



Performance report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors
Thursday 5th May 2022

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

1 NHSI Single Oversight Framework

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

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

NHSE&I uses a series of "triggers" to identify potential concerns and inform provider segmentation. There are four segments ranging from maximum provider autonomy (segment 1) to special measures (segment 4). The NHSE&I single oversight framework includes five constitutional standards:

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

This report shows the March 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 NHSE/I 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 February's performance – due to be held in April - 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.

Quality : Safe, Effective & Caring									
Indicator	Domain	Frequency	Target / Standard	Jan-22	Feb-22	Mar-22	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	68	89	101	↑		Overall complaints numbers for ESNEFT in February were 101 (89). There were 0 high level complaints recorded in month. Colchester reported 64 (55) complaints and Ipswich reported 37 (34).
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	0	→		The Never Event in January was in Endoscopy, a biopsy was taken in error.
Mixed sex accommodation breaches	Caring	M	0	9	9	7	↓		All breaches in January February & March were caused by ward step down delays in Critical Care.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	92.4%	91.9%	91.7%	↓		Patient facing FFT restarted nationally on the 1st December 2020.
A&E scores from Friends and Family Test – % positive	Caring	M	90%	82.4%	77.8%	77.1%	↓		Patient facing FFT restarted nationally on the 1st December 2020.
Number of emergency c-sections	Safe	M	tbc	19.7%	21.5%	21.7%	↑		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	100.0%	100.0%	66.7%	↓		Patient facing FFT restarted nationally on the 1st December 2020.
- % Recommending - postnatal	Caring	M	90%	100.0%	N/A	0.0%	↓		
VTE Risk Assessment	Safe	M	95%	91.1%	91.6%	89.2%	↓		
Incidences of Clostridium Difficile infection	Safe	M	9	9	12	9	↓		There were 9 C.difficile cases reported in March. 4 of these were in Ipswich (2 HOHA, 2 COHA) and 5 cases were at Colchester hospital (4 HOHA, 1 COHA). The C.diff case threshold for 2021/22 is 99 cases (currently at a total of 106).
MRSA bacteraemias	Safe	M	0	0	1	1	→		There was 1 MRSA bacteraemia (HOHA) during February on Peldon Ward at Colchester Hospital – source of infection unknown. There was 1 MRSA bacteraemia (COHA) during March on Washbrook Ward at Ipswich Hospital – source of bacteraemia paravertebral abscess.
HSMR (DFI Published - By Month Data Available)	Effective	Q	0	111.5	110.1	108.3	↓		Around 30% of admitted activity missed the first Dr Foster Dec deadline for coding; this means that the Dec data cannot be relied upon. Approximately 2,862 spells, including 27 deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload. Clinical Coding is being delayed by the scanning backlog. (This is currently being addressed and it is hoped that the Trust will be up to date by end April 2022; however, this will impact on mortality ratios and CUSUM alerts for the next 3 published months.) The Dr Foster report dates will be revised so that it runs one month behind the timetable to prevent the generation of spurious alerts. This is to minimize the time spent on unnecessary investigations.
HSMR Weekend (By Month Data Available)	Effective	Q	100	120.9	119.8	118.1	↓		
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.074	1.073	1.081	↑		12 mths to October 2021. This is 'as expected' when compared to the previous annual position (September 2021 data) of 1.073.

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Jan-22	Feb-22	Mar-22	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	76.0%	74.9%	74.3%	↓		A&E waiting time performance based on economy. ED Economy performance for March 2021 was 76.0% for CGH, and 71.4% for IH.
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Responsive	M	92.0%	65.7%	65.5%	64.9%	↓		
<i>All cancers – maximum 62-day wait for first treatment from:</i>									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	73.6%	71.9%	75.7%	↑		
- NHS cancer screening service referral	Responsive	M	90.0%	69.9%	75.0%	77.0%	↑		Screening service performance snapshot as reported in Accountability Framework taken at 22nd April 2022
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	29.2%	21.7%	18.2%	↓		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Jan-22	Feb-22	Mar-22	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	6.3%	5.9%	7.0%	↑		Short term sickness 5.15%, long term sickness 1.82%
Staff turnover	Well-led	M	tbc	8.9%	9.0%	9.2%	↑		Voluntary turnover.
Executive team turnover	Well-led	M	tbc	0	1	0	↓		Director of Governance left in February 2022
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	3.1%	4.1%	4.9%	↑		Agency staff 4.1%. Bank & Agency staff 14.6%.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan Ek	Well-led	M	0	(7,422)	(8,216)	(9,796)	↑		All divisions, except Medicine Colchester, under delivered their CIP targets for the year.
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Jan-22	Feb-22	Mar-22	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	2	1	2	↑		The Trust's overall financial performance in 21/22 was strong, though the overall Use of Resources rating did fall from 1 (best) to 2 in March. This was the consequence of the Trust reporting a deficit of £1.3m in-month (but still achieving a year-end cumulative surplus of £8.2m) which impacted the Trust's overall I&E margin and capital service cover.
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	1	2	↑		
I&E MARGIN : Variance from Plan	Finance	M	0	1	1	1	→		
Agency Spend : Remain within agency ceiling	Finance	M	0	1	1	2	↑		
Overall: Use of Resources Rating	Finance	M	0	2	1	2	↑		
Overall : NHS system oversight framework segmentation									
Indicator	Domain	Frequency	Target / Standard	Jan-22	Feb-22	Mar-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 11 (February performance)

