



# Performance report

## East Suffolk and North Essex NHS Foundation Trust

Board of Directors  
Thursday 3<sup>rd</sup> March 2022

	Page
Introduction	2
Single Oversight Framework	3 - 4
Accountability Framework and DAMs	5
Spotlight Reports	6 – 31
Performance Report	32 – 45
Finance and Use of Resources	46 – 48
Well-led	49 – 54
Glossary	55



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

## 1 NHSI Single Oversight Framework

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

Following a consultation period, NHSE/I have now published updated oversight arrangements: the System Oversight Framework 2021/22. The proposals are designed to strengthen the system led delivery of integrated care. They include a framework based on 5 national themes (not CQC domains, but broadly aligned to these) that reflect the ambitions of the NHS Long Term Plan and apply across providers, commissioners and ICSs: 1) quality of care, access and outcomes; 2) preventing ill health and reducing inequalities; 3) people; 4) finance and use of resources; 5) leadership and capability. There is a sixth theme based on local strategic priorities.

**Following consideration by the NHSEI regional support group, it has been agreed that Suffolk and North East Essex ICS should be placed into SOF segment 2 which is defined as an ICS on a development journey, demonstrating many of the characteristics of an effective, self-standing ICS. The regional team will work with the Trust to access flexible support delivered through peer support, clinical networks, the NHS England and NHS Improvement universal support offer (e.g. GIRFT, RightCare, pathway redesign, NHS Retention Programme) or a bespoke support package via the regional improvement hubs.**

## 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 December's performance – due to be held in February - were cancelled due to operational pressures due to the pandemic.

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.

# ① Single Oversight Framework NHS Improvement

January 2022

Quality : Safe, Effective & Caring									
Indicator	Domain	Frequency	Target / Standard	Nov-21	Dec-21	Jan-22	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	101	73	68	↓		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	1	0	1	↑		The Never Event in November, was a wrong site surgery in Plastic Surgery. The Never Event in January was in Endoscopy, a biopsy was taken in error.
Mixed sex accommodation breaches	Caring	M	0	0	1	9	↑		All breaches in December and January were caused by ward step down delays in Critical Care.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	92.7%	92.5%	92.4%	↓		Patient facing FFT restarted nationally on the 1st December 2020.
A&E scores from Friends and Family Test – % positive	Caring	M	90%	81.2%	81.9%	82.4%	↑		Patient facing FFT restarted nationally on the 1st December 2020.
Number of emergency c-sections	Safe	M	tbc	19.5%	22.2%	19.5%	↓		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	N/S	75.0%	100.0%	↑		Patient facing FFT restarted nationally on the 1st December 2020.
- % Recommending - postnatal	Caring	M	90%	100.0%	71.4%	100.0%	↑		
VTE Risk Assessment	Safe	M	95%	94.1%	91.5%	91.1%	↓		
Incidences of Clostridium Difficile infection	Safe	M	9	8	6	9	↑		There were 9 C.difficile cases reported in January. 5 of these were in Ipswich (3 HOHA, 2 COHA) and 4 cases were at Colchester hospital (2 HOHA, 2 COHA). The C.diff case threshold for 2021/22 is 99 cases (currently at a total of 85).
MRSA bacteraemias	Safe	M	0	0	0	0	→		
HSMR (DFI Published - By Month Data Available)	Effective	Q	0	110.6	N/S	111.5	↑		Incomplete October date: In the region of 13 non-specialist trusts, ESNEFT is 1 of 4 Trusts with a 'higher than expected' HSMR – 7 are 'as expected' and 2 are 'better than expected'. Approximately 2534 spells, including 6 deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload. (2233 CH sites spells with 2 deaths. Colchester coders work to the freeze date and Ipswich to the inclusion date (an earlier date) – this is due to capacity.) It is expected that the Colchester HSMR figure will reduce significantly for October*.
HSMR Weekend (By Month Data Available)	Effective	Q	100	121.8	N/S	120.9	↓		
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.081	1.073	1.074	↑		12 mths to August 2021. This is 'as expected' when compared to the previous annual position (July 2021 data) of 1.073.

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Nov-21	Dec-21	Jan-22	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	78.3%	74.2%	76.0%	↑		A&E waiting time performance based on economy. ED Economy performance for January 2021 was 79.6% for CGH, and 70% 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%	68.0%	66.2%	65.7%	↓		
<i>All cancers – maximum 62-day wait for first treatment from:</i>									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	72.3%	75.6%	73.0%	↓		
- NHS cancer screening service referral	Responsive	M	90.0%	73.8%	70.0%	69.2%	↓		Screening service performance snapshot as reported in Accountability Framework taken at 16th February 2022
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	23.1%	30.5%	29.2%	↓		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Nov-21	Dec-21	Jan-22	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	5.1%	5.6%	6.3%	↑		
Staff turnover	Well-led	M	tbc	8.5%	8.7%	8.9%	↑		Voluntary turnover.
Executive team turnover	Well-led	M	tbc	0	0	0	→		
NHS Staff Survey - would recommend as place to work**	Well-led	A	tbc	N/S	N/S	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	N/S	N/S	N/S			NHS Staff Survey suspended in April 2020 and will be replaced by a quarterly Pulse Survey. Final details are to be released via the National Office
Proportion of temporary staff	Well-led	Q	tbc	2.9%	3.8%	3.1%	↓		Agency staff 3.1%. Bank & Agency staff 15.6%.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(5,758)	(6,514)	(7,422)	↑		All divisions except Medicine Colchester are behind plan for the year to date.
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Nov-21	Dec-21	Jan-22	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	2	2	2	→		Good overall financial performance continued in January. The overall UoR rating was maintained at 2 , with two indicators remaining at 1 (best) and four indicators static at 2 (even though the Trust's surplus position strengthened to £6.7m, a surplus equal to 1% of turnover is required to achieve a score of 1).
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	0	2	2	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	2	2	2	→		
Overall : NHS system oversight framework segmentation									
Indicator	Domain	Frequency	Target / Standard	Nov-21	Dec-21	Jan-22	Mov't	Trend	Comments
ESNEFT Segmentation	Overall			2	2	2	→		Following the implementation of the new NHS System Oversight Framework (SOF) in 21/22, and consideration by the NHSE/I regional support group, the Trust was notified in November 21 it is placed in SOF segment 2. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). This means that the Trust will be able to access, flexible support delivered through peer support, clinical networks, the NHSE/I universal support offer, or a bespoke support package via one of the regional improvement hubs.
Suffolk and North East Essex ICS Segmentation	Overall			2	2	2	→		A segmentation decision of 2 was also reached for the SNEE ICS. For systems and trusts in segments 1 and 2, overall support needs will be formally reviewed on a quarterly basis by the relevant regional team (in the case of individual organisations this will happen in partnership with the integrated care system).

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 9 (December performance)

### Clinical divisions performance

DAM meetings were suspended for December 21 data and performance due to ongoing operational pressures across the Trust.

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

Performance within the Responsive and Well Led domains remained at similar levels to last month, although Cancer & Diagnostics dropped from a 2 to a 1 on the Well Led domain. The Use of Resources domain improved for two divisions and Effective deteriorated for two divisions, with both dropping from a 2 to a 1 in December. Performance for the Caring and Safe domains improved against the previous month, with Cancer & Diagnostics and NEECS achieving a score of 4 for the Caring domain.

Cancer & Diagnostics was the only division where the deterioration across the domains has led to an overall aggregated score of 1, while all other divisions have improved or maintained their performance in month.

### Corporate performance

- Appraisals targets were only achieved by Medical Director and Research & Innovation directorates. Mandatory training performance was above target for the majority of Corporate services with the exception of Medical Director and Human resources.
- Overall absence continues to deteriorate for Estates & Facilities, Human Resources, Nursing and Operations Directorates. However, performance improved for ICT, Nursing, Operations and Research & Innovation. Finance & Information Services and Governance performance significantly improved and met the Trust target.
- Communications and Research & Innovation are the only corporate services that report a FYE full CIP delivery for 21/22.

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

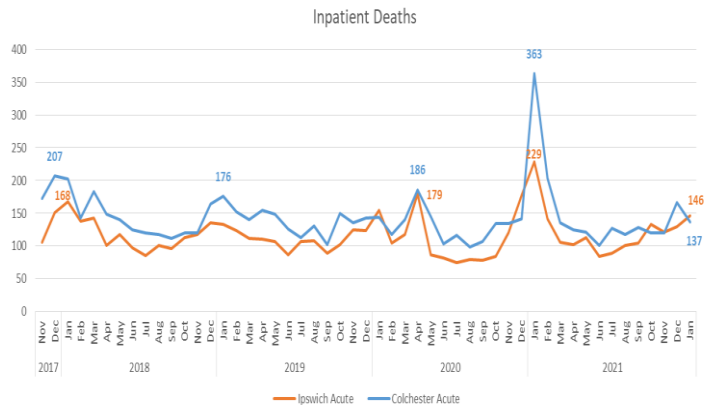
**Aggregated AF Score Classification Explained**

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

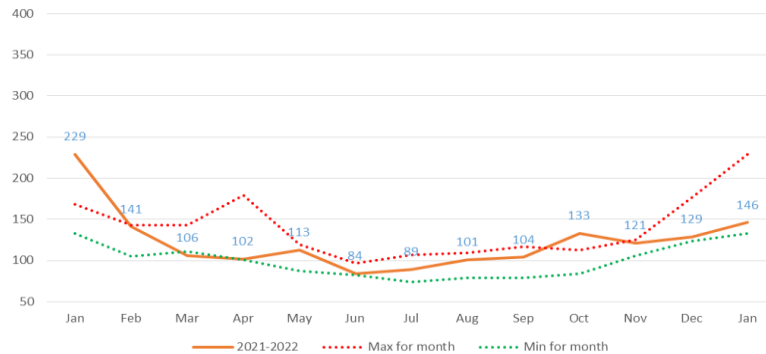
## Mortality: Trend Data – All inpatients

### January 2022

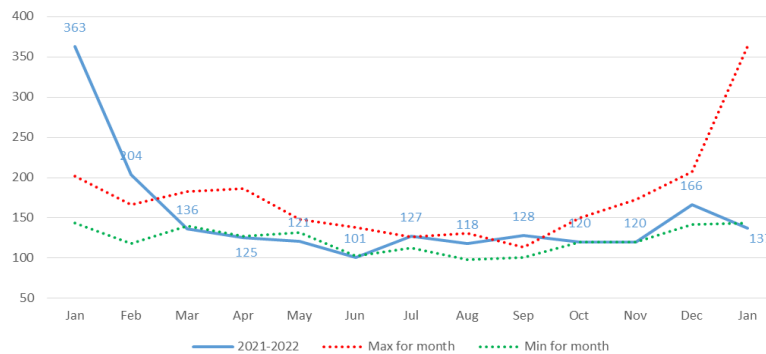
- 283 inpatient deaths (295 in December) – at lower end of seasonal ‘norms’
- 52 patients died with COVID-19 (41 in December)
- 27 Ipswich patients, 25 Colchester patients
- Age range 30 – 97 years (average 76 yrs/median 79 yrs)
- 23 deaths in EDs (32 deaths in December)



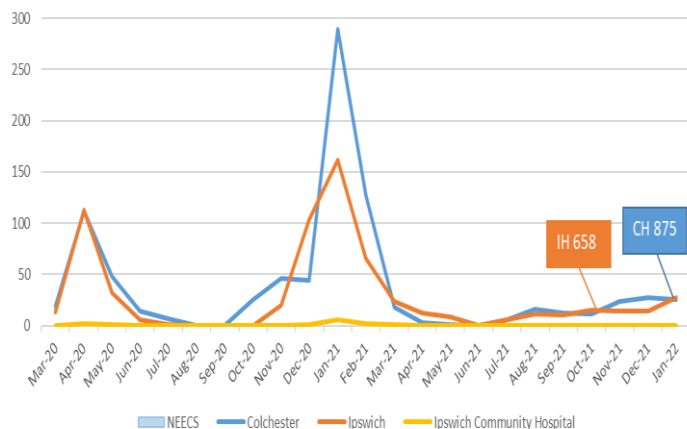
Ipswich Hospital 'Excess' Inpatient Deaths 2017 - 2022



Colchester Hospital 'Excess' Inpatient Deaths 2017 - 2022



ESNEFT Deaths with a positive COVID-19 swab/COVID-19 on MCCD



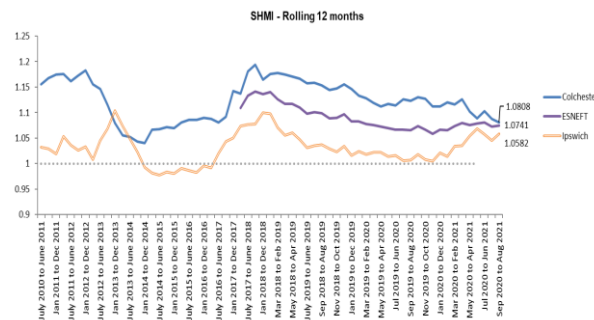
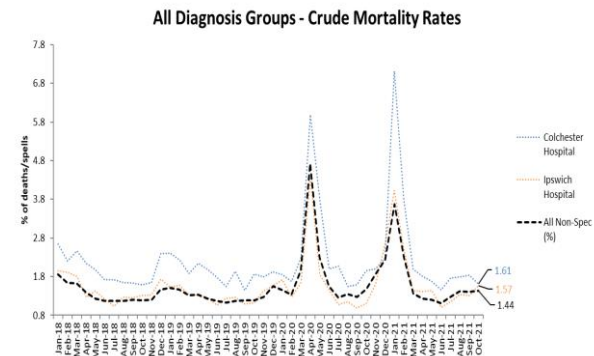
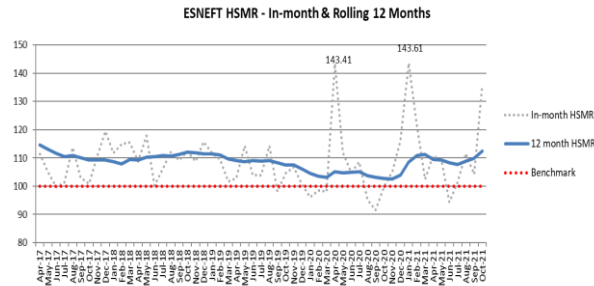
(IP = inpatient)	Jan 22 No. Deaths	Jan 21 No. deaths	Rolling 12 mths
Ips acute IP	146 (129)	229	121
Col acute IP	137 (166)	363	152
Ips ED	12 (12)	10	7
Col ED	11 (20)	19	12

Figure in brackets = previous month

## Mortality Ratios - Data Sources DF Intelligence and NHS Digital

### Summary

- New benchmark period in Dr Foster has increased all ESNEFT mortality ratios by as much as 8 points ★.
- ESNEFT 12-mth HSMR to October 2021, 112.5 ‘higher than expected’.
- HSMR (non-COVID-19) ‘higher than expected’.
- ESNEFT all diagnoses 111.5 ‘higher than expected’
- SHMI 1.0741 to Aug 21 (as expected for 30 mths)



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

### Dr Foster Summary

Dr Foster HSMR excludes patients with an admission diagnosis of COVID-19 but includes patients who had a diagnosis of COVID-19 in subsequent consultant episodes (which may be as a result of staff awaiting test results or because COVID-19 was not the main condition treated).

October 2021 discharges (incomplete data*)	ESNEFT	IPS	COL
In-month HSMR - incomplete EXCLUDES C-19 ON ADMISSION	↑ 135.3	↑ 116.4	↑ 173.2*
12 month HSMR EXCLUDES C-19 ON ADMISSION	↑ 112.5	↑ 117.1	↓ 113.0
Lower confidence limit HSMR - EXCLUDES C-19 ON ADMISSION	↑ 108.0 Outlier	↑ 110.2 Outlier	↓ 106.8 Outlier
In-month HSMR - NO C-19 PATIENTS	↑ 126.8	↑ 113.6	↑ 172.7*
12 month HSMR - NO C-19 PATIENTS	↑ 105.9	↑ 108.7	↓ 107.3
Lower confidence limit HSMR - NO C-19 PATIENTS	↑ 101.3 Outlier	↑ 101.8 Outlier	↓ 101.1 Outlier
Death rate HSMR (nat. 3.2%)	→ 3.1%	→ 2.9%	→ 3.5%
All diagnosis groups 12 months INCLUDES C-19 DURING ADM	↑ 111.5	↑ 117.1	↑ 110.4
Lower confidence limit (all)	↑ 107.8 Outlier	↑ 111.2 Outlier	↓ 105.5 Outlier

HSMR 12 months to September 2021 (complete coding) 109.9, outlier

In the region of 13 non-specialist trusts, ESNEFT is 1 of 4 Trusts with a ‘higher than expected’ HSMR – 7 are ‘as expected’ and 2 are ‘better than expected’. Approximately ↑2,534 spells, including 6 deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload (2,233 CH sites spells with 2 deaths. Colchester coders work to the freeze date and Ipswich to the inclusion date (an earlier date) – this is due to capacity). It is expected that the Colchester HSMR figure will reduce significantly for October\*. Clinical Coding is being delayed by scanning delays.

Dr Foster patient safety indicator alerts for Deaths in Low Risk Groups were not available in this data release.

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

### SHMI – 12 months to August 2021

ESNEFT ↑ 1.0741 – ‘as expected’  
Ipswich acute ↑ 1.0582 – ‘as expected’  
Colchester ↓ 1.0808 - ‘as expected’

### Update from Dr Foster (Telstra Health) ★

The Trust’s mortality ratios have been negatively impacted by the ‘rebased’ of the data model. Previous data releases included mortality modelling taken from the start of the pandemic, which can be seen as the first black spike in the crude mortality chart (see left). The most recent releases use mortality data for August 2020 to July 2021- a period of lower national mortality. This has reduced the ‘expected’ number of deaths, therefore increasing the relative risk. This has brought national data benchmark back to a relative risk of 100. Although the trust was previously reported as having an ‘as expected’ relative risk for All diagnosis groups, the Trust is now being reported as an outlier. Historically rebasing would increase relative risk scores in decimals; this rebase has increased some of the data by 8 points.

## Mortality: Deaths in ED - Colchester

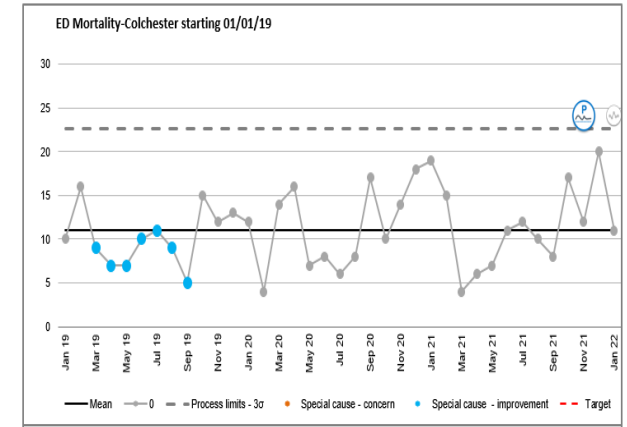
### Summary

- SPC charts exhibit common cause variation for deaths in the department;
- 50% of deaths recorded in the department are patients who are under the care of specialty teams;
- 34% of deaths are attributable to out of hospital cardiac arrests (fewer than 1-in-10 survival rate nationally).

### Colchester ED mortality analysis for the period from 01.10.2021 to 31.12.2021 – Summary provided by Dr V Koshonko, Mortality Lead & Medical Examiner

- Significant proportion of elderly population with multiple comorbidities and complex care needs living in the catchment area, therefore, acuity of the Emergency Department daily workload remains high with a continuous increase in the number of patients' attendances year by year.
- There were 50 mortality cases in the ED, a 12% increase in comparison to the similar period in 2020; however, the COVID-19 pandemic had very little impact on ED mortality statistics – one case in 50 associated with COVID-19 infection.
- The number of mortality cases was highest in the age group 81-90 years (19 cases – 38%) followed by the age group of 71-80 (11 cases – 22%) and 61-70 years (10 cases – 20%) respectively.
- In particular, the number of patients who were referred to and accepted by the medical team but died in the ED reached 60% (12 out of total 20 ED mortality cases for the month of December 2021)- this reflects some delays in transfer to patients to the specialty bed base

- The ED Team at Colchester Hospital continues with monthly morbidity and mortality meetings involving colleagues from other clinical teams in order to scrutinise all cases of deceased patients and reflect upon the team's patient care using a multidisciplinary approach, including mandatory NCEPOD grading, follow-up of post-mortem examinations and referral to the relevant inpatient specialty for mortality reviews where appropriate.
- Of the the last 50 mortality reviews, there were 2 cases identified with issues in clinical care. Any learning points are added to the action log and training delivered to medical staff (FY2,GP trainee, ACCS & ST3+). Learning is also added to the induction e-handbook and teaching programme.
- In addition, the ED team is closely co-operating with the hospital's palliative care team in order to facilitate early implementation of integrated care plans for the last days of life (ICP LDL) for dying patients as well as maintaining liaison with primary care settings and providing support for families.

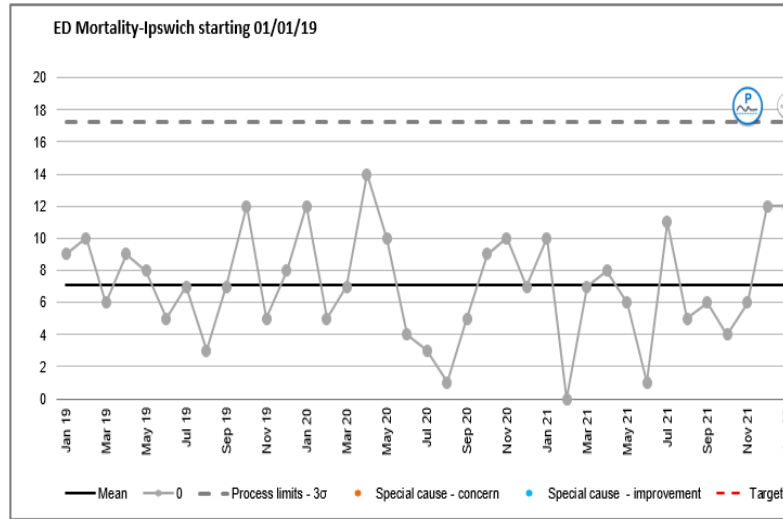




## Mortality: Deaths in ED - Ipswich

### Summary

- SPC charts exhibit common cause variation for deaths in the department.



### Summary provided by Dr R Lewis, Clinical Lead

- The numbers of deaths in the department are low.
- The department sees significantly higher numbers of patients over the age of 75 than the national average, 41.5 % vs 31.8%, but this is actually fairly constant with about a 10% difference over the last year.
- We have a significantly high acuity using the GIRFT acuity index than the national average 2.8 vs 1.1.
- Learning from M&M includes lessons around escalation of care which we continue to work on along with Sepsis recognition and treatment
- The team is working with specialties to develop pathways for specialty first review e.g Obstetrics and gynaecology, where we are trying to ensure patients are seen directly in Women's services rather than coming into ED.
- Pressures caused by lack of flow due to bed capacity in the rest of the Trust are ongoing.

## Mortality Trend Data - Perinatal Mortality – \*Early Neonatal Deaths

### Summary

- Early neonatal deaths for 2021 lower than MBRRACE 'benchmark' for 2019 (1.08)
- Perinatal mortality rate for ESNEFT is 3.5 (national 4.42)

The MBRRACE-UK Perinatal Mortality Surveillance Report released October 2021 identified that in 2019, the early neonatal death rate for the UK was 1.08 deaths per 1000 births.

In 2021, the rate for ESNEFT was 0.7. By site, this was 0.85 for Colchester and 0.59 for Ipswich. This equates to 2 death below the 'benchmark'.

The following factors have been identified for all early neonatal deaths, including those excluded from the benchmark calculation:

- Extreme prematurity is defined as any birth before 27 weeks' gestation. According to BAPM<sup>†</sup> 7/10 babies will die, despite intensive medical treatment, with surviving babies being towards 26 weeks. Of the 13 babies who died, gestation was less than 24 weeks in 8 cases.
- Where a baby requires to be delivered pre-29 weeks, birth should take place in a tertiary centre (e.g. Norfolk & Norwich). In some cases the mother presented too late and transfer was considered unsafe and in others, it was the mother's wish, in consultation with an MDT, to deliver locally.

\*An early neonatal death is defined as a live birth of 20+ weeks' gestation where the baby dies within 7 days.

\*\*Perinatal mortality - a stillbirth or early neonatal death.

<sup>†</sup>BAPM – British Association of Perinatal Mortality

- In the completed Perinatal Mortality Reviews submitted, learning points included:
  - Antenatal DNA not followed up on
  - Mother would have benefitted from pre-pregnancy counselling which is not currently funded
  - Failure to document carbon monoxide test results (smoking)
- As extreme prematurity is incompatible with life, investigation is required into the causes of pre-term labour.

### Actions:

- New BAPM guideline for extreme prematurity written.
- Governance team is aware of failures in documentation and is working with clinical staff to ensure that women are followed-up on if risks are identified.

