



Performance report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors

Thursday 4th November 2021

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

1 NHSI Single Oversight Framework

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

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

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 September 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 ICs: 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 August performance were held at the beginning of October, 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.

Quality : Safe, Effective & Caring									
Indicator	Domain	Frequency	Target / Standard	Jul-21	Aug-21	Sep-21	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	99	101	100	↓		Clinical divisions; low, medium, high.
Staff Friends and Family Test % recommended - care	Caring	Q	30%	N/S	N/S	N/S	→		Staff FFT was suspended in April 2020 and will be replaced by a quarterly Pulse Survey. Final details are to be released via the National Office.
Occurrence of any Never Event	Safe	M	0	0	0	0	→		
Mixed sex accommodation breaches	Caring	M	0	1	2	3	↑		All breaches from June - September 2021 caused by ward step down delays in Critical Care.
Inpatient scores from Friends and Family Test - % positive	Caring	M	90%	93.1%	91.3%	92.4%	↑		Patient facing FFT restarted nationally on the 1st December 2020.
A&E scores from Friends and Family Test - % positive	Caring	M	90%	81.8%	80.3%	80.5%	↑		Patient facing FFT restarted nationally on the 1st December 2020.
Number of emergency c-sections	Safe	M	tbc	20.7%	19.7%	24.4%	↑		
Maternity scores from Friends and Family Test - % positive :									
- % Recommending - birth	Caring	M	90%	81.3%	100.0%	87.5%	↓		Patient facing FFT restarted nationally on the 1st December 2020.
- % Recommending - postnatal	Caring	M	90%	87.9%	100.0%	96.3%	↓		
VTE Risk Assessment	Safe	M	95%	94.1%	92.9%	94.2%	↑		
Incidences of Clostridium Difficile infection	Safe	M	9	12	10	8	↓		There were 8 C.difficile cases reported in September. 3 of these were in Ipswich (2 HOHA, 1 COHA) and 5 cases were at Colchester hospital (4 HOHA, 1 COHA). The C.diff case threshold for 2021/22 is 99 cases (currently at a total of 56).
MRSA bacteraemias	Safe	M	0	2	1	0	↓		There was 2 Trust apportioned MRSA bacteraemia's reported in July - one on the Colchester site and 1 on the Ipswich site. 1 case was reported in August on the Ipswich site associated with a wound.
HSMR (DFI Published - By Month Data Available)	Effective	Q	0	115.2	N/S	N/S	↑		Dr Foster Intelligence will be moving to a direct feed of HES data from the next publication date TBA. Telstra Health is confident that this data source will be more robust, with a rise in volumes in the analysis which will impact the key indicators being monitored.
HSMR Weekend (By Month Data Available)	Effective	Q	100	125.4	N/S	N/S	↑		
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.074	1.079	1.075	↓		12 mths to April 2021. This is 'as expected' when compared to the previous annual position (March 2021 data) of 1.079.
Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Jul-21	Aug-21	Sep-21	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	84.9%	81.0%	81.1%	↑		A&E waiting time performance based on economy. ED Economy performance for September 2021 was 81.6% for CGH, and 80.3% for IH.
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	Responsive	M	92.0%	70.4%	69.8%	68.8%	↓		
All cancers - maximum 62-day wait for first treatment from:									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	78.8%	77.5%	73.1%	↓		
- NHS cancer screening service referral	Responsive	M	90.0%	67.7%	68.8%	76.2%	↑		Screening service performance snapshot as reported in Accountability Framework taken at 24th September 2021.
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	13.1%	19.2%	19.5%	↑		

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Jul-21	Aug-21	Sep-21	Mov't	Trend	Comments
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Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	13.1%	19.2%	19.5%	↑		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Jul-21	Aug-21	Sep-21	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	4.2%	4.1%	4.7%	↑		
Staff turnover	Well-led	M	tbc	7.5%	7.7%	8.0%	↑		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	3.4%	3.1%	3.2%	↑		Agency staff 3.2%. Bank & Agency staff 12.2%.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(3,084)	(3,349)	(3,690)	↑		All divisions are behind plan for the year to date.
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Jul-21	Aug-21	Sep-21	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	2	2	3	↑		In September, performance was still strong, although the overall UoR rating declined from 1 (best) to 2. This was driven by the marginal deterioration of two indicators: liquidity, with working capital impacted by fewer trade receivables / current assets, and capital service cover impacted by a loan repayment to DH in month. With a small actual surplus of £0.3m, the I+E margin maintained a rating of 2. All other finance metrics remained at 1.
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	0	1	1	2	↑		
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	0	2	2	2	→		
I&E MARGIN : Variance from Plan	Finance	M	0	1	1	1	→		
Agency Spend : Remain within agency ceiling	Finance	M	0	1	1	1	→		
Overall: Use of Resources Rating	Finance	M	0	1	1	2	↑		
Overall : Segment Score									
Indicator	Domain	Frequency	Target / Standard	Jul-21	Aug-21	Sep-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 5 (August performance)

Clinical divisions performance

DAM meetings were held on: Tuesday 5th; Wednesday 6th and Friday 8th October, reviewing August 21 data and performance. Performance within the Responsive, Well-Led and Use of Resources Domains remained at similar levels to last month with Caring, Safe and Effective deteriorating for a number of Divisions. Effective domain performance significantly declined as both Cancer & Diagnostics and Integrated Pathways Divisions fell from a score of 2 to 1. NEE Community Services Division still has a significant number of metrics where data is not feeding through to the AF. The Division is working with the data owners in order to improve the position moving forward.

	Cancer & Diagnostics		Integrated Pathways		Medicine Colchester		Medicine Ipswich		MSK & Specialist Surgery		NEECS		Surgery, Gastro & Anaesthetics		Womens & Childrens	
Caring	3	↓	2	↓	2	→	3	→	3	→	3	↓	3	→	3	→
Responsive	2	→	3	→	2	→	3	→	2	→	0	→	1	↓	2	→
Safe	3	→	2	→	2	→	2	↓	3	→	0	→	2	↓	3	→
Effective	1	↓	1	↓	2	→	2	↓	3	→	4	→	1	↓	4	→
Well-Led	2	→	2	→	2	→	3	→	2	→	2	→	2	→	1	↓
Use of Resources	2	→	2	→	3	→	3	→	2	→	2	↓	2	→	2	→
Aggregated AF Score	2	→	2	→	2	→	3	→	2	→	3	↓	1	↓	2	→

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

- The delivery of cancer targets and improvement on RTT performance to reduce long waiting times are major priorities for the Trust.
- In light of the release of national H2 finance and contracting guidance, the impact on the financial position of the Clinical Divisions will need to be assessed. Ultimately, the Divisions will need to be able to present a net position that incorporates any additional funding allocations for the second half of the year.
- The Executive team requested that the Divisions present current underlying capacity, with options to be able to deliver demand, at the next meeting.
- The Executive team requested that harm reviews audit assessments as a consequence of overdue follow ups are presented at the next DAM meeting.
- The Medicine Divisions were asked to make sure that we are safe through the winter, to put more emphasis on offload of patients and waiting times for patients to be seen as these are the areas where there is a level of concern.
- Good progress has been made in relation to job plans signed, however further improvement is required at pace.
- The performance for "Timely clinical review of deteriorating patients" compliance is going in the wrong direction: this is likely to be linked to the increase on admission rates.
- Compliance for the nutrition indicators is reducing. The Chief Nurse has set December as a Nutrition focus month for the Clinical Divisions.
- The Divisions were requested to provide detail on any staff groups that are working long hours for M6 meeting, to assess potential impact on sickness rates and health and wellbeing of staff.
- More focus is required in relation to appraisal training and compliance.

Corporate performance

- Appraisals performance improved across all the Corporate services with Research & Innovation and Nursing achieving compliance in month.
- Overall absence has deteriorated for a number of Corporate services: Research & Innovation, Communications, ICT and Nursing, with Communications showing the highest sickness rate across corporate at 6.64%.
- All Corporate services reported an underspend year to date, with the exception of Estates & Facilities, where the overspend stood at £258k.

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

Aggregated AF Score Classification Explained

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

Mortality Ratios - Data Source NHS Digital

Summary

SHMI to April 21 ▼ 1.0754 (as expected for 25 mths).

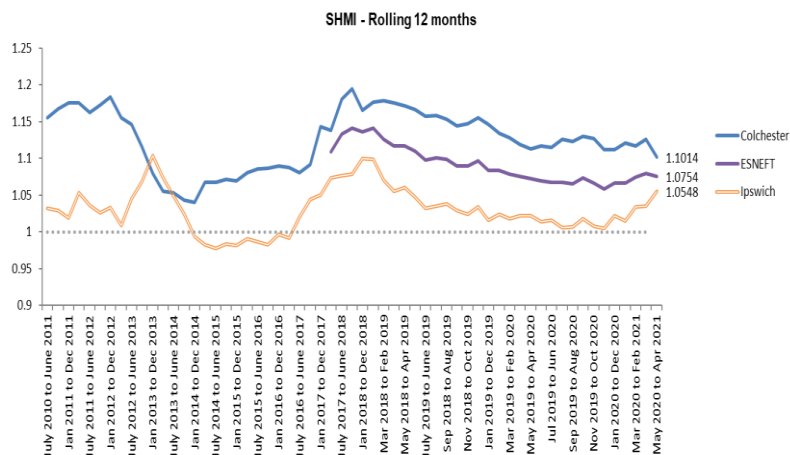
No Dr Foster publication owing to change in source data. The Trust is not able to undertake reviews owing to loss of patient IDs from the Imperial link.

SHMI – 12 months to April 2021

ESNEFT ▼ 1.0754 – ‘as expected’
 Ipswich acute ▲ 1.0548 – ‘as expected’
 Colchester ▼ 1.1014 – ‘as expected’

Ipswich SHMI has increased over the last 13 publications from 1.0222 (Apr 2020) to 1.0548 (April 2021) - statistically an additional 3 deaths per every 100 calculated. This is owing to elevated non-COVID-19 deaths Dec 20 to Feb 2021)

In the same period, the crude mortality rate for NHS England and ESNEFT has dropped by 0.4% which could be attributed to patients dying with COVID-19 rather than other conditions – ESNEFT 4%, NHS England 3.2%. The percentage of patients dying in hospital has dropped from 64% to 61% - NHS England average 65%.



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



Dr Foster Intelligence will be moving to a direct feed of HES data from the next publication date TBA. Because the new HES dataset is completely pseudonymised at source, data relating to patients who have chosen to opt out of their information being used for research and planning can be included, equating to around 2.9% nationally. Telstra Health is confident that this data source will be more robust, with a rise in volumes in the analysis which will impact the key indicators being monitored.

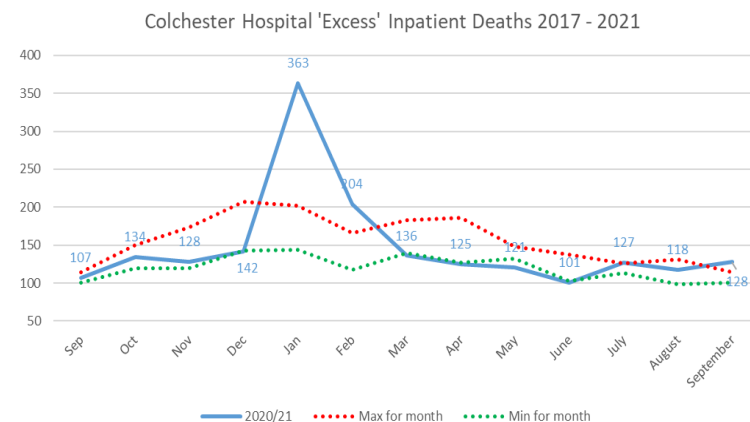
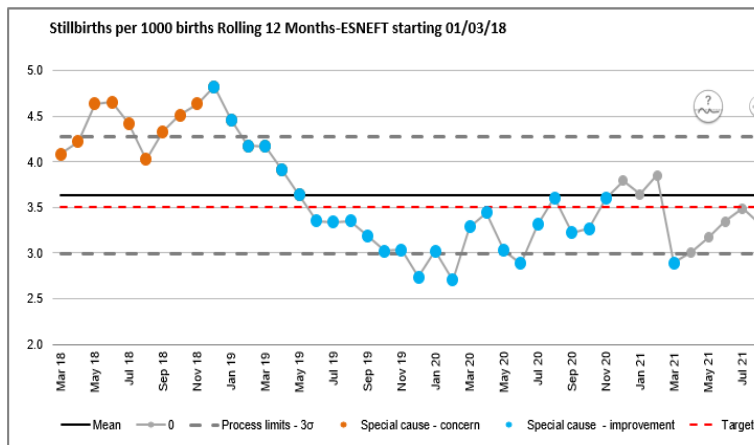
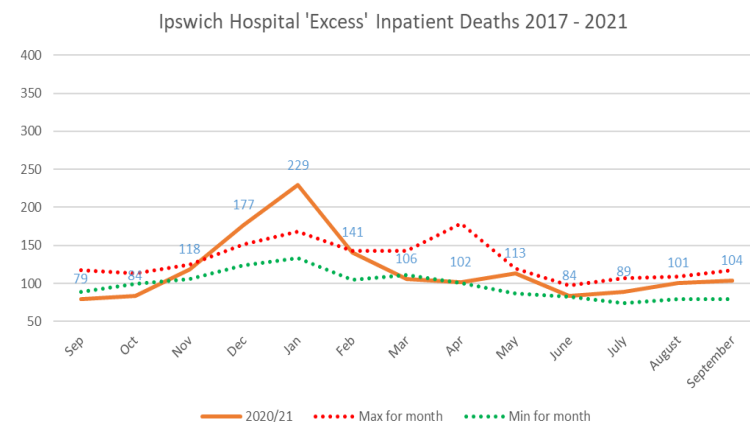
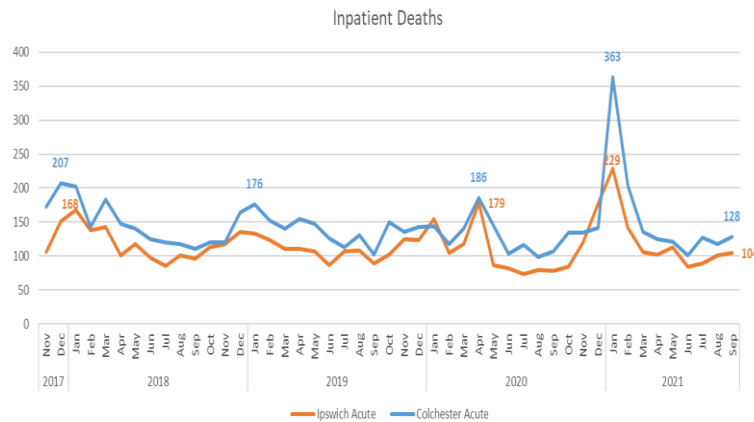
Head of BI - Earlier this year, Dr Foster (Telstra Health UK), changed the process for enabling re-identification of patients from their products. To enable this change, a contract variation needed to be agreed and signed between ESNEFT and Telstra Health UK and ESNEFT in order to process SUS PbR Extracts for Dr Foster.

The contract variation was signed in August 2021, however ESNEFT has not utilised the SUS PbR Extracts for a number of years (our processes use SUS SEM Extracts) and therefore our access to these extracts had been lost. A request for this access has now been processed and test data has been submitted for quality checks.

Mortality Trend Data – All inpatients

September 2021

- 232 inpatient deaths (219 in August) – seasonal ‘norm’ for Ipswich, slightly above for Colchester
- 22 COVID-19 deaths - 10 Ipswich patients and 12 Colchester patients – age range 62 – 102 years (average age 81 yrs)
- 14 deaths in EDs – 6 Ipswich and 8 Colchester



For the 12 months to August 2021, Colchester has recorded 13 stillbirths and Ipswich 9. This places Colchester above the national 2018 benchmark, with 3.8 stillbirths/1000 births against 3.51 nationally.

Mortality: Learning from Deaths Meeting October 2021

Summary

- Pharmacist to join surgical ward rounds to provide additional scrutiny around anticoagulation.
- Surgical in-reach into medical wards is being encouraged.
- Rare (MSK) cement reaction – staff being vigilant.
- ‘Difficult conversation’ training videos being made.

Presentations**Surgery**

- Surgeons at ESNEFT record complications on the NSQIP (National Surgical Quality Improvement Program) a tool used at ESNEFT which is not used in any other UK hospital. This gathers data around 30 day post discharge using information gathered by nurse specialists undertaking follow-up phone calls. Complications April to June included: 22 post op ileus, 19 superficial skin infections, 7 post-op pneumonias, 2 pulmonary embolisms and 2 mortalities
- There was one case where a patient had Warfarin stopped pre-operatively but went on to develop a PE as anticoagulation was not recommenced according to guidelines.
 - Action** - This was successfully reversed but learning around careful pre/post-operative review was shared with the team. A pharmacist will be joining the ward round every day to ensure safety-netting of patients.
- A mortality review identified possible delays to surgery caused by the pathway.
 - Action** - Learning will be shared with colleagues once the PM results are back.
- Small bowel obstruction is a super-emergency medical condition (NCEPOD) requiring immediate intervention.
- Ongoing work on communication between medical and surgical teams. The group agreed that there was no substitute for timely consultant to consultant discussion by phone, rather than using junior staff as a conduit.
- Significant increase in emergency admissions. Mr Youssef is encouraging senior colleagues to provide surgical in-reach for medical wards to prevent delays to diagnosis and support patient management with medical colleagues. Deputy AMD confirmed that this was key in ensuring a good patient outcome.

MSK

- There were 2 deaths involving a rare cement reaction. This information has been sent to the national joint registry – there has not been a medical device alert so far.
- Productive cross-site collaboration meetings are now occurring involving the trainee ANP in Colchester and the orthogeriatric team in Ipswich.
- The Ipswich orthogeriatrician keeps a record of all mortality reviews and discusses the learning at the MSK M&M meeting.
- There was a learning point around potential lack of sensitivity with a relative when advising that a patient had died.
 - Action** – ANP contacted Lead for EoL Care who advised that the Palliative Care team is making videos about breaking bad news and DNACPR conversations.

Mortality: Learning from Deaths Meeting October 2021

Summary



Camel pack

- Additional prompts to be added to non face to face consultation proformas to ensure safety advice/questioning evidence is captured.
- Therapies staff to be proactive in ensuring that specialist equipment is available for use on wards.

Presentations

Cancer

- Likelihood of success should be discussed with the patient. For most cancers there are a number of lines of therapy. It is important to step back and holistically review the patient with nursing staff to decide when treatment should be switched from active to supportive. In haematology the line between a treatment being curative or fatal is very fine. The case study evidenced the delivery of good care.