Clinical divisions performance

DAM meetings were suspended for February 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	4 4 →	4 2 ↓	3 3 →	3 2 ↓	3 3 →	3 2 ↓	3 3 →	4 4 →
Responsive	2 3 ↑	4 4 →	2 2 →	2 2 →	1 2 ↑	4 4 →	1 1 ↓	2 3 ↓
Safe	3 3 →	2 2 →	3 3 →	3 3 →	3 3 →	3 2 ↓	3 3 →	4 3 ↓
Effective	2 2 →	3 2 ↓	3 2 ↓	2 2 →	2 3 ↑	2 2 →	1 2 ↑	2 3 ↓
Well-Led	1 2 ↑	2 2 →	2 2 →	3 2 ↓	2 2 →	2 2 →	2 2 →	1 1 →
Use of Resources	2 2 →	3 3 →	3 3 →	3 3 →	3 3 →	2 2 →	2 2 →	2 2 →
Aggregated AF Score	2 2 →	3 2 ↓	3 2 ↓	3 2 ↓	2 3 ↑	2 2 →	1 2 ↑	2 2 →

Overall, performance dropped from a 3 to a 2 for Integrated Pathways, Medicine Colchester and Medicine Ipswich; however Surgery, Gastro & Anaesthetics improved their position from a 1 to a 2.

Performance against Use of Resources & Safe was maintained for the most part across all divisions; however, NEECS and Women's & Children's Safe position deteriorated. Performance improved for Responsive for 3 divisions – Cancer & Diagnostics, MSK & Specialist Surgery and Women's & Children's.

Scores were variable across other domains though some improvements were seen including Cancer & Diagnostics improving from a 1 to a 2 in well Led. Unfortunately there was deterioration seen in the Caring domain, with Integrated Pathways dropping from a 4 to a 2 and Medicine Ipswich and NEECS declining from a 3 to a 2.

Corporate performance

- Appraisal compliance was over 75% for all corporate services except Medical Director, with Finance & Information and Research & Innovation directorates reaching the 90% Trust target.
- Human resources and Medical Director are the only corporate services that are non-compliant with mandatory training.
- Overall absence increased in month for 5 directorates with Governance, ICT, Nursing, Operations, and Research & Innovation all seeing an increase. Operations & Estates & Facilities reported a sickness levels above 6% in February.

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

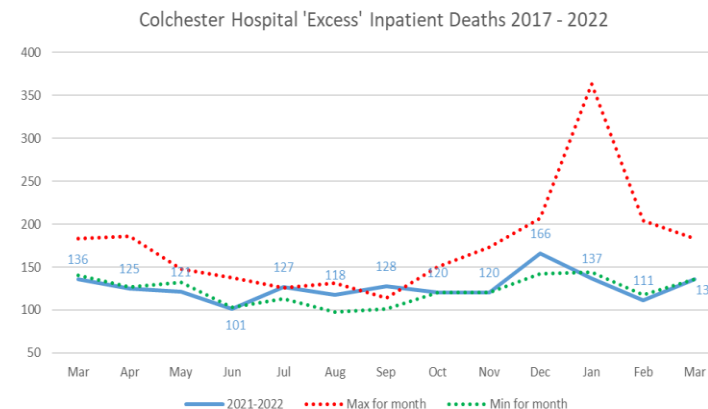
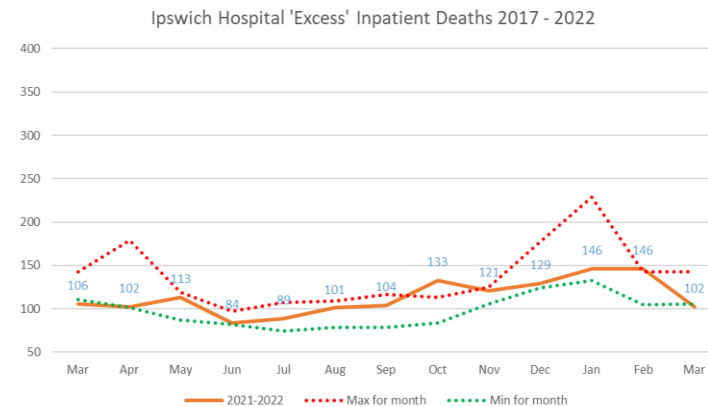
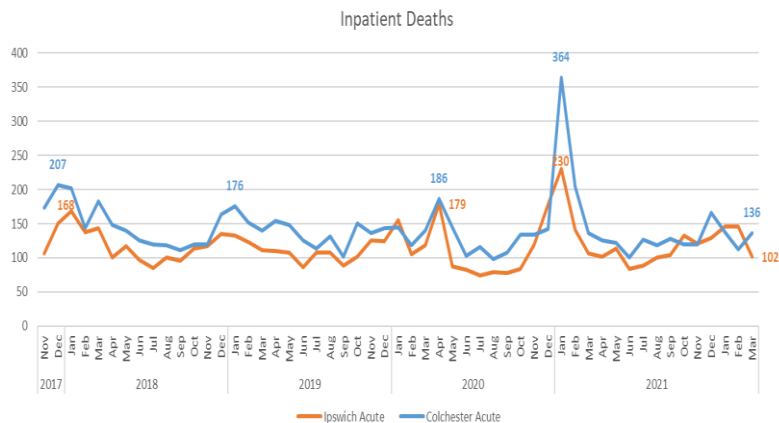
Aggregated AF Score Classification Explained