Rate per 1,000 births <sup>§</sup>	UK*	England	Scotland	Wales	Northern Ireland <sup>†</sup>
<b>Stillbirths<sup>†</sup></b>	<b>3.35</b> (3.21 to 3.48)	<b>3.33</b> (3.19 to 3.47)	<b>3.22</b> (2.72 to 3.71)	<b>4.02</b> (3.31 to 4.74)	<b>3.24</b> (2.5 to 3.98)
Antepartum <sup>†</sup>	2.96 (2.83 to 3.08)	2.95 (2.81 to 3.08)	2.79 (2.33 to 3.26)	3.59 (2.91 to 4.27)	2.88 (2.18 to 3.58)
Intrapartum <sup>†</sup>	0.26 (0.22 to 0.29)	0.26 (0.22 to 0.3)	0.20 (0.08 to 0.33)	0.23 (0.06 to 0.41)	0.27 (0.05 to 0.48)
Unknown timing <sup>†</sup>	0.13 (0.11 to 0.16)	0.12 (0.1 to 0.15)	0.22 (0.09 to 0.35)	0.20 (0.04 to 0.36)	0.09 (0 to 0.21)
<b>Neonatal deaths<sup>‡</sup></b>	<b>1.62</b> (1.53 to 1.71)	<b>1.55</b> (1.45 to 1.65)	<b>1.49</b> (1.15 to 1.83)	<b>2.32</b> (1.78 to 2.87)	<b>2.85</b> (2.15 to 3.54)
Early neonatal deaths <sup>‡</sup>	1.08 (1 to 1.15)	1.01 (0.93 to 1.09)	1.07 (0.78 to 1.36)	1.68 (1.22 to 2.15)	2.22 (1.61 to 2.84)
Late neonatal deaths <sup>‡</sup>	0.54 (0.49 to 0.6)	0.55 (0.49 to 0.6)	0.42 (0.24 to 0.6)	0.64 (0.35 to 0.93)	0.62 (0.3 to 0.95)
<b>Perinatal deaths<sup>†</sup></b>	<b>4.42</b> (4.27 to 4.57)	<b>4.33</b> (4.17 to 4.5)	<b>4.28</b> (3.71 to 4.86)	<b>5.70</b> (4.85 to 6.56)	<b>5.46</b> (4.49 to 6.42)

<sup>§</sup> excluding terminations of pregnancy and births <24<sup>+0</sup> weeks gestational age

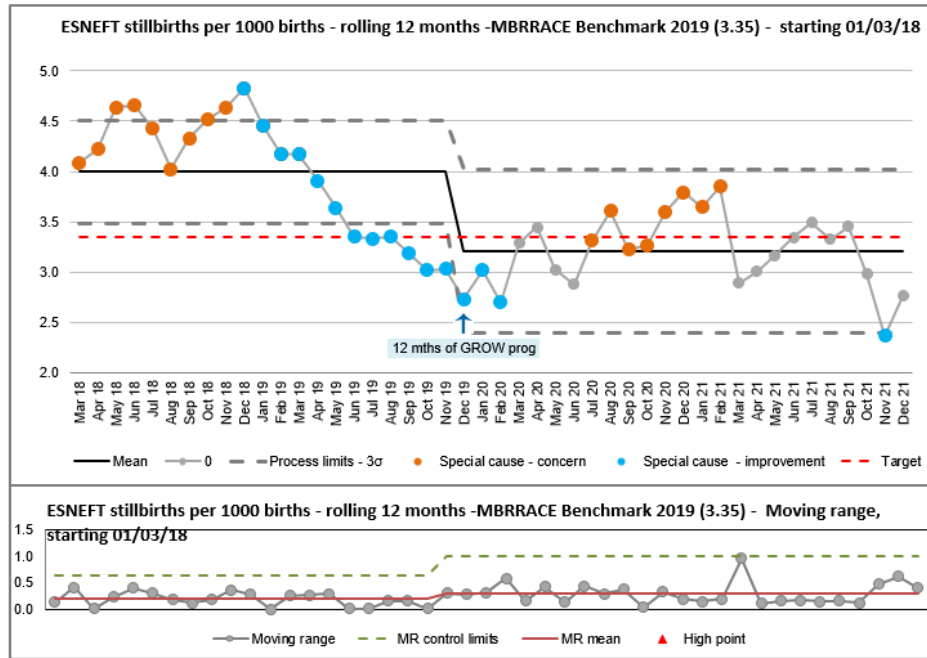


## Mortality: Trend Data – Stillbirths

### Summary

- MBRRACE update - For 2019, ESNEFT was below the national figure for stillbirths for that year – 2.73 v 3.51.
- ESNEFT has been below the \*MBRRACE 2019 stillbirth benchmark for the last 3 (rolling) 12 months

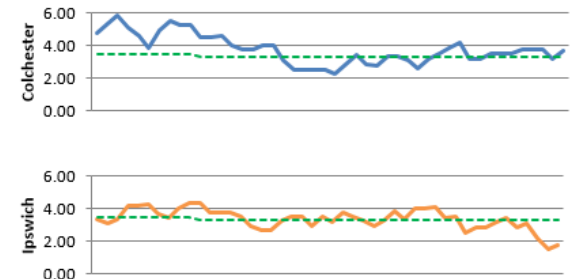
*\*Mothers and Babies: Reducing Risks through Audits and Confidential Enquiries*



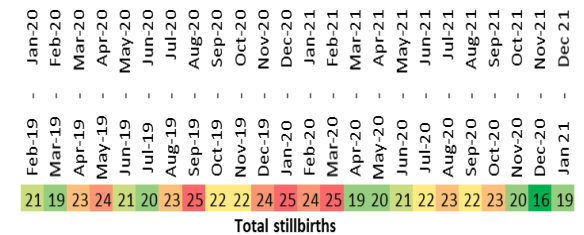
MBRRACE released its Perinatal Mortality Surveillance Report, reducing the national benchmark from 3.51 to 3.35 stillbirths/1,000 births for 2019. The figure for ESNEFT for the same period was 2.73 stillbirths/1,000 birth (Ipswich was 2.93 and Colchester 2.55).

The pandemic saw changes in the way that pregnancies were managed in 2020 and evidence suggests a higher stillbirth/premature birth rate in mothers with COVID-19. The research, led by the National Maternity and Perinatal Audit, looked at data from more than 340,000 women who gave birth in England between the end of May 2020 and January 2021.

Rolling 12 months Mar 2018 – December 2021



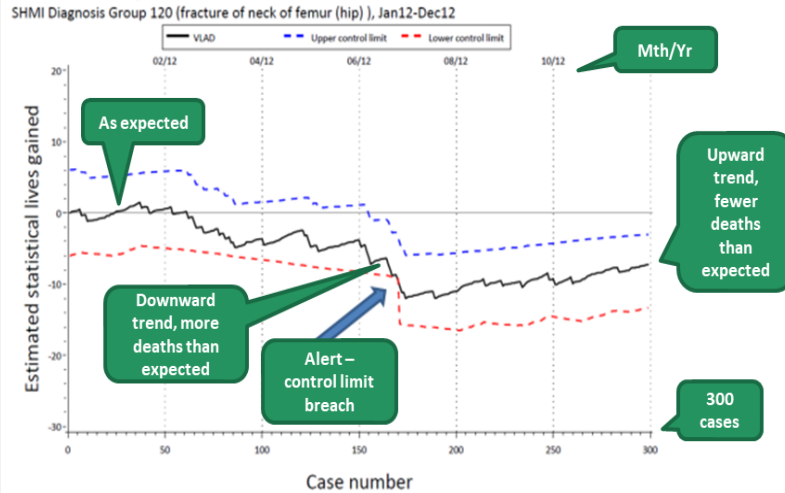
The GROW programme was rolled out in 2018. It can be seen from the SPC chart that changes made within Women's Services had a statistically significant impact, reducing the stillbirth rate. The continued special cause variation was an indication that the control limits could be reset, improving accuracy in identifying further improvements/deterioration. The mean stillbirth rate dropped from 4 to 3.2 stillbirths per 1,000 births.



## Mortality: NHS Digital SHMI VLAD (Variable Life Adjusted Display) – includes deaths within 30 days of discharge

### Summary

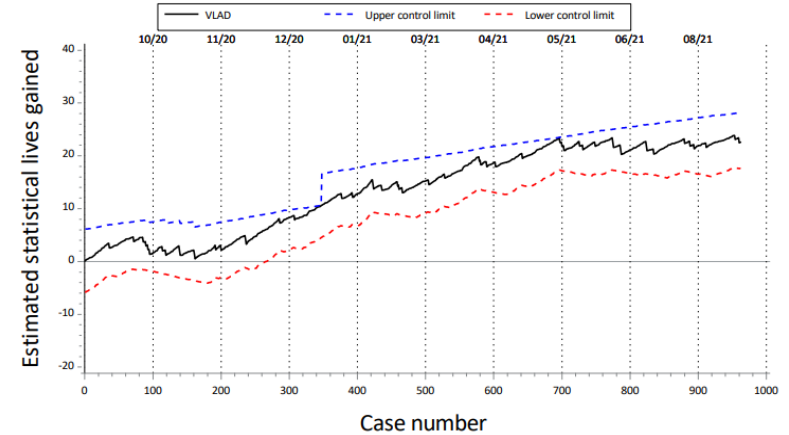
- VLAD charts are a type of statistical process control chart which make a visual comparison between an expected outcome and its associated observed outcome.
- There are 10 VLAD charts, chosen owing to high patient activity with proven risk-modelling:
  - 2 – septicaemia (except in labour), shock
  - 15 – cancer of bronchus, lung
  - 30 – secondary malignancies
  - 37 – fluid and electrolyte disorders
  - 57 – AMI
  - 73 – pneumonia
  - 74 – acute bronchitis
  - 96 – GI haemorrhage
  - 101 – UTI
  - 120 – fractured NoF



The Deputy AMD for Patient Safety has been undertaking sample case-note reviews of patients with pneumonia; the report has been delayed owing to clinical pressures.

Staff have noted a significant increase in admissions for fluid and electrolyte disorders owing to hypo-osmolality and hyponatraemia during the COVID-pandemic (except in those months when COVID-19 was the main diagnosis). The fluid and electrolyte diagnosis group is now also alerting in Doctor Foster.

RDE-EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST  
SHMI diagnosis group 120 (Fracture of neck of femur (hip)), Sep20-Aug21



Better than expected

- Sepsis (significantly better)
- GI haemorrhage
- Fractured Neck of Femur (significantly better)
- UTI - improving

As expected

- Cancer of bronchus, lung

Worse than expected

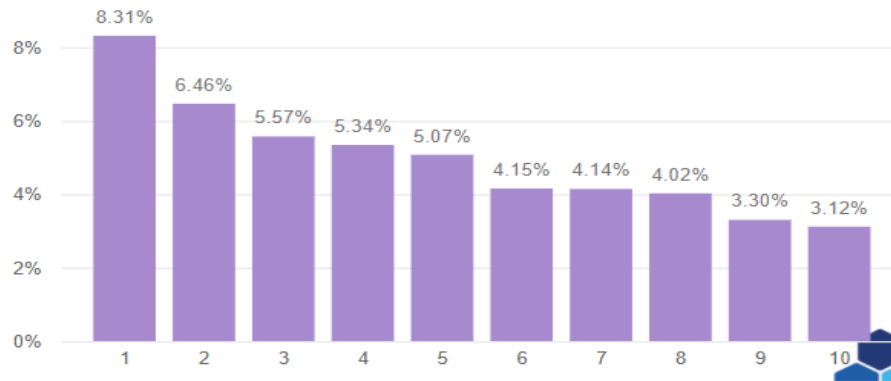
- Secondary malignancies – but recent improvement
- Fluid & electrolyte - will be investigated following pneumonia review.
- Pneumonia – currently under investigation
- AMI – marginal and part of external cardiology review
- Acute Bronchitis – being tracked

## Mortality: Health Inequalities

The pandemic shown a light on health inequalities. ESNEFT have established a programme of work to identify and mitigate local health inequalities. This is being implemented through the Trust’s Inequalities Working Group. Here we report some of the analyses for this group.

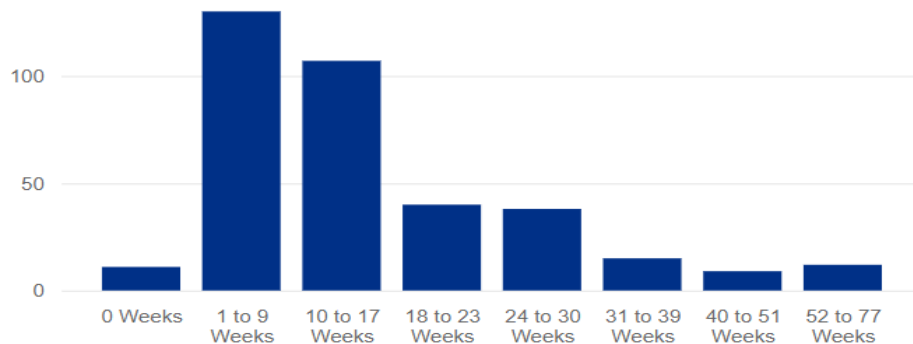
**Did not attend rates increase with deprivation and is c. 2.7 times higher for patients from the most deprived decile compared to the least deprived**

**Outpatient Did Not Attend rate, by deprivation decile (1=most deprived, 10=least deprived)**



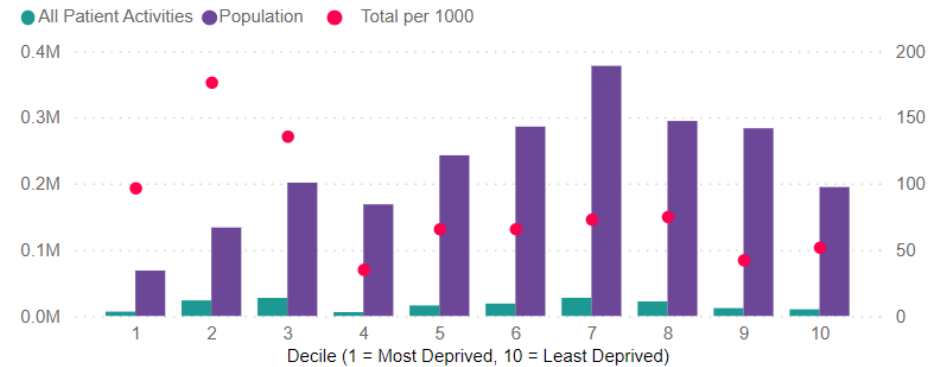
**Patients with learning disabilities and difficulties on the RTT PTL have been identified, in part through data sharing with local authorities**

**Patients with learning difficulties and disabilities on the RTT PTL**



**The ED attendance rate (attendances per capita) is highest for patients from the most deprived areas**

**ED attendances by population and deprivation decile (1=most deprived, 10=least deprived)**



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 predictive analytics model is being built by BI to predicted patients most likely to DNA. Behavioural science research with University of Surrey is also being explored to understand the behavioural drivers of DNAs.

## Patient Safety – Total incidents and Overdue action plans

### Total incidents and harm

There were a total of 2,636 incidents reported in the month. This is a decrease from 2,795 reported in December.

2,287 (including 254 NEECS) of these incidents were Patient Safety related and 2,285 were reported to the NRLs.

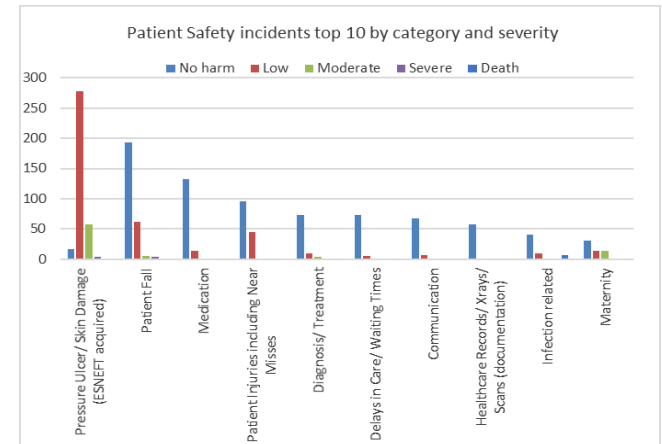
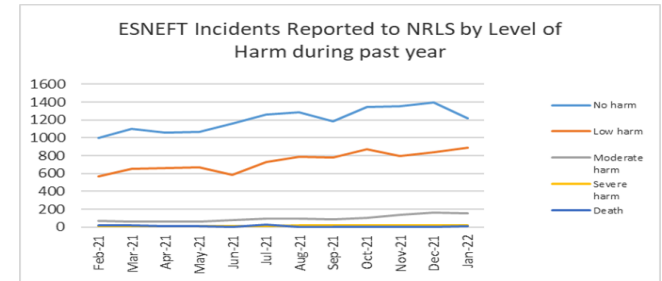
Overdue incidents have shown an increase to 756 (713).

There were 35,670 admissions resulting in 64.06 incidents per 1,000 bed days across ESNEFT. This does not include the 254 incidents reported by NEECS as this data is not yet aligned with ESNEFT.

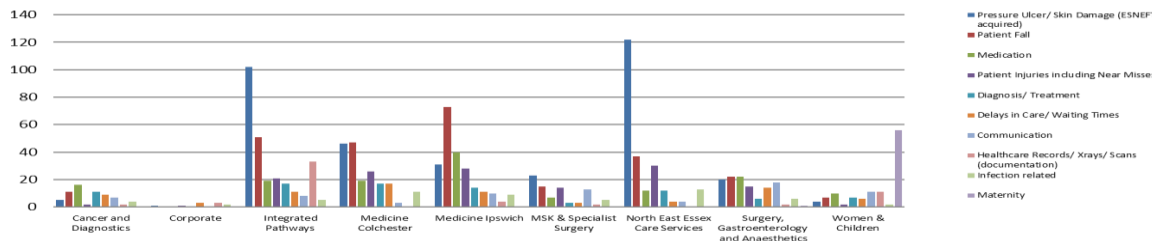
The highest reported category was pressure ulcer/skin damage (ESNEFT acquired).

The 2nd highest reported category was Patient Falls with 263 (253) incidents.

The 3rd highest reported category in the month of January was Medication. There were 145 (161) incidents reported across the Trust, all of which are reported as no or low harm.

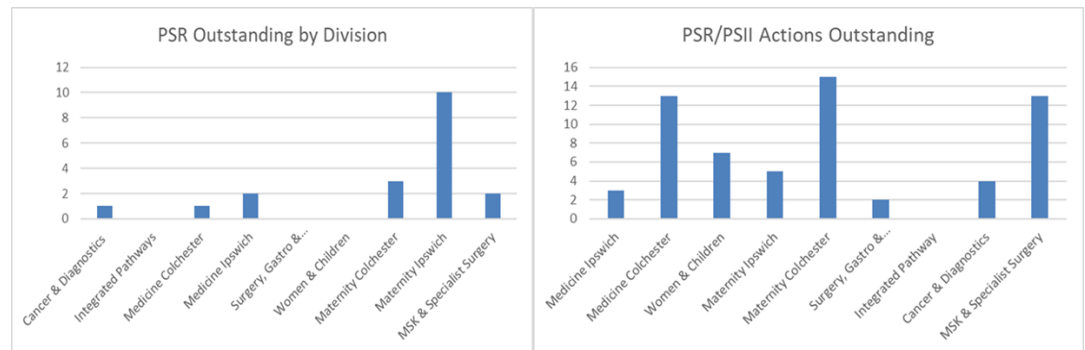


ESNEFT Top Categories by Division



### Patient Safety Reviews Overdue and with Actions outstanding

- There are currently 32 outstanding PSRs of which 26 are overdue: Cancer & Diagnostics (1), Medicine Colchester (3), Medicine Ipswich (2), MSK & Specialist Surgery (3), Surgery, Gastroenterology & Anaesthetics (1) and Women & Children (16) which includes 4 for Maternity Colchester and 9 for Maternity Ipswich.
- There are currently 73 (62) actions outstanding for January 2022: Cancer & Diagnostics (4), Integrated Pathways (1), Medicine Colchester (11), Medicine Ipswich (3), Surgery, Gastroenterology & Anaesthetics (2), MSK & Specialist Surgery (13), Women & Children (9), Maternity Ipswich (14) and Maternity Colchester (16).



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

### Compliance with serious incident reporting timelines

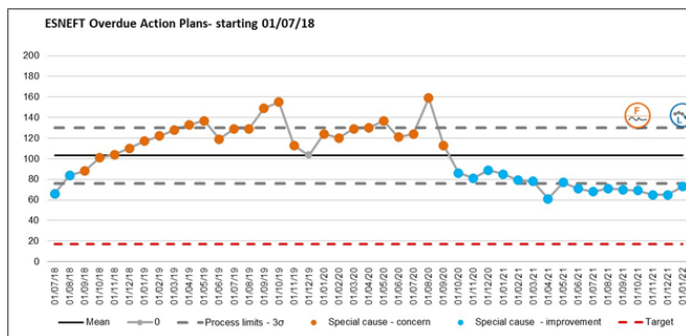
All serious incident reports have now been submitted to the CCG for closure.

### Never Events

There was 1 Never Event reported in January: a wrong site surgery in Endoscopy which was a biopsy taken in error.

### Number of Completed Action Plans closed in the Month

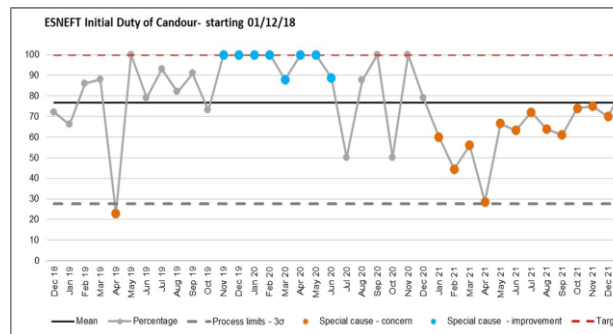
4 Action Plans were sent to the CCG for closure in January 2022. There are currently 73 overdue action plans and a review is required to agree with the CCG those actions which require evidence.



### Duty of Candour

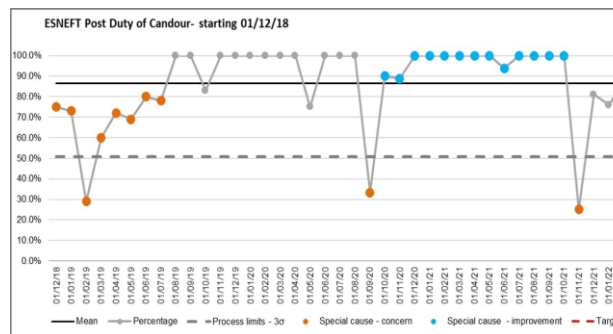
A total of 60 initial Duty of Candour were due in January, of which 51 were completed within the timeframe and 9 out of timeframe.

The compliance for DOC is 85% (70%).



Division	Total Due	Total Completed
Integrated Pathways	19	19
Medicine Ipswich	4	3
Medicine Colchester	3	3
MSK & Specialist Surgery	1	0
North East Essex Integrated Care Services	25	23
Surgery, Gastroenterology and Anaesthetics	3	2
Women & Children (Maternity Colchester)	0	0
Women & Children (Maternity Ipswich)	1	0
Women & Children	0	0
Cancer & Diagnostics	4	1

Post investigation compliance was 87.5% for the month of January, 8 were due in total, with 7 being reported out of timeframe.



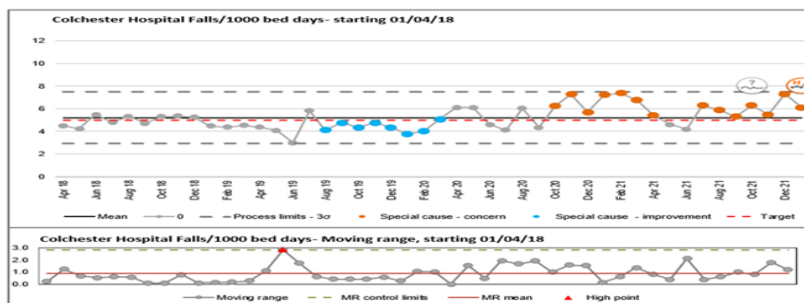
Division	Total Due	Total Completed
Medicine Ipswich	3	3
Medicine Colchester	0	0
MSK & Specialist Surgery	0	0
North East Essex Integrated Care Services	0	0
Surgery, Gastroenterology and Anaesthetics	0	0
Women & Children	3	2
Cancer & Diagnostics	0	0
Integrated Pathways	2	2

## Patient Safety – Falls

### Colchester site

Colchester reported 93 falls in January which is a slight decrease on December (105). Unfortunately, there was one fall resulting in serious harm: fractured wrist. There was a further incident where the patient was lowered to the floor during a therapy session unfortunately resulting in a peri-prosthetic fracture – this incident is being reviewed via the harm free panel process for oversight. There were 25 low harm and 67 no harm incidents.

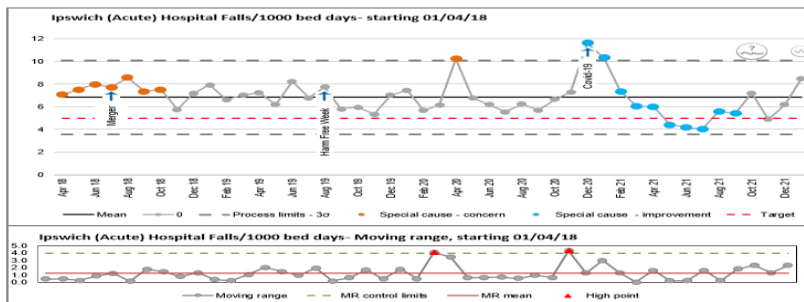
This shows 6.1 falls per 1,000 bed days which is a decrease on December (7.2) and is above the national benchmark of 5.5 and above the ESNEFT benchmark of 5.0.