Therapies - Morbidity

- Issues with video consultation identified – a patient developed a DVT.
 - Actions** - Changes to proformas needed; a prompt will be added to follow up paperwork to indicate that signs of DVT have been checked and staff have been reminded to document that post op/trauma patients have been given advice about DVT prevention.
- Case of spinal cord patient discussed who was nursed at 30° but without access to equipment (camel pack/bendy straw) to prevent aspiration, no weekend chest physio and failure to provide specialist medication to stabilise heart rate owing to lack of administration pathway.
 - Actions** – therapies staff reminded of responsibility to make SALT referral . SALT team is undertaking proactive patient assessment to make sure that risk is identified/equipment made available and pathway for out of hours specialist medication will be discussed.

Learning Disabilities

- High number of deaths in August 2021 in Colchester; 2 were unexpected and as a result of undiagnosed cancer.
- A recent multiagency review identified that the LD nurse specialists must be involved, where possible, in significant/best interest decisions and noted that there had been failure to make an accurate diagnosis owing to not maintaining a hoist used to manoeuvre patients for diagnostics.
- There has been a recent death involving undiagnosed constipation. Reviewers noted that treatment did not meet an acceptable standard. Cause of death was impaction.
 - Action** - AMD to send email to junior doctors all learning points.
- LeDeR is now hosted by NHS E/I – no update received on peer review summary reports, although multi-agency reviews are sharing learning points with the Trust.

Mandatory Mortality Review Backlog

- The backlog was discussed. The group did not agree that all cases prior to 2021 (with the exception of those required by external agencies and Medical Examiner requests) should be excluded from the programme without first triaging them. Cases are accruing owing to the COVID-19 pandemic and elective backlog.
- Consultants will be advised that they can de-escalate mandatory requests (excluding above exceptions) if a focused review of the case identifies no issues.
- 2020/21, ESNEFT staff reviewed 26% of all deaths; 2020/21 compliance with mandatory mortality review 83%.
- OPS currently 100% compliant with all reviews back to 2018.

Health Inequalities

The pandemic shone a light on health inequalities. ESNEFT have established a programme of work to identify, prioritise, and mitigate local health inequalities. This is being implemented through the Trust's Inequalities Working Group. Here we report some initial analysis.

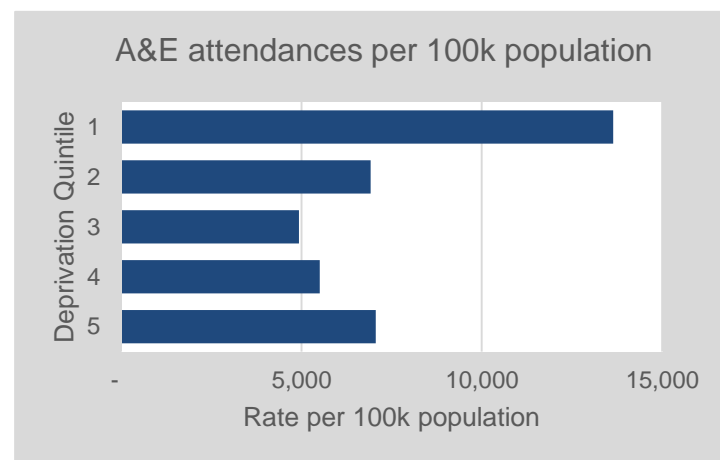
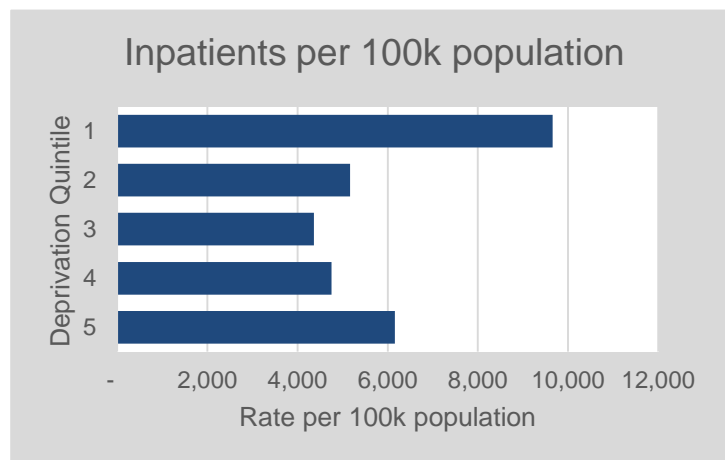
A disproportionate number of ESNEFT patients come from the most deprived communities. ESNEFT sees 89% more individuals per 100k population from the most deprived quintile compared to the average rate across the catchment area population.

Population in ESNEFT catchment living in 20% most deprived areas

13%

Proportion of activity from patients in 20% most deprived areas

22%



Further work is being undertaken to assess the evidence for socio-economic inequalities across a range of health outcomes and healthcare services, as set-out in the NSHE Core20PLUS strategy. A national dashboard is under development. In addition, data on people with learning disabilities is being obtained from Suffolk and Essex County Councils to improve the completeness of our datasets on LD to enhance our prioritisation and process for adjustments. An initial review of waiting lists has been completed and further work will be undertaken in relation to the ethnicity of our patients.

Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,369 incidents reported in the month, a decrease in the number of incidents reported in August (2,552).

2,068 of these incidents were Patient Safety related and 2,066 were reported to the NRLS.

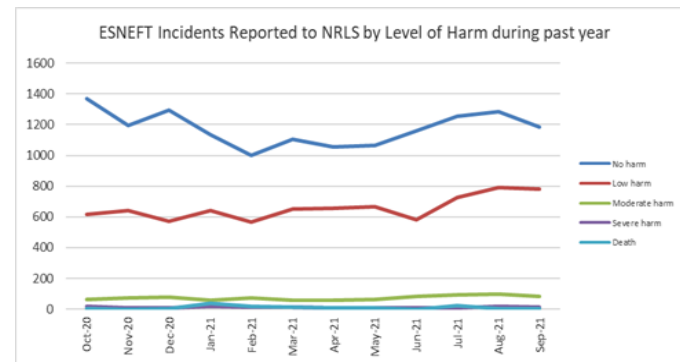
Overdue incidents have decreased from last month 686 (890) following decreases in the previous months.

There were 56.27 (58.42) incidents reported per 1,000 bed days.

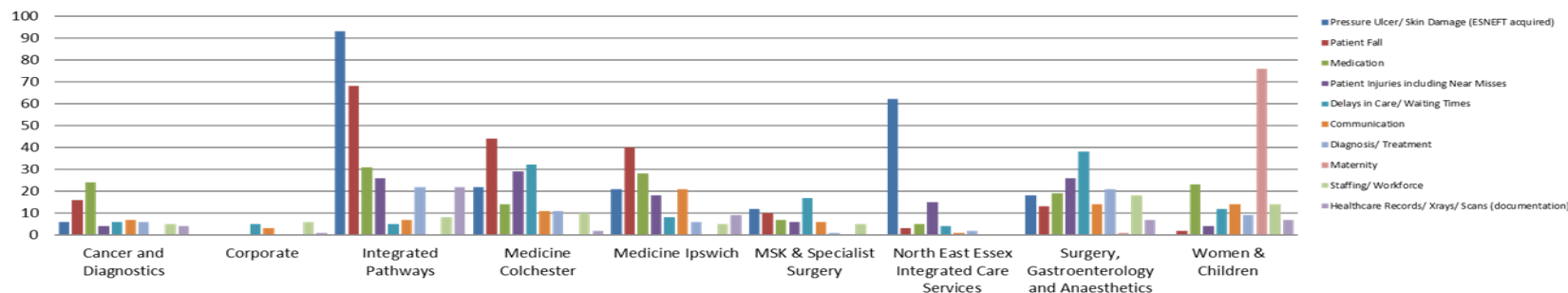
The highest reported category was pressure ulcer/skin damage (ESNEFT acquired): there were 234 (261) incidents reported 25 of which were reported as moderate harm, all of which are being reviewed through the harm free process. 12 moderate harm were reported in the NEE Community and 7 in the Suffolk Community (persons home or care home), 1 in the Essex Community Hospitals, 1 in the Suffolk Community Hospitals and 1 at Ipswich Hospital.

The 2nd highest reported category was patient falls with 197 (214) incidents. There was one fall at Colchester Hospital resulting in a fractured neck of femur. At Ipswich Hospital there were two severe harm falls, one fall resulting in a fractured knee and a second resulting in a fractured neck of femur.

The 3rd highest reported category in the month of June were medication incidents. There were 151 (185) incidents reported across the Trust, all of which are reported as no and low harm.



ESNEFT Top Categories by Division



Patient Safety – Patient Safety Incident Response Plan (PSIRP)

PSRs Overdue and with Actions outstanding

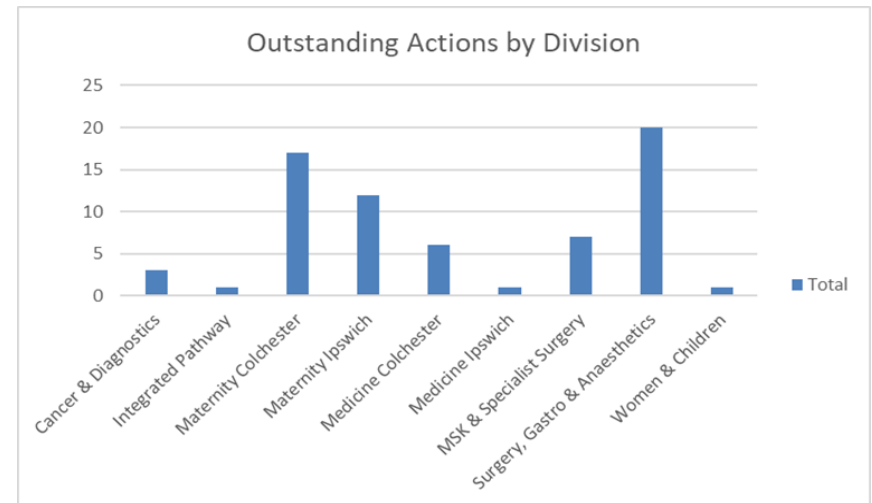
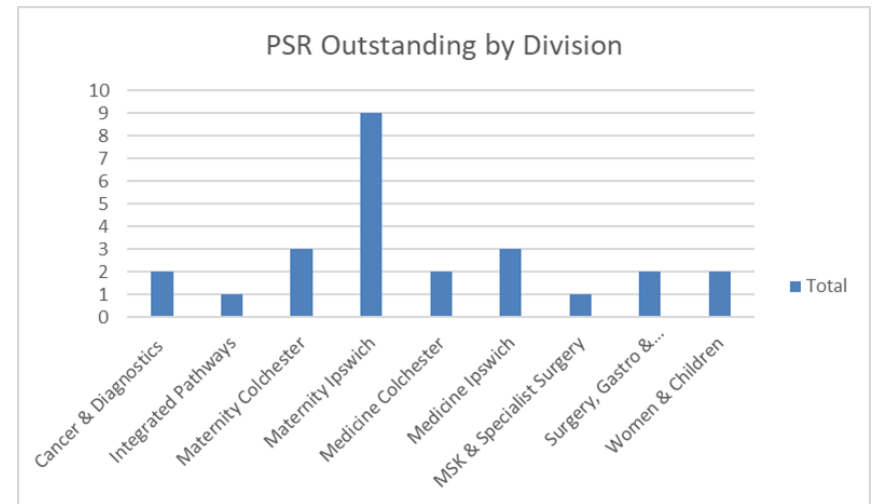
There are currently 25 Outstanding PSRs of which 15 are overdue:

- 2 for Cancer & Diagnostics,
- 2 for Medicine Colchester,
- 1 for Medicine Ipswich,
- 7 for Maternity Ipswich,
- 1 for Maternity Colchester,
- 2 for Women & Children.

There are currently 22 completed PSRs with actions outstanding for September 2021:

- 2 for Cancer & Diagnostics,
- 1 for Integrated Pathways,
- 2 for Maternity Colchester,
- 1 for Maternity Ipswich,
- 1 for Medicine Colchester,
- 1 for Medicine Ipswich,
- 1 for MSK & Specialist Surgery,
- 12 for Surgery, Gastroenterology & Anaesthetics,
- 1 for Women and Children.

Total number of actions outstanding overall is 68.



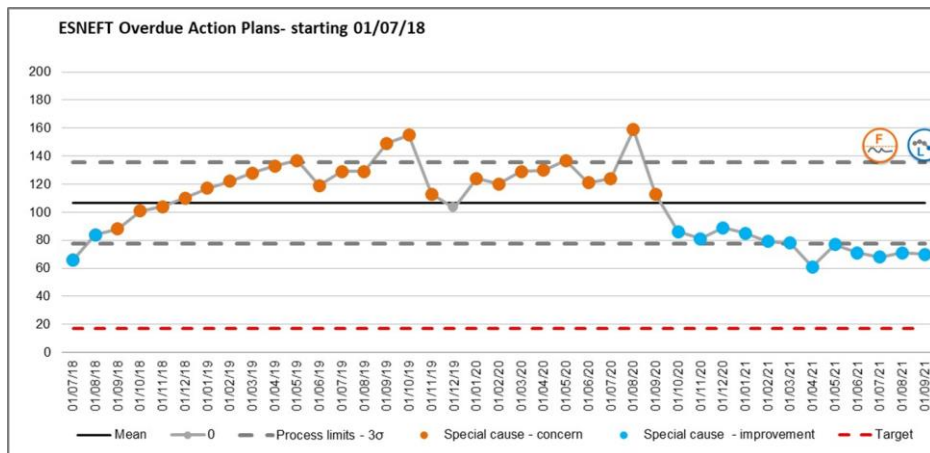
Patient Safety – Serious Incidents, Overdue action plans & Duty of Candour

Compliance with serious incident reporting timelines

One serious incident report is still outstanding from the Division of Women’s & Children, which was due in April 2021.

The first draft of the report was submitted in August and returned to the Division with comments. The report is currently being finalised within the Division.

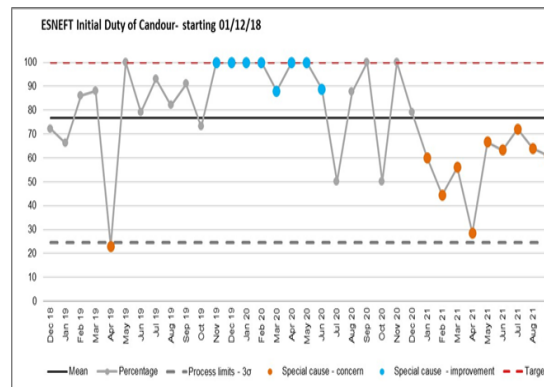
Number of Completed Action Plans closed in the Month



Duty of Candour

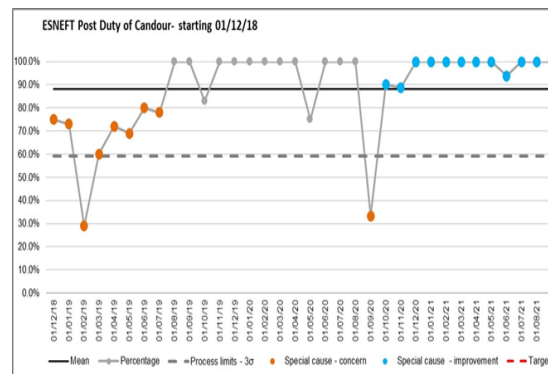
A total of 18 initial Duty of Candour were due in September of which 11 were completed within the timeframe and 7 out of timeframe.

The compliance for DOC is 61% (64%).



Division	Total Due	Total Completed
Integrated Pathways	5	4
Medicine Ipswich	3	3
MSK & Specialist Surgery	1	1
North East Essex Integrated Care Services	3	1
Surgery, Gastroenterology and Anaesthetics	4	1
Women & Children (Maternity Colchester)	0	0
Women & Children (Maternity Ipswich)	1	0
Cancer & Diagnostics	0	0
Medicine Colchester	1	1

There were 10 post Duty of Candour due in September 2021. All were completed within timeframe.



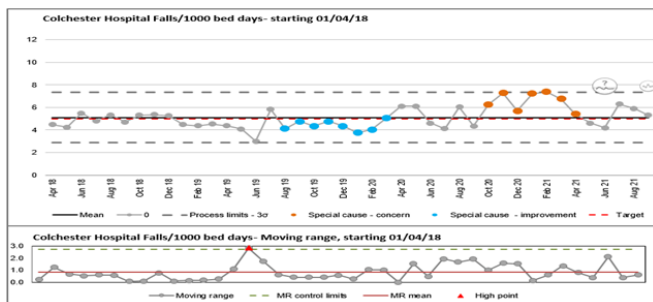
Division	Total Due	Total Completed
Integrated Pathways	6	6
Medicine Ipswich	2	2
Medicine Colchester	1	1
MSK & Specialist Surgery	1	1
Surgery, Gastroenterology and Anaesthetics	0	0
Women & Children (Maternity Colchester)	0	0
Women & Children (Maternity Ipswich)	0	0
North East Essex Integrated Care Services	0	0
Cancer & Diagnostics	0	0

Patient Safety – Falls

Colchester site

Colchester reported 80 falls in September which is a slight decrease on August (91). There was 1 inpatient fall that resulted in serious harm: a fractured neck of femur classified as severe harm. There were 28 low harm and 51 no harm incidents. There were 7 incidents reported that were not a fall and 1 incident was an unpredicted sudden medical collapse. Of the total number of falls reported there were 51 unwitnessed incidents with 11 of these occurring in a toilet or bathroom.

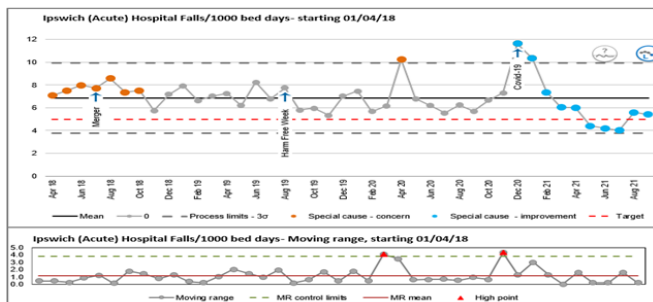
This shows 5.3 falls per 1,000 bed days which is a decrease on August (5.9) and is below the national benchmark of 5.5 however is just above ESNEFT benchmark of 5.0.



Ipswich site

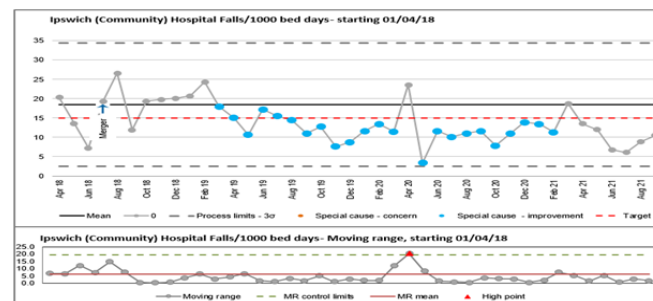
Ipswich acute site reported 82 falls in September which is the same number as August. Unfortunately, there were 2 falls that resulted in serious harm: fractured knee (moderate harm at point of injury) and a fractured neck of femur classified as severe harm. 17 incidents resulted in low harm whilst 63 resulted in no harm. Of the total number reported, there were 46 unwitnessed falls with 12 falls that occurred in a bathroom or toilet.