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

Mortality: Trend Data – All inpatients

March 2022

- 238 inpatient deaths (258 in February) – at lower end of seasonal norm for both sites – however, early April has seen an increase in the deaths of older patients with a positive swab. Analysis will be undertaken to determine the role played by COVID-19 and ongoing review of patients who acquire covid in hospital
- 19 deaths in EDs (19 deaths in January)



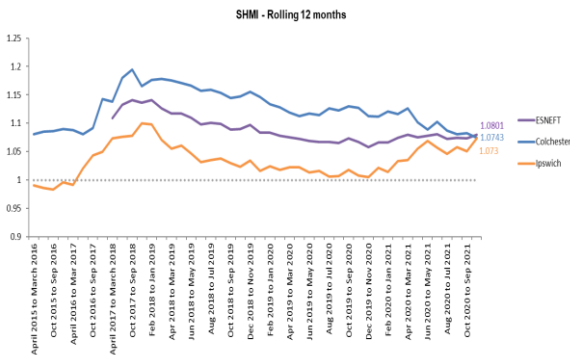
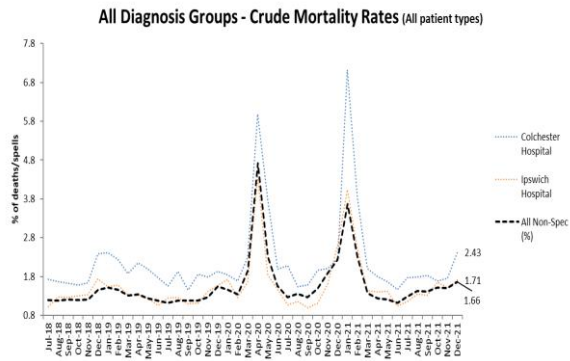
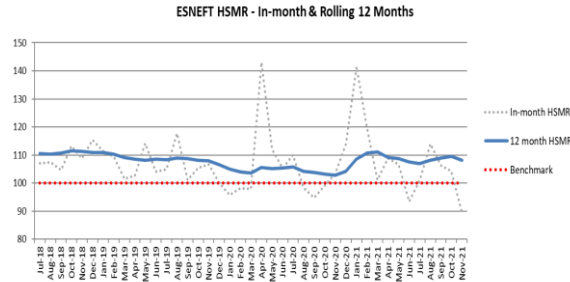
(IP = inpatient)	Mar 22 No. Deaths	Mar 21 No. deaths	Rolling 12 mths avg
Ips acute IP	102 (146)	106	115
Col acute IP	136 (112)	136	126
Ips ED	7 (9)	6	7
Col ED	12 (10)	4	11

Figure in brackets = previous month

Mortality Ratios - Data Sources DF Intelligence and NHS Digital

Summary

- ESNEFT 12-mth HSMR to November 2021, 108.1 ‘higher than expected’ (December 2021 110.2 – incomplete coding).
- HSMR (non-COVID-19) ‘as expected’.
- ESNEFT all diagnoses to November 2021 108.4 ‘higher than expected’.
- Scanning backlog – as of 01/04/2022, the team had caught up to middle of February. Funding has been provided until end April to continue with remaining backlog.
- SHMI 1.0801 to Oct 21 (as expected for 32 mths, but this is now marginal).