### Ipswich site

Ipswich acute site reported 128 falls in January which is an increase on December (97). Unfortunately, there were 6 falls that resulted in serious harm – two of these incidents resulted in severe harm with both patients sustaining a fractured neck of femur. Four of the incidents resulted in moderate harm with patients sustaining either a fractured ankle or wrist. In addition, there were 25 falls with low harm and 97 falls with no harm.

This shows 8.5 falls per 1,000 bed days which shows an increase on December (6.2) which is above the national benchmark of 5.5 and above the ESNEFT benchmark of 5.0.

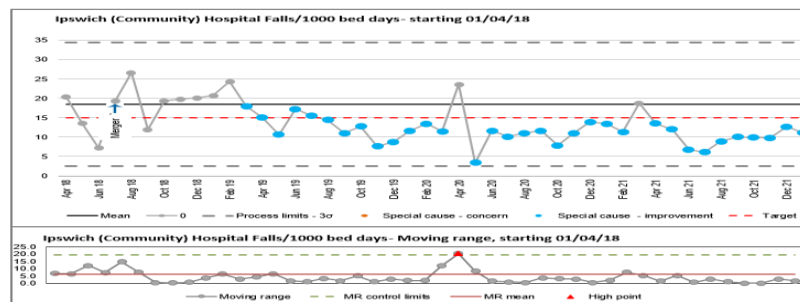


### Community Sites (Suffolk) & North East Essex Community (NEECs)

The Suffolk Community Hospitals collectively reported 23 falls in January which is a slight decrease on December (27). Unfortunately there was one fall that resulted in serious harm (fractured neck of femur). There were 4 falls resulting in low harm and 18 with no harm. This gives a figure of 11.1 falls per 1,000 bed days which shows a decrease on December (12.7) and is below the ESNEFT local benchmark of no more than 15 falls per 1,000 bed days in the community hospitals.

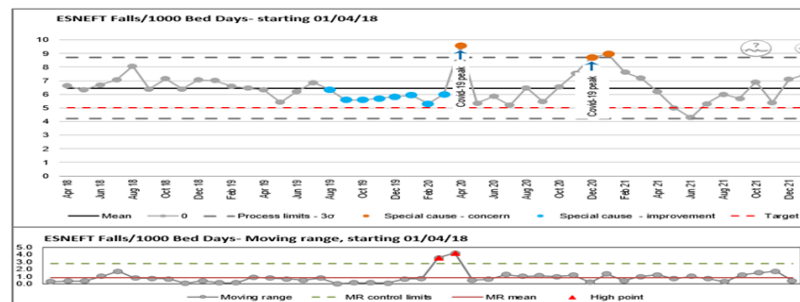
#### North East Essex Community (NEECs):

The community hospitals (Clacton – Durban Ward & St Osyth Priory Ward and Harwich – Trinity Ward and Waverley Ward) in North East Essex reported 4 inpatient falls in January which is a significant decrease on December (17). Positively there were no falls resulting in serious harm and all incidents reported no harm.. Currently there is no bed days data however this is planned to be available in the near future.



### 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 7.3 falls per 1,000 bed days which is above both the national and local benchmarks. The ESNEFT total number of falls per 1,000 including the Suffolk community hospitals sits at 7.5.

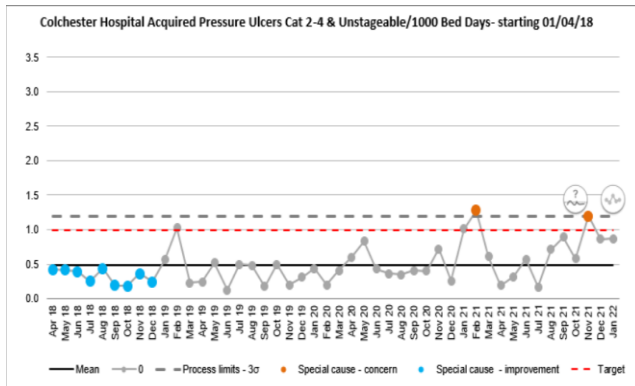




## Patient Safety – Tissue Viability

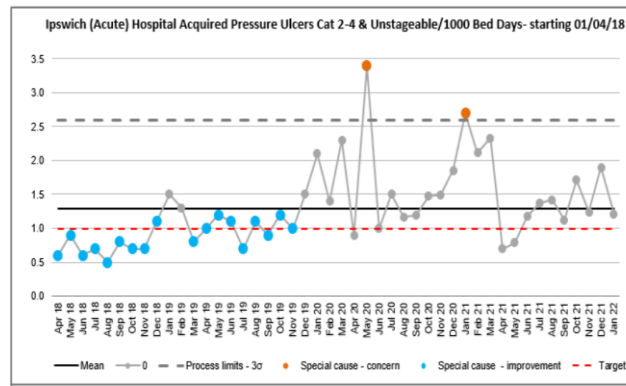
### Colchester Site:

There were 14 (16) hospital developed category 2 pressure ulcers recorded this month, 2 of which were medical device related. There was one unstageable pressure ulcer. This gives a bed days figure of 0.86 (0.98) per 1,000 bed days. NHS Productivity Calculator gives a central estimate cost of £88k.



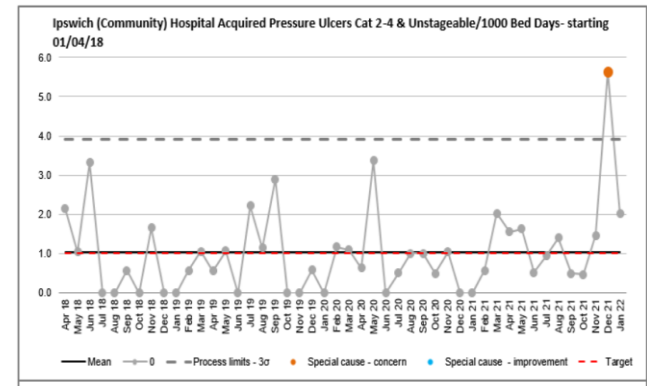
### Ipswich Hospital:

Ipswich had 20 (33) developed pressure ulcers in the month, 18 of which were category two, including 2 medical device related. There was 1 category 3 and 1 unstageable pressure ulcer reported in the month. This shows a figure of 1.28 (1.9) developed pressure ulcers per 1,000 bed days. NHS Productivity Calculator gives a central estimate cost of £128k.



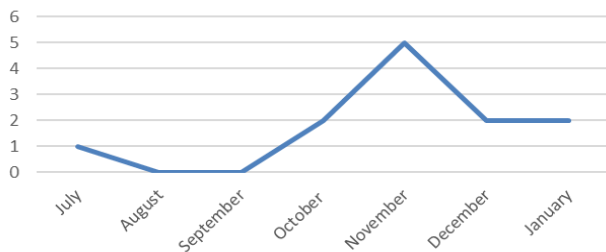
### Community Hospitals :

There were 4 reported developed pressure ulcers, all of which were category 2. This gives a bed days figure of 2.02 (5.6) per 1,000 bed as per the previous month. NHS Productivity Calculator gives a central estimate cost of £110k as a total for one Hospital acquired pressure ulcer.



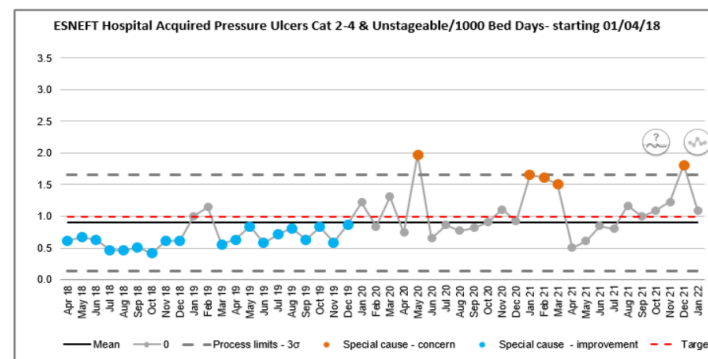
There were two category 2 and above pressure ulcers reported in the NECS Community Hospital. (NECS – bed day data not currently available) There were 41 (86) incidents of developed pressure damage in the NEE Community

NECS Community Hospital Acquired Pressure Ulcers 2021/2022



### ESNEFT

The month of January shows 39 (62) reportable pressure ulcers, resulting in 1.09 developed pressure ulcers per 1000 bed days at ESNEFT, a decrease from 1.7 in the previous month. NHS productivity calculator gives a combined central estimated cost of £240k as a total.



There were 48 incidents of developed pressure damage in the Suffolk Community.

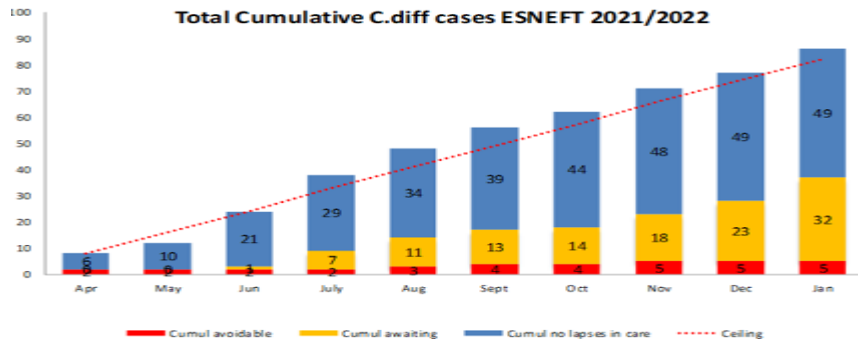
## Patient Safety – Infection Control

### Clostridium difficile (C.diff)

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

There were a total of 9 Trust attributed C.diff cases in January 2022. These are unrelated cases.

There have been a total of 85 cases of C.diff against a threshold of 99 cases for 2021/22.



### Methicillin-resistant staphylococcus aureus (MRSA)

There were no Trust apportioned MRSA bacteraemia.

Trust Site	MRSA new isolates
Colchester (2)	<ul style="list-style-type: none"> <li>Birch Ward</li> <li>EAU</li> </ul>
Ipswich (3)	<ul style="list-style-type: none"> <li>Waldringfield</li> <li>FCH</li> <li>Debenham</li> </ul>

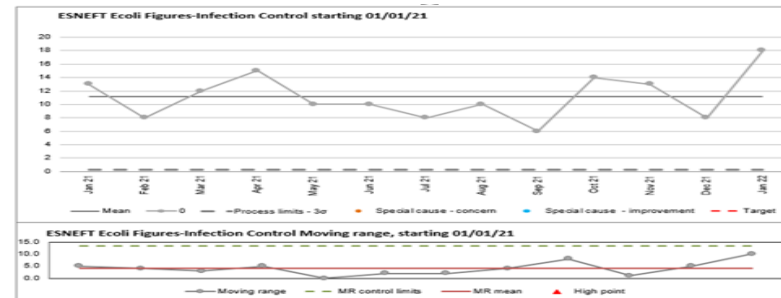
### Escherichia coli (E. coli)

There were 7 HOHA, and 11 COHA E.coli bacteraemias during January 2021.

Ipswich: HOHA (5) – Grundisburgh, Waldringfield, Kirton, Saxmundham, Kesgrave  
COHA (3) – Capel, Brook, Sproughton

Colchester: HOHA (2) – CCU, Angio Ward

COHA (8) – Langham, Mersea, Darcy, Nayland, Brightlingsea, Layer Marney, West Bergholt (2).

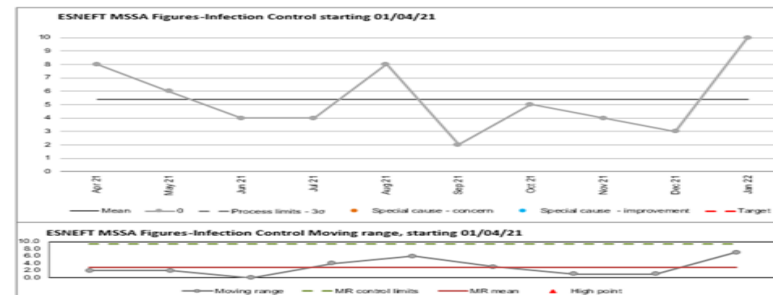


### Methicillin-susceptible staphylococcus aureus (MSSA)

There were 7 HOHA, and 3 COHA MSSA bacteraemias during January 2021.

Ipswich: HOHA (2) – Framlingham, Washbrook  
COHA (2) – Needham (2)

Colchester: HOHA (5) – West Bergholt, Nayland, Brightlingsea (2), Langham  
COHA (1) – ACU



## Patient Safety – Infection Control

### COVID -19

Month/Site	Number of HOIHA		Number of HOPHA		Number of HODHA		Total ESNEFT attributable (HOPHA and HODHA cases)
	Col	Ips	Col	Ips	Col	Ips	
January	9	29	14	29	20	30	80

\*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 and DATIX is required for inpatients diagnosed with COVID-19 >7 days after admission.

#### COVID-19 outbreaks identified in January 2022:

##### Colchester (6):

- Stoke 06/01/2022
- Trinity 06/01/2022
- Great Tey 10/01/2022
- Waverley 10/01/2022
- ACU 15/01/2022
- Fordham 17/01/2022

##### Ipswich and East Suffolk (12):

- Kesgrave 03/01/2022
- Aldeburgh 05/01/2022
- Capel 10/01/2022
- Stradbroke 14/01/2022
- Kirton 14/01/2022
- Levington 14/01/2022
- Debenham 16/01/2022
- Stowupland 19/01/2022
- Woodbridge 25/01/2022
- Saxmundham 25/01/2022
- Grundisburgh 28/01/2022
- Needham 29/01/2022

## Patient Safety – Maternity Dashboard – December data

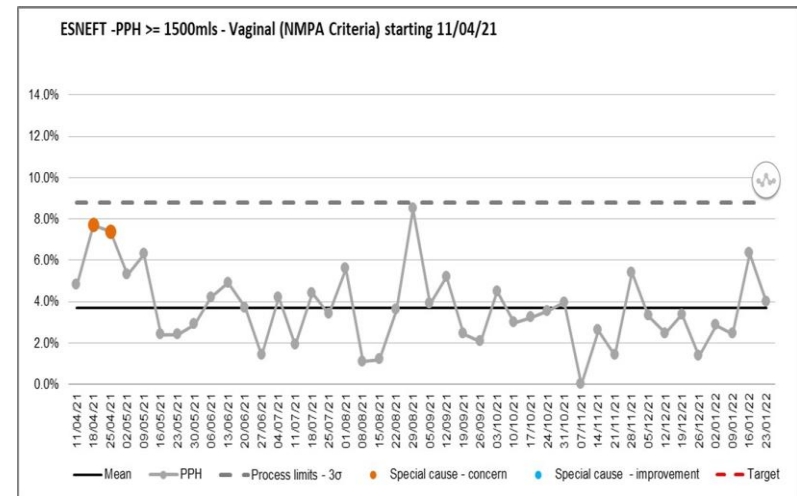
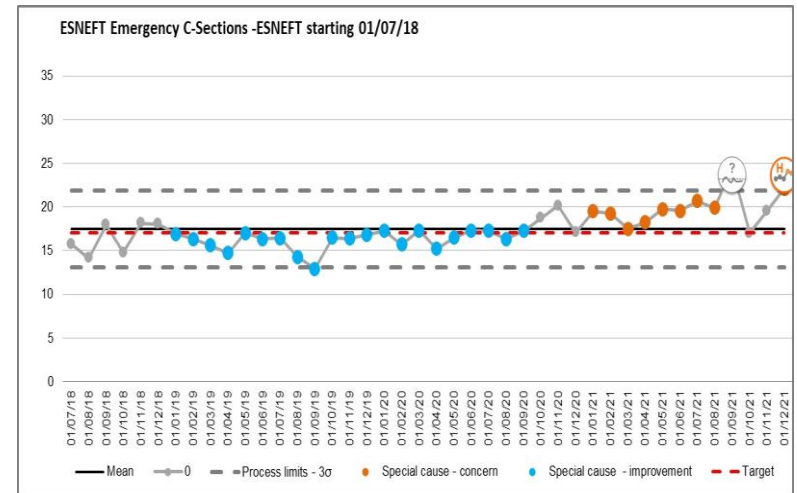
Indicator	ESNEFT			ESNEFT													
	Green	Amber	Red	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
Numbers	Number of Women who gave Birth (Deliveries)			473	516	519	579	586	522	533	627	586	570	605	548	584	
	Number of Babies Born (Births)			480	528	524	589	593	533	536	633	593	580	613	555	597	
	Multiple Births			8	12	5	10	7	11	3	6	7	10	8	7	13	
	Pre term Births (<37 weeks)			32	48	38	47	53	49	39	54	45	44	33	43	58	
Smoking	Number of Women Smoking at Delivery			43	38	36	64	44	43	46	50	43	31	62	55	54	
	Number whose smoking status is Not Known			0	1	0	0	0	1	0	0	0	0	0	0	0	
	% of Women Smoking at Delivery	<11%	11-16%	>16%	9.09%	7.36%	6.94%	11.05%	7.51%	8.24%	8.63%	7.97%	7.34%	5.44%	10.25%	10.04%	9.25%
Place of Delivery	Number - Consultant Led Unit			423	479	463	490	509	464	459	554	535	517	525	486	539	
	% - Consultant Led Unit			88.13%	90.72%	88.36%	83.19%	85.83%	87.05%	85.63%	87.52%	90.22%	89.14%	85.64%	87.57%	90.28%	
	Number - Alongside Midwife Led Unit (JUNO and Brook)			36	33	41	79	59	52	56	57	40	46	63	49	44	
	% - Alongside Midwife Led Unit (JUNO and Brook)			7.50%	6.25%	7.82%	13.41%	9.95%	9.76%	10.45%	9.00%	6.75%	7.93%	10.28%	8.83%	7.37%	
	Number - Freestanding Midwife Led Unit (Clacton)			5	3	0	3	7	4	3	4	0	0	0	2	3	
	% - Freestanding Midwife Led Unit (Clacton)			1.04%	0.57%	0.00%	0.51%	1.18%	0.75%	0.56%	0.63%	0.00%	0.00%	0.00%	0.36%	0.50%	
	Number - Homebirths			15	13	19	15	18	13	18	17	17	14	23	18	10	
	% - Homebirths			3.13%	2.46%	3.63%	2.55%	3.04%	2.44%	3.36%	2.69%	2.87%	2.41%	3.75%	3.24%	1.68%	
	Number - Other			1	0	1	2	0	0	0	1	1	3	3	0	1	
	% Other			0.21%	0.00%	0.19%	0.34%	0.00%	0.00%	0.00%	0.16%	0.17%	0.52%	0.49%	0.00%	0.17%	
Total Number of Midwife Led Deliveries			56	49	60	97	84	69	77	78	57	60	86	69	57		
% Midwife Led Deliveries			11.67%	9.28%	11.45%	16.47%	14.17%	12.95%	14.37%	12.32%	9.61%	10.34%	14.03%	12.43%	9.55%		
Interventions	Episiotomies performed			69	64	55	69	80	59	69	72	75	75	65	58	72	
	Transfers of Primips from MLC to CLC			14	23	tbc	22	41	31	23	25	21	tbc	tbc	tbc	tbc	
Intrapartum Transfers of Care	Number of Primips			23	6	12	14	21	21	29	19	16	16	23	14	14	
	% of Transfers for Primips	<45%	45-50%	>50%	37.84%	79.31%	tbc	61.11%	66.13%	59.62%	44.23%	56.82%	56.76%	tbc	tbc	tbc	
	Transfers of Multips from MLC to CLC			10	11	tbc	5	9	12	6	7	9	tbc	tbc	tbc	tbc	
	Number of Multips			35	24	39	55	44	48	46	57	40	45	63	52	43	
	% of Transfers for Multips	<12%	12-17%	>17%	22.22%	31.43%	tbc	8.33%	16.98%	20.00%	11.54%	10.94%	18.37%	#VALUE!	#VALUE!	#VALUE!	
	% of Transfers			30.00%	40.96%	tbc	21.77%	37.31%	38.39%	27.36%	29.09%	34.48%	tbc	tbc	tbc	tbc	
Mode of Delivery	Number of Normal Vaginal Deliveries			250	275	290	334	327	297	289	361	318	303	369	299	296	
	Number of Breech Vaginal Deliveries			3	0	3	2	0	5	2	1	2	2	1	0	1	
	Total Non operative vaginal deliveries			253	275	293	336	327	302	291	362	320	305	370	299	297	
	% of Non operative vaginal deliveries	>60%	55-60%	<55%	52.71%	52.08%	55.92%	57.05%	55.14%	56.66%	54.29%	57.19%	53.96%	52.59%	60.36%	53.87%	49.75%
	Number of Ventouse deliveries			34	21	22	25	35	18	21	29	29	23	21	27	24	
	% of Ventouse deliveries			7.08%	3.98%	4.20%	4.24%	5.90%	3.38%	3.92%	4.58%	4.72%	3.97%	3.43%	4.86%	4.02%	
	Number of Forcep deliveries			41	51	44	47	53	36	45	46	45	42	43	33	55	
	% of Forcep deliveries			8.54%	9.66%	8.40%	7.98%	8.94%	6.75%	8.40%	7.27%	7.59%	7.24%	7.01%	5.95%	9.21%	
	Total Instrumental Deliveries			75	72	66	72	88	54	66	75	73	65	64	60	79	
	% Instrumental Deliveries	<12%	12-15%	>15%	15.63%	13.64%	12.60%	12.22%	14.84%	10.13%	12.31%	11.85%	12.31%	11.21%	10.44%	10.81%	13.23%
	Number of Emergency C-Sections			82	105	101	103	108	106	104	131	118	142	104	108	132	
	% of Emergency C-Sections			17.08%	19.89%	19.27%	17.49%	18.21%	19.89%	19.40%	20.70%	19.90%	24.48%	16.97%	19.46%	22.11%	
	Number of Elective C-Sections			70	82	63	78	70	70	75	65	82	68	75	88	89	
% of Elective C-Sections			14.58%	15.53%	12.02%	13.24%	11.80%	13.13%	13.99%	10.27%	13.83%	11.72%	12.23%	15.86%	14.91%		
Total C-sections			152	187	164	181	178	176	179	196	200	210	179	196	221		
% C-Sections	<25%	25-30%	>30%	31.67%	35.42%	31.30%	30.73%	30.02%	33.02%	33.40%	30.96%	33.73%	36.21%	29.20%	35.32%	37.02%	
Elegible for VBAC																	
Attempted VBAC				27	24	16	28	17	18	21	31	26	21	15	18		
Successful VBAC				14	16	10	18	11	11	16	14	8	13	11	7		
VBAC Rate				51.85%	66.67%	62.50%	64.29%	64.71%	61.11%	76.19%	45.16%	30.77%	61.90%	73.33%	38.89%	37.50%	
Unit Diverts	External			0	0	4	4	5	2	3	6	6	6	3	2	3	
	Internal			0	0	5	3	3	0	3	4	1	4	3	2	3	
Maternal Morbidity and Mortality	PPH >= 1500mls - All women			16	17	14	17	31	20	20	35	22	22	21	17	16	
	% PPH >=1500mls - All women			3.38%	3.29%	2.70%	2.94%	5.29%	3.83%	3.75%	5.58%	3.75%	3.86%	3.47%	3.10%	2.74%	
	PPH >= 1500mls - Vaginal (NMPA Criteria)			11	10	6	12	21	13	12	16	12	12	16	8	9	
	No. Singleton Term Vaginal Deliveries			307	325	342	380	387	337	337	421	374	360	421	347	355	
	% PPH >=1500mls - Vaginal (NMPA Criteria)			3.58%	3.08%	1.75%	3.16%	5.43%	3.86%	3.56%	3.80%	3.21%	3.33%	3.80%	2.31%	2.54%	
	Maternal Death			0	0	0	0	0	1	0	0	0	1	0	0	0	
Maternal Admissions to CCU			0	2	0	0	2	7	4	1	1	0	0	0	0		
Number of 3rd/4th degree tears			7	6	8	6	15	5	4	4	8	9	10	6	6		
% of 3rd/4th degree tears			2.13%	1.73%	2.23%	1.47%	3.61%	1.40%	1.12%	0.92%	2.04%	2.43%	2.30%	1.67%	1.60%		
Neonatal Morbidity and Mortality	HIE Grades 2 & 3	0	1-2	>2	0	1	0	0	0	0	1	1	0	0	1	1	
	Babies sent for cooling				1	2	0	0	0	1	1	0	0	0	1	1	
	Term Admissions to NNU				26	28	28	27	36	40	28	37	28	31	31	20	
	APGAR at 5 min <7 at term (Number)				7	7	3	3	4	4	6	3	6	4	5	5	
	APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	1.46%	1.33%	0.57%	0.51%	0.67%	0.75%	1.12%	0.47%	1.01%	0.69%	0.82%	0.90%	
	Number of Stillbirths	<2	2	>2	1	1	1	0	3	1	1	5	2	1	0	4	
	Neonatal Deaths within 28 days				0	1	2	0	1	3	0	2	1	0	tbc	tbc	
Late Fetal Losses (22+0 to 23+6 weeks)				0	0	0	0	0	0	0	0	0	0	0	0		
Demographics	Women <18 years at delivery			1	6	6	3	3	3	3	7	5	4	2	5	4	
	Women >= 40 years at delivery			21	22	24	28	21	23	19	28	30	26	15	21	19	
	Babies from Ethnic Minority Groups			58	66	54	95	87	85	85	92	82	75	83	80	93	

### ESNEFT Emergency Caesarean Sections – December 22.11%

The Emergency Caesarean Section rate for ESNEFT has risen from 19.46% in November to 22.11% in December, this follows a period of statistically significant upwards shift since January 2021. Ipswich reported a 21.09% emergency Caesarean Section rate in December. Colchester’s rate has risen from 20.2% in November to 23.7% in December. A daily MDT Datix meeting has been implemented to discuss and review all Datix, including Emergency Caesarean Sections performed in the last 24 hours in order to investigate care and highlight learning at the Colchester site, however this is sometimes challenged by availability of MDT, and this has been escalated through governance channels. On the Ipswich site, emergency LSCS from the previous 24 hours are discussed briefly at the daily safety huddle, and a new monthly CTG discussion meeting has been initiated, which will also incorporate discussions around decisions to perform emergency Caesareans for CTG concerns.