This shows 5.4 falls per 1,000 bed days which shows a decrease from August (5.6) and is below the national benchmark of 5.5 and just above the ESNEFT benchmark of 5.0.



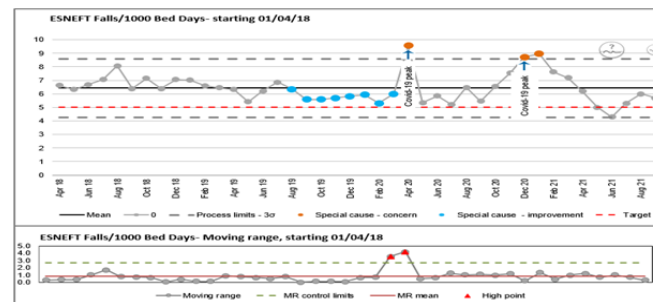
Community Sites (Suffolk) & North East Essex Community (NEECs)

The Community Hospitals reported 21 falls in September, a slight increase on August (19). Aldeburgh Hospital reported 9 falls, equal to August. Bluebird Lodge reported 10 falls, compared to 7 the previous month. Felixstowe Hospital reported 2 falls; a slight decrease on last month (3). There was 1 fall currently under investigation to determine if haemorrhage was due to a fall or underlying pathological episode. Of the total number of falls, 18 were unwitnessed, 9 resulted in low harm and 11 resulted in no harm. One incident is currently graded as moderate harm although under investigation. This gives an overall figure of 10.5 falls per 1,000 bed days which shows an increase on August (8.9) and is below the ESNEFT local benchmark of no more than 15 falls per 1,000 bed days in the community hospitals. **North East Essex Community (NEECs):** Clacton & Harwich (Fryatt) Hospitals reported 1 fall each which is a decrease on the previous month - 6 & 3 falls incidents respectively. Positively, there were no falls that resulted in serious harm. Both falls were reported as no harm and both were witnessed. Currently there is no benchmark for NEECs or bed day data for falls analysis.



ESNEFT

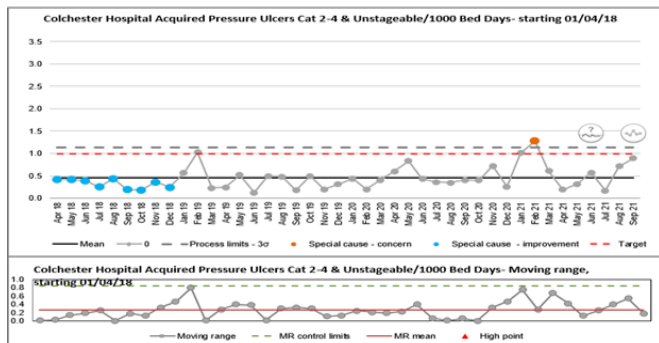
Collectively ESNEFT continues to aim for a fall rate below the national benchmark of 5.5 falls per 1,000 bed days for the acute sites however ESNEFT has set a local benchmark of 5.0. The overall figure YTD for the acute sites is 5.3 falls per 1,000 bed days which is below the national however sits just above local benchmarks. The ESNEFT total number of falls per 1,000 including the community hospitals sits at 5.7



Patient Safety – Tissue Viability

Colchester site

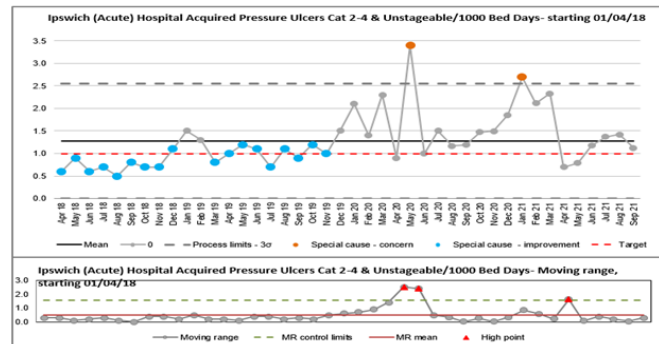
There were 12 (12) hospital developed category 2 pressure ulcers recorded this month, 2 of which were medical device related. There was 1 medical device related category 3 pressure ulcer sustained from a cast on the arm. There were 2 Unstageable pressure ulcers recorded on a patient where Deep tissue injuries had deteriorated. This gives a bed days figure of 0.9 (0.75) per 1,000 bed days. NHS Productivity Calculator gives a central estimate cost of £115,000 for a cumulative total of 15 hospital acquired pressure ulcers.



There was 1 Category 3 pressure ulcer reported in the NEEICS Community Hospital. (NEECS – bed day data not currently available).

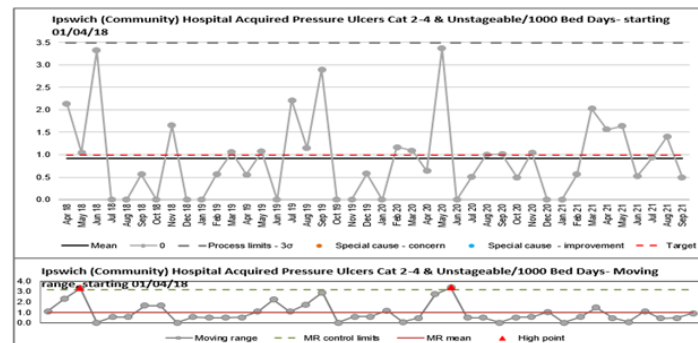
Ipswich site

Ipswich had 19 developed pressure ulcers in the month. Eighteen Category 2 and one Category 3 pressure ulcer. This shows a figure of 1.0 developed pressure ulcers per 1,000 bed days, a slight decrease from 1.4 in August. NHS Productivity Calculator gives a central estimate cost of £133K*



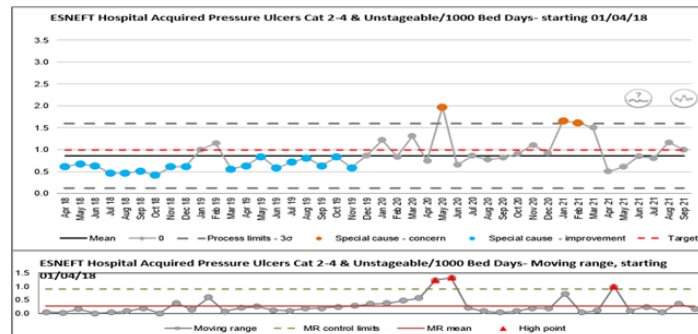
Community Sites (Suffolk) & North East Essex Community (NEECS)

There was 1 reported category 2 medical device related pressure ulcer sustained. This gives a bed day figure of 0.5 per 1,000 bed days, a decrease of 0.9 from the previous month. NHS Productivity Calculator gives a central estimate cost of £10,000 as a total for one Hospital acquired pressure ulcer.



ESNEFT

The month of September shows 35 (39) reportable pressure ulcers, resulting in 1.0 developed pressure ulcers per 1,000 bed days at ESNEFT, a decrease from 1.2 in the previous month.



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

Patient Safety – Infection Control

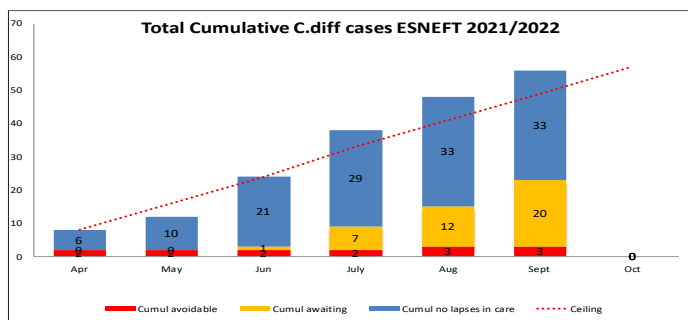
Clostridium difficile (C.diff)

Colchester reported 5 cases of C.diff in September (4 HOHA, 1 COHA), Ipswich & Community reported 3 cases (2 HOHA, 1 COHA).

There were a total of 8 Trust attributed C.diff cases in September 2021.

There have been a total of 56 cases of C.diff against a threshold of 99 cases for 2021/22.

All outstanding PIRs from 2020/21 have been completed by the IPCT and are awaiting full sign off from CCG colleagues.



Methicillin-resistant staphylococcus aureus (MRSA)

There were no Trust apportioned MRSA bacteraemia identified during the month of September.

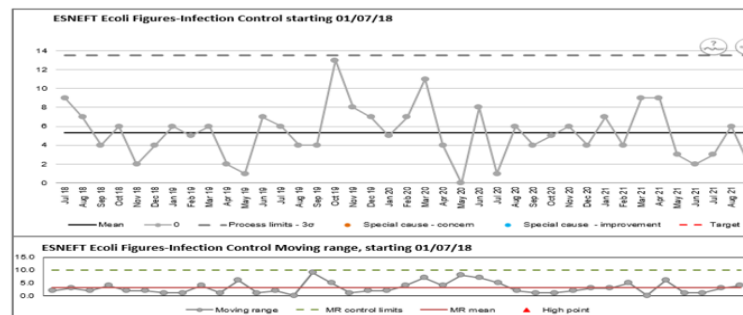
Month	Trust Site	MRSA new isolates
September 2021	Colchester	1 case: MRSA screen obtained on transfer from Nayland Ward to Trinity Ward. Risk factors: diabetic with a wound, extensive skin excoriation.
September 2021	Ipswich	No cases

Escherichia coli (E. coli)

There were 2 Trust apportioned E.coli bacteraemias during September 2021.

Ipswich: Martlesham ward – source skin/soft tissue, infected biopsy site.

Colchester: Langham ward – source unknown.

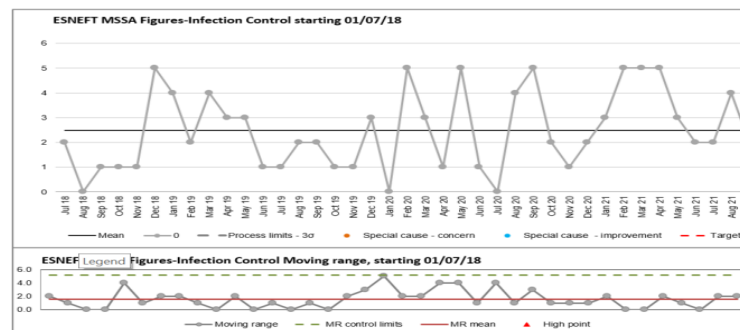


Methicillin-susceptible staphylococcus aureus (MSSA)

There were 2 Trust apportioned MSSA bacteraemia during September 2021 on the Ipswich site.

Washbrook ward – respiratory source. IVI (case of IV good)

Shotley ward – source skin related – cellulitis – wound stab SA. IVI (case of IV good).



Patient Safety – Infection Control

COVID -19

Month/Site	Number of HOIHA		Number of HOPHA		Number of HODHA		Total
	Col	Ips	Col	Ips	Col	Ips	
September	1	2	0	1	3	5	ESNEFT attributable (HOPHA and HODHA cases) 10

*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.

Staff compliance with lateral flow testing:

LFT testing will cease to be included in this report, due to the changes in LFT supply for NHS staff, and therefore the reporting.

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

ESNEFT Emergency Caesarean Sections – August 19.90%

The Emergency Section rate has fallen slightly from last month to 19.9% for ESNEFT. The Colchester emergency section rate has fallen from 20.56% in July to 18.92% for August, while Ipswich has seen a small rise to 21.09%. Colchester have a pathway to consider women for vaginal birth after previous caesarean, and there have been discussions about implementing this at the Ipswich site also. Exploring and learning from all aspects of care regarding emergency LSCS happens across both sites; on the Ipswich site, emergency LSCS from the previous 24 hours are discussed at the daily safety huddle. At Colchester, these are discussed at the daily MDT Datix meeting to review all Datix and emergency LSCS.

ESNEFT Massive Obstetric Haemorrhage – August 3.75%

The PPH >1500ml rate in August fell to 4.1% for Colchester and rose to 3.5% for Ipswich, meaning the overall rate for ESNEFT has fallen slightly at 3.75%, although this remains above the national target of 2.9%. Both sites continue to undertake PROMPT skills and drills training, however, attendance from the Obstetric and Anaesthetic teams continues to be a challenge; this has been raised and escalated to the leads for both. Practice development teams have also been facilitating PPH skills and drills sessions on delivery suite weekly at Ipswich, although sometimes this has not been possible due to high acuity and staffing pressures. Weekly skills and drills to commence at Colchester again very soon. As part of an across site PPH QI project, monthly MDT meetings have recommenced recently and an action plan is being updated. Both sites undertake MDT review of all PPH > 1500mls, in order to identify themes, learning and points for action. Task and finish groups are being identified in order to progress through the action plan. Work continues across site to merge the audit tool being used to ensure we are assessing the same information. Our findings will be presented at the Risk and Governance Audit meetings at each site in December, as well as the across site MDT PPH QI meetings. Work is also in progress to merge the Ipswich and Colchester PPH guidelines into an ESNEFT guideline.

ESNEFT Preterm birth rates <36+6 weeks

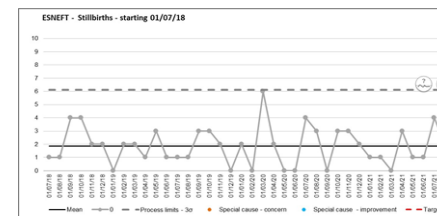
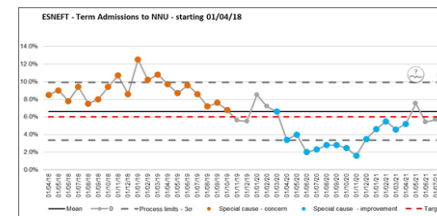
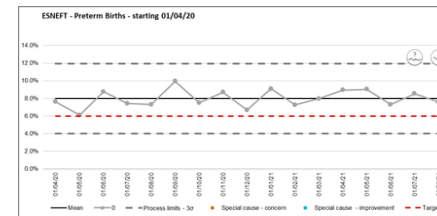
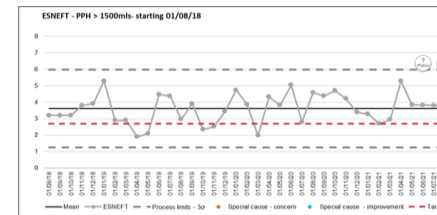
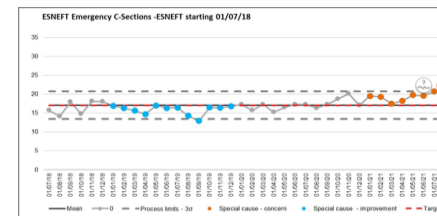
There was an overall decrease in the number of preterm births across ESNEFT to 7.6%. Colchester saw a rise from 8% in July to 9% in August, while the Ipswich rate fell from 9.1% in July to 6.1% in August. The QI Midwife will be implementing the Optimisation of the fetus QI project across both sites. This involves working with the obstetric, midwifery and neonatal teams towards a package of care aimed at assessing the risk of preterm birth, transferring out to tertiary units under 27 weeks gestation, and delivering timely interventions such as steroids for lung maturity and magnesium sulphate for neuroprotection in order to optimise the condition of the preterm baby at birth. Further QI work regarding delayed cord clamping for preterm births is being planned. All cases where these interventions have not occurred are subject to exception reporting regionally to the LMNS. Exception reports include action plans for continuous learning and improvement.

ESNEFT Term Admissions to NNU

Term admissions to NNU have fallen across both sites this month giving an overall ESNEFT rate of 4.7%. The ATAIN projects to reduce the number of avoidable term admissions to the NNU commenced at Colchester October 2017 and at Ipswich in March 2018. All term admissions to the NNU are MDT reviewed so learning can be shared. Following these reviews on the Ipswich site, there are plans to purchase cot warming mattresses to reduce the incidence of babies who are admitted to NNU with hypothermia. Following the implementation of the Kaiser project at Colchester, the number of babies that would have had prophylactic antibiotics following birth has fallen; a sepsis calculator is used to identify and treat unwell or higher risk babies only, with a period of extended observation implemented for other babies. Kaiser implementation on the Ipswich site has been delayed in order to ensure all staff groups are trained before the launch date. An action plan is being developed to support a new proposed launch date at the start of November 2021. As part of the Kaiser project we are also introducing a Neonatal Integrated Care Pathway for all babies.

ESNEFT Still births

Colchester - 2 stillbirths reported in the month of August.
Ipswich - 0 stillbirths reported in the month of August.



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

Risk Register

KNOWN RISK

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

Risk rating – 15 (ID 904)

Monthly meetings with DMT embedded to review risk entry on Risk Register. International recruitment drive undertaken however these staff not likely to start until the new year. Increase in HCA/MSW/support staff available on duty at each shift. Increase use of agency staff and incentive for substantive staff working NHSP shifts. Successful recruitment into Band 5/6 midwives. RNs have been recruited to work on the postnatal ward. Midwifery staffing may be adversely impacted by the introduction of the Continuity of Carer programme. Risk assessment to be reassessed by Better Births Midwife once in post.

There is collaborative working between Colchester and Ipswich sites to divert women across sites when safe and appropriate to do so, and escalation processes are followed. Currently there is not enough traction to be able to reduce the risk score at this present time.

Vacancies	Midwives	Support workers
Colchester	17.15 wte	0.61 wte band 2 1.25 wte band 3
Ipswich	15.73 wte	0 wte

Risk Assessments In Preparation –

- Ockenden
- CQC
- Every birth Every day
- Staff wellbeing
- Medway inconsistencies- documentation issues – Colchester
- Safeguarding supervision for staff
- Continuity of Carer
- CTG Storage – both sites.

Horizon scanning

There is a risk that ESNEFT will not achieve the CNST Maternity Incentive Scheme 10 steps to safety for year 4.

Risk rating – 10

Draft discussed at RAGGM 07/09/2021, awaiting progression to CDG and Women’s and Children’s Board.

ESNEFT - If babies who should receive specialist care are not identified, there is a risk they will not give birth in the ideal clinical setting. Risk Rating – 16

Draft discussed at RAGGM 07/09/2021, awaiting progression to CDG and Women’s and Children’s Board.

The number of women experiencing a PPH will continue to increase due to risk factors not being sufficiently identified antenatally or if a PPH is not appropriately managed.