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

Dr Foster Summary

12 month rolling data except where specified		ESNEFT	IPS	COL
Dec 21	HSMR – incomplete EXCLUDES C-19 ON ADMISSION	↓ 110.2	↓ 114.2	↑ 111.2
Nov 21	HSMR in-month Nov 21 EXCLUDES C-19 ON ADMISSION	89.7	108.5	78.0
12 mths to November 2021 – complete coding	HSMR EXCLUDES C-19 ON ADMISSION	↓ 108.1	↓ 115.9	↓ 105.7
	HSMR Lower confidence limit EXCLUDES C-19 ON ADMISSION	↓ 103.7 Outlier	↓ 109.0 Outlier	↓ 99.9 As expected
	HSMR NO C-19 PATIENTS	↓ 102.1	↓ 108.1	↓ 100.7
	HSMR Lower confidence limit NO C-19 PATIENTS	↓ 97.7 As expected	↓ 101.3 Outlier	↓ 94.9 As expected
	HSMR Death rate (nat. 3.3%)	→ 3.1%	→ 2.9%	→ 3.4%
	All diagnosis groups INCLUDES C-19 DURING ADM	↓ 108.4	↓ 115.6	↓ 105.7
Lower confidence limit (all)	↓ 104.8 Outlier	↓ 109.8 Outlier	↓ 100.9 Outlier	

Around 30% of admitted activity missed the first Dr Foster Dec deadline for coding; this means that the Dec data cannot be relied upon.

Approximately 2,862 spells, including 27 deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload. Clinical Coding is being delayed by the scanning backlog (this is currently being addressed and it is hoped that the Trust will be up to date by end April 2022; however, this will impact on mortality ratios and CUSUM alerts for the next 3 published months). The Dr Foster report dates will be revised so that it runs one month behind the timetable to prevent the generation of spurious alerts. This is to minimize the time spent on unnecessary investigations.

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

SHMI – 12 months to October 2021
 ESNEFT ↑ 1.0801 – ‘as expected’
 Ipswich acute ↑ 1.0730 – ‘as expected’
 Colchester ↓ 1.0743 – ‘as expected’
 Clacton 1.4023 – ‘as expected’
 Harwich 2.4554 – ‘higher than expected’

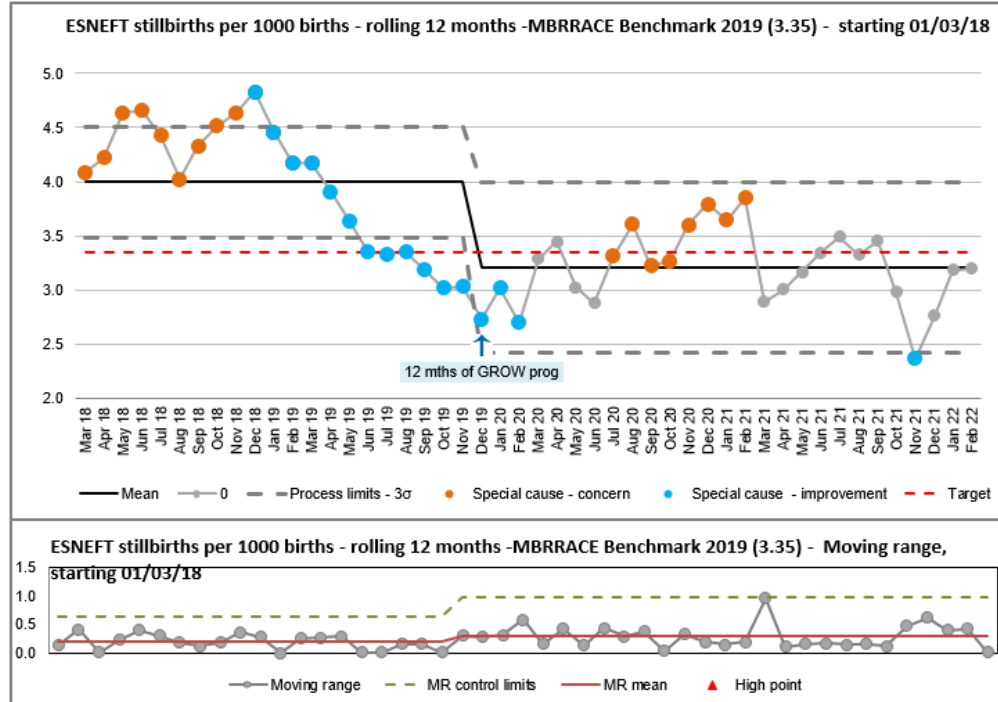
The Co-Divisional Director for NEECS has been advised that no clinical coding is currently completed for patient spells at Clacton or Harwich hospitals. Mortality ratios for discharged patients are being calculated using only attendance history and demographics. This is resulting in a slight elevation in mortality ratios, which is why both Ipswich and Colchester acute have a lower SHMI than the figure for ESNEFT.

For Ipswich community hospitals, rudimentary Snomed coding is undertaken by BI using data from the West Suffolk Hospital BI Team. The low number of deaths has resulted in very low mortality ratios. This process is being looked into to see if it can be duplicated.