### ESNEFT Massive Obstetric Haemorrhage – December 2.54%

In order to exclude anomalies, regional reporting regarding PPH rates are for women meeting NMPA criteria (i.e. singleton term pregnancy with cephalic presentation). We have been set a target for 2.5 % for this cohort of women delivering vaginally, hence this is the data now displayed in this report (being collected weekly currently as part of QI project to reduce PPH rates). The rate for ESNEFT is 2.54% for December (2.4% for Colchester and 2.7% for Ipswich respectively). Although there has not been a statistically significant change in rates this year, November and December’s rates showed an improvement in comparison to the preceding 8 months. The level of variance at the Colchester site is generally higher suggesting a more unstable level of PPH in comparison to the Ipswich site, although more recently this looks to be an improving picture. For NMPA criteria women having PPH > 1500mls at Caesarean birth the target has been set at 4.3%, and ESNEFT rate for the month of December was well within this at 2.8% (2.2% for Ipswich and 3.4% at Colchester), but this does not represent a consistent position as we have been above this rate in some of the previous months. PPH QI work continues across both sites, although this continues to be challenged by the logistics of ensuring all relevant parties can attend an across site meeting at the same time, and single site and smaller group meetings are taking place in the interim. Both sites undertake face to face MDT PROMPT skills and drills training. Additional skills and drills training on the ward implemented as part of the QI project has been challenged by staffing and / or acuity, and in particular over the last few weeks due to the much higher levels of staff absences attributable to Covid-19 it has not been achievable to undertake additional skills and drills sessions outside of PROMPT training. All PPH >1500ml are subject to MDT review using an across site audit tool to facilitate gathering of themes and learning, which then inform the joint ESNEFT PPH action plan, as well as being shared at PPH QI meetings. Work continues on a merged PPH guideline for ESNEFT. A ‘massive obstetric haemorrhage SOP’ has been developed for Ipswich, similar to Colchester’s ‘Code Blue’; this cleared governance processes in December, and its launch is being planned, however this has been delayed by further discussions with CCOT about their availability to be able to respond to MOH callouts, which must be clarified before launch.



## ESNEFT Preterm birth rates <36+6 weeks

The ESNEFT preterm birth rate for December has risen to 9.7%, following an unusually low rate of 3.8% in November. Previously the preterm birth rate was relatively stable throughout 2021, however, at a rate higher than the rolling target of 6% (8.23% for Colchester and 7.83% for Ipswich Jan-Dec 2021). This has been discussed within the LMNS forum and it has been agreed that further investigative work into the nature of these preterm births and any actions required will be undertaken by completing an audit of 3 months of preterm births using a regional audit tool. A relatively large number of the preterm births are born between 36 and 36+6 weeks gestation, with fewer born at earlier gestations. Some of these births are due to clinical indications requiring early delivery within guidance as opposed to spontaneous births. Preterm birth prevention clinics continue in both sites, alongside fetal fibronectin for early diagnosis of threatened preterm labour. Work towards the regional QI project of antenatal Optimisation is now underway at both sites. This care bundle aims to improve neonatal outcomes in preterm birth via the STAMPED acronym (Steroids, Transfer, Antibiotics, Magnesium sulphate, Parents, Evaluate for tocolysis, DELIVERY plan). Exception reports are completed for cases where magnesium sulphate is missed, delayed cord clamping has not been achieved or where a baby under 27 weeks has not been transferred out to tertiary unit. These exception reports include action plans for continuous learning and improvement, and are shared with the LMNS to enhance regional learning.

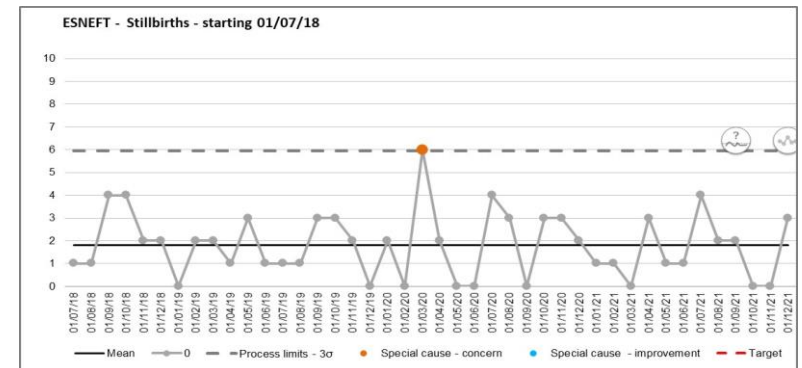
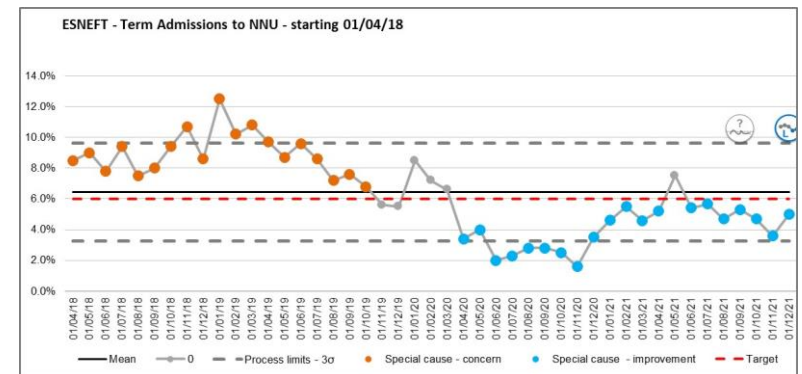
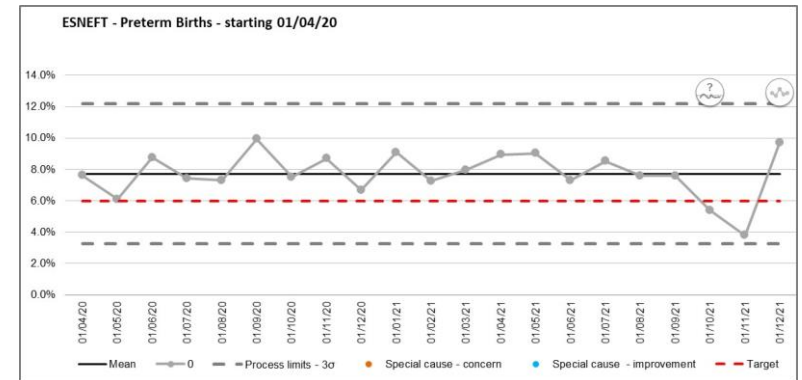
## ESNEFT Term Admissions to NNU

ESNEFT Term admissions to NNU are 5% for December (4.6% Colchester and 5.4% Ipswich), within the maximum target of 6%. This continued picture of statistically significant reduction in term admission rates to NNU is a result of several successful QI projects over the last few years. ATAIN projects commenced at Colchester in October 2017 and at Ipswich in March 2018 to reduce the number of avoidable term admissions to the NNU; all term admission to NNU are subject to MDT review, where information is gathered and learning is shared. The implementation of transitional care in Ipswich in April 2019, and other QI projects such as neonatal cannulation in the delivery room has also reduced separation of mum and baby as well as reduce term admission rates. The Kaiser sepsis calculator was successfully implemented at Colchester in June 2021, reducing the number of babies that would have had prophylactic antibiotics following birth. The recent QI project and launch of Kaiser at Ipswich on 1st November 2021 has also been successful and term admission rates have fallen in both November and December since its launch. Ipswich site completed a successful QI project to improve neonatal thermoregulation earlier this year, and there is ongoing QI work at Colchester regarding neonatal thermoregulation.

## Stillbirths

**Colchester-** 2 in December

**Ipswich-** 1 in December



## Patient Safety – Quarterly Report (CNST)

### Training compliance

The components of our maternity core competency framework which are reportable under the CNST maternity incentive scheme are delivered via the three day “statutory training programme” on each site. The content of the programme has just been aligned as far as possible cross-site, with the changes to take effect from the start of the new training year in April 2022 – detailed curriculum available on request. Going forward, the training update will be reported as a rolling record of staff members whose mandatory training is up to date (i.e. completion within the last 12 months as required by the CNST maternity incentive scheme, which requires a compliance threshold of 90% in each staff group). Much of the mandatory training has had to be cancelled in recent months, owing to universally recognised operational pressures caused by the ongoing COVID-19 pandemic. Where compliance in staff groups is currently falling short of the 90% expectation, discussions are underway about how to recover the position, and better facilitate attendance. Please note that some staff groups are significantly smaller than others so each individual’s compliance carries a far higher percentage weight.

### Colchester

Current Compliance	
PROMPT	
Midwives	81.38%
Nurses	25.00%
Support Workers	75.00%
Consultants	50.00%
Doctors	82.35%
Anaesthetists	61.54%

Current Compliance	
STAT Day 1	
Midwives	76.55%
Consultants	57.14%
Doctors	64.71%

Current Compliance	
STAT Day 2	
Midwives	80.69%
Nurses	25.00%
Support Workers	64.29%
Consultants	64.29%
Doctors	70.59%

### Ipswich

Current Compliance	
PROMPT	
Midwives	83.56%
Support Workers	66.67%
Consultants	46.67%
Doctors	66.67%
Anaesthetists	38.46%

Current Compliance	
Stat Day 1	
Midwives	79.45%
Support Workers	52.78%
Consultants	6.67%
Doctors	0.00%

Current Compliance	
Stat Day 2	
Midwives	76.71%
Consultants	0.00%
Doctors	6.67%

### Service user feedback

In partnership with our MVPs and the LMNS we undertook a service user survey to ask people about their experience of our maternity triage service. Maternity triage is currently under scrutiny nationally as it is recommended that women that attend hospital with unscheduled pregnancy related problems should be seen in areas away from delivery suite. However; maternity units were not designed with additional physical space and “Triage” departments have evolved in already established Day Assessment Units, or induction of labour bays, and have expanded without standardised pathways, with growing workloads and without appropriate organisational and clinical systems.

Our project, working with MDT colleagues from across the LMNS, is designed to identify and resolve the issues within Maternity Triage. Our aim is to tangibly improve the safety, quality and effectiveness of our triage service measured by improved outcomes and patient experience and the implementation of a standardised approach to assessment, clinical prioritisation, and treatment leading to >90% compliance with Right Baby Right Place by May 2022.

### Staff feedback from frontline champions and walkabouts

Midwifery and Board level safety champions undertake regular walkabouts in addition to monthly “safety counts” feedback sessions for all maternity and neonatal staff. Recent feedback has included a positive response to the professional midwifery advocate role which has been put in place cross-site, along with having a ESNEFT Neonatal Unit Matron to support the ATTAIN and implementation of Transitional care.

We have planned ‘focused’ walkabouts over the next few months.

## Patient Safety – Quarterly Report (CNST)

CQC DOMAINS												
Maternity unit	Colchester (March/April 2021)					Ipswich (8 <sup>th</sup> April 2021)						
	Overall Rating: Requires Improvement					Overall Rating: Requires improvement						
C-caring R-responsive E-effective W-well-led S-safe	S	E	C	R	W	Action Plan Status: To commence Progressing Completed						
Rating (last inspection)												Action plan status:

### Maternity Safety Support Programme (MSSP)

ESNEFT continues to receive support from our designated maternity improvement advisor as part of this programme.

### Ockenden

Whilst Ockenden 2 requirements are awaited, all Trusts are required to provide an update to their Trust Boards on current status in relation to the Ockenden 1 requirements. This will be tabled at Performance Assurance Committee in February 2022 and at Trust Board in March 2022, in the form of an updated assessment and assurance tool.

### Requests/concerns raised by external bodies

No external requests have been received

### Coroner Regulation 28 reports made directly to the Trust

None received in the reporting period

### CNST Maternity Incentive Scheme

The Year 4 scheme remains paused until at least 23<sup>rd</sup> March 2022, following which date revised details will be issued. ESNEFT continues to adhere to the principles of the scheme, and maintain processes and reporting put in place to meet the previous requirements.

### Midwifery staffing

The BirthRate Plus acuity tool is used on both sites to monitor safe staffing levels within the unit at four-hourly intervals. The tool provides a RAG rating according to staff numbers, acuity and any “red flags”, to highlight when mitigating actions are required. Alongside its usage in real-time, the tool does have reporting functions for identification of themes, ongoing areas of concern etc. Staff within the maternity service are familiarising themselves with the reporting features, in order to embed a review process. Over the reporting period October 2021 – December 2021, staffing levels were consistently a concern across both sites, given the workforce was depleted by isolation and sickness caused by the pandemic.

### Medical staffing

Any gaps in rotas continue to be covered and mitigated according to the agreed process and prioritisation, within which delivery suite cover is prioritised within rota planning. No issues have been encountered during the quarter October 2021 – December 2021, with all rotas covered appropriately with internal and external locums. Three more Consultants will be joining the team in the coming months, further strengthening capacity and resilience.



**Maternity Assurance Report – Saving Babies Lives V2 Updates (Safety Action 6)**

In recognition of the current pressure on the NHS and maternity services, communication was received from NHS Resolution (NHSR) at the end of December 2021 that the majority of reporting requirements relating to demonstrating achievement of the maternity incentive scheme (MIS) 10 safety actions are paused for a minimum of 3 months. However, work towards Saving Babies Lives Care Bundle ver. 2 continues where possible. The Quality Improvement midwife holds meetings every 3 weeks on both sites in order to update the action plan and progress work. We await revised timetable and technical guidance from NHS Resolution.

**Element 1: Reducing smoking in pregnancy**

Referral pathway to smoking cessation services is in place across both Ipswich and Colchester sites. There have been significant changes in the required standards for reducing smoking in pregnancy, and under the current technical guidance the Trust will fail safety action 6 if it is unable to achieve 80% compliance for monitoring CO score at booking and 36 weeks evidenced via MIS over a 6 month period commencing at the latest November 2021. Currently Colchester is compliant at booking, and falling just short of 80% at 36 weeks. Ipswich is currently falling just short of 80% at booking, but is considerably below the 80% target at 36 weeks. This is greatly contributed to by the paper-based system at Ipswich, and the MIS year 4 requirement for information systems based evidence. Audits of hand-held records demonstrate a higher compliance than can currently be evidenced electronically. Current inadequate compliance has been escalated to the Senior Responsible Officer and Head of Midwifery and a risk register entry has been made as there is a significant risk we will not pass Safety Action 6 due to lack of compliance with this element. Updated scheme is awaited to see if technical guidance around this element is updated.

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

ESNEFT guidelines are compliant with requirements. Required audits are being undertaken to evidence 80% compliance with risk assessment for FGR being undertaken at booking which is standard practice in both sites. Also required is 80% compliance with a risk assessment at 20 weeks gestation; Clarification is being sought from NHSR as to the nature of the risk assessment pathway for FGR required at 20 weeks gestation. This is not currently standard practice and a new process will need to be developed on both sites. MIS makes a recommendation that pregnancies identified as high risk at booking have uterine artery Doppler flow velocimetry performed by 24 weeks completed gestation: Ipswich site have an alternative care pathway agreed by CCG previously

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

All women receive information about reduced fetal movements before 28 weeks gestation as required by CNST. At Ipswich site this information is displayed on pregnancy wallets issued to all women to contain their handheld notes, which is also available in several different languages. At Colchester site all women are given information leaflets regarding reduced fetal movements. QR code across both sites signposts to information regarding reduced fetal movements in other languages. Dawes Redman CTGs are available in triage and ANDU across both sites, and used for women presenting with reduced fetal movements as per CNST requirements

All audits required for this element have now been completed. Colchester have 99.7% compliance with giving women information about reduced FMS by 28 weeks. Ipswich had 85% compliance, therefore an action plan is required. Both sites evidenced 100% compliance with performing computerised CTGs for women presenting with reduced FMS.

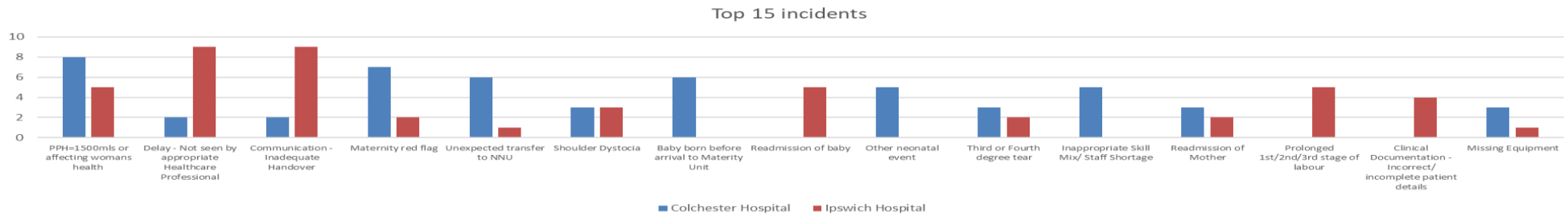
**Element 4: Effective fetal monitoring during labour**

CNST requirement for a dedicated Lead Fetal Monitoring Midwife (0.4 WTE) is already met on both sites. CNST also required Lead Obstetricians (0.1 WTE per consultant led unit) to be in place by the end of 2021. 0.05 WTE is already in place at Ipswich. At Colchester this work is being undertaken by a consultant, the consultant job plan requires updating to reflect the hours spent on this work and meet CNST requirement. Fetal monitoring training sessions consistent with the Ockenden Report recommendations including intermittent auscultation, electronic fetal monitoring with system level issues e.g. human factors, escalation and situational awareness are already in place. Mandatory training programme is being reviewed to ensure that this training is attended by 90% of eligible multi disciplinary staff, and projected training compliance is being tracked for all staff groups.

**Element 5: Reducing preterm birth**

Consultant Obstetrician with special interest in preterm births in place at both sites, with Pre-term Prevention Clinics also happening across both sites. 40 consecutive cases of women booking for antenatal care will be audited at Ipswich site to measure the percentage of women that are assessed at booking for the risk of preterm birth and stratified to low, intermediate and high risk pathways, and whether those at risk are referred to appropriate preterm birth clinic and pathway. This audit has already been completed and compliance demonstrated for Colchester site. The remaining process indicators of element 5 - mothers of babies less than 34 weeks having steroids within 7 days of birth, mothers of babies less than 30 weeks having magnesium sulphate within 24 hours of birth, and all babies born less than 27 weeks being transferred out prior to birth - will mostly be addressed through the Optimisation QI project currently being implemented across site, and will be evidenced through audit.

## Maternity Assurance Report – Incidents & Serious Incident updates



### ESNEFT top three incidents:

1. PPH >1500mls
2. Delay in being seen by appropriate healthcare professional
3. Inadequate handover

Colchester- 0 ITU admissions

Ipswich- 0 ITU admissions

### Moderate HARM (CGH):

- Baby readmitted due to poor feeding and low BM. Raised as a PSR investigation.

### Moderate HARM (IPH):

- No moderate harm incidents for December

### Risk Register

**Risk to patient safety due to not being able to fill the midwifery staffing template. Risk rating- 15 (Risk ID 904)**

Monthly meetings with DMT continue to review this risk entry on the Risk Register.

- Risk score remains at a 15.
- New starters starting over next 2 months for both experienced B6 midwives and preceptor midwives (both sites)

No new risks added to risk register

### Horizon scanning:

- ATAIN/CNST compliance – currently in fact finding stages.
- Safeguarding supervision not compliant - currently being drafted

### PSII and HSIB cases:

#### COLCHESTER

- No new PSII's in December
- 1 new HSIB case – Neonatal Death at 2 days of age (accepted Jan'22)

#### IPSWICH

- No PSII's in December.
- No HSIB cases in December.
- 1 Enhanced PSR raised in December – Abruption EM LSCS born in poor condition and transferred out for cooling. Did not meet HSIB criteria as no labour prior to birth.

### Unit Diverts

#### COLCHESTER:

07/12/2021-08/12/2021 – 22hours, Acuity/Staffing/Capacity

26/12/2021-28/12/2021 – 47hours 5mins, Acuity/Staffing.

#### Ipswich:

03/12/2021-04/12/2021 – 9hours NNU closed

16/12/2021-16/12/2021 – 3hours 15mins NNU closed

Staffing vacancies	Midwives (WTE)	Support staff
Ipswich	20.2	0
Colchester	16.68	8.85

## Maternity Assurance Report – Better Births – Midwifery Continuity of Care (MCoC) Update

Following the guidance on planning, implementation and monitoring Midwifery Continuity of Carer that was released on the 21st October from NHSE and NHSI, and with the Better Births Lead now in post since November, plans have been finalised to achieve the recommended building blocks to implementation in a timely and sustainable way whilst always ensuring the safety of the current service.

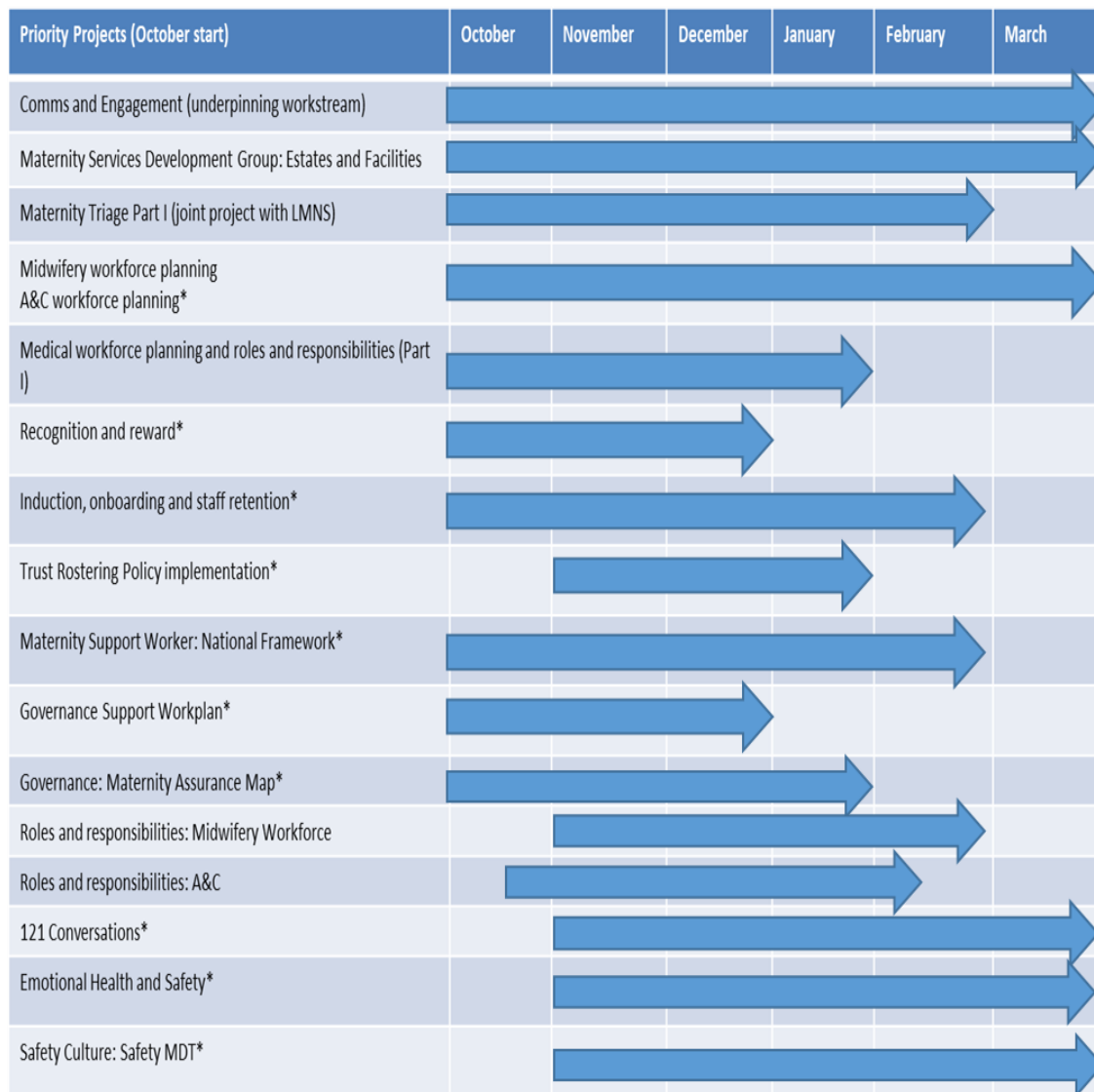
The plans were submitted to Trust Board and LMNSB in January, where they were approved with quarterly updates at each of these forums within the ongoing plan to ensure that the plans are progressing and that any barriers to this can be escalated and supported where appropriate. Now that the plans have been approved at these Boards they have now been shared with all staff and engagement events are being held to receive feedback from staff and engagement across the Trust to move the plans forward.

The workforce tool has now been implemented with the guidance from regional leads to ascertain the movement of staff that will be required to achieve each percentage of MCoC roll out and the extra staffing that will be required as we progress. Any additional staffing requirements will be subject to a business case and will then need recruiting into.