Risk Rating – 10

Draft discussed at RAGGM 07/09/2021, awaiting progression to CDG and Women’s and Children’s Board

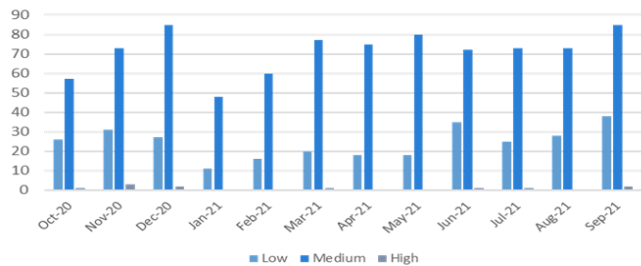
Risk Register review of all ESNEFT risks

Meeting scheduled with Director of Midwives on 04/10/2021 and Governance Managers from both Ipswich and Colchester to review all current risks:

- Risk owners
- Controls
- Assurances
- Scores
- Future review schedule.

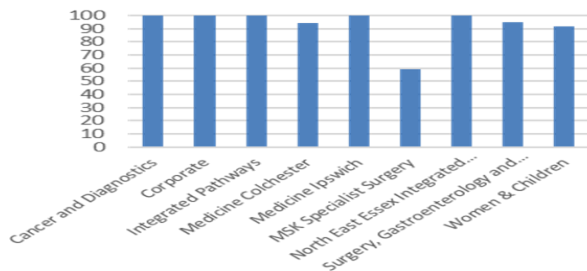
Patient Experience - Complaints

Total number of Complaints by Level



Overall complaints numbers for ESNEFT in September were 100 (101). There was 1 high level complaint recorded in month. Colchester reported 61 (50) complaints and Ipswich reported 63 (50).

Complaint Response Compliance %



Overall response rate compliance has increased to 91% this month from 89% in August. There were 111 (107) complaints closed in the month of August. Overdue complaints increased to 14 (10).

Complaint themes

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



Top themes from PALS:

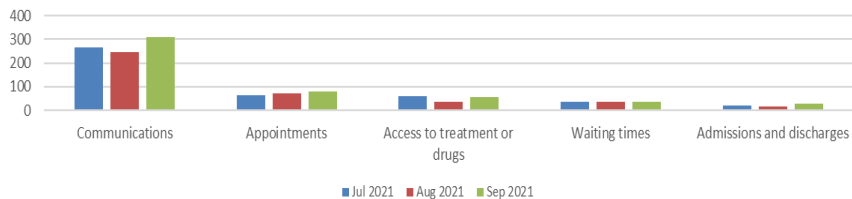
There were 244 PALS concerns logged for Colchester and 361 for Ipswich for the month of September 2021.

The top themes for PALS for the month of September 2021 were Communication and appointments.

PALS queries raised in relation to appointments are around appointments being cancelled and queries regarding when follow-up appointments and surgery will be re-scheduled. PALS enquiries regarding complaints are in relation to poor communication with patients, relatives and family.

There were 4 PALS cases which were converted into formal complaints for the month of September 2021: 1 for Corporate, 1 for Medicine Colchester, and 2 for MSK and Specialist Surgery. 2 of these PALS cases were converted to complaints due to the complainant not being satisfied with the response given, escalating their concerns. The remaining 2 cases were due to the case requiring further investigation, as requested by the division.

Top 5 PALS Themes - last 3 months



Engagement Activity/Events/Workshops/Opportunities/News



Letters to Loved ones

Since the start of the project in May 2020, Colchester has received 631 and Ipswich 810 letters. The Suffolk Community Hospitals have received 97. During September Ipswich received 67, Community Hospitals 23 and Colchester 22.

Patient Representative Engagement

How to Heal after COVID-19 - Members of the Colchester Youth Forum took part in a Forum lead by IESCCG exploring the needs of the CYP in our community to better understand:

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

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

Side by Side Volunteers

The Patient Experience Team is working with the Dementia Nurses and the Alzheimer's society to bring in 'side by side' volunteers for vulnerable patients. Their role is to read to patients, talk and generally support vulnerable patients.

Accessible Information Standard

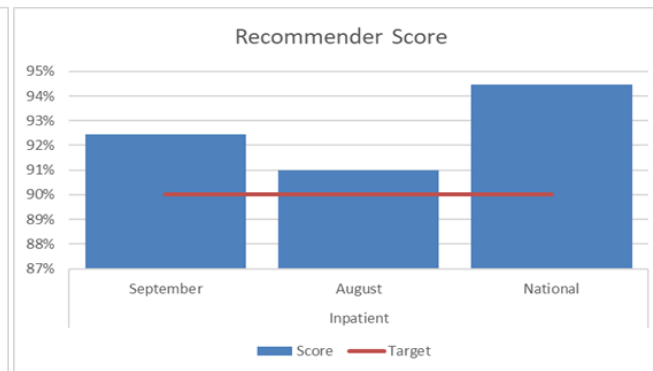
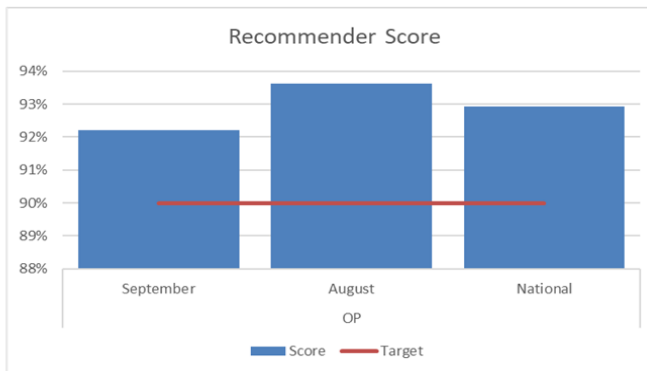
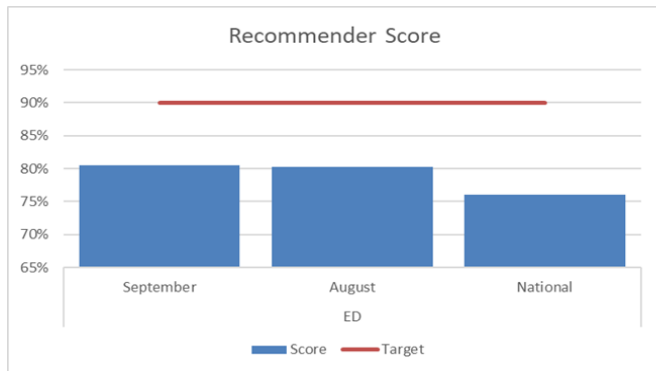
ESNEFT will be piloting a small cohort of patients within the Learning Disability Group and Visually Impaired Group to commence this project later in October. This process of introducing the work has been challenging and pilot programmes are required to ensure the outcomes are supporting the patients. Following launch of the pilot, learning and any changes required applied, the Trust will then be in a position to send out to a wider cohort of patients.

Patient Experience Strategy

A task and finish group has been formed to draft the ESNEFT Patient Experience Strategy prior to engaging more widely with stakeholders.

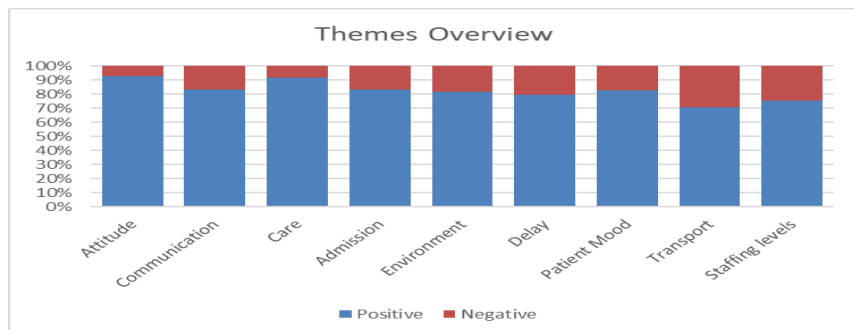
Patient Experience – Friends and Family Test

SMS service has created some issues within the hierarchy with duplicate areas/clinics/wards. The team are working with Healthcare Communications to see how this can be rectified going forward.



The data below shows the top themes from Friends and Family for both negative and positive comments across all areas of ESNEFT

	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels
Positive	3449	934	3002	545	1038	1133	713	63	166
Negative	276	188	272	112	238	294	152	26	55
% Negative	7%	17%	8%	17%	19%	21%	18%	29%	25%
Change	Down 1%	No Change	Up 1%	Up 1%	Up 3%	Up 3%	Up 2%	Up 1%	Down 2%



ED		June	July	August	September
ESNEFT	Recommended	83.68%	81.82%	80.29%	80.48%
	Responded	22.00%	20.00%	20.00%	21.00%
National	Recommended	78.75%	76.01%	0.00%	0.00%

Inpatient		June	July	August	September
ESNEFT	Recommended	93.23%	93.12%	91.32%	92.43%
	Responded	24.00%	26.00%	21.00%	22.00%
National	Recommended	94.96%	94.45%	0.00%	0.00%

Birth		June	July	August	September
ESNEFT	Recommended	90.00%	81.25%	100.00%	87.50%
	National	Recommended	94.89%	93.44%	0.00%

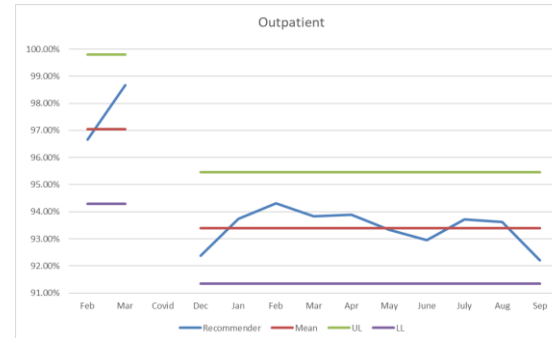
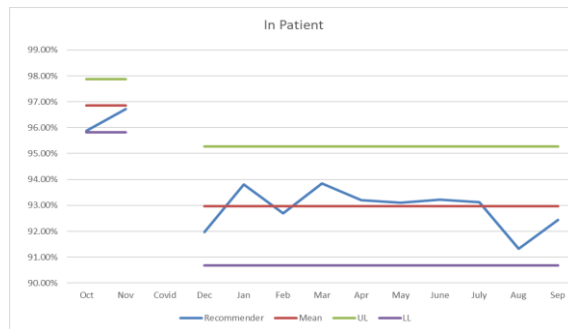
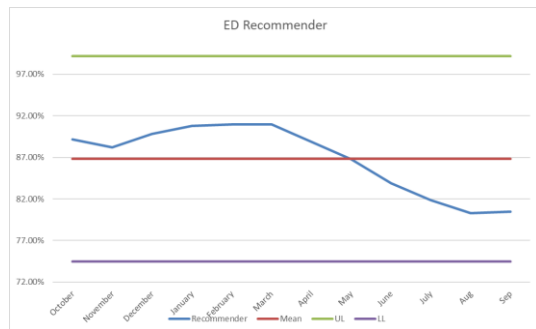
Outpatient		June	July	August	September
ESNEFT	Recommended	92.95%	93.72%	93.63%	92.20%
	National	Recommended	92.89%	93.02%	0.00%

Antenatal		June	July	August	September
ESNEFT	Recommended	100.00%	100.00%	100.00%	100.00%
	National	Recommended	90.89%	90.18%	0.00%

Post Ward		June	July	August	September
ESNEFT	Recommended	91.18%	87.88%	100.00%	96.30%
	National	Recommended	93.26%	91.26%	0.00%

Post Com		June	July	August	September
ESNEFT	Recommended	94.74%	100.00%	100.00%	100.00%
	National	Recommended	91.05%	92.14%	0.00%

Patient Experience – Friends and Family Test



The SPC charts are showing declines for the 3 touchpoints shown here. A large proportion of the negative comments are around the themes of communication, delay and patient mood.

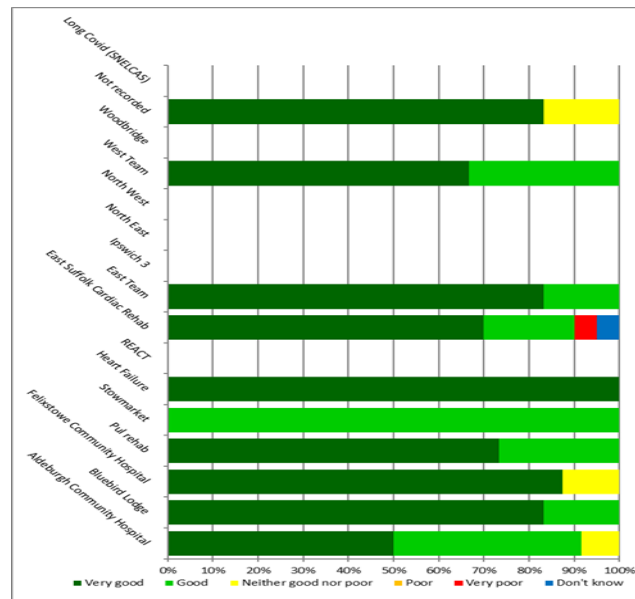
The inpatient score has increased following the decline last month.

Outpatients score has declined for the second month in a row to be below the average.

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	82	94%	87		
Community Hospitals – combined	30	94%	32	28%	Response rate = number of surveys received against total number of patients discharged 116
Aldeburgh Community Hospital	11	92%	12	31%	Response rate = number of surveys received against total number of patients discharged 39
Bluebird Lodge	12	100%	12	25%	Response rate = number of surveys received against total number of patients discharged 48
Felixstowe Community Hospital	7	88%	8	28%	Response rate = number of surveys received against total number of patients discharged 29
Community Health Teams - combined	52	95%	55		
Pul rehab	15	100%	15		
Stowmarket	1	100%	1		
Heart Failure	4	100%	4		
REACT	0	0%	0		
East Suffolk Cardiac Rehab	18	90%	20		
East Team	6	100%	6		
Ipswich 3	0	0%	0		
North East	0	0%	0		
North West	0	0%	0		
West Team	3	100%	3		
Woodbridge	0	0%	0		
Not recorded	5	83%	6		

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



94% of survey respondents would recommend our service to friends and family. Down from 100%

Performance Area	Performance measure	Target	Latest Month			Trend		
			ESNEFT	COL	IPH	ESNEFT	COL	IPH
Emergency Department	Four hour standard (Whole Economy)	95%	● 81.1%	● 81.6%	● 80.3%	● 0.2%	● 1.1%	● -1.4%
	Time to initial assessment - 95th pct	15 mins	● 27	● 27	● 27	● -6	● -10	● -2
	Time to initial assessment- percentage within 15 minutes (new measures)		50.3%	58.2%	44.5%	● 1.8%	● 1.1%	● 0.9%
	Time to treatment - median time in department	60 mins	● 86	● 60	● 104	● 0	● -12	● 8
	Average (mean) time in department- non-admitted patients (new measure)		204	252	175	● -11	● -6	● -10
	Average (mean) time in department- admitted patients (new measure)		341	399	273	● -7	● -5	● -3
	Patients spending more than 12 hours in A&E		323	305	18	● -11	● 1	● -12
	Proportion of ambulance handovers within 15 minutes (new measure)		21.4%	14.1%	30.2%	● 0.9%	● -1.9%	● 3.7%
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 67.3%			● -0.7%		
	% patients waiting no more than 31 days from a decision to treat	96%	● 92.1%			● -1.1%		
	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 73.1%			● -5.2%		
Diagnostics	% patients waiting 6 weeks or more for a diagnostic test**	1%	● 19.5%			● 0.3%		
	% of incomplete pathways within 18 weeks**	92%	● 68.8%			● -1.0%		
RTT	Total RTT waiting list (open pathways)**		61,694			● 1058		
	Total 52+ waiters**	484 (Trajectory)	● 1493			● -274		

**Figures exclude the Oaks

ED: The ESNEFT Whole Economy performance increased in September 2021 to 81.1%, missing the national standard, but up slightly from 81.0% in August. This is above national and regional averages. Attendances for September 2021 decreased to 24,000 from 24,447. Both departments have worked up plans for seasonal demand; collaboratively working with system partners whereby funding for schemes has now been confirmed. COVID-19 numbers have also increased, coupled with an increase of those patients who don't have a right to reside, has resulted at times with poor flow through and out of the organisation.

MH: MH ED attendances have remained consistent, with just a 0.2% increase for September 2021, though MH referrals increased by 8.3%. Across both sites there continues to be monthly multi-agency partnership meetings from which learning, and actions are shared. Paediatric MH patient length of stay has increased following the removal of 56 Paediatric Intensive MH beds across the system – this is being escalated on a daily basis.

Cancer: Whilst 2WW performance has stayed stable, 700 more appointments were seen in September than August. 62 day performance dipped against the plan partly due to complex patients and an increase in referrals. Detailed capacity modelling for diagnostics and treatments is underway with the divisions to maximise the potential of improving the performance before the predicted delivery now at the end of March.

RTT and Accelerator Programme: Between April and 12th October, teams have provided treatments to 43,685 RTT patients who would have otherwise waited 52+ weeks by 31st March 2022: that is 81% of these patients who were on our waiting list at the start of April. H2 national guidance received and H2 modelling updated with divisional forecasted plans completed. Further work to be completed with divisions to finalise positions, which will include the capacity requirements for both Cancer and diagnostics. Submission due nationally by November 14th. Diagnostics remains a concern for both US and MRI – compliance for DM01 plan due in October.

The ESNEFT Whole Economy performance increased in September 2021 to 81.1%, missing the national standard but up from 81.0% in August. This is above national and regional averages. Attendances for September 2021 decreased to 24,000 from 24,447

4 hour standard- ESNEFT whole economy*

81.1%

↑ vs 81.0% last month

4 hour standard- Colchester

81.6%

↑ vs 80.5% last month

4 hour standard- Ipswich

80.3%

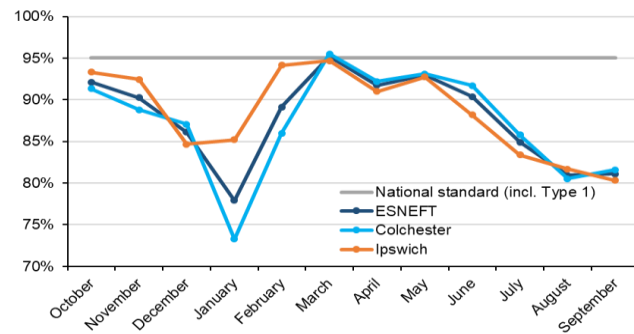
↓ vs 81.75% last month

Attendances - ESNEFT

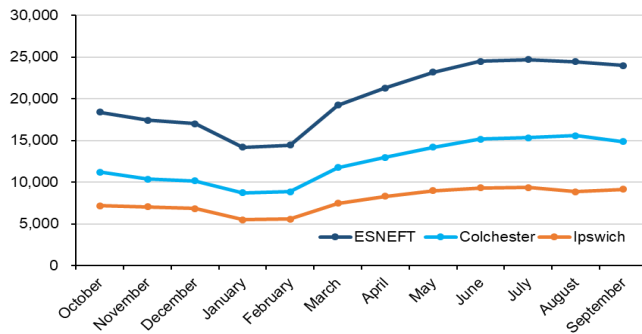
24,000

↓ vs 24,447 last month

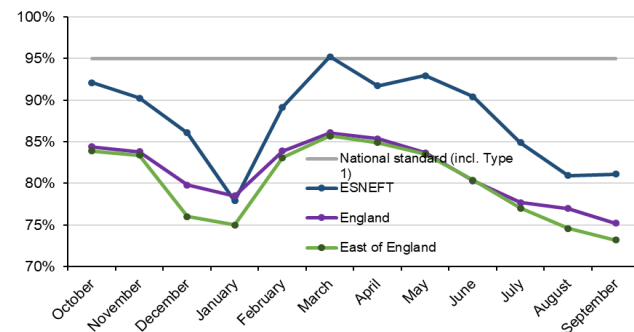
ED Performance: Four hour standard



ED Performance: Attendances



ED Performance: Four hour standard - benchmarking



Service commentary

ESNEFT performance remains above the East of England average, though still below the National standard for performance. There was a slight decline in September however, the Trust has not followed the same sharp National decline trend which is positive.