Mortality: 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 5 rolling-12 months



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 births. (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.

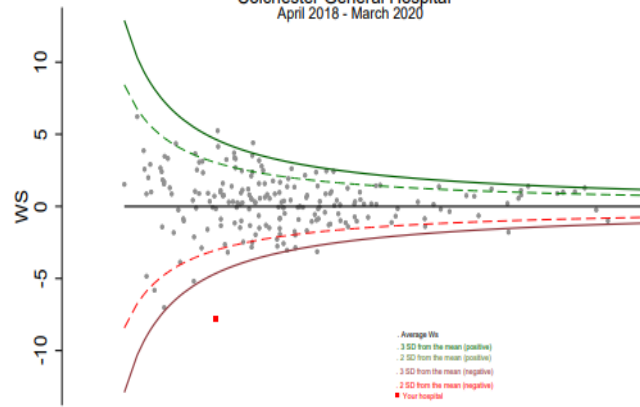
**Mothers and Babies: Reducing Risks through Audits and Confidential Enquiries*

Mortality: TARN – Trauma Audit & Research Network

Summary

- Colchester Hospital no longer a TARN outlier for April 2018 to March 2020 – data has been reviewed and resubmitted – incomplete data set owing to pandemic pressures and the number of available TARN coordinator hours.

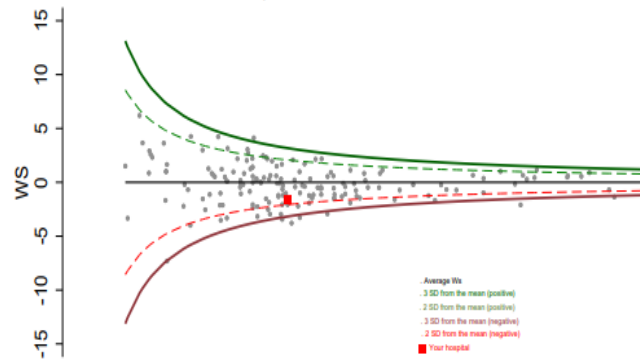
Colchester General Hospital
April 2018 - March 2020



Fully censored outcome

Hospitals are plotted in order of precision (1/standard error)

Colchester General Hospital
April 2018 - March 2020



Hospitals are plotted in order of precision (1/standard error)

Fully censored outcome



THE TRAUMA AUDIT & RESEARCH NETWORK



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16 March 2022

Mr Daniel Stanciu
Consultant in Emergency Medicine
Colchester General Hospital
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Colchester
CO4 5JL

Copy to: Mr N Hulme and MD: Dr S MacDonnell

Dear Mr Stanciu

Thank you for your engagement and hard work in assisting TARN with a Data Quality review relating to the Outlier case mix standardised outcome statistic (Ws) at Colchester General Hospital.

The review is now complete and based on all three censorship models, I can confirm that your Hospital is no longer considered to be an Outlier for the review period of: **April 2018 to March 2020**.

The updated Ws figures for all three censorship models are below:

Right censorship model:

- Ws is within the normal range at **-0.7** (CI: **-2.7 to 1.4**).

Left censorship model:

- Ws is within the normal range at **-0.9** (CI: **-2.9 to 1.2**).

Full censorship model:

- Ws is within the normal range at **-1.6** (CI: **-3.7 to 0.4**).

Data Quality:

- Case ascertainment is: **95%**
- Survivor Death ratio is: **1.6**.

We do not require any further action from you, however we enclose a summary of our Data Quality Review which you may find useful for the future.

Updated funnel plots accompany this letter.