Better Births Lead will continue to engage with staff, prioritising those that may be affected by the first phase of implementation. Monthly MCoC forums continue and a permanent agenda item will be current staffing levels on each site so it can be discussed as to whether we are in a position each month to move forward with the next stage of the plan.

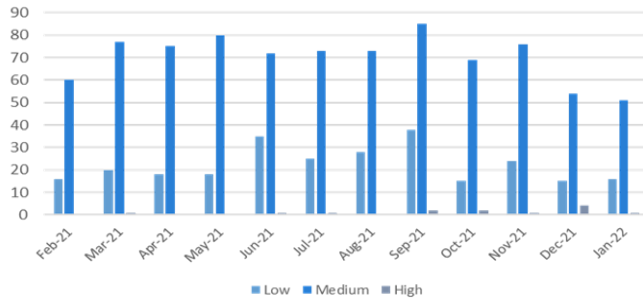
The new guidance also recognises the need for a modified approach to the MCoC model for those with medical and obstetric complexities. Both sites are keen to explore the possibility of a more hospital based Med-Obs team of midwives to provide a more holistic care approach for pregnant people that have predominantly consultant input throughout their pregnancies. Since the plans have been shared there has been interest from the current teams to explore this model and what it will look like more in depth. The Better Births Lead will arrange meetings with these teams to start discussing the referral criteria and care pathways for these teams.

Staff engagement is beginning with an open Q&A session with PMA support for staff to share their views and ideas now they have had a chance to read through the proposed plans. Further, more detailed sharing events will begin initially and when the staffing levels are safe to proceed to our first phase, MCoC engagement events will begin to explore this new way of working with those wishing to be part of the first phase.



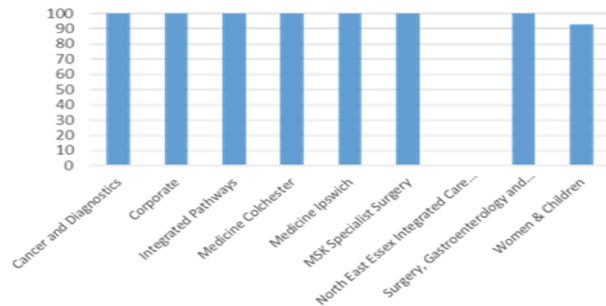
## Patient Experience - Complaints

Total number of Complaints by Level



Overall complaints numbers for ESNEFT in January were 68 (73). There was 1 high level complaint recorded in month. Colchester reported 35 (40) complaints and Ipswich reported 33 (45).

Complaint Response Compliance %



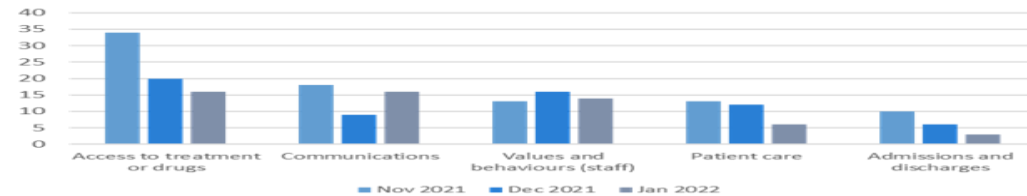
Overall response rate compliance increased to 97.5% this month from 94% in December. There were 78 (108) complaints closed in the month of January. Overdue complaints increased to 8 (5).

### Complaint themes

The most common themes for complaints for January 2022 were access to treatment or drugs and there was also an increase in the number of complaints relating to communications. The main concerns raised were around poor communications with the patient regarding appointments and/or treatment management as well as delays in appointments being offered.

January saw a decrease in complaints received relating to patient care, values and behaviours and admissions and discharges.

Top 5 Complaint Themes



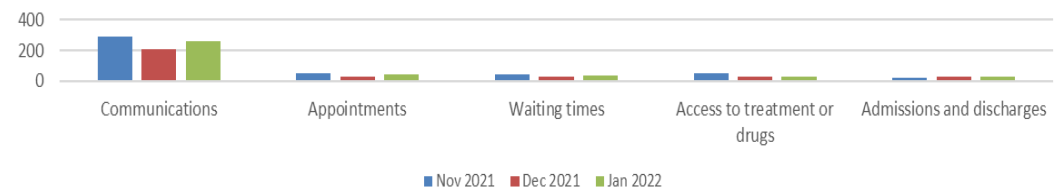
### Top themes from PALS:

The top themes for PALS enquiries in January were Communications and Appointments.

PALS enquiries related to issues such as telephones not being answered in departments and queries regarding when follow-up appointments and surgery would be re-scheduled.

- There were 6 PALS cases which were converted into formal complaints for December 2021:
- 2 for Medicine Ipswich
- 2 for Surgery, Gastroenterology and Anaesthetics
- 1 for Women & Children
- 1 for Corporate

Top PALS Themes - last 3 months





## Letters to Loved ones

Since the start of the project in May 2020 Colchester has received 795, Ipswich 1,159 letters and the Suffolk Community Hospitals 174. During January Ipswich received 90, Community Hospitals 24 and Colchester 68.

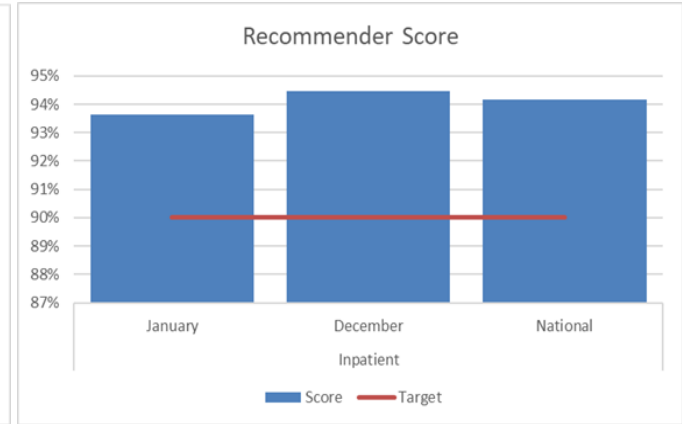
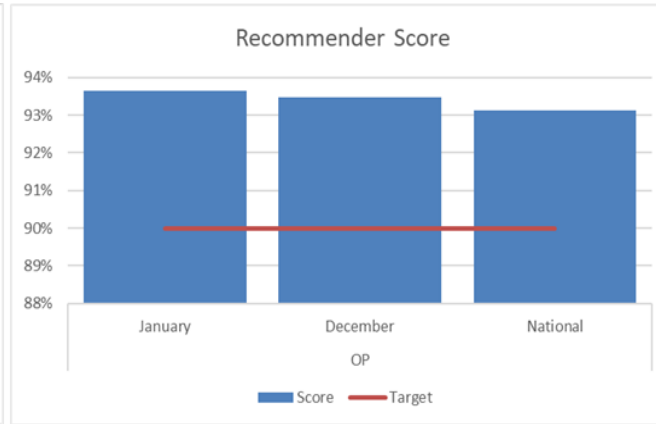
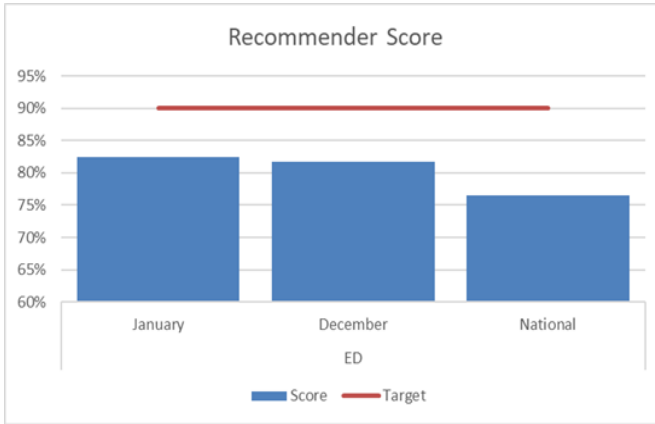
## Patient Representative Engagement

- St Elizabeth Hospice Update –The EOL team and Patient Experience Team at ESNEFT have started working together. An EOL complaint was shared between the two teams and the learning was shared between the two organisations. The Head of Engagement at St Elizabeth Hospice is undertaking a walkabout at Ipswich Hospital to explore opportunities for shared learning and collaborative working.
- Sight Loss Council, Thomas Pocklington Trust Update – A patient who is registered blind will be undertaking a walkabout of Colchester and Ipswich Hospitals in the coming months advising on ways that the experience of the blind and visually impaired can be improved.
- Side by Side volunteers Update – The Patient Experience Team and Dementia Nurse Specialist met with the Alzheimer's Society to pilot in the New Year, eight side by side volunteers on four wards at Colchester. The side-by-side volunteers will join the patient experience portfolio to ensure wrap around care supporting professionals working together. Part of their work will be to support patients filling out 'This is me', reading, singing and keeping our patients' company.
- Patient Experience Strategy Task & Finish Group Update – A small working group will be set up in New Year working on the new strategy prior to it being shared with clinicians and further colleagues throughout the organisation.
- Co-Production Training Healthwatch Suffolk – staff have attended co-production training hosted by Healthwatch Suffolk. The purpose of the training was to support the organisation to consider co-production with any new services or service improvements and to support system partnership working.

## Survey Update

- Full reports and Divisional/Service plans will be presented in March for the Children's and Young Persons Survey and the Cancer Survey, 2020 results.
- Children's & Young People Survey showed the Trust performed as expected, better than expected and much better than expected for all questions. There are no areas where the results were less than expected. Of note, the Trust performed much better than expected for question X66: Before operations or procedures, did hospital staff explain to you what would be done?
- Cancer Patient Experience Survey: Inpatient care scored similar to previous years, with patients stating they are receiving good care whilst in hospital. Overarching themes from the survey show that information and communication regarding often complex medical management could be improved. This correlates with themes from complaints and PALS, both with verbal communication and the written information patients are given. Overall rating of care scored from very poor to very good showed the Trust at 8.8, down slightly from 2019 at 8.9.

## Patient Experience – Friends and Family Test



The data below shows the top themes from Friends and Family for both negative and positive comments across ESNEFT. The percentage of negative comments for all themes has reduced this month.

	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	4628	1808	5774	738	1409	1867	985	98	179	1391
Negative	334	251	349	124	245	376	136	31	55	172
% Negative	7%	12%	6%	14%	15%	17%	12%	24%	24%	11%
Change	No Change	No Change	Up 1%	Down 1%	No Change	Up 1%	Down 2%	Up 4%	Up 1%	Down 1%

ED	October	November	December	January
ESNEFT Recommended	77.43%	81.23%	81.78%	82.41%
ESNEFT Responded	21.00%	19.00%	19.00%	20.00%
National Recommended	74.87%	76.57%	0.00%	0.00%

Inpatient	October	November	December	January
ESNEFT Recommended	91.17%	92.67%	92.46%	92.41%
ESNEFT Responded	22.00%	23.00%	23.00%	24.00%
National Recommended	94.17%	94.49%	0.00%	0.00%

Birth	October	November	December	January
ESNEFT Recommended	100.00%	N/A	75.00%	100.00%
National Recommended	0.00%	0.00%	0.00%	0.00%

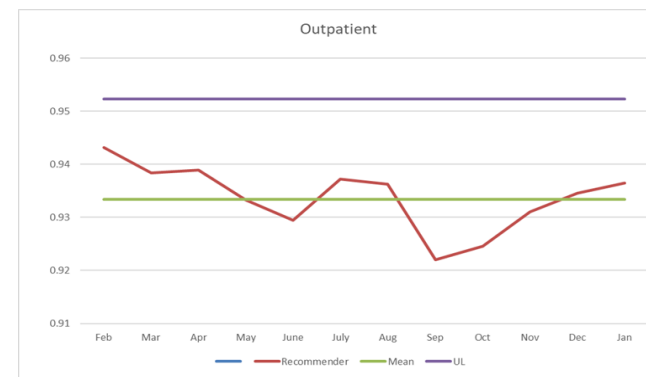
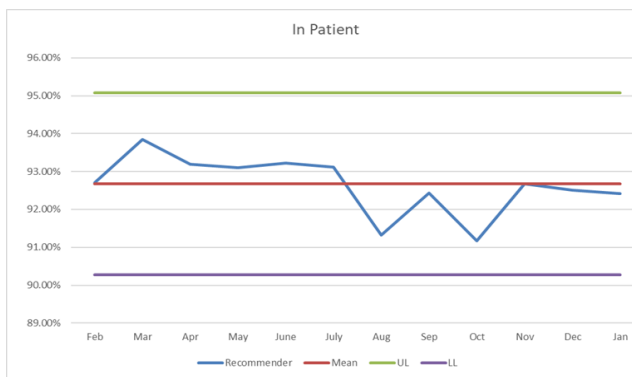
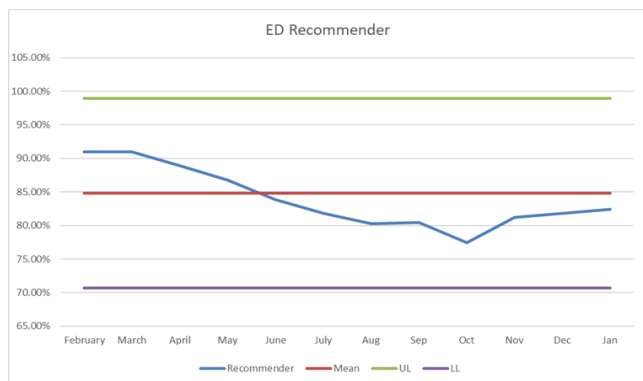
Outpatient	October	November	December	January
ESNEFT Recommended	92.64%	93.09%	93.46%	93.65%
National Recommended	92.65%	93.12%	0.00%	0.00%

Antenatal	October	November	December	January
ESNEFT Recommended	100.00%	100.00%	100.00%	92.86%
National Recommended	85.12%	90.93%	0.00%	0.00%

Post Ward	October	November	December	January
ESNEFT Recommended	95.65%	100.00%	71.43%	100.00%
National Recommended	88.91%	91.69%	0.00%	0.00%

Post Com	October	November	December	January
ESNEFT Recommended	75.00%	100.00%	100.00%	N/A
National Recommended	90.35%	89.45%	0.00%	0.00%

## Patient Experience – Friends and Family Test



ED FFT score has increased from 77% to 82% recommend. Since the reintroduction of FFT in February 2021 ESNEFT has continued to track higher than the national average score for every month.

The IP national FFT score is consistent around 94% - ESNEFT score has consistently tracked below this at around 91% - 93%.

The Outpatient score has continued to increase in line with the automated SMS for FFT and increased volumes of completed surveys.

Friends and Family Test scorecard

	Number of patients who would recommend	% of patients who would recommend*	Number of survey responses received	Response rate	
<b>Combined Scores</b>	69	93%	74		
Community Hospitals – combined	22	96%	23	22%	Response rate = number of surveys received against total number of patients discharged 130
Adeburgh Community Hospital	7	100%	7	25%	Response rate = number of surveys received against total number of patients discharged 41
Bluebird Lodge	9	90%	10	20%	Response rate = number of surveys received against total number of patients discharged 60
Felixstowe Community Hospital	6	100%	6	24%	Response rate = number of surveys received against total number of patients discharged 29
<b>Community Health Teams - combined</b>	47	92%	51		
Pul rehab	0	0%	0		
Stowmarket	2	100%	2		
Heart Failure	0	0%	0		
Foot Surgery	1	100%	1		
East Suffolk Cardiac Rehab	15	88%	17		
East Team	0	0%	0		
Adeburgh Physio	10	83%	12		
North East	0	0%	0		
North West	0	0%	0		
West Team	4	100%	4		
Woodbridge (Physio)	2	100%	2		
Not recorded	1	100%	1		
Long Covid (SNELCAS)	12	100%	12		Response rate = number of surveys received against number of first attendances (not known)

## Community



93% of survey respondents would recommend our service to friends and family: down 1% on previous month

Performance Area	Performance measure	Target	Latest Month			Trend		
			ESNEFT	COL	IPH	ESNEFT	COL	IPH
Emergency Department	Four hour standard (Whole Economy)	95%	● 76.0%	● 79.6%	● 70.0%	● 1.8%	● 2.4%	● 0.8%
	Time to initial assessment - 95th pct	15 mins	● 25	● 16	● 35	● 1	● -3	● 5
	Time to initial assessment- percentage within 15 minutes (new measure)		85.2%	91.1%	77.6%	● 1.3%	● 5.1%	● -3.6%
	Time to treatment - median time in department	60 mins	● 71	● 44	● 104	● -8	● -7	● -5
	Average (mean) time in department- non-admitted patients (new measure)		216	258	185	● 62	● 68	● 56
	Average (mean) time in department- admitted patients (new measure)		398	456	332	● 152	● 183	● 120
	Patients spending more than 12 hours in A&E		541	491	50	● -29	● -34	● 5
	Proportion of ambulance handovers within 15 minutes (new measure)		24.9%	19.3%	31.5%	● 3.7%	● 3.0%	● 4.4%
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 71.9%			● -2.8%		
	% patients 28 day faster diagnosis		● 64.2%			● 3.1%		
	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 73.0%			● -3.8%		
Diagnostics	% patients waiting 6 weeks or more for a diagnostic test	1%	● 29.2%			● -1.3%		
	% of incomplete pathways within 18 weeks	92%	● 65.7%			● -0.3%		
RTT	Total RTT waiting list (open pathways)		65,165			● 1206		
	Total 52+ waiters	775 (Trajectory)	● 1992			● -19		

**RTT and Elective Recovery:** Increased activity during January, in line with plans. There was also an increase in the number of patients over 104 weeks, due to the transfer of patients from WSH. The services are forecasting that all patients will be seen and treated by the end of March and teams are still forecasting only the OMFS patients to be outstanding at that time. Positively 8 services are currently achieving the 92% standard for 18 weeks. Significant bed pressures due to emergency flow and workforce sickness impacted elective capacity during January on both sites. Cancer demand remains exceptionally high with routine activity being converted to cancer capacity which is increasing the long waiting patients. The Planning Guidance 2022/2023 was received in the latter part of December and the services have provided a first draft of recovery plans for 2022/23.

**Cancer:** Increased oversight is in place to reduce backlogs and improve in the first instance the delivery of the 28 day FDS. ESNEFT has stretched its ambition for delivery following the agreement to work the capacity and demand modelling in conjunction with diagnostics and elective recovery. This should ensure that all areas have in place enough capacity to deliver the 62-day standard. Risks to this are increased referrals continuing above the levels that have currently been seen.

**ED:** Although there was slight improvement; performance is low compared to the national picture. This is now gaining external interest with a whole system approach being pulled together. This is in the back of the risks associated with ambulances not being able to offload and respond. We are launching a Super Week including EEAST "Perfect Day" on the 28th February. This also coincides with the move back of AMSDEC and Frailty to their new environments working to a different model of care.

**Critical risks include:**

- Workforce across all areas of performance particularly interventional Radiology, wards and Emergency areas
- Patient flow and exit block
- Increased referrals and backlogs in cancer particularly in upper and lower GI



ESNEFT Whole Economy performance has improved for January 2022 compared to last month. This is also reflected at site level; Colchester up 2.4%, Ipswich up 0.8%. Performance sits above the national/regional averages. Attendances were broadly in line with the previous month.

4 hour standard- ESNEFT whole economy\*

**76.0%**

↑ vs 74.2% last month

4 hour standard- Colchester

**79.6%**

↑ vs 77.2% last month

4 hour standard- Ipswich

**70.0%**

↑ vs 69.2% last month

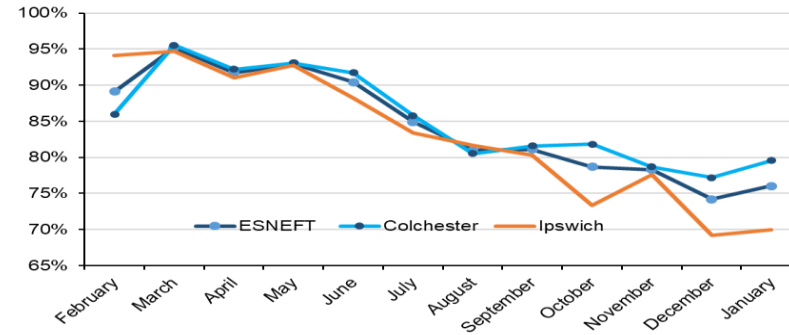
Attendances - ESNEFT

**21,552**

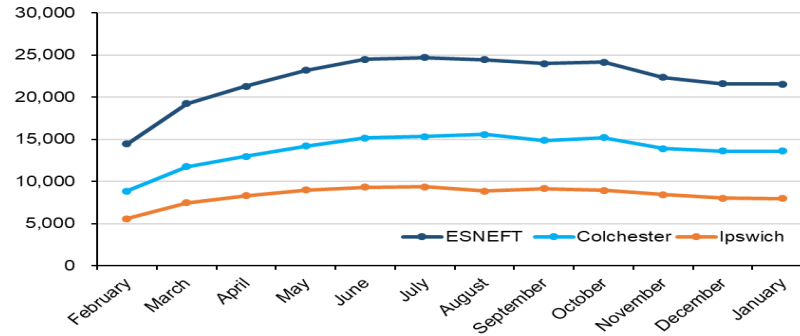
↓ vs 21,579 last month

\*includes Clacton and Harwich

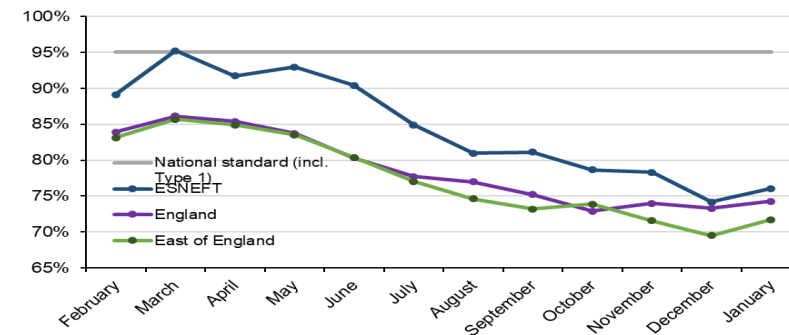
ED Performance: Four hour standard



ED Performance: Attendances



ED Performance: Four hour standard - benchmarking



## Ipswich

Emergency Performance improved slightly in January but has deteriorated into February. Sickness and isolation within the Emergency Department has impacted on delays and flow continues to remain a challenge. The department has identified 7 MUST DO's and the Divisional Management Team have instigated a daily ED and Medicine huddle to identify key actions for the day to help improve performance. The ED sustainability plan has been revamped with new actions relating to enhanced AMSDEC pathways, Admission avoidance schemes reduced conveyance, and engagement. Progress will be reviewed at a weekly meeting with the Director of Operations and monthly at the Emergency Care Programme Board.

## Colchester

Slight upturn in the performance due to increased oversight and launch of the "ED must do's" Attendances have increased throughout January; up by 2.2% on December's position however admission avoidance schemes have continued delivering resulting in fewer admissions. Bed challenges remain in month.

ED Super Week is planned for the last week of February.

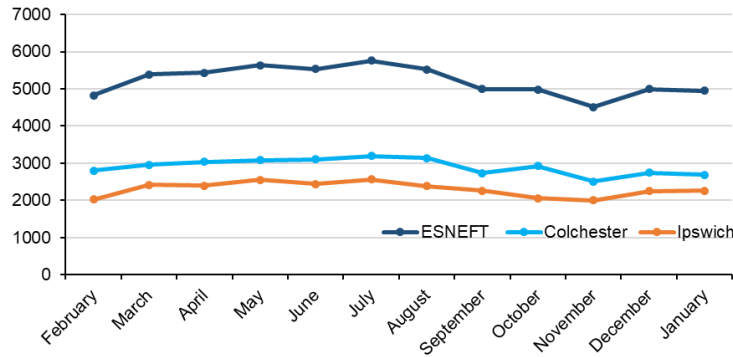
The number of ambulance handovers during January 2022 decreased in month by 1% across ESNEFT, decreasing by 2.1% at Colchester and increasing by 0.3% at Ipswich.

Number of handovers - ESNEFT  
**4,943**  
 ↓ vs 4,995 last month

Number of handovers - Colchester  
**2,685**  
 ↓ vs 2,743 last month

Number of handovers - Ipswich  
**2,258**  
 ↑ vs 2,252 last month

Ambulances: Number of handovers



## Ipswich

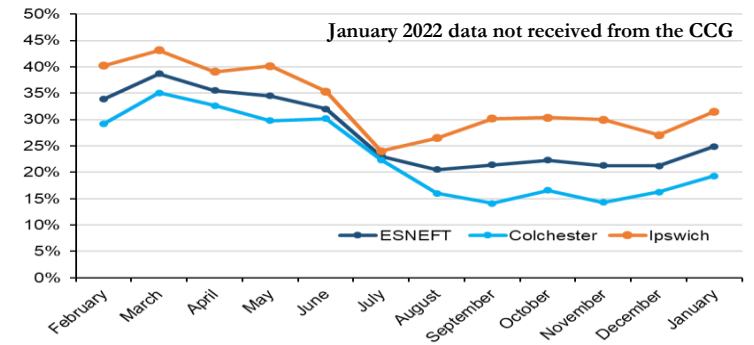
The new interim UTC space opened early February which will provide further opportunities to identify more pathways to stream to the GP. This will potentially release capacity to further cohort.

A second GP undertaking the conveyancing line for EEAST also commenced in February which provides alternative pathways to avoid an ambulance conveyance particularly out of hours when we see a peak in ambulance activity.

## Colchester

The Department continues to work closely with the HALO and continues to cohort with a safety nurse to reduce handovers delays.