Colchester

Attendances have decreased slightly from the previous month. There has been a slight increase for walk in presentation through the UTC. The UTC department has seen an increase of patients from the previous month.

FDAT (front door assessment team) Dr is still in use within the UTC with the aim to reduce patients going through to ED. Average daily ambulance attends have decreased by 13% from the previous month.

Ipswich

Flow out of the Emergency Department has been a significant challenge resulting in a drop in performance. Ipswich continues to have a high level of pathway 1-3 patients that don't require any further acute care remaining on site, ranging from 65 to 75 each day and closed wards due to outbreaks.

The team have met with ECIST to discuss further opportunities to increase the number of patients going through AMSDEC and we are working with Regional teams to review frailty pathways out of the Emergency Department.

Both organisations as well as Clacton have had regional visits and are awaiting the feedback. Visits were positive and teams were proud of the work that they were doing

The number of handovers have decreased in month for both sites, by 13% for Colchester and 5.1% for Ipswich. ESNEFT handover performance improved by 0.9 percentage points compared to August 2021, despite a 2.1 point decrease at Colchester.

Number of handovers - ESNEFT

4,994

↓ vs 5,525 last month

Number of handovers - Colchester

2,733

↓ vs 3,142 last month

Number of handovers - Ipswich

2,261

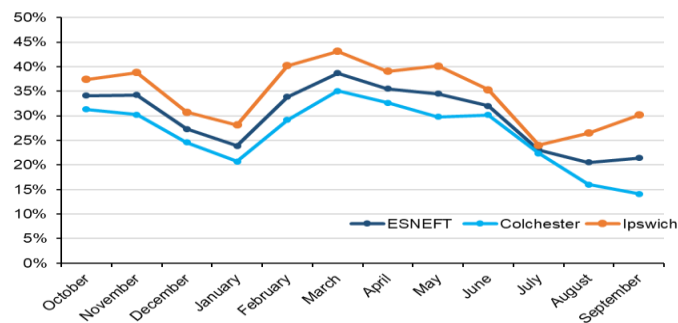
↓ vs 2,383 last month

Handovers within 15 minutes

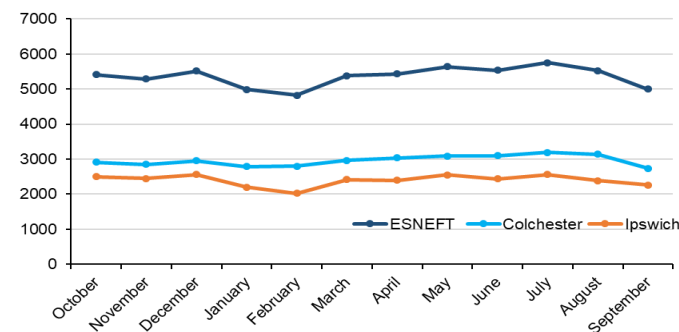
21.4%

↑ vs 20.5% last month

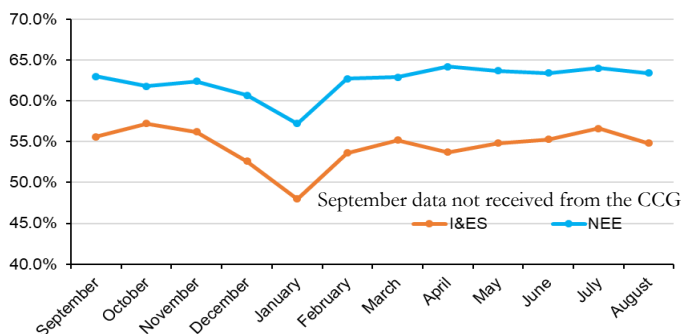
Ambulances: Percentage of handovers within 15 minutes



Ambulances: Number of handovers



Ambulances: Conveyancing rate



Service commentary

Ipswich

Flow has been the main contributor to the number of offload delays on the Ipswich site. A recent Regional UEC visit confirmed the department are taking all appropriate measures to minimise the number of offload delays.

The Eeast team will visit in October to also walk the department and identify any other alternatives to consider. The department have developed a SOP for ambulance hand over and escalation.

Colchester

Ambulance handovers decreased slightly in September.

Colchester has seen a very slight increase in 30 minute handover delays. The team are working closely with the HALO and continuing to cohort with a safety nurse along with a Consultant performing regular safety checks ensuring patients do not deteriorate whilst awaiting a bay to be allocated.

Colchester has seen significant speciality bed delays throughout September which have contributed towards the decrease in 15 minute handover performance.

Time in department measures have improved for September 2021 across the board. The number of 12 hour patients has decreased. 94% of long waiters are at Colchester, where the number of long waiters remained consistent (305 in September, compared to 304 in August).

Time to initial assessment (% patients within 15 mins)
50.3%

↑ vs 48.5% last month

Time to initial assessment (95pct)
27 min

↓ vs 33 last month

Average time in dept – non-admitted
204 min

↓ vs 215 last month

Average time in dept – admitted
341 min

↓ vs 348 last month

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

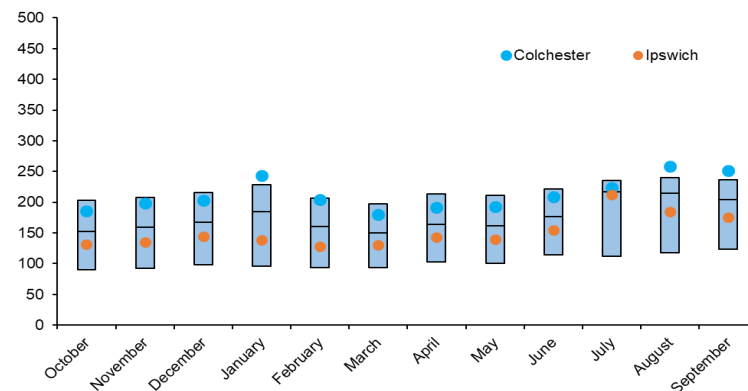
→ vs 86 last month

12 hour patients
323

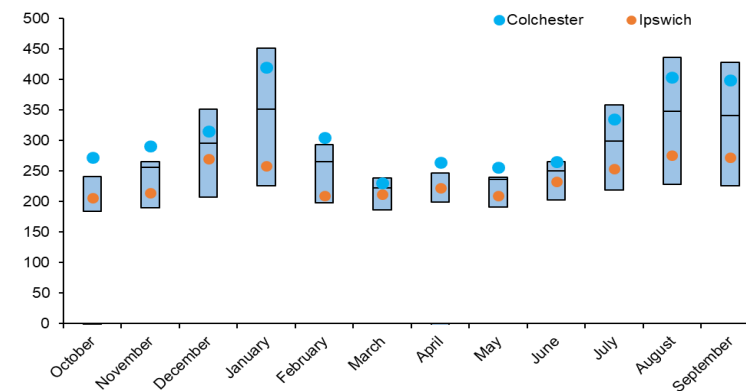
↓ vs 334 last month

**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

The number of 12 hour breaches will increase in October due to flow; and one mental health patient remained in the Emergency Department for 44 hours. An after action review has taken place to capture any learning and additional actions that could have been taken. A mental health QI project commenced in October to identify mental health presentation early on arrival for swift referral to the mental health team (the administration backlog has now been resolved)

Colchester

Colchester's time for initial assessment was a slight improvement from last month - 33 minutes to 27 minutes.

The average time in the department has slightly decreased for both admitted and non-admitted throughout September including an improvement on patients in the department for more than 12 hours.

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 of patients in a mental health crisis.

MH ED attendances have remained consistent, with just a 0.2% increase for September 2021, though MH referrals increased by 8.3%. However there were reductions in attendances and referrals at Ipswich.

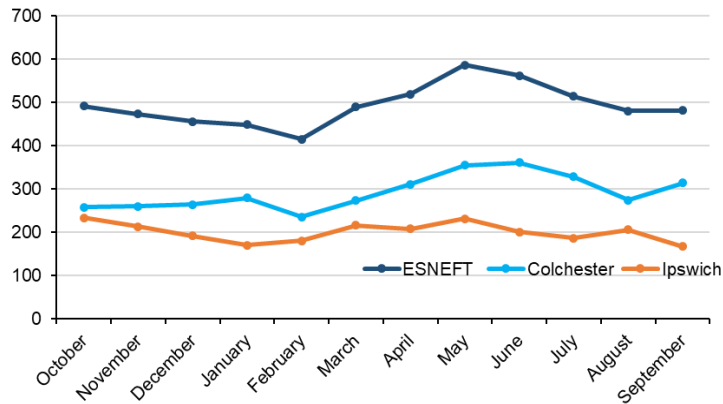
MH attendances - Colchester
314
↑ vs 274 last month

MH attendances - Ipswich
167
↓ vs 206 last month

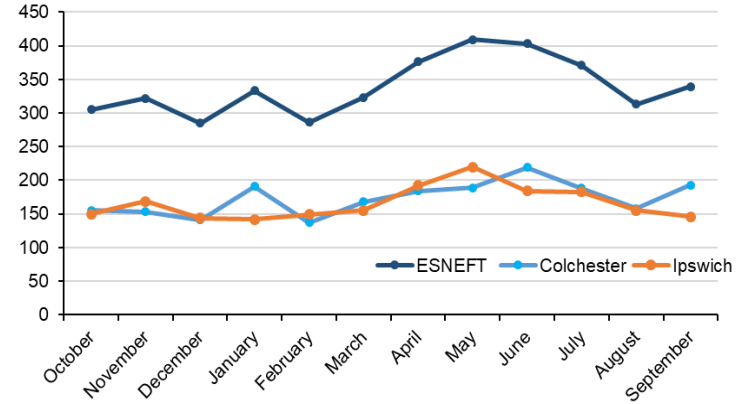
MHLT referrals - Colchester
193
↑ vs 158 last month

MHLT referrals - Ipswich
146
↓ vs 155 last month

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



Service commentary

In Colchester and Ipswich there were fewer attendances under section 136 in September, indicating an increase in the number of people attending voluntarily. There is variance in data according to category recorded at the point of attendance and data held by departments differs to this data making a focussed commentary difficult.

In general, there have been increased pressures across mental health services and it has been noted that there is an increase in complexity of needs for those presenting in ED, requiring enhanced observations, people with increased risk of absconding and harm etc.

Across both sites there continues to be monthly multi-agency partnership meetings in which learning and actions are shared. Training is being delivered to support understanding of the MHA; the Trust policy has been signed off at the Safeguarding Committee and will be shared once finalised.

Total admissions have seen a **3.8% increase for September 2021 compared with the previous month. This was driven by an increase in elective admissions, which increased by 9.3% on the previous month**

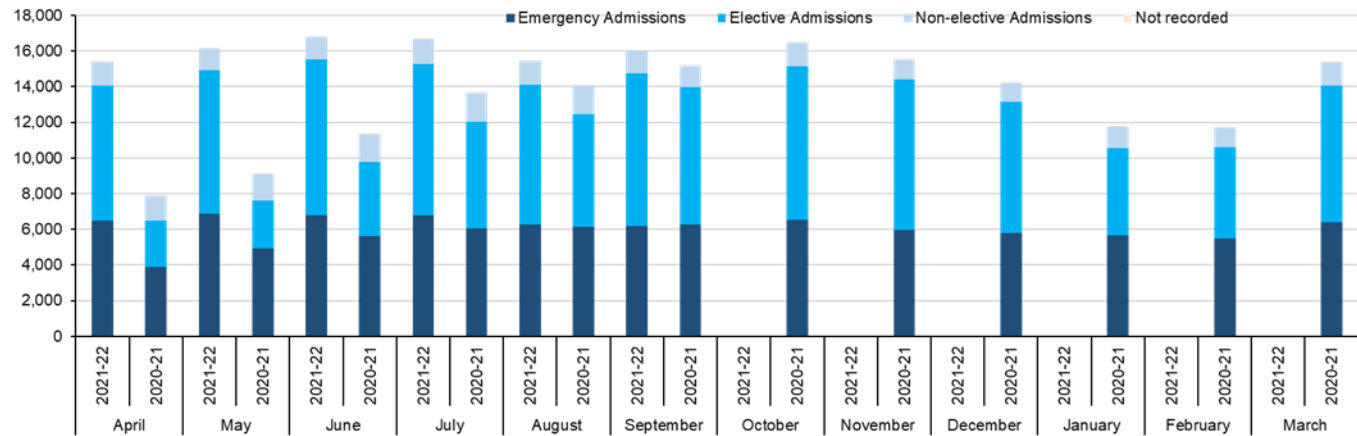
Emergency admissions
6,165
 ↓ vs 6,251 last month

Elective admissions
8,577
 ↑ vs 7,848 last month

Non-elective admissions
1,275
 ↓ vs 1,337 last month

Total admissions
16,017
 ↑ vs 15,436 last month

Admissions: Inpatient spells by admission type



Service commentary

Ipswich

The team undertook a review of all admissions within a 24 period to assess whether the patient had a criteria to admit. The outcome was positive with only a couple of patients that could have avoided admission, however; these required extensive alternative system pathways which are not currently in place. A further review will take place in October.

Colchester

The temporary move to Mary Barron for both AMSDEC/Frailty proved initially challenging, however the benefits in terms of collaboratively delivering AMSDEC have been evident.

This coupled with the expansion of the UCRS rollout to include further interventions by voluntary sector colleagues, has supported a further increase in admission avoidance, despite the high number of Ambulance conveyances. In month increased admissions have been driven by an increase in elective admissions.

In Medicine, a 4-week trial of a Cardiology Assessment Bay (CAB) has commenced; accepting patients straight to ACU, reducing the patients journey time and demand on EAU beds.

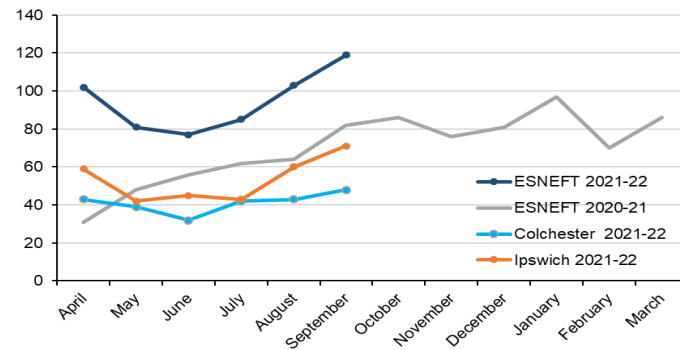
The number of long length of stay patients has increased for the third month running, but the ESNEFT position remains lower than national, regional, and local levels

21+ day patients - ESNEFT
119
↑ vs 103 last month

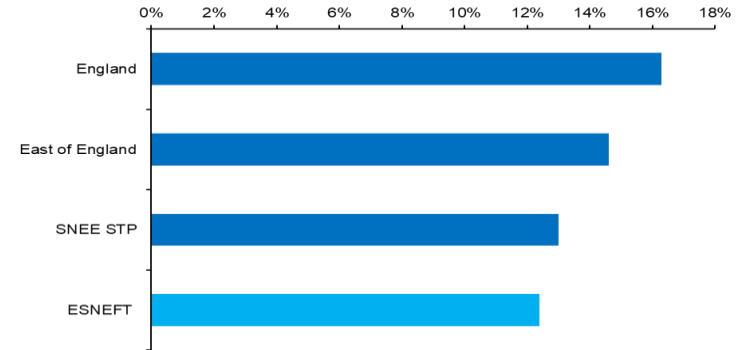
21+ day patients - Colchester
48
↑ vs 43 last month

21+ day patients - Ipswich
71
↑ vs 60 last month

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



% beds occupied by 21+ day patients (4 week average). Snapshot at 12 October



Service Commentary

Colchester

All patients delayed for discharge are reviewed, in line with the Criteria to Reside guidance. In September, the LLOS figures have remained high but steady with no real peaks. A number of days in September, Ipswich’s over 7-day LLOS went above 200, and the over 21-day LLOS have not dropped below 60 throughout the month. At present, the Trust reviews all over 14-day and over 21-day twice weekly through the use of the red day tracker. An action has been set for all over 7-day LLOS to now be added to this system in the attempt to improve and reduce these numbers.

LLOS for both 21-day and 14-day, continues to remain higher than the internally agreed trajectory of 30 patients. Teams continue to work with system partners and improve inclusion of patients and families from the initial admission phase, whereby there continues to be an increase in the numbers of patients returning home rather than admitted to longer term care.

Working with NEECCG and ECC, the team have also agreed further support from Newton Europe to explore transformation of the domiciliary care market, which has adversely impacted on successful discharge.

Ipswich

The increasing trend in over 14-day and over 21-day LLOS has continued throughout September across all divisions, with an increasing proportion of those patients who do not meet Criteria to Reside. The increases in LLOS patients with no Criteria to Reside is attributable to ongoing issues with capacity for P1 and P2 Discharge to Assess, and there is a continued focus at executive level with system partners to develop actions to increase capacity.

During August and September, Medicine and Integrated Pathways Divisions have begun to focus on patients with 7-day LOS encouraging early intervention to expedite discharge planning where clinically appropriate.