Yours sincerely

Antoinette Edwards

Executive Director on behalf of the TARN Executive Committee

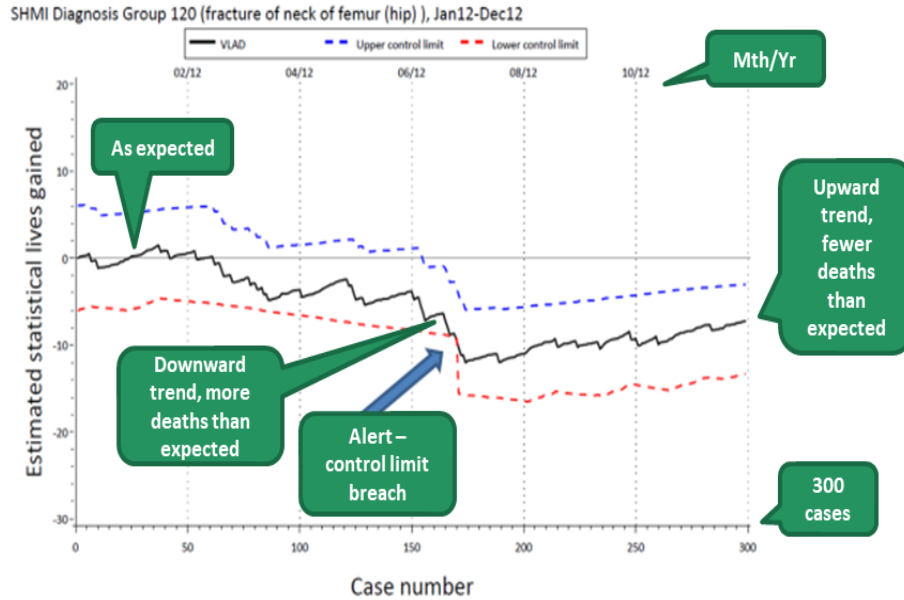


Mortality: NHS Digital SHMI VLAD (Variable Life Adjusted Display) – includes deaths within 30 days of discharge

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:

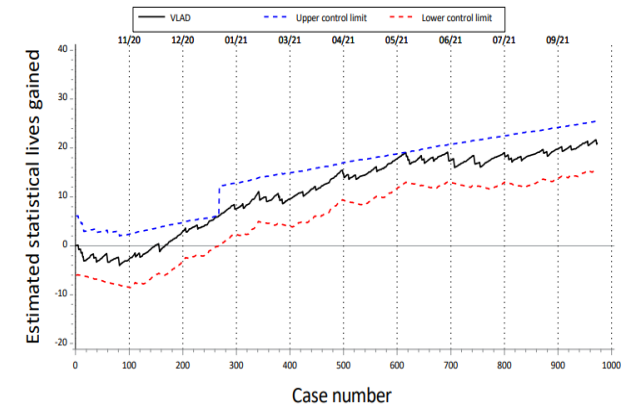
- 2 – septicaemia (except in labour), shock
- 15 – cancer of bronchus, lung
- 30 – secondary malignancies
- 37 – fluid and electrolyte disorders
- 57 – AMI
- 73 – pneumonia
- 74 – acute bronchitis
- 96 – GI haemorrhage
- 101 – UTI
- 120 – fractured NoF



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.

The CNS for Deteriorating Patients reviewed the care of 17 patients who died in October with an admitting diagnosis of sepsis – 7 Ips and 10 Col patients. Most patients had received the Sepsis Six in ED or had it appropriately documented that Sepsis Six was not indicated at that point. One Ipswich patient with dementia had a delay in recognition of sepsis in the ED and possible delay in recognising aspiration on the ward – the cause of death was aspiration pneumonia. For Colchester, 2 patients had delays in recognition of sepsis in ED, both patients had Sepsis as the primary cause of death on the death certificate (one patient was treated in the corridor for during the first 100 minutes of arrival and sadly died on the day of admission; one patient was admitted to CCU owing to multi-organ failure and decompensated liver disease).

RDE-EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST
SHMI diagnosis group 120 (Fracture of neck of femur (hip)), Oct20-Sep21



Better than expected

- Sepsis (significantly better)
- GI haemorrhage
- Fractured NoF (significantly better)
- UTI - improving

As expected

- Secondary malignancies – but recent improvement

Worse than expected

- Cancer of bronchus, lung – recent deterioration - patient details sent to respiratory consultant Feb 2022
- Fluid & electrolyte - will be investigated following pneumonia review.
- Pneumonia – currently under investigation
- AMI – marginal and part of external cardiology review
- Acute Bronchitis – being tracked

Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,958 incidents reported in the month. This is an increase from 2,499 reported in February.

2,559 of these incidents were Patient Safety related and 2,553 were reported to the NRLS.

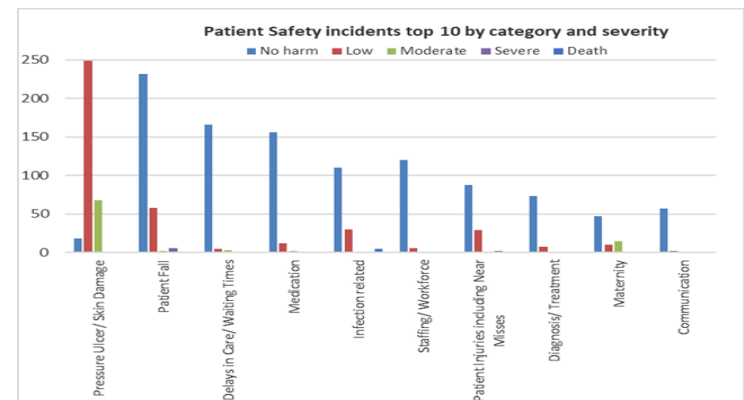
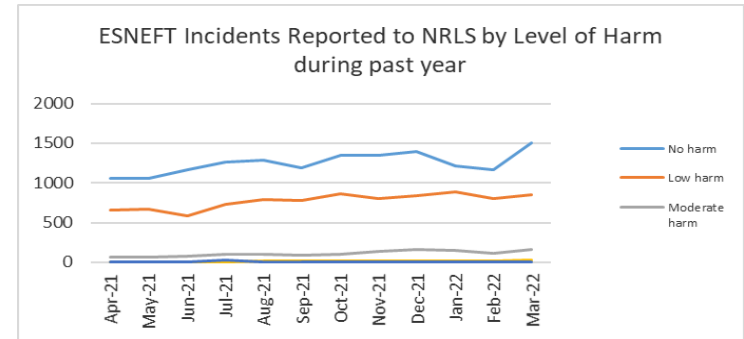
Overdue incidents have shown an increase to 742 (675).