Ambulances: Percentage of handovers within 15 minutes



Performance has improved for 15 minute handovers by 3.7%, with Colchester and Ipswich improving by 3% and 4.4% respectively.

Handovers within 15 minutes - ESNEFT  
**24.9%**  
 ↑ vs 21.2% last month

Handovers within 15 minutes - Colchester  
**19.3%**  
 ↑ vs 16.3% last month

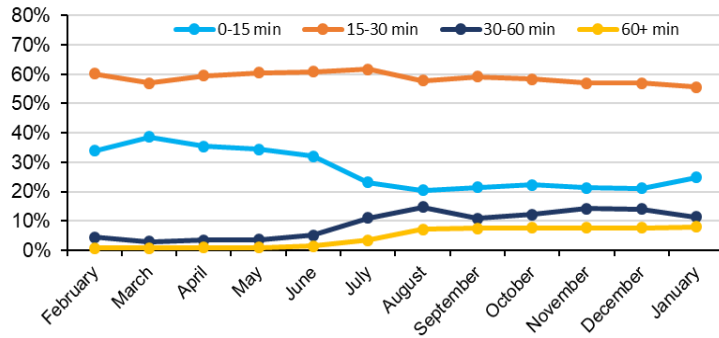
Handovers within 15 minutes - Ipswich  
**31.5%**  
 ↑ vs 27.1% last month

Handovers within 15 – 30 minutes - ESNEFT  
**55.7%**  
 ↓ vs 57.0% last month

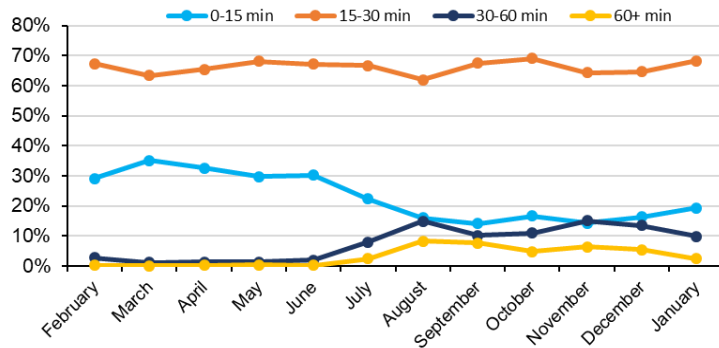
Handovers within 30 – 60 minutes - ESNEFT  
**11.4%**  
 ↓ vs 14.0% last month

Handovers over 60 minutes - ESNEFT  
**8.0%**  
 ↑ vs 7.7% last month

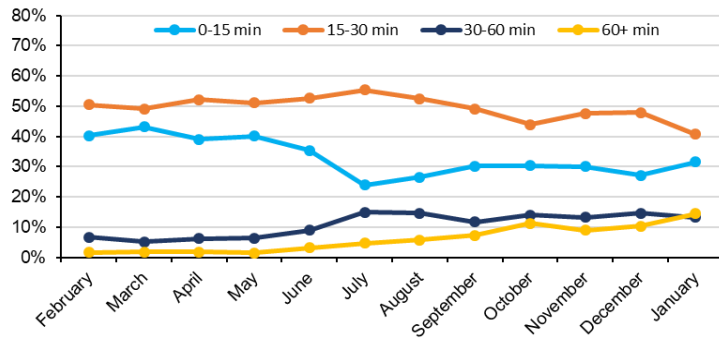
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



## Ipswich

Ambulance performance improved by 3.7% for arrival to handover in 15mins. However, there are ongoing ambulance offload delays with an increase in waits over 60mins. This is due to a lack of physical space within the department. The department is regularly cohorting and at times of peak pressure and has developed a SOP for the decant of paediatric patients to PAU when required.

The division is working with clinical leads to review the current medical model. Recognising that getting the right patient in the right place with the right specialist input early in the patients pathways will improve overall length of stay and increase the number of day zero discharges and improve flow which in turn will support the movement of patients out of ED releasing capacity to offload.

## Colchester

The team are working closely with the HALO; and continuing to cohort with a safety nurse has reduced delays in ambulance handovers.

The department also reconfigured its environment to provide a surge area, when possible, to create more space to support timely ambulance handovers.

Poor bed flow has contributed to the increase in ambulances waiting over 60 minutes. Super week and EEAST launching a "perfect day" on the Monday of that week will seek to refocus and provide further learning.

There was a slight increase in time to initial assessment within 15 minutes performance, though average time in department performance deteriorated across both sites, especially for admitted patients. The number of 12 hour patients decreased by 29 patients in month.

Time to initial assessment (% patients within 15 mins)  
**85.2%**

↑ vs 83.9% last month

Time to initial assessment (95pct)

**25 min**

↑ vs 24 last month

Average time in dept – non-admitted

**216 min**

↑ vs 154 last month

Average time in dept – admitted

**398 min**

↑ vs 246 last month

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

**71 min**

↓ vs 79 last month

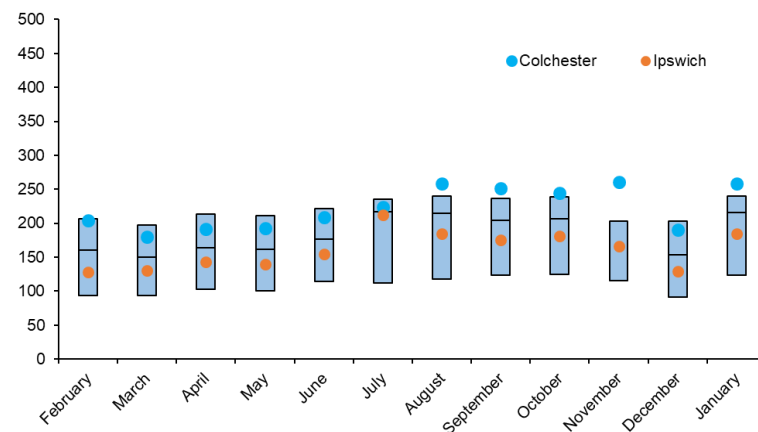
12 hour patients

**541**

↓ vs 570 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.



## Ipswich

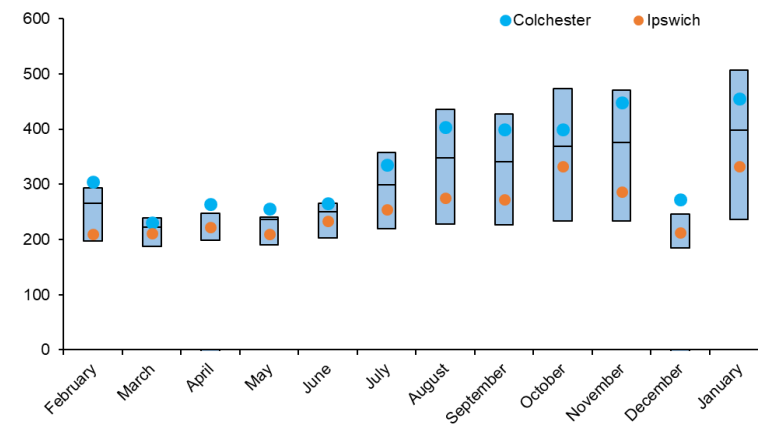
All 12 hour delays and the increase in average time for admitted patients have been related to flow. Pre-COVID-19 the Ipswich site performed well against the 12 hour standard. The new medical model will play a key role in supporting the long term delivery of zero 12 hour waits and we have good medical engagement from all specialities to help improve flow and support the front door.

## Colchester

Teams continue to work daily with the rota coordinator and the consultants to ensure there is the correct mix of doctors and patients at the correct times to help improve the time to initial assessment and total time within the department

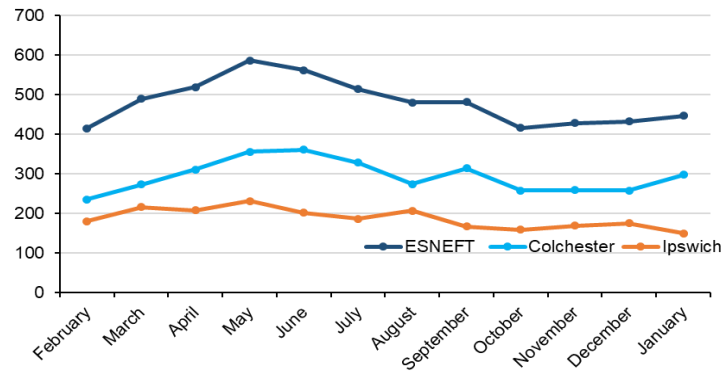
The department has continued to see 12 hour delays for mental health patients, a continuation of closed and/or reduced mental health services across the region has seen patients remain within the department over 12 hours before being assessed. This has been escalated to the highest level with many executives involved in daily meetings.

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

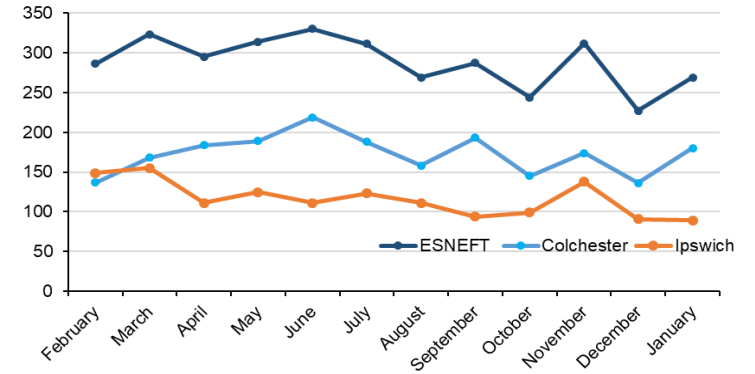


**MH ED attendances have risen by 3.2% across ESNEFT, predominately due to Colchester attendances increasing by 15.6% whereas Ipswich reduced by nearly 15%. MH referrals increased in month by 18.5%; Colchester up by 32.4% and a reduction for Ipswich by 2.2%.**

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



MH attendances - Colchester  
**297**

↑ vs 257 last month

MH attendances - Ipswich  
**149**

↓ vs 175 last month

MHLT referrals - Colchester  
**180**

↑ vs 136 last month

MHLT referrals - Ipswich  
**89**

↓ vs 91 last month

The risk assessments for the assessment area in Colchester ED have been finalised and a business case for funding is in progress. The interagency meetings have had to be stood down or had reduced attendance due to additional pressures, however liaison between agencies has continued outside of these meetings.

Two CYP mental health specialist posts have been recruited into in Colchester and post holders will start in April 2022; part of their role will be to support ED in the safe approaches to meeting needs of CYP presenting with MH emergencies.

Discussions have taken place with NSFT and the CCG regarding some future funding for NSFT MHLT posts at Ipswich Hospital; it has been agreed there will be liaison with ED leads to determine in partnership how the MHLT may be expanded in a way which supports the patient needs as identified as necessary by ED staff.

Colchester are currently awaiting Estates to start work on the assessment suite which should start early March to enable the MH team to be based in the department. This will provide an area for low-risk patients to await assessment once the work is completed.

Admissions were down in January 2022, with the exception of elective admissions, which increased by 3% on last month. Emergency admissions and non-elective admissions decreased by 7.4% and 0.6% respectively on last month.

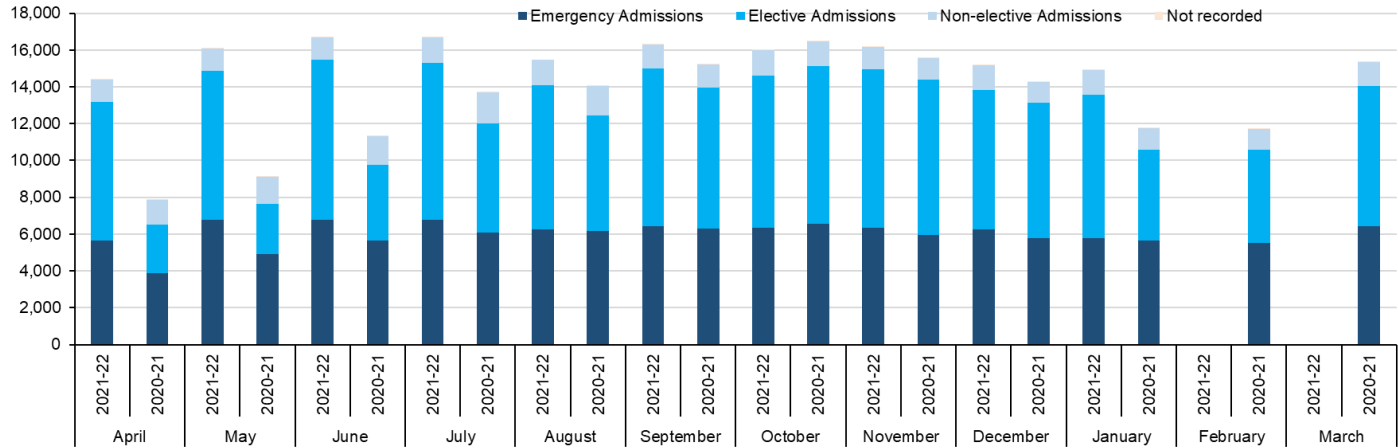
Emergency admissions  
**5,788**  
 ↓ vs 6,248 last month

Elective admissions  
**7,798**  
 ↑ vs 7,568 last month

Non-elective admissions  
**1,330**  
 ↓ vs 1,338 last month

Total admissions  
**14,917**  
 ↓ vs 15,157 last month

Admissions: Inpatient spells by admission type



## Ipswich

The ED and Acute medical team continue to work closely together to avoid unnecessary admissions and access alternative pathways for patients where appropriate. This is evidenced in the reduction seen in emergency admissions.

EEAST are working closely with the UCR Team to avoid patients being conveyed and then admitted.

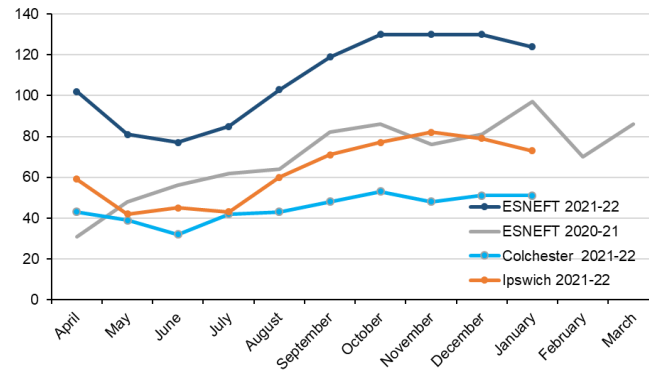
## Colchester

The Teams across the service continue to work together to ensure that patients are only admitted when clinically necessary.

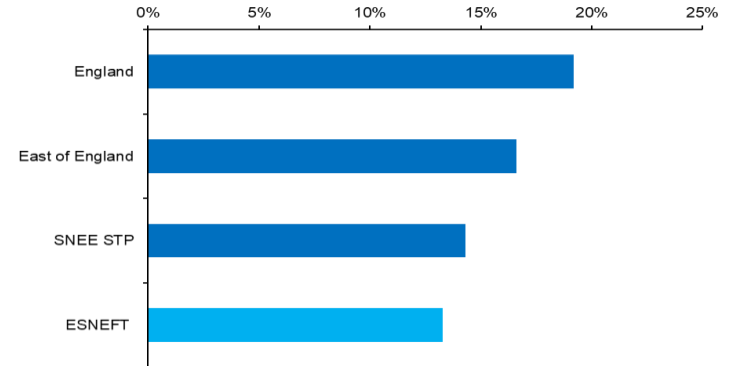
Focus remains on discharging patients home and to alternative care settings. Patient Review Meetings continue to take place which are clinically led; and support with weekend capacity and flow; as well as the reduced capacity position due to closed empty beds.

The number of long length of stay patients across ESNEFT in January 2022 decreased in month predominately due to the Ipswich reduction. There has been an increase in the percentage of beds occupied by 21+ patients by 3.4% in month, but this continues to remain lower than national and regional levels.

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



% beds occupied by 21+ day patients (4 week average). Snapshot at 14 February



21+ day patients - ESNEFT  
**124**

↓ vs 130 last month

21+ day patients - Colchester  
**51**

→ vs 51 last month

21+ day patients - Ipswich  
**73**

↓ vs 79 last month

## Ipswich

There remains a real focus on all LLOS patients of which figures remain higher than agreed trajectories. Discharge figures have been positive and remained consistent. Teams continue to see an increase in patients awaiting PW1-2 highlighting that reablement and domiciliary care services continue to have difficulties with capacity and this will be contributing to LLOS figures.

Some delays are being caused by COVID-19 constraints. Ipswich has been working with both ATTAIN and ECIST to reflect on and consider how teams can improve the discharge pathways in a more streamlined and efficient way.

## Colchester

Whilst Reablement and Domiciliary care continue to have significantly reduced capacity across NEE, teams continue to maximize personal health budgets, pathway light, social prescribing and family support to ensure patients are able to return home as soon as they are medically optimized.

A focus also continues on early identification of patients who may experience discharge difficulties as early in their treatment pathways, so that they can be supported as required.

“Home before 12” and weekend discharges will be the ongoing focus with increased voluntary sector support.

**28 day faster diagnosis patients has improved in month by 3.1%. Performance for both two week waits and 62 day waits have deteriorated in month by 2.8% and 3.8% respectively. Patients treated after 104 days increased by 11 patients in month.**

Two week wait performance

**71.9%**

↓ vs 74.7% last month

62 day wait performance

**73.0%**

↓ vs 76.8% last month

28 day faster day diagnosis performance

**64.2%**

↑ vs 61.1% last month

Patients treated after 104 days **22**

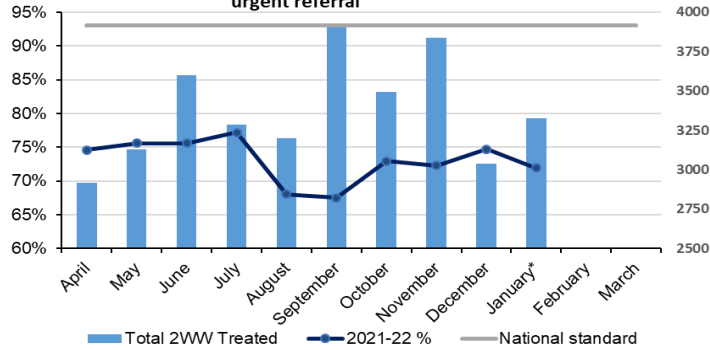
↑ vs 11 last month

Total patients on 62 day 1<sup>st</sup> PTL **3,837**

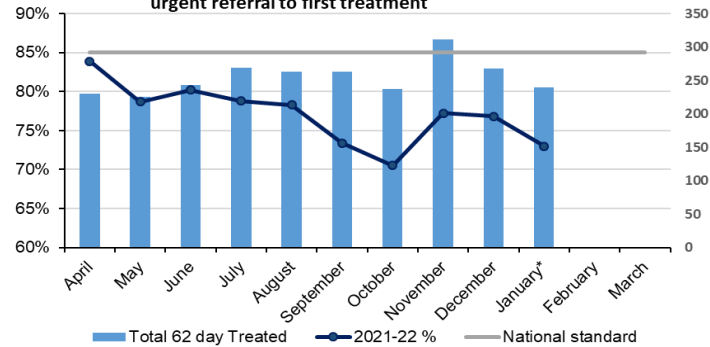
↑ vs 3,669 last month

*\*Unvalidated figures as of the 14/02/22. Final figures for January 2022 will be available in March 2022 after submission.*

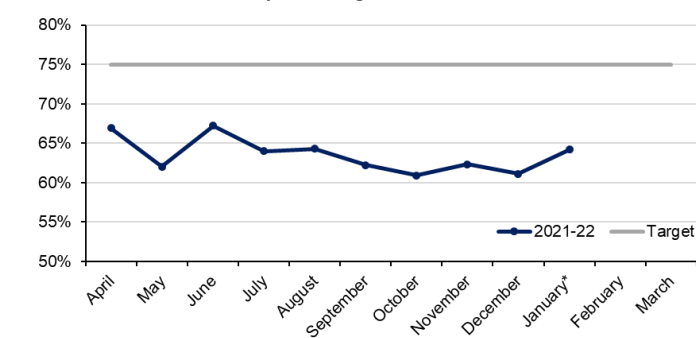
Cancer Performance: % patients seen within 2 weeks from GP urgent referral



Cancer Performance: % patients seen within 62 days from GP urgent referral to first treatment



Cancer Performance: % 28 day faster diagnosis



2WW performance dipped in January which is usual, due to patients that have chosen to defer their appointment until after the Festive break. However, performance was further impacted by insufficient clinic capacity in breast and endoscopy for Upper and Lower GI.

These tumour sites have plans for recovery that should see the backlog position improve from March.

Some improvement seen in 28FDS which follows on from the pre-Christmas initiative to call as many patients as possible to inform them of the non-cancer results. 5 specialties are routinely compliant with this new standard however for the specialties that are reliant on endoscopy, interventional radiology and MRI, delays due to capacity and reporting has impacted their performance against this standard.

The number of long waiters treated has and will continue to increase over the next few weeks as surgical divisions focus on clearing the backlog. The highest number of breaches can be seen in Colorectal where referrals are still 30-35% higher than pre-COVID-19 levels. The sheer volume of patients is impacting delivery of the whole pathway.

New guidance 'Faster Diagnosis Framework' (which supersedes RDC Vision & Implementation doc 2019) is supported by the introduction in 22/23 of a CQUIN to measure compliance with Best Practice Timed Pathways in cancer. The focus in the new guidance is more on recovery of the pathways rather than percentage performance. There are currently 4 BPTPs with another 3 to be introduced in 22/23. Hitting the BPTP milestones should enable teams to the deliver against cancer standards - this supports the national position for cancer recovery.



Data shows the 6 week performance improving by 1.3% compared to last month, with nearly three in four breaches at Ipswich. 66% of Ipswich breaches are for Imaging. For Colchester, Endoscopies account for 55% of the breaches.

% patients waiting > 6 weeks or more

**29.2%**

↓ vs 30.5% last month

DM01 6 week breaches

**4,050**

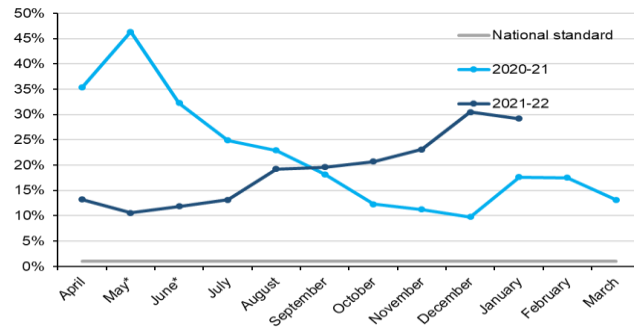
↓ vs 4,416 last month

DM01 Waiting List

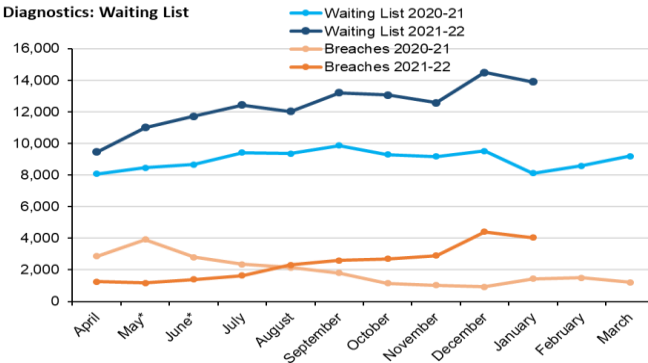
**13,888**

↓ vs 14,480 last month

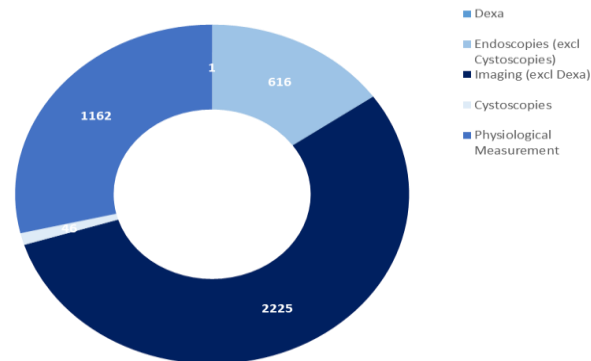
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



## Endoscopy

**Colchester** - 3 rooms during the week, 4 rooms at the weekend. Backlog is 198 2ww, 91 urgent, 551 routine and 1,454 surveillance. Routine/surveillance being offered appointments at the Oaks. Planning to deliver 5 rooms at the weekend to support backlog.

**Ipswich** – Losing 38 points per week due to training. Delivering capacity 5 days a week at the Grove. Backlog is 87 2ww, 32 urgent, 72 routine and 551 surveillance. Delivering 3 days a week in the Vanguard to reduce backlog. 2ww referrals high on both sites.

## Cardiorespiratory

### Ipswich

Neurophysiology - 40 breaches due to sickness/COVID-19.

Cardiology - 907 breaches due to significant staffing issues – additional lists being done, job out to advert, searching for locums and in discussion with the Oaks to see if they can support, considering insourcing/outourcing

## Radiology

### Ipswich

MRI – 1544 breaches. Mobile in place for the next 6 months and backlog being cleared – long term plan for 7 day working

CT - 90 breaches - steady improvement in backlog since the mobile has been in, minimal breaches expected in February – long term plan is to reduce slot times back to pre-COVID-19 timeframes.

US – 345 breaches - capital agreed for additional US machine for Felixstowe. Project for inpatient US to be a sonographer led service which will free up consultant time – started beginning of February.