ESNEFT has seen a deterioration on all three key waiting time metrics for Cancer. 62 day wait performance is 12.5 percentage points below plan. There has been a further increase of 292 patients on the 62 day 1st PTL compared with the previous month

Two week wait performance

67.3%

↓ vs 68.0% last month

31 day wait performance

92.1%

↓ vs 93.2% last month

62 day wait performance

73.1%

↓ vs 78.3% last month

Patients treated after 104 days

12

↓ vs 14 last month

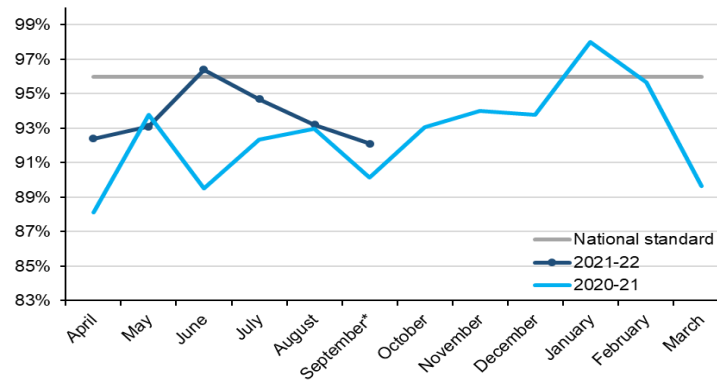
Total patients on 62 day 1st PTL

4,109

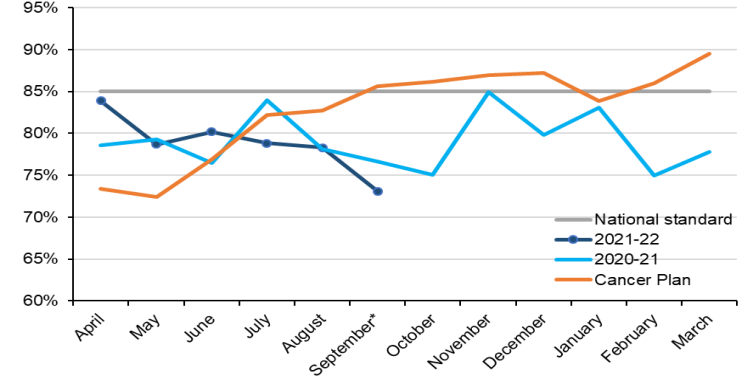
↑ vs 3,817 last month

**Unvalidated figures as of the 13/10/21. Final figures for September 2021 will be available in November 2021 after submission*

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



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



Service commentary

2WW performance has remained relatively stable against the previous month, however; when considered as a total number of patients seen, performance has actually improved. In September 3,910 patients had a first appointment on a 2WW pathway compared to 3,201 in August, an increase of just over 700 appointments in month. Much of the additional activity was within Colorectal and Skin specialties where routine appointments were deferred to accommodate the backlog in 2WW referrals.

31 day performance has dropped slightly although awaiting validation. The highest breaches were in Breast (admin issue booking within 62 but breaching 31), Colorectal (some patients delayed awaiting staging CT post BBN due to lack of diagnostic capacity) and Urology (breaches were mainly due to lack of diagnostic capacity or for medical reasons).

The issue within breast has been identified and resolved and the revised diagnostic Capacity & Demand plan once in place should resolve the delays with staging scans going forward.

62 day performance has dipped again against the Trusts predicted compliance. The increased number of breaches in month are mostly attributed to the significant diagnostic delays that occurred across the Trust throughout August and were reported as a concern last month. The impact can be seen as additional breaches (outside of trajectory predictions) in September and will continue into October.

Overall referrals remain high and this is contributing to increasing PTL size.

6 week breaches continue to increase, with the number of breaches more than doubling since April 2021. The waiting list has also increased by 38% since April 2021

% patients waiting > 6 weeks or more

19.5%**

↑ vs 19.2% last month

DM01 6 week breaches

2,552**

↑ vs 2,310 last month

DM01 Waiting List

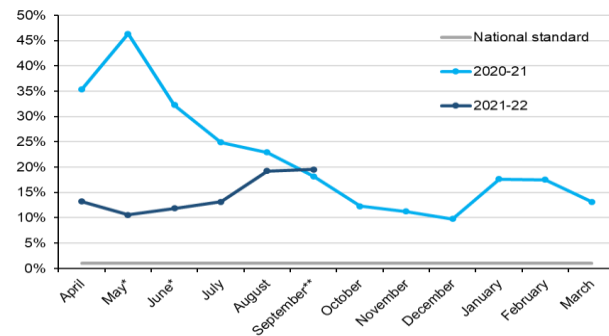
13,072**

↑ vs 12,019 last month

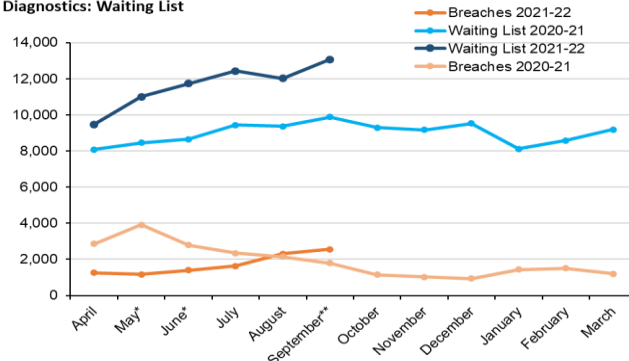
**Figures include numbers from the Oaks last confirmed waiting list position which was April 2021*

***Figures exclude the Oaks*

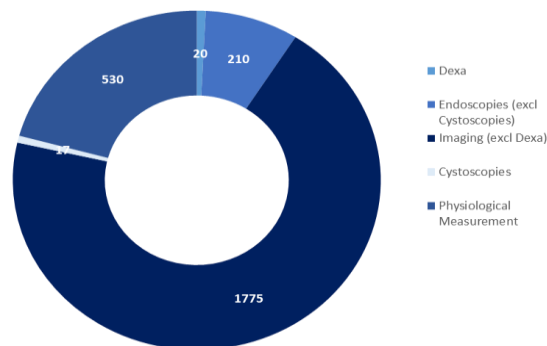
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



Service commentary

Urology/Vascular

Few remaining complex/unfit patients remaining on DM01 for October due to patient choice.

No concerns with Vascular.

Cardiorespiratory

Lung function – waiting times risen. Second lung physio appointed from overseas. Body box ordered to use with second lung function.

Endoscopy COL

3 rooms during the week, 4th room at weekends. Backlog: : 159 2ww, 122 urgent, 232 routine and approx.. 884 Surveillance.

All routine/surveillance being offered appt at Oaks.

Endoscopy IPS

Losing 38 points per week due to training. Running 5 days a week at the Grove. Current backlog: Current Backlog: 72 2ww, 35 urgent, 30 routine and 437 surveillance.

Radiology IPS

MRI – 831 breaches – staffing issues. New staff recruited – start at end of Nov. Short term options being explored.

CT – 290 breaches - staffing issues. Mobile CT in place from 1st Oct. Long term plan - 7 day working – consultation.

US – 298 breaches. Issues with subspecialty US. Additional lists being put on, exploring additional capacity with DHC.

Radiology COL

MRI – 81 breaches - Alliance cite capacity issues, CDH capacity coming in from October – expect to be compliant from November.

US – 31 breaches – issues with subspecialty US.

Review is underway across all of ESNEFT to ensure adequate capacity is carved out for all cancer and urgent /emergency patients.

Patients seen within 18 weeks decreased in month and, although below the national standard, is above the national average. The numbers of 52 week waiters on the PTL continues to decrease for both sites

Incomplete pathways within 18 weeks - ESNEFT

68.8%**

↓ vs 69.8% last month

Incomplete pathways within 18 weeks - National

67.6% (August 21)

52+ waiters as % of list - ESNEFT

↓ **2.4%****

vs 2.9% last month

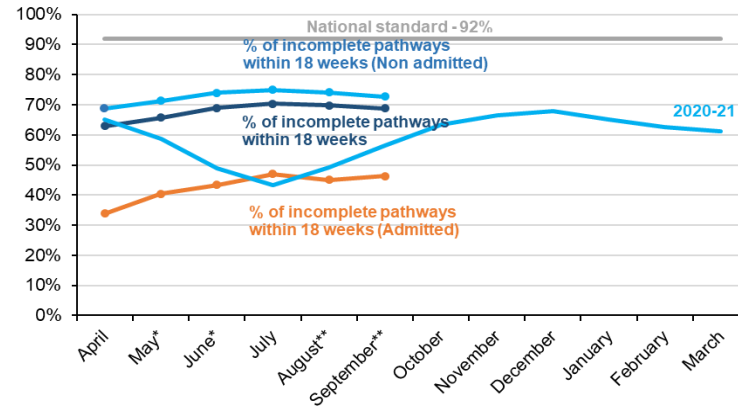
52+ waiters as % of list - National

5.1% (August 21)

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

***September 2021 figures exclude the Oaks*

RTT Waiting List: Performance against 92% standard



Service commentary

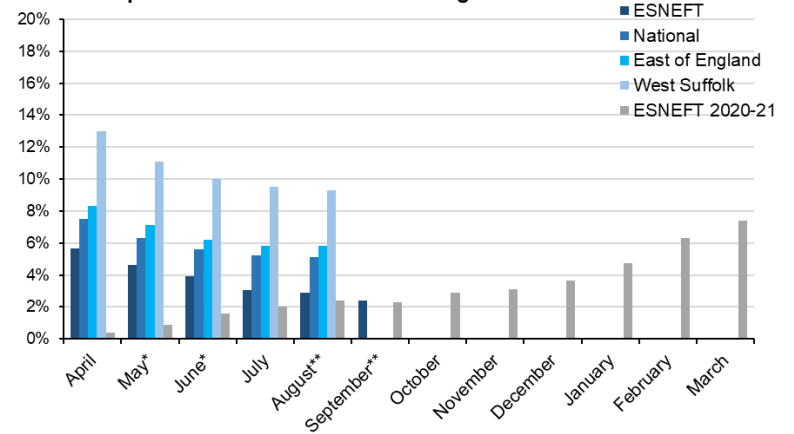
Focus remains those long waiting patients and performance is improving with the reduction of patients over 52 and 104 weeks.

Modelling and forecasting for end of March 2022 (H2) has been undertaken by each division to determine the outcomes as outlined in the H2 guidance.

Cancer demand remains high, and some routine capacity is being redirected for this.

Between April and 12th October, teams have provided treatment to 43,685 RTT patients who would have otherwise waited 52+ weeks by 31st March 2022, that is 81% of these patients who were on the waiting list at the start of April.

52+ Incompletes as a % of the Total Waiting List



Activity for September 2021 is down on 2019/20 levels for the comparable months with the exception of daycases. But across the board activity is up on the previous month. The largest increases are within OP 1st appointments, with a 12.4% increase on last month

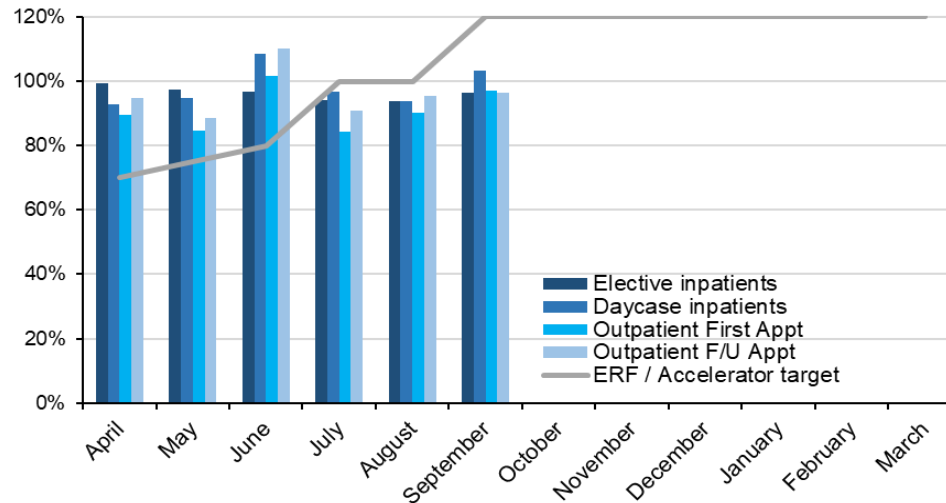
Elective inpatients
952
 ↑ vs 891 last month

Daycase inpatients
7,598
 ↑ vs 6,951 last month

Outpatient First Appt
26,649
 ↑ vs 23,719 last month

Outpatient F/U Appt
48,792
 ↑ vs 46,255 last month

Recovery: Percentage of 2019-20 activity



Service commentary

Activity levels for September continued to improve through the month and are currently delivering 19/20 activity levels for both Daycase and Inpatients.

Some of the pathway changes have started to be realised within ophthalmology and gynaecology improving efficiencies.

Surgeries combined services in particular are seeing a significant increase in cancer referrals thus requiring routine outpatients/inpatient work to be converted to cancer which is affecting the 'throughput' of activity.

Across the board, diagnostics are below target levels for September 2021. CT and Endoscopies are down on the previous month by 2.5% and 12.4% consecutively. Endoscopy activity is below 2019/20 levels at 77.2% compared to the same month

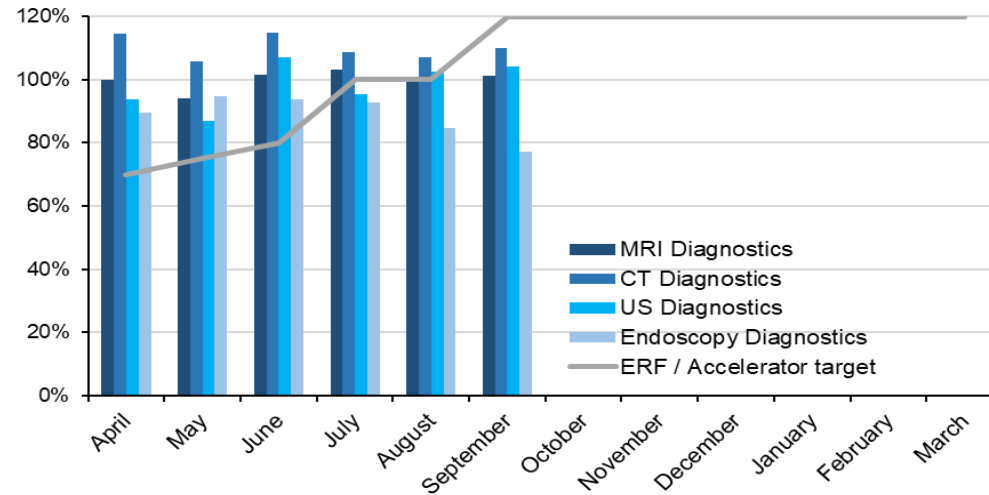
CT
5,913
 ↓ vs 6,067 last month

MRI
3,050
 ↑ vs 3,047 last month

US
10,793
 ↑ vs 9,634 last month

Endoscopy
1,446
 ↓ vs 1,650 last month

Recovery: Percentage of 2019-20 activity - Diagnostics



Service commentary

Endoscopy

Full endoscopy review underway to complete a demand vs capacity exercise – currently outsourcing activity through YMS and the Oaks. Patients prioritised by clinical urgency

Radiology

Challenges are mainly focused at Ipswich due to staffing – a long term 7-day working plan is underway to address this.

Short term plan is to increase capacity through additional lists/mobile scanners – Mobile CT on site at Ipswich hospital – 7 days a week .

Colchester recovered well from August’s challenges and an improvement has been seen in September.

Looking to explore additional capacity for US in Ipswich through Diagnostic Healthcare.

The RTT waiting list has increased by over 1,000 patients for September 2021. 52+ and 78+ week waiters continues to decrease for both sites, by 16% and 32% consecutively.

Total open RTT pathways
61,694**

↑ vs 62,852 last month

52+ week waiters

1,493**

↓ vs 1,629 last month

78 + week waiters

299**

↓ vs 441 last month

98 + week waiters

38**

↑ vs 35 last month

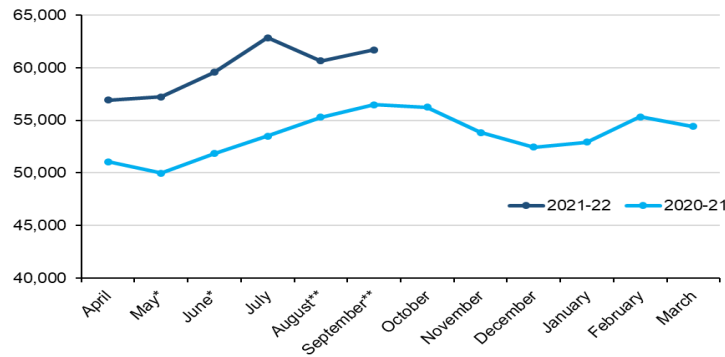
104+ week waiters

27**

↑ vs 26 last month

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

RTT Waiting List: Total open pathways



Service commentary

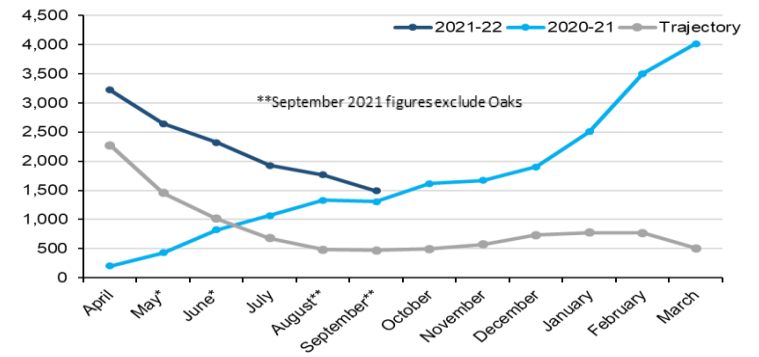
Focus remains on those patients over 104 weeks – the majority are OMFS with the remaining patients complex or have invoked choice to wait.

Through the modelling work that has been undertaken for H2, the forecast for end of March 2022 shows that the number of patients over 52 weeks will be between 1,300-1,900. The risk to this is the number of patients waiting over 52 and 104 weeks within the ICS at WSH and any transfer of patients to ESNEFT.

With the exception of OMFS, ESNEFT is not forecasting any patients over 104 weeks.

The Trust is continuing to use Insourcing Groups for weekend work however, workforce still continues to be a challenge for supporting these lists as well as securing additional activity.