There were 34,118 admissions resulting in 74.82 incidents per 1,000 bed days across ESNEFT. This data is now aligned to include NEECS.

The highest reported category was pressure ulcer/skin damage (ESNEFT acquired): There were 336 (253) incidents reported 1 severe harm in Integrated Pathways.

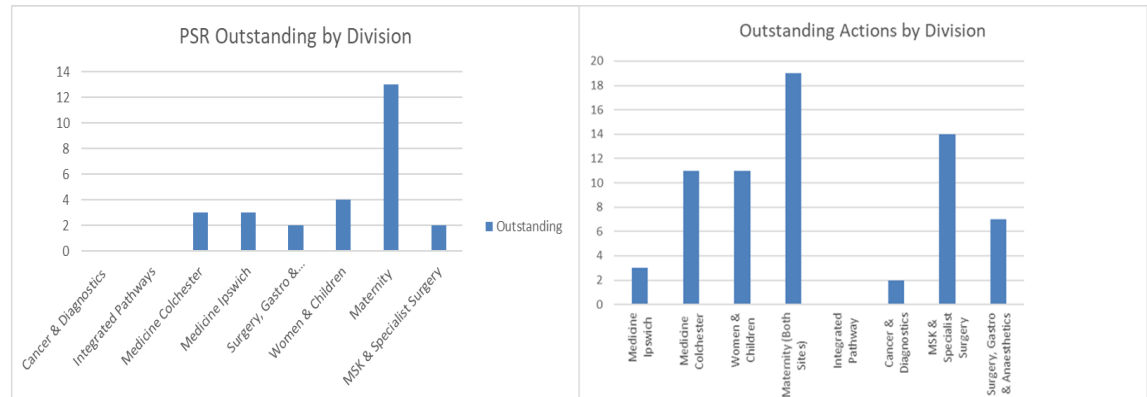
The 2nd highest reported category was Patient Falls with 298 (229) incidents.

The 3rd highest reported category in the month of March was delays in care / waiting times. There were 175 incidents reported across the Trust.



Patient Safety Reviews Overdue and with Actions outstanding

- A total of 23 PSR investigations are overdue. Breakdown is as follows: Medicine Colchester 3, Medicine Ipswich 3, MSK & Specialist Surgery 2 and Women & Children 15 of which 11 are specific to Maternity.
- There are currently 67 (77) actions outstanding for March 2022: Cancer & Diagnostics (2), Medicine Colchester (11), Medicine Ipswich (3), Surgery, Gastroenterology & Anaesthetics (7), MSK & Specialist Surgery (14), Women & Children (11), Maternity Services (19).



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

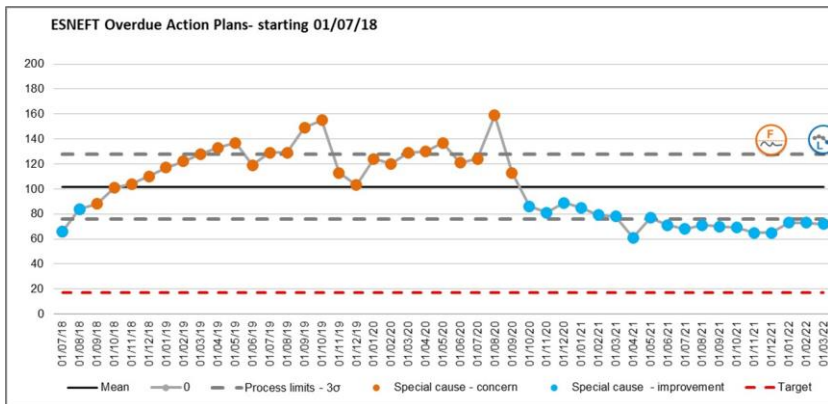
Never Events

There were no Never Events reported in March.

Number of Completed Action Plans closed in the Month

1 Action Plan was sent to the CCG for closure in March 2022. There are currently 72 overdue action plans and a review is required to agree with the CCG those actions which require evidence.