### Colchester

US – 174 breaches - had an issue with US lists lost in Dec/Jan due to COVID-19/sickness. The team have recovered the position - expecting minimal breaches in February.

MRI - 55 breaches - main issue has been Paediatrics – play specialist requirement and paediatrics have had capacity issues. Working with teams to get additional capacity. The team have also changed the age threshold that a play specialist is needed which will reduce the demand.

Performance against the 18 week standard is above the national average, despite decreasing slightly by 0.3% in month. The proportion of the list waiting more than 52 weeks stayed the same and is lower than the national average.

Incomplete pathways within 18 weeks - ESNEFT

**65.7%**

↓ vs 66.0% last month

Incomplete pathways within 18 weeks - National

**63.8%** (December 21)

52+ waiters as % of list - ESNEFT

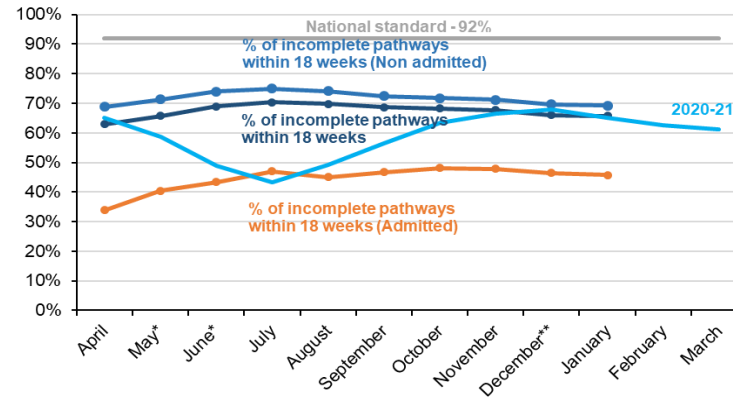
→ **3.1%**

vs 3.1% last month

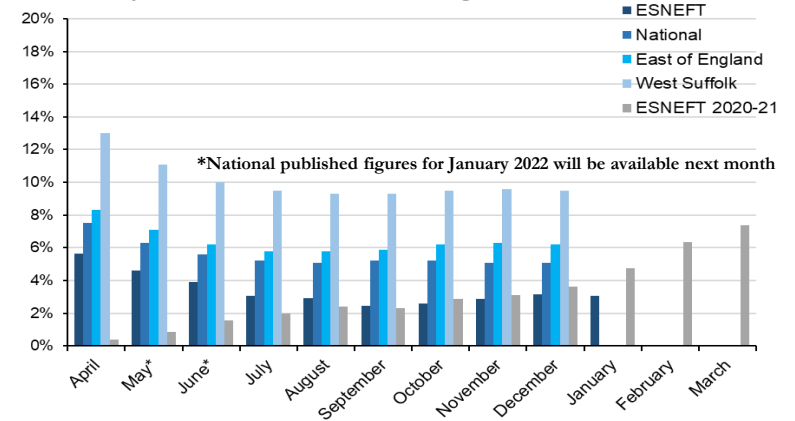
52+ waiters as % of list - National

**5.1%** (December 21)

RTT Waiting List: Performance against 92% standard



52+ Incompletes as a % of the Total Waiting List



The team continue to work closely with the services to monitor end of March 2022 positions and have set internal trajectories for month end positions by speciality. These vary and are stretching for each of the areas.

Business plans for the new Planning Guidance have now been submitted for discussion and internal ambitions set against the Elective Standards.

The transfer of T&O/Gynae patients referred from WSH began in January, with OPA's now confirmed. OPAs and theatre slots being identified by end of March.

The focus is now on those patients that will be waiting 104 weeks or more at the end of Q1 to ensure that these patients are treated in a timely manner.

Activity is up across the board for January 2022 with the exception of elective inpatients, which are down 10.9% compared to last month. However, due to high historical activity levels, current activity falls short compared to 2019-20 levels, with the greatest difference in elective inpatients achieving 82.5%.

Elective inpatients

**733**

↓ vs 823 last month

Daycase inpatients

**7,050**

↑ vs 6,745 last month

Outpatient First Appt

**25,567**

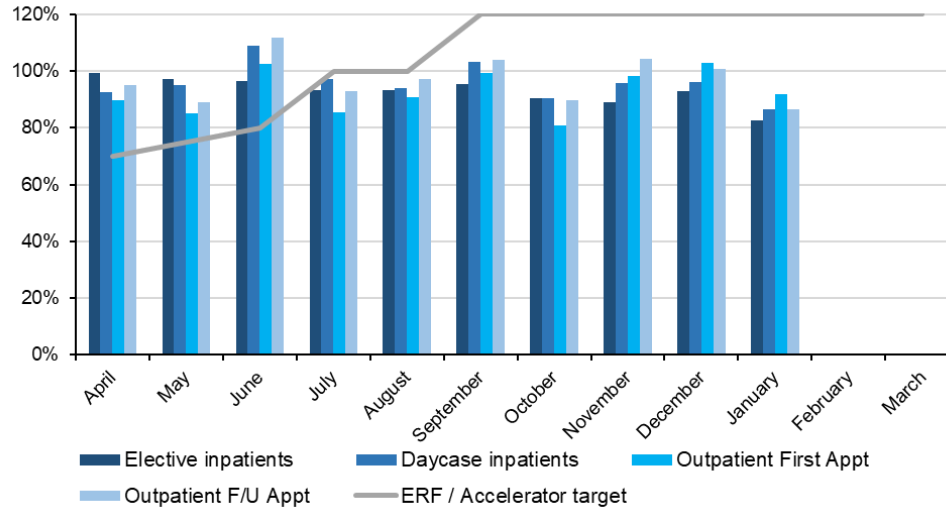
↑ vs 23,973 last month

Outpatient F/U Appt

**46,316**

↑ vs 45,287 last month

Recovery: Percentage of 2019-20 activity



The plan for January was for more daycase activity to be booked, to enable the release of elective capacity should it be required, which it was. Both sites stood down some T&O activity as a result of the pressures of emergency flow and COVID-19 related staff sickness. Those lists stood down were redirected to either Trauma or outpatient activity.

Medicine on both sites are still standing down outpatient activity to ensure that there is full ward cover as the number of patients with COVID-19 remains at a constant level.

West Suffolk continues to use the Oaks capacity which was designated to ESNEFT, however; this was released to support the system to deliver. The team continue to use the Oaks for additional diagnostic and theatre activity.

Activity is up across the board for January 2022. CT and MRI exceeded 2019-20 activity levels, with Ultrasounds and Endoscopies falling below these levels at 91.5% and 80.8% respectively

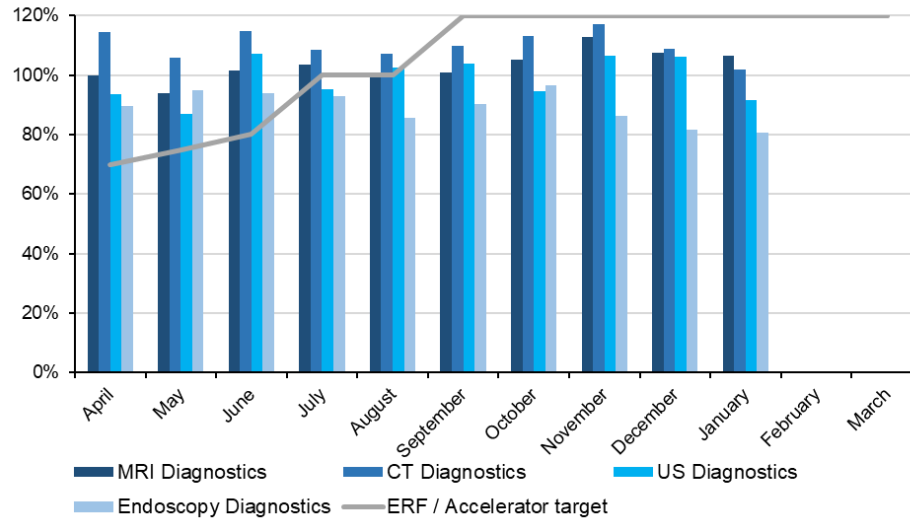
CT  
**6,227**  
 ↑ vs 6,034 last month

MRI  
**3,296**  
 ↑ vs 3,064 last month

US  
**9,988**  
 ↑ vs 9,915 last month

Endoscopy  
**1,496**  
 ↑ vs 1,368 last month

Recovery: Percentage of 2019-20 activity - Diagnostics



## Radiology

Challenges mainly focused in Ipswich.

CT – short term plan - use of mobile has increased activity, also utilising Oaks and Nuffield for capacity, as well as being supported by insourcing of radiographers. Long term plan is to reduce slot times back to pre-COVID-19 levels – DvC supports this.

MRI – short term plan: use of mobile for 6 months to reduce backlog. Also being supported by insourcing. Long term plan is to roll out 7 day working to better utilise scanners.

US – additional US machine has been agreed for Felixstowe which will increase capacity. Sonographer led inpatient US service has started which will free up consultant time to do additional outpatient lists.

## Endoscopy

**Colchester** are still receiving a high number of 2ww referrals into the service. The team are planning to deliver 5 rooms at weekends fully insourced to support back log.

**Ipswich** have commenced 3 days a week in the Vanguard to support reducing the back log.

**52+ week waiters are down by 19 patients compared to December 2021, though numbers of the longest waiters have increased. The waiting list has increased by nearly 2% for January 2022.**

Total open RTT pathways  
**65,165**

↑ vs 63,959 last month

52+ week waiters

**1,992**

↓ vs 2,011 last month

78 + week waiters

**168**

↑ vs 150 last month

98 + week waiters

**71**

↑ vs 51 last month

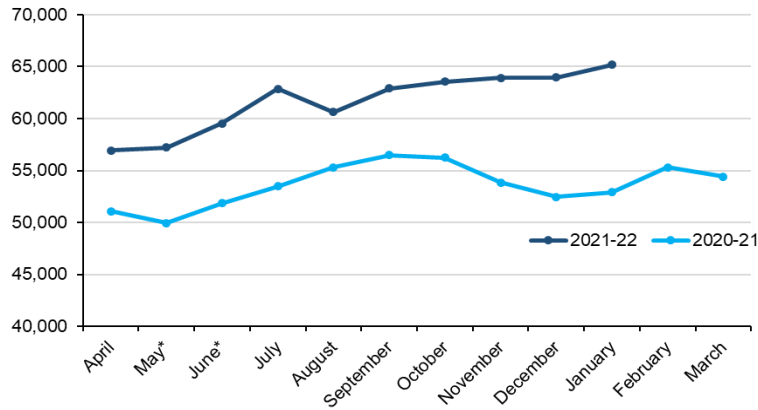
104+ week waiters

**49**

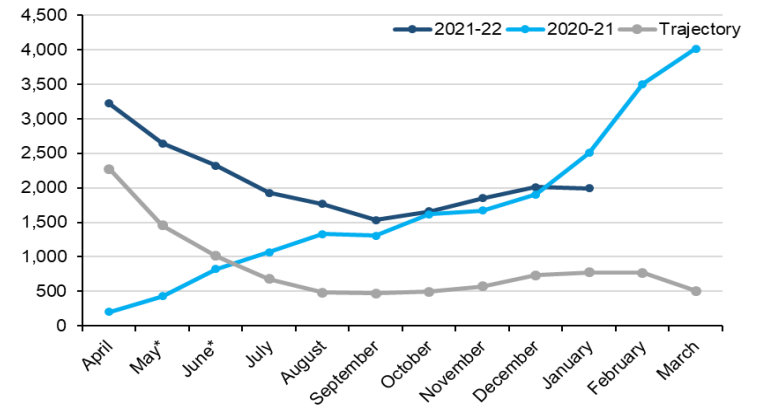
↑ vs 32 last month

*\*note that Oaks open pathway figures shows an unexpected sharp in-month increase which we have asked to be validated again. Consequently the numbers reported here may change.*

RTT Waiting List: Total open pathways



RTT Waiting List: Total 52+ week waiters



The increase in the very long waiting patients is due to the transfer of the West Suffolk patients. These patients are being seen and treated by the end of March 2022 with a forecast of zero over 104 weeks with the exception of OMFS patients which is likely to be 23 patients.

The focus for Q1 is to decrease the number of patients over 78 weeks.

The patients currently sitting between 78 – 104 weeks primarily sit within the following services:

- \*Surgeries Combined
- \*Gynaecology
- \*T&O

## Month 10 Performance

### Summary Income and Expenditure

	January			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Clinical Income	73,099	79,161	6,062	710,891	714,851	3,960
Top-Up	480	980	500	10,057	6,683	(3,374)
Other Income	3,527	4,738	1,211	31,945	43,315	11,370
<b>Total Income</b>	<b>77,106</b>	<b>84,879</b>	<b>7,773</b>	<b>752,893</b>	<b>764,849</b>	<b>11,956</b>
Pay	(47,535)	(46,262)	1,273	(460,302)	(447,516)	12,786
Non Pay	(25,475)	(33,940)	(8,465)	(257,997)	(284,201)	(26,204)
<b>Total Expenditure</b>	<b>(73,010)</b>	<b>(80,202)</b>	<b>(7,192)</b>	<b>(718,299)</b>	<b>(731,717)</b>	<b>(13,418)</b>
<b>EBITDA</b>	<b>4,096</b>	<b>4,677</b>	<b>581</b>	<b>34,594</b>	<b>33,132</b>	<b>(1,462)</b>
Impairments	-	-	-	-	-	-
Other Non Operating	(4,431)	(1,905)	2,526	(34,314)	(26,606)	7,708
<b>Surplus / (Deficit)</b>	<b>(335)</b>	<b>2,772</b>	<b>3,107</b>	<b>280</b>	<b>6,526</b>	<b>6,246</b>
<b>EBITDA %</b>	<b>5.3%</b>	<b>5.5%</b>		<b>4.6%</b>	<b>4.3%</b>	

### Performance Against CT

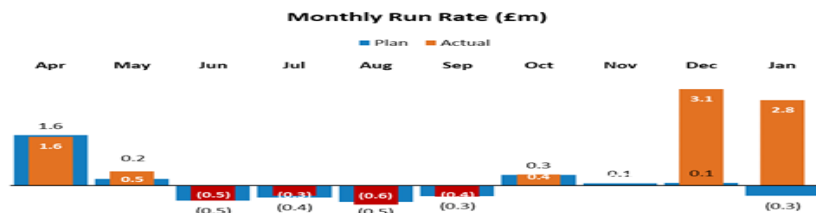
Donated Income/Depreciation	-	29	29	(108)	202	310
<b>Total Non CT Items</b>	<b>-</b>	<b>29</b>	<b>29</b>	<b>(108)</b>	<b>180</b>	<b>288</b>
<b>Performance Against CT</b>	<b>(335)</b>	<b>2,801</b>	<b>3,136</b>	<b>172</b>	<b>6,706</b>	<b>6,534</b>

### M10 Revenue Headlines

In January, the Trust delivered a surplus of £2.8m driving the cumulative year to date surplus up to £6.7m. For the year to date, there is favourable variance of £6.5m 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

It has been agreed by EoE NHSE/I that the Trust can deliver a surplus of £13.2m to support the ICS in dealing with the forecast equivalent overspend by the East of England Ambulance NHS Trust. The Trust is able to deliver such a surplus primarily because of additional income received over and above the plan for the year which it has been unable to spend, e.g. elective winter monies (£10.1m).

As a consequence of this revised agreed outturn position, the Trust has begun to utilise contingencies within its revenue position.

### Temporary Pay

Agency pay expenditure for the year to date is £13.4m and accounts for 3.0% of all pay costs. From July, monthly agency spend increased significantly. This upturn was caused by the absorption of ACE into the Trust. Further increases in agency costs since July are virtually all driven by consultant agency to cover vacancies and increased activity.

NHSE/I have maintained the Trust's annual agency expenditure ceiling for 2021/22 at £24.5m. For Month 10 agency costs were under the ceiling (£1.6m v £2.0m ceiling). The year to date position is also under the NHSE/I limit (£11.8m v £18.4m 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 was significantly higher in the month (£6.0m v £3.7m in December). This increased spend was linked to the operational pressures that resulted from the surge of the Omicron COVID-19 variant, and the instigation of incentive payments (as per regional guidance).

## 2021/22 Capital programme

### Capital Plan

The plan has been adjusted to include approved external funding, e.g. for the building for better care programme, the accelerator scheme, and most recently Targeted Investment Funding. Based on this, the capital plan for the year is £72.8m.

### Year to Date

At the end of December the capital programme was underspent against plan by £8.8m. As previously reported, £7.1m of this underspend relates to the STP development. A revised spend profile has been developed for this scheme with a total spend for the year now forecast of £5.0m (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. Further underspends are driven by slippage on projects, especially such as Interventional Radiology (£0.6m) and Electrical Supply Upgrade (£1.0m).

### Forecast

To further support elective recovery, EoE NHSE/I have advised the Trust that a further £6.4m capital resource is available. Discussions have been ongoing about how this funding would flow to the Trust:

- 1) PDC through the TIF schemes
- 2) CDEL adjustment but no cash and
- 3) an allowable overspend against CDEL.

The region have now confirmed that as the TIF schemes are now closed for 21/22, and there is no national support to move CDEL, that the Trust will be permitted to incur an 'allowable overspend' against its CDEL of £6.4m.

When aggregated with the STP underspend of £13m, the permitted overspend of £6.4m leads to an overall underspend against CDEL of £6.6m.

Capital Programme	Year to date			Forecast		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	3,620	2,873	747	8,621	15,996	(7,375)
Non-Medical Equipment	-	16	(16)	-	129	(129)
ICT	890	797	93	7,773	7,172	601
Estates & Facilities	1,321	1,019	302	2,421	2,521	(100)
STP Funded Development	11,500	2,577	8,923	18,043	5,005	13,038
Schemes	16,794	14,359	2,435	32,327	30,699	1,628
DCMB Enabling	-	373	(373)	2,500	2,600	(100)
PFI Lifecycle Costs	-	396	(396)	1,161	396	765
<b>Total Capital Programme</b>	<b>34,125</b>	<b>22,410</b>	<b>11,715</b>	<b>72,846</b>	<b>64,517</b>	<b>8,329</b>
<b>Note: CDEL</b>						
PFI Lifecycle Costs	-	-	-	(1,161)	(396)	(765)
PFI Residual Interest	615	615	-	738	738	-
Disposals	-	(224)	224	-	(224)	224
Donated	-	(88)	88	(1,250)	(88)	(1,162)
<b>Net CDEL</b>	<b>34,740</b>	<b>22,713</b>	<b>12,027</b>	<b>71,173</b>	<b>64,546</b>	<b>6,627</b>

### CDEL and non capital programme items

PFI lifecycle actual costs are now forecast to be substantially lower than originally anticipated. The donated variance relates to the Breast Unit scheme where a £1.2m charitable contribution was planned. This scheme has now been delayed into 2022/23 and therefore the income will be slipped into next year to fund expenditure when it is now expected to occur.

## 2021/22 Cash position & CIP

### Cash Position

The Trust held cash of £115.4m at the end of January.

Like the balance sheet, there is presently no external plan for cash, but cash is being closely monitored and managed.

Following the recent H2 plan submission, an internal cash trajectory has been developed. Cash is expected to reduce by year-end. The graph below shows actual cash levels, by month, against this plan.



As projected, actual cash holdings fell in January. However this reduction was not as great as anticipated. The balance sheet is being realigned to reflect the Trust's adjusted SOCI reporting: the Trust now projecting a surplus of approximately £13m to support the system position, rather than reduced funding levels from commissioners and a balanced revenue account.

The Trust endeavours 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 in January (84.6%) deteriorated slightly compared to December (86.4%).

### CIP Year to Date

All divisions, except Medicine Colchester are behind plan for the year to date. Budget gaps were added to CIP targets in October, raising the total CIP target by £3.8m to £27.8m.

CIP Delivery by Division	January			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	483	288	(194)	4,280	2,731	(1,549)
Integrated Pathways	296	191	(105)	2,956	1,651	(1,305)
Medicine Ipswich	168	121	(47)	1,654	1,330	(323)
Medicine Colchester	167	161	(7)	1,672	1,746	74
MSK and Specialist Surgery	178	158	(21)	1,779	1,203	(576)
Surgery, Gastro & Anaesthetics	402	201	(201)	4,016	1,914	(2,102)
Women's and Children's	283	47	(236)	2,828	1,270	(1,559)
<b>Total Operations</b>	<b>1,977</b>	<b>1,166</b>	<b>(811)</b>	<b>19,184</b>	<b>11,845</b>	<b>(7,339)</b>
Corporate Services	342	244	(98)	3,409	3,326	(83)
<b>Total Trust</b>	<b>2,319</b>	<b>1,410</b>	<b>(909)</b>	<b>22,593</b>	<b>15,171</b>	<b>(7,422)</b>

Overall the CIP programme is £7.4m behind target as at the end of January, now including budget gap added to the year to date target.

### Key variances

The following areas are reporting the largest shortfalls against the CIP target:  
 Surgery, Gastro and Anaesthetics - £2.1m  
 Cancer and Diagnostics - £1.5m  
 Women's and children's - £1.6m

### Quality Impact Assessments

Currently 78% of the full year effect value of CIP has been fully quality impact assessed, up from 76% last month. The position by division is shown below:

£000s	Full Year Effect		
	Delivered	Forecast	% Del
Corporate Services	1,826	997	65%
Cancer and Diagnostics	2,489	114	96%
Medicine Colchester	983	189	84%
Medicine Ipswich	1,164	126	90%
MSK and Specialist Surgery	1,672	36	98%
Surgery, Gastro & Anaesthetics	2,307	49	98%
Women's and Children's	458	1,017	31%
Integrated Pathways	717	664	52%
<b>Total</b>	<b>11,616</b>	<b>3,192</b>	<b>78%</b>

A further £1.5m or 10% has been approved by DMTs and is currently undergoing review by the QIA panel.



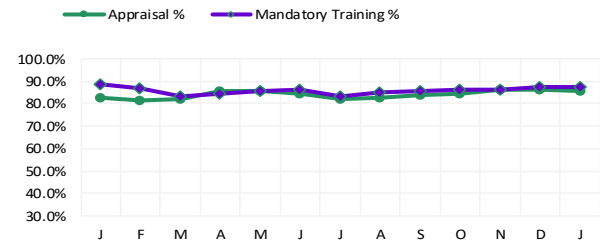
# Workforce Dashboard

January 2022

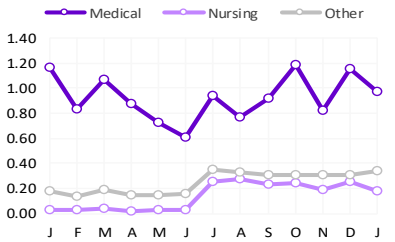
## Trust Level

Key Metrics	Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Ceiling	Ward Fill Rate
<b>Performance</b>	<b>5.7%</b>	<b>(£0.6m)</b>	<b>6.3%</b>	<b>87.6%</b>	<b>85.8%</b>	<b>8.9%</b>	<b>£7.11m</b>	<b>86.7%</b>
Target	Budget 10600wte	Budget £446.1m	3.5%	90%	90%	12%	(£20.45m)	95%
Achieved	Contracted 9996wte	Spend £445.4m	6.3%	View portal for detail	85.8 out of 100 staff		(£13.33m)	
<b>Vs Prior Month</b>	↓	↓	↑	↑	↓	↑	↑	↓
Prior Month	5.9%	(£2.36m)	5.6%	87.4%	86.0%	8.7%	£6.56m	89.5%

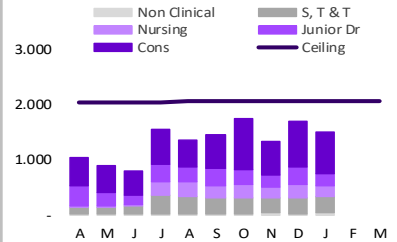
### Appraisals & Mandatory Training Compliance %



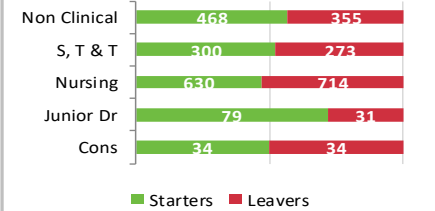
### Agency Trends (ex Locum) £m



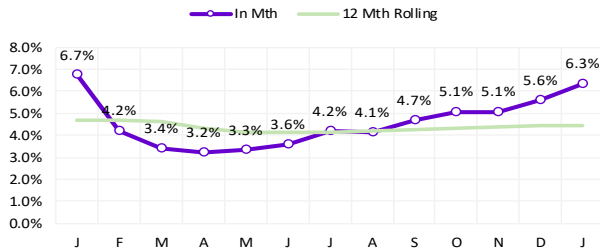
### Agency Ceiling £m



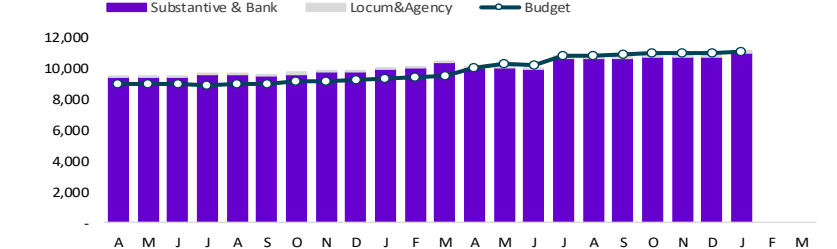
### Starter - Leavers (12Mth Rolling) Headcount



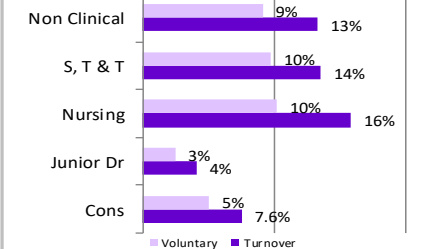
### Sickness %

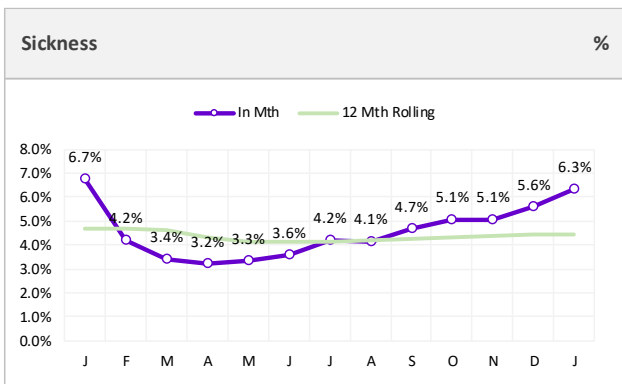
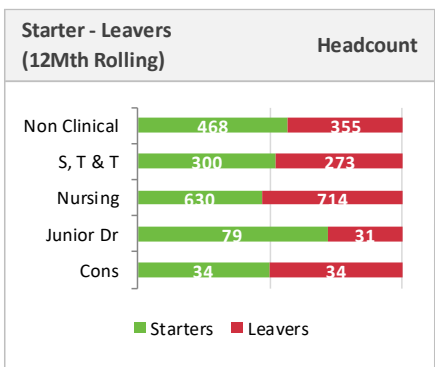
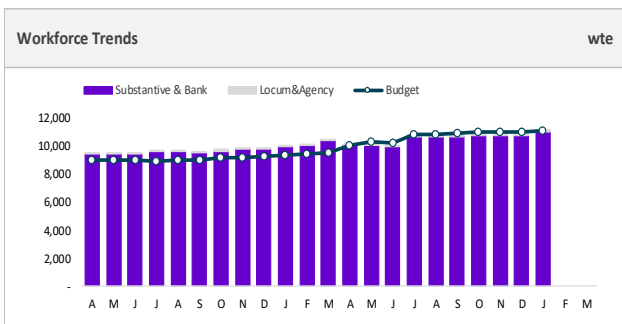


### Workforce Trends wte



### Turnover by Staff Group Headcount





## Commentary

### Recruitment

In January, the number of staff in post increased to 9,996 WTE (December 9,922). The Trust continues to have more starters than leavers overall in the majority of clinical groups. The Trust’s rolling voluntary turnover for January was 8.9% (December 8.7%).