RTT Waiting List: Total 52+ week waiters



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 F/U outpatient activity

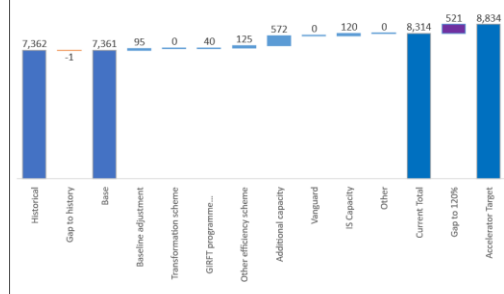
Daycase
112.9%

Elective Inpatients
107.7%

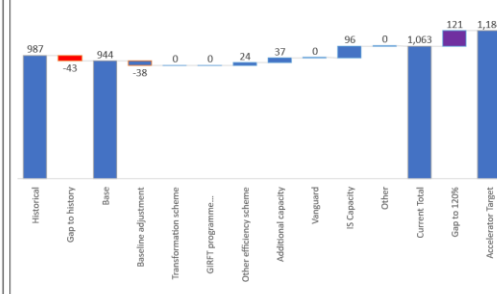
First Outpatients
111.5%

Follow up Outpatients
105.3%

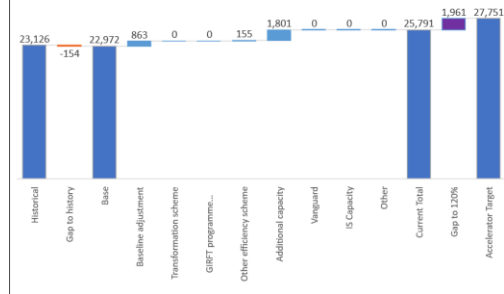
Daycase



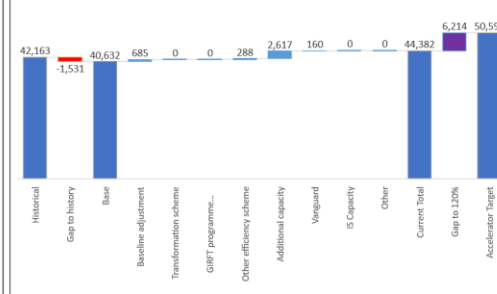
Elective Inpatients



First Outpatient



Follow up Outpatient



Service Commentary

Whilst The Trust has not met 120% by the end of September, it is encouraging to see, across most of the services, good plans to get above the 19/20 baseline of activity.

Nationally accelerator programmes have been extended to November and divisions continue to work with the teams on plans to increase activity through some of the transformational programmes of work i.e. GIRFT/HVLC

Between April and July, nationally the number of patients waiting 52+ weeks reduced by 24%, regionally a 16.3% reduction was seen. Here at ESNEFT this reduction has been 40.2%.

The Vanguard is handed over to ESNEFT November 29th, 2021.

Month 6 Performance

Summary Income and Expenditure	September			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Clinical Income	70,606	77,785	7,179	418,711	430,273	11,562
Top-Up	1,329	660	(669)	7,848	4,026	(3,822)
Other Income	2,972	3,717	745	17,830	21,066	3,236
Total Income	74,907	82,162	7,255	444,389	455,365	10,976
Pay	(45,794)	(48,552)	(2,758)	(271,066)	(269,538)	1,528
Non Pay	(26,686)	(31,150)	(4,464)	(156,620)	(169,119)	(12,499)
Total Expenditure	(72,480)	(79,702)	(7,222)	(427,686)	(438,657)	(10,971)
EBITDA	2,427	2,459	32	16,703	16,708	5
Impairments	-	-	-	-	-	-
Other Non Operating	(2,770)	(2,820)	(50)	(16,595)	(16,468)	127
Surplus / (Deficit)	(343)	(360)	(17)	108	240	132
EBITDA %	3.2%	3.0%		3.8%	3.7%	

Performance Against CT

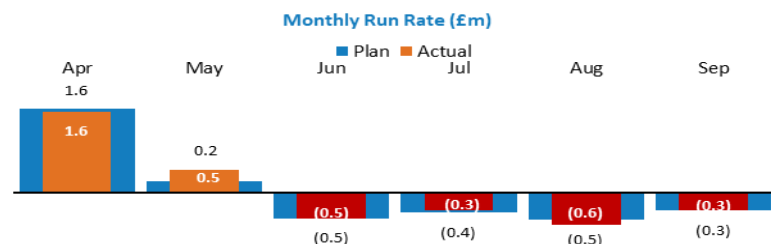
Donated Income/Depreciation	(18)	23	41	(108)	86	194
Total Non CT Items	(18)	23	41	(108)	86	194
Performance Against CT	(361)	(338)	23	-	326	326

M6 Revenue Headlines

In September the Trust reported an actual deficit of £0.3m (after adjusting for non control total items). This was slightly favourable to the monthly plan (23k). 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

In month, the main driver of the favourable income variance is an accrual (£7m) to offset the impact of the national pay award which was paid in the month. Pay inflation funding is expected in the H2 settlement (estimated £14m full year). Other income variances include under-delivery of ERF which is mitigated by income in relation to ACE which was not included in the original plan. This income will be offset by ACE costs and will not provide a benefit to the Trust position.

As already alluded to above, the adverse pay variance in month is caused by the payment of the national pay award (arrears for H1 paid in the month), coupled with the pay award not being included in plans (as required by national guidance). The overspend created by the pay award is mitigated by underlying lower than planned pay expenditure.

The non pay costs overspend is driven by the additional costs of ACE (met by income as above) and non-delivery of CIP.

Temporary Pay

Agency pay expenditure for the year to date is £7.1m and accounts for 2.6% of all pay costs. From July monthly agency spend increased significantly. This was driven in part by ERF delivery but also the absorption of ACE into the Trust.

NHSE/I have maintained the Trust's annual agency expenditure ceiling for 2021/22 at £24.5m. For Month 6 agency costs were under the ceiling (£1.4m v £2.0m ceiling). The year to date position is also under the NHSE/I limit (£7.1m v £12.3m ceiling). As always, it is important to note that the Trust has a comparatively high ceiling and must therefore continue to reduce spending on agency staff to more affordable levels for the benefit of the overall financial plan.

Bank spend increased compared to August (£4.1m v £3.9m). July saw a significant step up in bank costs due to ERF delivery and the absorption of ACE.

2021/22 Capital programme

Capital Plan

Following the initial submission of financial plans, NHSE/I requested that trusts in the region re-submit a re-profiled capital plan based on more up to date information. This plan allowed for the slippage of planned expenditure until later in the year. From month 2 capital expenditure has been reported against this re-submitted plan.

It is now clear that this re-profiled plan will not be relied on by NHSE/I nationally and therefore it is considered prudent to revert to reporting against the originally submitted capital plan. This has the impact of showing a greater variance to plan for the year to date than previously shown.

The plan has been adjusted to include approved external funding, e.g. for the building for better care programme and the accelerator scheme. Based on this, the capital plan for the year is £58.8m.

Year to Date

At the end of September the capital programme was underspent against the original plan by £5.2m. Of this underspend, £4.7m relates to the STP development. A revised spend profile is being developed for this scheme with a total spend for the year now forecast of £6.6m (compared to the original plan for the year of £18m). Costs up to £3.5m are to be funded by the Trust. Costs in excess of £3.5m are to be funded by PDC. Therefore this PDC will be deferred into 2022/23 and there will be no slippage on the plan for use by other schemes.

Forecast

Despite the current underspend, The Trust is forecasting that it will meet its capital programme plan for the year. The progress of individual projects/schemes is monitored closely with project leads and reviewed monthly by the Trust Investment Group.

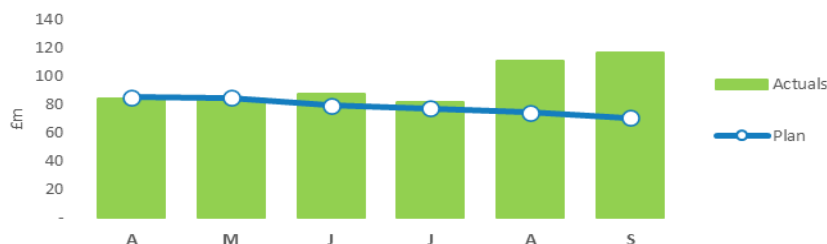
Capital Programme	Year to date			Forecast		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	1,170	1,279	(109)	5,060	5,287	(227)
Non-Medical Equipment	-	-	-	-	15	(15)
ICT	240	7	233	2,551	2,361	190
Estates & Facilities	500	307	193	2,500	2,500	0
STP Funded Development	5,100	443	4,657	18,043	6,565	11,478
Schemes	7,133	6,951	182	29,452	28,436	1,016
PFI Lifecycle Costs	-	-	-	1,161	1,161	-
Total Capital Programme	14,143	8,987	5,156	58,767	46,324	12,443
Note: CDEL						
PFI Lifecycle Costs	-	-	-	(1,161)	(1,161)	-
PFI Residual Interest	368	368	-	738	738	-
Disposals	-	(154)	154	-	(154)	154
Donated	-	(88)	88	(1,250)	(138)	(1,112)
Net CDEL	14,511	9,113	5,398	57,094	45,608	11,486

2021/22 Cash position & CIP

Cash Position

The Trust held significant levels of cash the end of September.

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 higher than anticipated. Partly this is due to slippage on the Trust's capital plan but more materially (as reported last month) because of a large movement in working capital. In particular, the Trust has received significant cash (previously accrued for) but which is largely still to be expended. Significant items include ERF, CDH, Accelerator schemes and LDA funding.

The Trust is endeavouring to pay all creditors within 7 days as nationally required. Where invoices can be matched to orders this is achievable. Where further authorization is required this may not be possible although payments are made as soon as appropriate authorization is obtained. The Trust's Public Sector Payment Performance for non-NHS invoices remains good at 89.7% cumulatively (compared to 87.4% for 20/21).

CIP Year to Date

All divisions, except Medicine Colchester are behind plan for the year to date. This is based on an even profiling of the £24m overall target.

CIP Delivery by Division	September			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	523	254	(268)	2,348	1,686	(662)
Integrated Pathways	239	118	(121)	1,434	1,112	(321)
Medicine Ipswich	206	201	(4)	980	830	(150)
Medicine Colchester	167	168	0	1,003	1,018	15
MSK and Specialist Surgery	178	252	75	1,066	680	(386)
Surgery, Gastro & Anaesthetics	330	215	(116)	2,024	1,053	(972)
Women's and Children's	173	43	(130)	1,036	240	(796)
Total Operations	1,815	1,251	(564)	9,891	6,619	(3,272)
Corporate Services	324	551	228	1,942	1,525	(417)
Total Trust	2,139	1,802	(337)	11,833	8,144	(3,688)

Quality Impact Assessments

Currently 58% of the full year effect value of CIP has been fully quality impact assessed, up from 47% last month. The position by division is shown below:

£000s	FYE QIA				
	No PID	PID	DMT	QIA	%
Corporate Services	1,791	0	39	1,390	43%
Cancer and Diagnostics	387	0	0	2,268	85%
Medicine Colchester	284	12	0	769	72%
Medicine Ipswich	256	0	135	1,090	74%
MSK and Specialist Surgery	363	0	0	1,364	79%
Surgery, Gastro & Anaesthetics	44	419	1,543	96	5%
Women's and Children's	312	18	550	426	33%
Integrated Pathways	125	21	0	1,159	89%
Total	3,562	471	2,268	8,562	58%

A further £2.3m or 15% has been approved by DMTs and is currently undergoing review by the QIA panel.

Workforce Dashboard

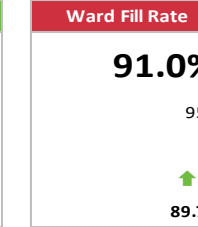
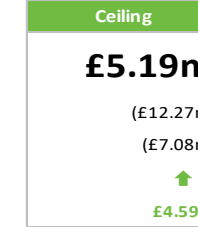
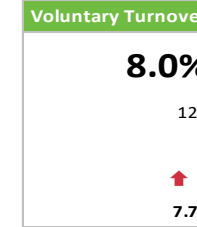
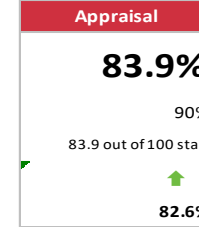
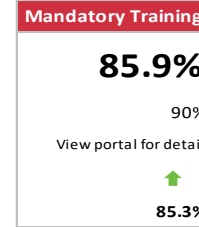
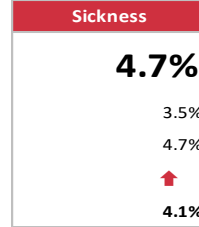
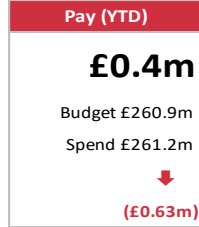
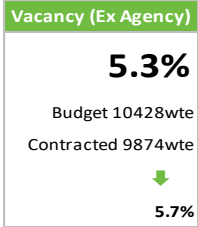
September 2021

Trust Level

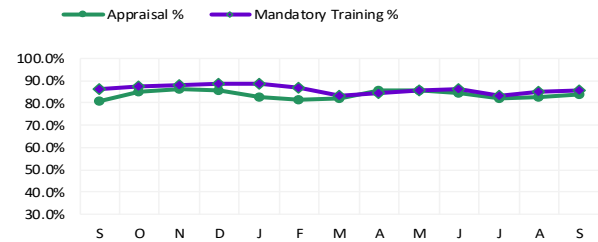
Key Metrics

Performance

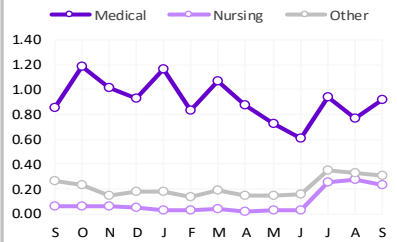
Target
Achieved
Vs Prior Month
Prior Month



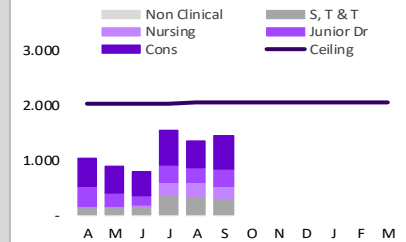
Appraisals & Mandatory Training Compliance %



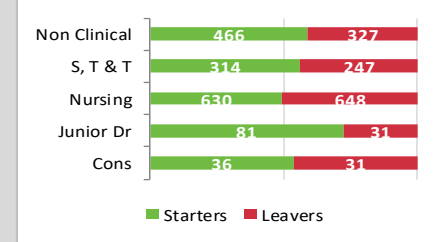
Agency Trends (ex Locum) £m



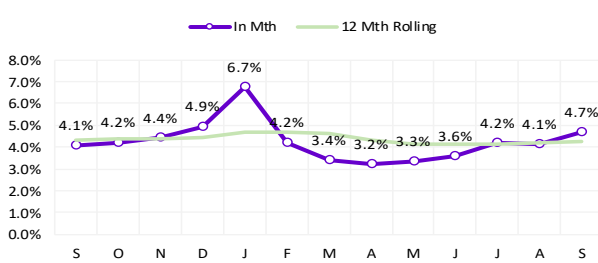
Agency Ceiling £m



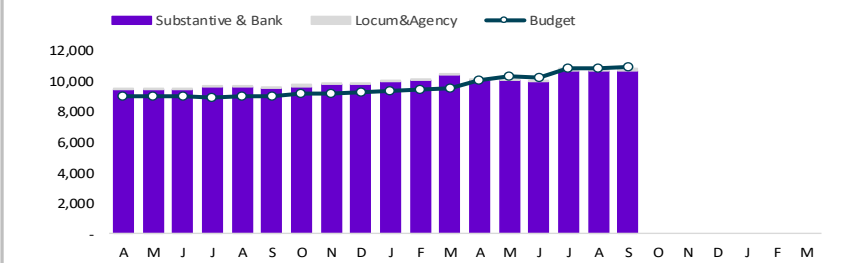
Starter - Leavers (12Mth Rolling) Headcount



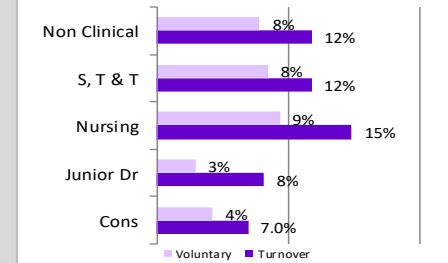
Sickness %



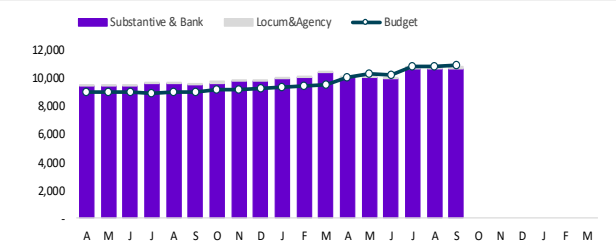
Workforce Trends wte



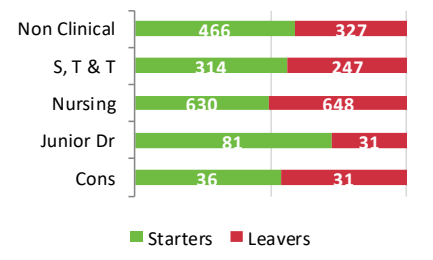
Turnover by Staff Group Headcount



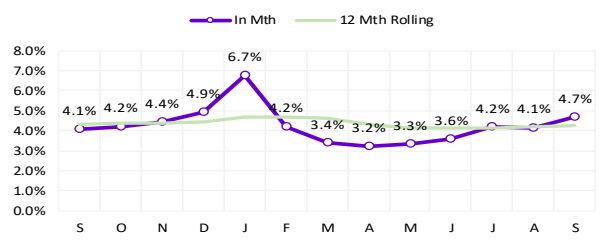
Workforce Trends wte



Starter - Leavers (12Mth Rolling) Headcount



Sickness %



Commentary

Recruitment

In September, the number of staff in post reduced to 9,874 WTE (August 9,875). The Trust continues to have more starters than leavers overall in the majority of clinical groups. The Trust’s rolling voluntary turnover for September was 8% (August 7.7%).

We have recruited 75 student nurses who are being on-boarded during October and November and have also seen another 12 international nurses join the trust this month.

We have received confirmation of the staffing requirements for the seasonal variations for October and January which the team are currently working on.

Focus remains on recruiting to the Community vacancies.

Sickness

Sickness absence increased from 4.1% to 4.7% and remains above the target of 3.5%. The most frequent reasons for sickness by FTE days lost was anxiety/stress and depression followed by cough/cold/flu.

Our mental health first aid training is continuing with 351 staff trained to date and are supporting with early identification of concerns and informal debriefing. The Clinical Psychologist Lead is supporting this cohort with regular support sessions. The Wellbeing team have commenced contact to staff within 48hrs of reporting sickness with Stress, Anxiety and Depression with stepped approach of email, initial call and psychology triage if needed. Wellbeing slot delivered in Leaders Induction re resources available and Wellbeing conversations.

Risks & Mitigating Actions

Recruitment, Resourcing and Planning

There has been a reduction in the number of vacancies to 5.3% (from 5.7% in August).

International Nurses: 224 RN’s have arrived and in post – 73 left the pipeline until March 2022 which was the commitment with NHSE/I of 296 RN’s.

