Lower Gastrointestinal
AF	Accountability Framework	LLOS	Long length of stay
AHLNS	Acute Hospital Learning Disability Liaison Nurse	LSCS	Lower (uterine) Segment Caesarean Section
AKI	Acute Kidney Injury	M&M	Morbidity & Mortality
AMD	Associate Medical Director	MDT	Multidisciplinary Team
APGAR	Appearance, Pulse, Grimace, Activity and Respiration	MH	Mental health
ATAIN	Avoiding Term Admissions Into Neonatal Units	MHA	Mental Health Act
BP	Blood Pressure	MHLT	Mental Health Liaison Team
CCG	Clinical Commissioning Group	MLC	Midwifery Led Care
CCU	Critical Care Unit	MLU	Midwife Led Unit
CDH	Community Diagnostic Hub	MRI	Magnetic Resonance Imaging
CGH	Colchester General Hospital	MUA	Manipulation Under Anaesthetic
CIP	Cost Improvement Plan	MUST	Malnutrition Universal Screening Tool
CLC	Consultant Led Care	NHSP	NHS Professionals
CNST	Clinical Negligence Scheme for Trusts	NMPA	National Maternity and Perinatal Audit
COC	Continuity of Care	NNU	Neonatal Unit
COHA	Community Onset Healthcare Associated	NQN	Newly Qualified Nurse
CQC	Care Quality Commission	ODG	Operational Delivery Group
CT	Computerised Tomography	OMFS	Oral & Maxillofacial Surgery
CTA	Coronary Computed Tomography Angiogram	OPD	Outpatient department
D2A	Discharge to Assess	PALS	Patient Advice and Liaison Service
DAM	Divisional Accountability Meeting	PICC	Peripherally Inserted Central Catheter
DEXA	Dual energy X-ray absorptiometry	PIR	Post Infection Review
DM01	Diagnostics Waiting Times and Activity	PM	Postmortem
DMT	Divisional Management Team	PPH	Postpartum haemorrhage
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	PROMPT	Practical Obstetric Multi-professional Training
DOC	Duty of Care	PSIRP	Patient Safety Incident Response Plan
DSU	Day Surgery Unit	PSR	Patient Safety Response
ED	Emergency Department	PTL	Patient Tracking List
ENT	Ear Nose & Throat	PVD	Peripheral Vascular Disease
EOL	End of Life	Q1	Quarter 1
ERF	Elective Recovery Fund	Q3	Quarter 3
FFT	Friends and Family Test	QI	Quality Improvement
FTE	Full Time Equivalent	QIA	Quality Impact Assessment
FU	Follow up	RCA	Root Cause Analysis
GI	Gastrointestinal	RN	Registered Nurse
GIRFT	Getting It Right First Time	RTT	Referral to Treatment
H1	Half 1	SALT	Speech and Language Therapy
H2	Half 2	SHMI	Summary Hospital Mortality Indicator
HALO	Hospital Ambulance Liaison Officer	SI	Serious Incident
HIE	Hypoxic-ischaemic encephalopathy	SOF	Single Oversight Framework
HOHA	Healthcare Onset Healthcare Associated	STT	Scientific, Therapeutic and Technical Staff
HRBP	HR Business Partner	TV	Tissue Viability
HSMR	Hospital Standardised Mortality Ratio	TVN	Tissue Viability Nurse
HVLC	High Volume Low Complexity	UTC	Urgent Treatment Centre
I&E	Income & Expenditure	VBAC	Vaginal Birth After Caesarean
I&ES	Ipswich & East Suffolk	VSU	Vascular Studies Unit
ICS	Integrated Care System	VTE	Venous thromboembolism
IH	Ipswich Hospital	WE	Week Ending
IP&C	Infection Prevention & Control	WTE	Whole Time Equivalent
IRN	Internationally Recruited Nurses	YTD	Year to Date