107.4 WTE (129 hc) new external starters commenced with a further 103WTE (113 hc) offers made.

24 International nurses scheduled to arrive before end of March 2022. 9 International Midwives offered with the first joining January 2022.

We continue to successfully recruit to various consultant and other medical posts, with 12 currently going through the on-boarding process and recent appointments into Radiology, Paediatrics and Anaesthetics.

### Sickness

Sickness absence increased in January to 6.3% from 5.6% in December and remains above the target of 3.5%. Cough, colds, flu is the most common reason for sickness which is driven by the increase in COVID-19 sickness.

The number of FTE days lost due to sickness is now significantly higher for short term sickness (67.29%) than long term sickness (32.71%) which is mainly due to the increase in absence due to cough, colds and flu.

The staff group with highest sickness continues to be additional clinical services which includes HCAs followed by estates and ancillary staff.

## Risks & Mitigating Actions

### Recruitment, Resourcing and Planning

There has been a decrease in the number of vacancies to 5.7% (from 5.9% in December).

International recruitment: 272 RN’s have arrived to date and are in post. Mar 22 – Dec 22 a further 100 RN’s planned.

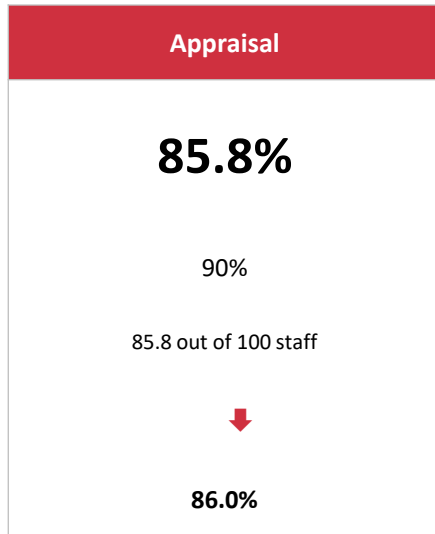
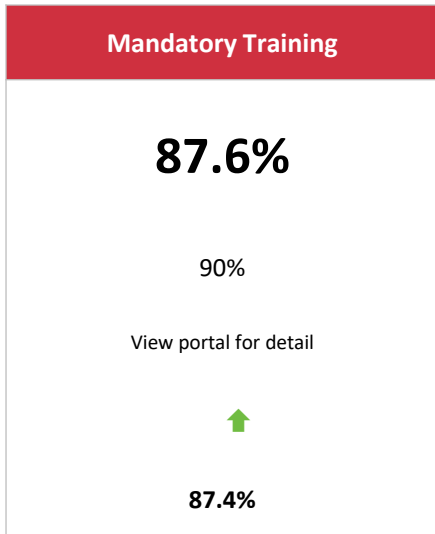
International AHP recruitment contract under negotiation. CV’s under review.

With the on-going requirement for contingent staffing total Agency spend YTD is at £13.3m which includes £2.6m as a result of NEE transfer of services and not within the ESNEFT 21-22 Agency forecast. Agency spend is down by approximately £1.1m on the same period last year however the planned target of a 20% reduction for this financial year is currently not on track.

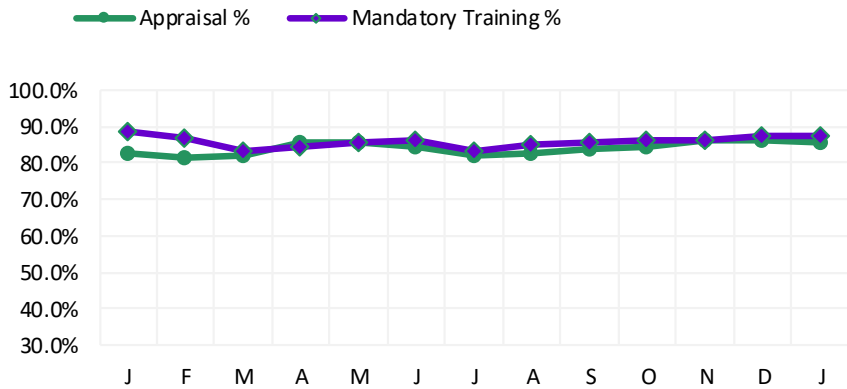
Bank spend continues on an upward trajectory as the demand for temporary resources dictates and incentivised pay rates are processed.

### Sickness

The Staff Helpline are continuing to work with the Clinical Psychology Service to offer staff psychological support on day 1 of sickness. A new programme for staff with S/A/D has been launched and individuals on long term sick invited to attend.



## Appraisals & Mandatory Training Compliance %



### Commentary

#### Mandatory Training

January’s compliance rate increased to 87.6% from 87.4% in December. The steering group looking at optimisation of ESR including OLM continues. Initially all Statutory and Mandatory Training has been mapped to the Skills for Health Core Skills Training Framework (CSTF) content already designed and provided by National leads and experts on OLM. The training team are liaising with subject matter specialists for additional content to support the core content.

There is now added focus on this with each division creating a trajectory to ensure compliance from May 2022.

The Associate Director for Learning and Development will be working with the NEECS division to facilitate taught sessions being delivered in community settings to increase compliance.

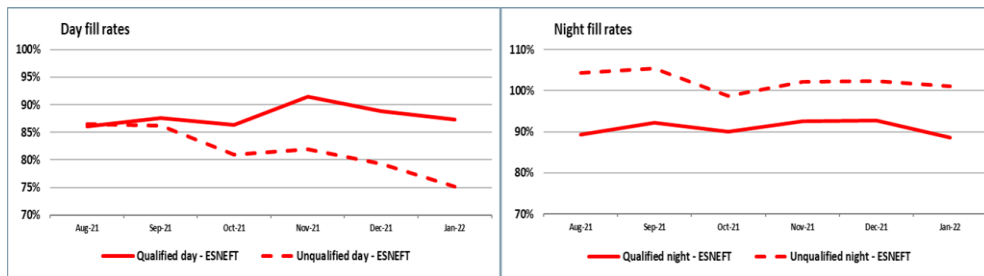
#### Appraisal

January’s compliance rate decreased to 85.8%, from 86% in December. Training has continued on having effective appraisal and one to one conversations but take up has been limited due to operational pressures. The HR Business Partners continue to monitor compliance in their divisions and via the Divisional Accountability Meetings meetings, the Trust is also trailing appraisal month within the NEECS division, if this is successful it will be rolled out across all divisions.

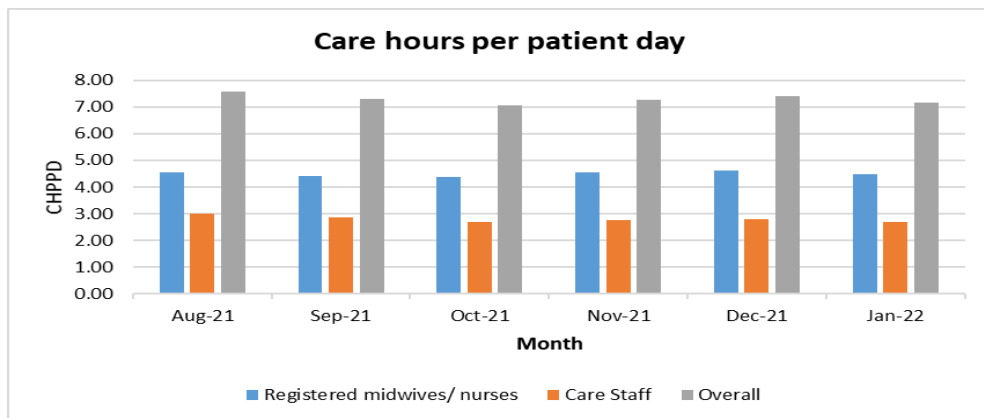
Nursing Workforce Update

Fill Rates (including care hours per patient day)

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Qualified day - ESNEFT	86.1%	87.5%	86.4%	91.5%	88.9%	87.3%
Qualified night - ESNEFT	89.3%	92.2%	90.0%	92.6%	92.7%	88.6%
Unqualified day - ESNEFT	86.5%	86.2%	80.9%	81.9%	79.3%	75.2%
Unqualified night - ESNEFT	104.3%	105.4%	98.8%	102.1%	102.4%	101.0%
Overall (average) fill - ESNEFT	89.7%	91.0%	87.8%	91.0%	89.5%	86.7%



Care hours per patient day	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Registered midwives/ nurses	4.55	4.43	4.37	4.54	4.62	4.49
Care Staff	3.02	2.87	2.71	2.75	2.79	2.69
<b>Overall</b>	<b>7.57</b>	<b>7.30</b>	<b>7.07</b>	<b>7.28</b>	<b>7.42</b>	<b>7.18</b>



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:**

We continue to welcome international colleagues to the Trust during the months of December, January and February. Nurses who have yet to be allocated their full registrations have been offered the opportunity to place themselves on the temporary registers which will allow them to work as a full registered nurse, supporting the wards during the management of Covid-19

**Refugee nursing recruitment:**

The Trust has committed to support refugee nursing recruitment with the appointment of 4 nurses in 2022. We will welcome our new colleagues to the Trust in April.

**International Midwifery Recruitment:**

ESNEFT continues to work with partners as part of ongoing international recruitment of midwives – the first two fully trained midwives with PINs are starting in the Trust in January and February 2022. The Trust has also been allocated an additional 4 international midwives as part of a regional campaign, with plans for onboarding February 2022.

**MoD 16 Medical Regiment Programme:**

The Trust will support the 16 Medical Regiment to ensure their personnel have valuable, effective and meaningful clinical placements across the organisation, while welcoming the support from all personnel in the care of our patients across ESNEFT and sharing experience and expertise with ESNEFT staff.

**ESNEFT Apprenticeships**

Conversations have commenced to ensure a robust model of delivery for the apprenticeship programmes from Colchester Institute and New Suffolk College to support young adults wishing to pursue a career in health and social care, a steering group has been established with all key stakeholders to ensure clear aims and objectives are set between all parties to ensure successful delivery for our local communities.

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

Risks & Mitigating Actions

It is recognised that there have remained significant challenges in ensuring adequacy of fill rate due to the challenges of Omicron variant impacting on staffing levels. The trust continues to exempt staff to return to work based upon a local risk assessment and confirmation of negative PCR Status.

The use of the SafeCare Acuity Wheel is now in place at Colchester and Ipswich sites, and includes community hospitals, to support decision-making based upon the acuity and dependency of patients twice a day.

**Trainee Nurse Associates (TNA):**

A Trust wide task and finish group is being established to provide an organisational response to the national TNA programme; this is a collaboration between key stakeholders to ensure a robust process is in place for existing and potential TNAs for the Trust – future updates will be brought through NMACC for approval.

**Professional Nurse Advocates (PNA):**

A regional programme is being approached to support the rationale for the development of an ICS level framework for Nurses, Midwives and AHP's this is being presented at the ICS programme Board week commencing 21 February. This would be to seek funding for support 'placed based' roles to support the psychological safety, personal and professional growth for our staff.

**HCA retention programme:**

A trust wide task and finish group has been established with all key stakeholders to further understand and improve the rationale for continued high turnover for our HCSW, a facilitated focus group for current HCA's is being hosted by the Trust in March to undertake a phenomenological approach in gaining the lived experiences of this valuable cohort of staff. This has also been combined with funded appreciation days as part of the improvement package for our HCSW. The Trust has signed a Memorandum of Understanding with NHSI to increase support for the HCA workforce, focussed on increased pastoral care and education programmes. Planned educational conferences for HCA/MCA colleagues are planned for 2022/23

## POD Profiles - Trust Level

	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22
<b>All Staff</b>													
Headcount	10,475	10,459	10,535	10,726	10,712	10,713	11,367	11,388	11,399	11,419	11,400	11,372	11,553
Establishment (including agency)	9,361	9,406	9,506	10,060	10,308	10,185	10,803	10,778	10,858	10,960	10,970	10,990	11,113
In post	9,134	9,308	9,381	9,395	9,323	9,329	9,870	9,875	9,874	9,929	9,925	9,922	9,996
Vacancy	227	98	125	665	985	856	933	903	984	1,031	1,046	1,067	1,116
Vacancy %	2.4%	1.0%	1.3%	6.6%	9.6%	8.4%	8.6%	8.4%	9.1%	9.4%	9.5%	9.7%	10.0%
Establishment (excluding agency)	9,219	9,280	9,334	9,793	9,943	9,876	10,352	10,467	10,428	10,551	10,582	10,548	10,600
Vacancy (excluding agency)	84	(28)	(48)	397	620	547	483	592	553	621	658	625	603
Vacancy % (excluding agency)	0.9%	-0.3%	-0.5%	4.1%	6.2%	5.5%	4.7%	5.7%	5.3%	5.9%	6.2%	5.9%	5.7%
<b>Turnover</b>													
<sup>1</sup> Turnover (12 Month)	11.7%	11.8%	11.7%	12.5%	12.8%	13.3%	13.4%	12.8%	12.9%	12.5%	12.7%	12.8%	13.0%
<sup>1</sup> Voluntary Turnover (12 Month)	6.5%	6.7%	6.6%	6.7%	6.9%	7.3%	7.5%	7.7%	8.0%	8.2%	8.5%	8.7%	8.9%
<sup>1</sup> Starters (to Trust)	202	164	142	126	72	83	115	143	152	139	128	84	163
<sup>1</sup> Leavers (from Trust)	92	56	116	192	169	104	116	133	117	125	116	113	107
<b>Sickness</b>													
% In Mth	6.7%	4.2%	3.4%	3.2%	3.3%	3.6%	4.2%	4.1%	4.7%	5.1%	5.1%	5.6%	6.3%
WTE Days Absent In Mth	18,947	10,871	9,804	8,988	9,590	9,923	12,662	12,615	13,775	15,464	14,999	17,039	19,430
<b>Mandatory Training &amp; Appraisal Compliance</b>													
Mandatory Training	88.4%	87.1%	83.5%	84.4%	85.7%	86.3%	83.5%	85.3%	85.9%	86.1%	86.2%	87.4%	87.6%
Appraisal	82.7%	81.3%	82.3%	85.6%	85.5%	84.2%	81.9%	82.6%	83.9%	84.7%	86.3%	86.0%	85.8%
<b>Temporary staffing as a % of spend</b>													
Substantive Pay Spend	35,947	31,098	42,498	37,673	37,393	37,695	39,858	38,505	39,976	39,383	40,006	39,419	40,414
Overtime Pay Spend	148	215	154	183	164	159	132	723	163	150	174	173	174
Bank Pay Spend	4,292	3,527	5,020	3,232	3,298	3,196	3,763	3,888	4,144	4,404	3,958	3,692	6,005
Agency Pay Spend	1,370	998	1,287	1,043	885	802	1,540	1,363	1,447	1,737	1,323	1,703	1,490
Total Pay Spend	41,757	35,837	48,960	42,131	41,740	41,852	45,293	44,479	45,730	45,674	45,461	44,988	48,084
Agency & Bank %	13.6%	12.6%	12.9%	10.1%	10.0%	9.6%	11.7%	11.8%	12.2%	13.4%	11.6%	12.0%	15.6%
Agency %	3.3%	2.8%	2.6%	2.5%	2.1%	1.9%	3.4%	3.1%	3.2%	3.8%	2.9%	3.8%	3.1%
<b>Nurse staffing fill rate</b>													
% Filled	81%	87%	90%	93%	91%	95%	91%	90%	91%	88%	91%	90%	87%

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

## POD Profiles - Trust Level

	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22
<b>Nursing (Qualified) - excluding Midwives</b>													
Establishment (including agency)	2,914	2,916	2,932	2,861	2,976	2,911	3,057	3,100	3,105	3,132	3,168	3,197	3,241
In post	2,600	2,613	2,645	2,656	2,694	2,715	2,883	2,890	2,878	2,919	2,925	2,923	2,919
Vacancy	313	303	287	205	282	196	174	210	227	213	243	275	322
Vacancy %	10.8%	10.4%	9.8%	7.2%	9.5%	6.7%	5.7%	6.8%	7.3%	6.8%	7.7%	8.6%	9.9%
<b>Nursing (Band 5) - excluding Midwives</b>													
Establishment (including agency)	1,497	1,492	1,491	1,427	1,429	1,437	1,513	1,507	1,508	1,524	1,523	1,534	1,553
In post	1,316	1,330	1,358	1,370	1,398	1,420	1,464	1,458	1,454	1,481	1,470	1,464	1,441
Vacancy	181	162	133	57	31	17	49	49	54	43	54	70	112
Vacancy %	12.1%	10.9%	8.9%	4.0%	2.1%	1.2%	3.3%	3.2%	3.6%	2.8%	3.5%	4.6%	7.2%
<b>Nursing (Band 4)</b>													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Nursing (Apprentice, B2 &amp; B3)</b>													
Establishment (including agency)	1,237	1,265	1,325	1,270	1,265	1,235	1,319	1,316	1,316	1,328	1,332	1,340	1,399
In post	1,145	1,246	1,281	1,290	1,176	1,142	1,232	1,217	1,189	1,163	1,153	1,171	1,192
Vacancy	92	18	44	(20)	89	93	87	99	126	165	179	170	207
Vacancy %	7.5%	1.4%	3.3%	-1.5%	7.0%	7.6%	6.6%	7.5%	9.6%	12.4%	13.5%	12.7%	14.8%
<b>Consultants</b>													
Establishment (including agency)	500	502	502	505	520	524	520	525	524	516	521	521	523
In post	424	428	427	429	429	429	429	432	437	438	436	434	433
Vacancy	75	74	74	76	91	95	92	93	87	78	85	88	90
Vacancy %	15.0%	14.7%	14.8%	15.0%	17.5%	18.2%	17.6%	17.7%	16.6%	15.2%	16.3%	16.8%	17.3%
<b>Junior Medical</b>													
Establishment (including agency)	697	711	718	708	720	713	780	714	736	736	731	734	742
In post	660	680	651	656	645	659	726	721	714	708	699	687	700
Vacancy	36	31	67	53	75	54	54	(7)	22	29	32	47	43
Vacancy %	5.2%	4.4%	9.4%	7.5%	10.4%	7.6%	6.9%	-0.9%	3.0%	3.9%	4.3%	6.4%	5.7%
<b>Scientific, Technical and Therapeutic</b>													
Establishment (including agency)	1,806	1,796	1,789	1,859	1,960	1,932	2,088	2,092	2,111	2,093	2,101	2,115	2,115
In post	1,717	1,723	1,748	1,746	1,740	1,743	1,862	1,872	1,907	1,929	1,934	1,922	1,897
Vacancy	89	73	41	113	220	188	226	220	204	163	167	193	218
Vacancy %	4.9%	4.1%	2.3%	6.1%	11.2%	9.7%	10.8%	10.5%	9.6%	7.8%	7.9%	9.1%	10.3%

2WW	2 Week Wait	LD	Learning Disabilities
ACE	Anglian Community Services	LFT	Lateral Flow Test
ACU	Ambulatory Care Unit	LLOS	Long length of stay
AF	Accountability Framework	LMNSB	Local Maternity and Neonatal System Board
AMD	Associate Medical Director	LSCS	Lower (uterine) Segment Caesarean Section
AMI	Acute Myocardial Infarction	MDT	Multidisciplinary Team
AMSDEC	Acute Medical Same Day Emergency Care	MH	Mental health
CCG	Clinical Commissioning Group	MHLT	Mental Health Liaison Team
CCU	Critical Care Unit	MLC	Midwifery Led Care
CDEL	Capital Departmental Expenditure Limit	MUST	Malnutrition Universal Screening Tool
CDG	Clinical Delivery Group	MVP	Maternity Voices Partnership
CDH	Community Diagnostic Hub	NCEPOD	National Confidential Enquiry into Patient Outcome and Death
CGH	Colchester General Hospital	NEE	North East Essex
CIP	Cost Improvement Plan	NHSP	NHS Professionals
CLC	Consultant Led Care	NMPA	National Maternity and Perinatal Audit
CNST	Clinical Negligence Scheme for Trusts	NNU	Neonatal Unit
CO	Carbon monoxide	NoF	Neck of Femur
COC	Continuity of Care	NRLS	National Reporting and Learning System
COHA	Community Onset Healthcare Associated	NSFT	Norfolk & Suffolk NHS Foundation Trust
COPD	Chronic obstructive pulmonary disease	O&G	Obstetrics & Gynaecology
CQC	Care Quality Commission	OMFS	Oral & Maxillofacial Surgery
CQUIN	Commissioning for Quality and Innovation	OPA	Outpatient Appointment
CT	Computerised Tomography	OPD	Outpatient department
CTG	Cardiotocography	PALS	Patient Advice and Liaison Service
CYP	Children & Young People	PAU	Paediatric Assessment Unit
DAM	Divisional Accountability Meeting	PCI	Percutaneous Coronary Intervention
DEXA	Dual energy X-ray absorptiometry	PDC	Public Dividend Capital
DFI	Doctor Foster Intelligence	PPH	Postpartum haemorrhage
DM01	Diagnostics Waiting Times and Activity	PROMPT	Practical Obstetric Multi-professional Training
DMT	Divisional Management Team	PSII	Patient Safety Incident Investigation
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	PSIRP	Patient Safety Incident Response Plan
DOC	Duty of Care	PSR	Patient Safety Response
DPN	Deteriorating Patient Nurse	Q1	Quarter 1
ECIST	Emergency Care Improvement Support Team	QI	Quality Improvement
ED	Emergency Department	QIA	Quality Impact Assessment
EEAST	East of England Ambulance Service	RAG	Red Amber Green
EOE	East of England	RDC	Rapid Diagnostic Centres
EOL	End of Life	RTT	Referral to Treatment
ERF	Elective Recovery Fund	SHMI	Summary Hospital Mortality Indicator
FDS	Faster Diagnosis Standard	SOCI	Statement of Comprehensive Income
FFT	Friends and Family Test	SOF	Single Oversight Framework
FTE	Full Time Equivalent	SOP	Standard Operating Procedure
GI	Gastrointestinal	SPC	Statistical Process Control
GIRFT	Getting It Right First Time	STP	Sustainability and Transformation Plan
H2	Half 2	T&O	Trauma & Orthopaedics
HALO	Hospital Ambulance Liaison Officer	TIF	Targetted Investment Fund
HOHA	Healthcare Onset Healthcare Associated	UCR	Urgent Community Response
HRG	Healthcare Resource Groups	UTC	Urgent Treatment Centre
HSIB	Healthcare Safety Investigation Branch	UTI	Urinary Tract Infection
HSMR	Hospital Standardised Mortality Ratio	VBAC	Vaginal Birth After Caesarean
I&E	Income & Expenditure	VLAD	Variable Life Adjusted Display
ICS	Integrated Care System	VTE	Venous thromboembolism
IH	Ipswich Hospital	WSH	West Suffolk Hospital
IP&C	Infection Prevention & Control	WTE	Whole Time Equivalent
ITU	Intensive Treatment Unit	YTD	Year to Date
KPI	Key Performance Indicator		