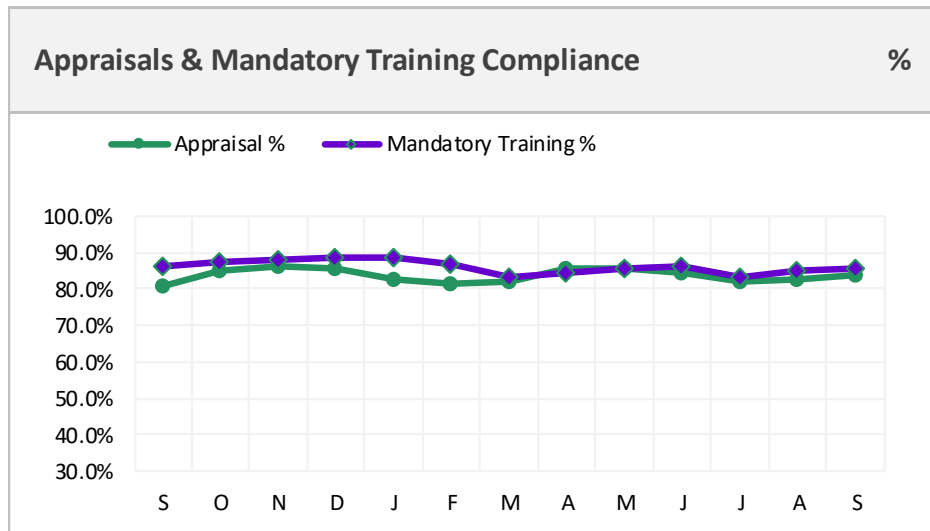
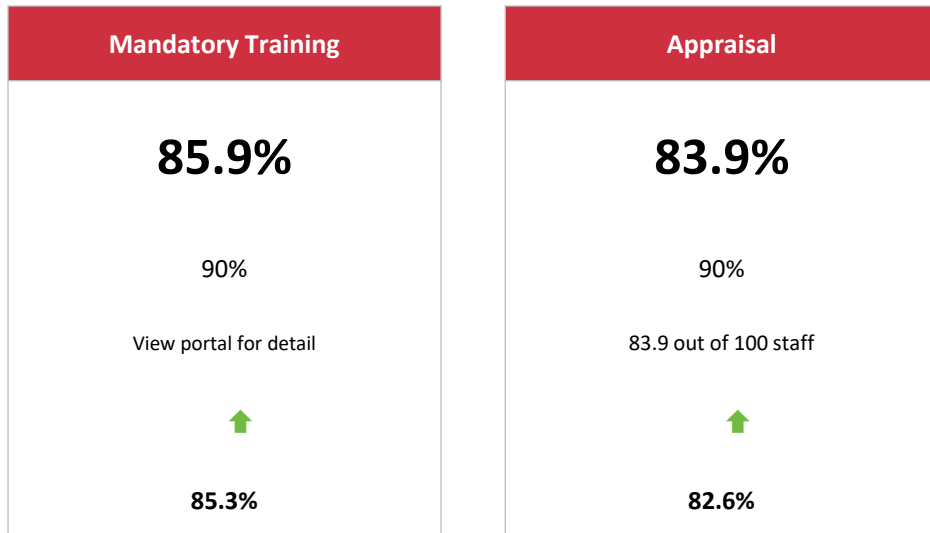
The arrival date of International Midwives has been delayed until January 2022 as a result of NMC requirements.

Our Workforce Planning Tool is now operational to analyse and identify the future Workforce requirements enabling Divisional Resourcing plans.

The retention strategy has been finalised and is currently going through the approval process.

Retention Partners are now producing detailed reports from the exit interviews and feeding back themes, whilst working with divisions to minimise further resignations.

We continue to successfully recruit to various consultant posts and work is continuing to finalise the true vacancy numbers within divisions.



Commentary

Mandatory Training

September’s compliance rate increased to 85.9% from 85.3% in August.

There is a working group to explore moving the Core Standard Training Framework subjects (which includes but are not exclusive to safeguarding and infection control) to OLM and also hosting the national content (which may be enhanced locally if applicable).

Work is also underway to see if there is capacity within the subject specialists for the taught courses (life support, CRT level 2 and patient handling) to have additional session off site to increase capacity.

Training compliance for ACE staff is not included. However, the data cleanse has been completed and the role mapping has commenced.

Appraisal

September’s compliance rate increased to 83.9%, from 82.6% in August.

The appraisal toolkit has been agreed by SWG and will be launched w/c 1.11.21. The toolkit will include careers conversations, pay progression, Talent and succession planning and pay progression.

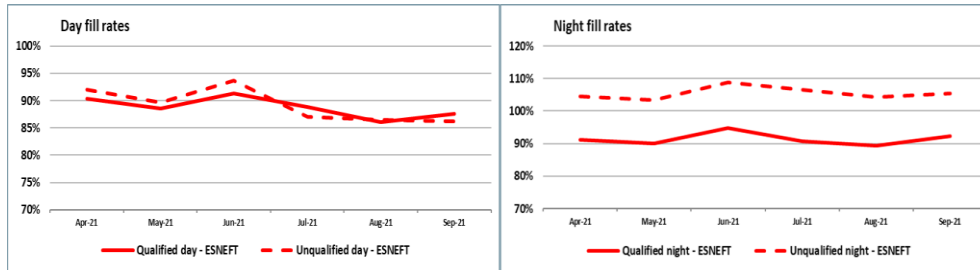
Appraisal bite size sessions will be offered in November to coincide with the launch of the toolkit. Training is being provided on an in-reach basis.

Sessions will also be offered on having effective one to one and careers conversations.

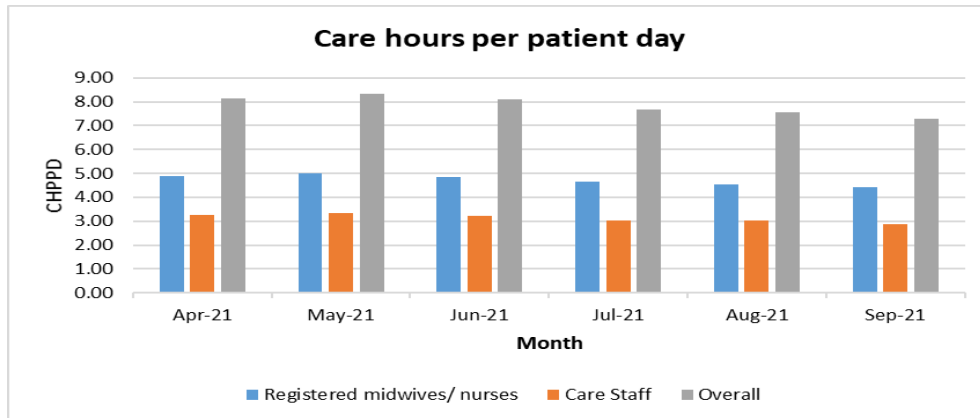
Nursing Workforce Update

Fill Rates (including care hours per patient day)

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Qualified day - ESNEFT	90.4%	88.5%	91.4%	88.9%	86.1%	87.5%
Qualified night - ESNEFT	91.1%	90.1%	94.8%	90.8%	89.3%	92.2%
Unqualified day - ESNEFT	92.0%	89.7%	93.7%	87.1%	86.5%	86.2%
Unqualified night - ESNEFT	104.6%	103.3%	108.8%	106.5%	104.3%	105.4%
Overall (average) fill - ESNEFT	93.0%	91.4%	95.3%	91.5%	89.7%	91.0%



Care hours per patient day	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Registered midwives/ nurses	4.87	5.00	4.86	4.65	4.55	4.43
Care Staff	3.27	3.34	3.23	3.04	3.02	2.87
Overall	8.14	8.34	8.09	7.69	7.57	7.30



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.

International Nurse Recruitment:

ESNEFT have committed to ongoing International Recruitment until December 2022. This will include a requirement for increased pastoral care support which is expected to be funded through national monies.

Ongoing well-being support in place to ensure nursing staff return to work safely, and with ongoing support planned.

Professional Nurse Advocates

Further development of the PNA roles across the Trust with ESNEFT staff committed to the course until 2022. ICS level development to support AHPs completing training to enable robust workforce support and supervision.

Risks & Mitigating Actions

We have a clear plan and ongoing pipeline for international recruitment until December 2022 and continue with European Midwifery recruitment – consideration being made for African recruitment plan.

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

POD Profiles - Trust Level

	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
All Staff													
Headcount	10,393	10,517	10,484	10,547	10,475	10,459	10,535	10,726	10,712	10,713	11,367	11,388	11,399
Establishment (including agency)	9,004	9,142	9,203	9,262	9,361	9,406	9,506	10,060	10,308	10,185	10,803	10,778	10,858
In post	9,030	9,041	9,031	9,066	9,134	9,308	9,381	9,395	9,323	9,329	9,870	9,875	9,874
Vacancy	(26)	102	173	196	227	98	125	665	985	856	933	903	984
Vacancy %	-0.3%	1.1%	1.9%	2.1%	2.4%	1.0%	1.3%	6.6%	9.6%	8.4%	8.6%	8.4%	9.1%
Establishment (excluding agency)	8,964	9,087	9,138	9,166	9,219	9,280	9,334	9,793	9,943	9,876	10,352	10,467	10,428
Vacancy (excluding agency)	(66)	46	108	101	84	(28)	(48)	397	620	547	483	592	553
Vacancy % (excluding agency)	-0.7%	0.5%	1.2%	1.1%	0.9%	-0.3%	-0.5%	4.1%	6.2%	5.5%	4.7%	5.7%	5.3%
Turnover													
¹ Turnover (12 Month)	11.1%	12.0%	11.8%	11.8%	11.7%	11.8%	11.7%	12.5%	12.8%	13.3%	13.4%	12.8%	12.9%
¹ Voluntary Turnover (12 Month)	6.8%	6.8%	6.6%	6.7%	6.5%	6.7%	6.6%	6.7%	6.9%	7.3%	7.5%	7.7%	8.0%
¹ Starters (to Trust)	109	100	131	97	202	164	142	126	72	83	115	143	152
¹ Leavers (from Trust)	109	93	98	86	92	56	116	192	169	104	116	133	117
Sickness													
% In Mth	4.1%	4.2%	4.4%	4.9%	6.7%	4.2%	3.4%	3.2%	3.3%	3.6%	4.2%	4.1%	4.7%
WTE Days Absent In Mth	10,956	11,679	11,898	13,790	18,947	10,871	9,804	8,988	9,590	9,923	12,662	12,615	13,775
Mandatory Training & Appraisal Compliance													
Mandatory Training	86.2%	87.4%	87.9%	88.5%	88.4%	87.1%	83.5%	84.4%	85.7%	86.3%	83.5%	85.3%	85.9%
Appraisal	80.6%	85.2%	86.4%	85.9%	82.7%	81.3%	82.3%	85.6%	85.5%	84.2%	81.9%	82.6%	83.9%
Temporary staffing as a % of spend													
Substantive Pay Spend	35,187	34,585	34,983	41,668	35,947	31,098	42,498	37,673	37,393	37,695	39,858	38,505	39,976
Overtime Pay Spend	120	137	162	170	148	215	154	183	164	159	132	723	163
Bank Pay Spend	2,772	3,318	3,799	3,627	4,292	3,527	5,020	3,232	3,298	3,196	3,763	3,888	4,144
Agency Pay Spend	1,174	1,481	1,218	1,150	1,370	998	1,287	1,043	885	802	1,540	1,363	1,447
Total Pay Spend	39,253	39,520	40,162	46,616	41,757	35,837	48,960	42,131	41,740	41,852	45,293	44,479	45,730
Agency & Bank %	10.1%	12.1%	12.5%	10.2%	13.6%	12.6%	12.9%	10.1%	10.0%	9.6%	11.7%	11.8%	12.2%
Agency %	3.0%	3.7%	3.0%	2.5%	3.3%	2.8%	2.6%	2.5%	2.1%	1.9%	3.4%	3.1%	3.2%
Nurse staffing fill rate													
% Filled	88%	89%	90%	86%	81%	87%	90%	93%	91%	95%	91%	90%	91%

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	2,679	2,768	2,792	2,809	2,914	2,916	2,932	2,861	2,976	2,911	3,057	3,100	3,105
In post	2,516	2,527	2,545	2,534	2,600	2,613	2,645	2,656	2,694	2,715	2,883	2,890	2,878
Vacancy	163	241	247	275	313	303	287	205	282	196	174	210	227
Vacancy %	6.1%	8.7%	8.8%	9.8%	10.8%	10.4%	9.8%	7.2%	9.5%	6.7%	5.7%	6.8%	7.3%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,393	1,470	1,485	1,497	1,497	1,492	1,491	1,427	1,429	1,437	1,513	1,507	1,508
In post	1,321	1,335	1,335	1,321	1,316	1,330	1,358	1,370	1,398	1,420	1,464	1,458	1,454
Vacancy	72	135	150	176	181	162	133	57	31	17	49	49	54
Vacancy %	5.2%	9.2%	10.1%	11.8%	12.1%	10.9%	8.9%	4.0%	2.1%	1.2%	3.3%	3.2%	3.6%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,235	1,266	1,280	1,280	1,237	1,265	1,325	1,270	1,265	1,235	1,319	1,316	1,316
In post	1,186	1,156	1,138	1,175	1,145	1,246	1,281	1,290	1,176	1,142	1,232	1,217	1,189
Vacancy	50	111	141	105	92	18	44	(20)	89	93	87	99	126
Vacancy %	4.0%	8.8%	11.0%	8.2%	7.5%	1.4%	3.3%	-1.5%	7.0%	7.6%	6.6%	7.5%	9.6%
Consultants													
Establishment (including agency)	493	494	497	501	500	502	502	505	520	524	520	525	524
In post	423	423	422	417	424	428	427	429	429	429	429	432	437
Vacancy	70	71	75	83	75	74	74	76	91	95	92	93	87
Vacancy %	14.3%	14.4%	15.1%	16.6%	15.0%	14.7%	14.8%	15.0%	17.5%	18.2%	17.6%	17.7%	16.6%
Junior Medical													
Establishment (including agency)	667	676	703	696	697	711	718	708	720	713	780	714	736
In post	675	682	653	665	660	680	651	656	645	659	726	721	714
Vacancy	(8)	(5)	50	31	36	31	67	53	75	54	54	(7)	22
Vacancy %	-1.2%	-0.8%	7.1%	4.5%	5.2%	4.4%	9.4%	7.5%	10.4%	7.6%	6.9%	-0.9%	3.0%
Scientific, Technical and Therapeutic													
Establishment (including agency)	1,758	1,779	1,762	1,784	1,806	1,796	1,789	1,859	1,960	1,932	2,088	2,092	2,111
In post	1,679	1,698	1,691	1,706	1,717	1,723	1,748	1,746	1,740	1,743	1,862	1,872	1,907
Vacancy	79	81	71	77	89	73	41	113	220	188	226	220	204
Vacancy %	4.5%	4.6%	4.0%	4.3%	4.9%	4.1%	2.3%	6.1%	11.2%	9.7%	10.8%	10.5%	9.6%

2WW	2 Week Wait	LDA	Learning and Development Agreement
ACE	Anglian Community Services	LFT	Lateral Flow Test
ACU	Ambulatory Care Unit	LLOS	Long length of stay
AF	Accountability Framework	LOS	Length of Stay
AMD	Associate Medical Director	LSCS	Lower (uterine) Segment Caesarean Section
AMSDEC	Acute Medical Same Day Emergency Care	M&M	Morbidity & Mortality
ANP	Advanced Nurse Practitioner	MDT	Multidisciplinary Team
BBN	Breaking Bad News	MH	Mental health
CCG	Clinical Commissioning Group	MHA	Mental Health Act
CCU	Critical Care Unit	MHLT	Mental Health Liaison Team
CDG	Clinical Delivery Group	MLC	Midwifery Led Care
CDH	Community Diagnostic Hub	MSK	Musculoskeletal
CGH	Colchester General Hospital	MSW	Maternity Support Worker
CIP	Cost Improvement Plan	MUST	Malnutrition Universal Screening Tool
CLC	Consultant Led Care	NCEPOD	National Confidential Enquiry into Patient Outcome and Death
CNST	Clinical Negligence Scheme for Trusts	NEE	North East Essex
COC	Continuity of Care	NEECCG	North East Essex CCG
COHA	Community Onset Healthcare Associated	NEECS	North East Essex Community Services
CQC	Care Quality Commission	NHSP	NHS Professionals
CRT	Computerised Radiographic Testing	NMC	Nursing & Midwifery Council
CT	Computerised Tomography	NNU	Neonatal Unit
CTG	Cardiotocography	NRLS	National Reporting and Learning System
CYP	Children & Young People	OLM	Oracle Learning Management
DAM	Divisional Accountability Meeting	OMFS	Oral & Maxillofacial Surgery
DEXA	Dual energy X-ray absorptiometry	OPD	Outpatient department
DFI	Doctor Foster Intelligence	PALS	Patient Advice and Liaison Service
DM01	Diagnostics Waiting Times and Activity	PDC	Public Dividend Capital
DMT	Divisional Management Team	PIR	Post Infection Review
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	PM	Postmortem
DOC	Duty of Care	PPH	Postpartum haemorrhage
DQ	Data Quality	PROMPT	Practical Obstetric Multi-professional Training
DVT	Deep Vein Thrombosis	PSIRP	Patient Safety Incident Response Plan
ECC	Essex County Council	PSR	Patient Safety Response
ECIST	Emergency Care Improvement Support Team	PTL	Patient Tracking List
ED	Emergency Department	QI	Quality Improvement
EEAST	East of England Ambulance Service	QIA	Quality Impact Assessment
EOL	End of Life	RAGGM	Risk and Governance Group Maternity
ERF	Elective Recovery Fund	RN	Registered Nurse
F&F	Friends and Family Test	RTT	Referral to Treatment
FFT	Friends and Family Test	SALT	Speech and Language Therapy
FTE	Full Time Equivalent	SHMI	Summary Hospital Mortality Indicator
GIRFT	Getting It Right First Time	SOF	Single Oversight Framework
H1	Half 1	SOP	Standard Operating Procedure
H2	Half 2	SPC	Statistical Process Control
HALO	Hospital Ambulance Liaison Officer	STP	Sustainability and Transformation Plan
HCA	Health Care Assistant	SUS PbR	Secondary Uses Service Payment by Results
HODHA	Healthcare Onset Definite Healthcare Association	SUS SEM	Secondary Uses Service Standard Extract Mart
HOHA	Healthcare Onset Healthcare Associated	SWG	Strategy Working Group
HOPHA	Healthcare Onset Probable Healthcare Association	UEC	Urgent & Emergency Care
HSMR	Hospital Standardised Mortality Ratio	US	Ultrasound
HVLC	High Volume Low Complexity	UTC	Urgent Treatment Centre
I&E	Income & Expenditure	VBAC	Vaginal Birth After Caesarean
ICS	Integrated Care System	VTE	Venous thromboembolism
IESCCG	Ipswich & East Suffolk CCG	WSH	West Suffolk Hospital
IH	Ipswich Hospital	WTE	Whole Time Equivalent
IP&C	Infection Prevention & Control	YMS	Your Medical Services
KPI	Key Performance Indicator	YTD	Year to Date
LD	Learning Disabilities	PNA	Professional Nurse Advocate