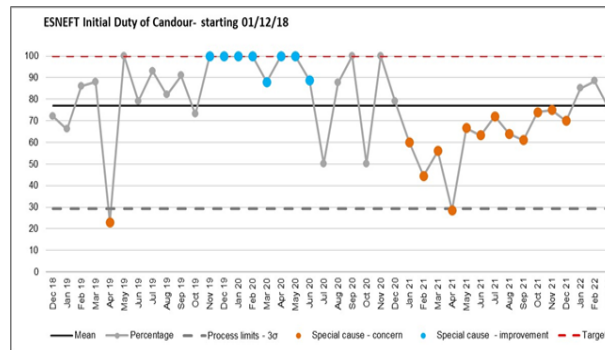
An analysis of overdue action plans will be included in next month's report.



Duty of Candour

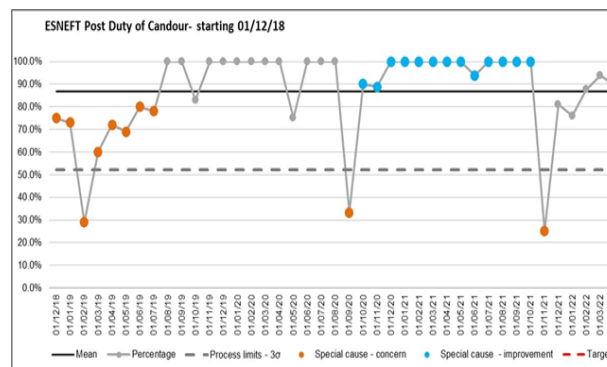
A total of 58 initial duty of candour for moderate harm were due in the month of March, of which 44 were completed within the timeframe.

The Trust compliance is 75.86% (88.37%)



Division	Total Due	Total Completed
Integrated Pathways	13	7
Medicine Ipswich	7	7
Medicine Colchester	3	2
MSK & Specialist Surgery	2	2
North East Essex Integrated Care Services	27	22
Surgery, Gastroenterology and Anaesthetics	2	1
Women & Children (Maternity Colchester)	4	3
Women & Children (Maternity Ipswich)	0	0
Women & Children	0	0
Cancer & Diagnostics	0	0

Post investigation compliance was 89.3% for the month of March, 28 were due in total, with 3 being reported out of timeframe.



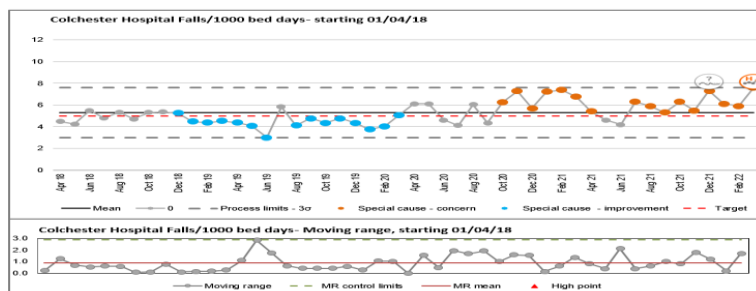
Division	Total Due	Total Completed
Medicine Ipswich	4	4
Medicine Colchester	2	2
MSK & Specialist Surgery	2	2
North East Essex Integrated Care Services	1	0
Surgery, Gastroenterology and Anaesthetics	1	1
Women & Children	0	0
Cancer & Diagnostics	1	1
Integrated Pathways	17	15

Patient Safety – Falls

Colchester site

Colchester reported 128 falls in March which is an increase on February (86). Unfortunately, there were 4 falls resulting in serious harm – 3 fractured neck of femur and 1 subarachnoid haemorrhage. There were 24 low harm and 100 no harm incidents. The peak time bands for falls incidents are between 1300–1500hrs and between 0900-1000hrs.

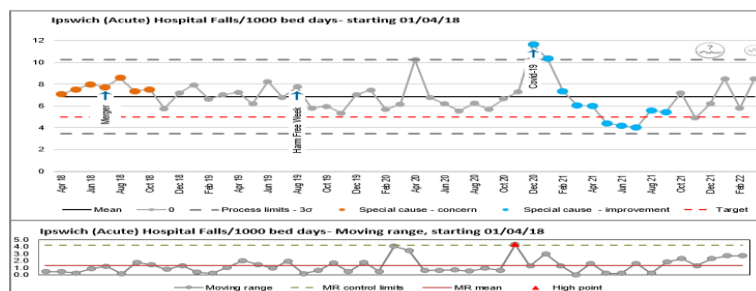
This shows 7.6 falls per 1,000 bed days which is an increase on February (5.9) and is above the national benchmark of 5.5 and above the ESNEFT benchmark of 5.0. The local benchmark for all sites is being reviewed in line with national guidance and review of local falls data.



Ipswich site

Ipswich acute site reported 130 falls in March which is an increase on February (99). Unfortunately there was 1 fall that resulted in serious harm – fractured neck of femur. In addition there were 28 falls with low harm and 100 falls with no harm. The peak time bands for falls incidents are between 1700-1900hrs and between 1900-2100hrs.

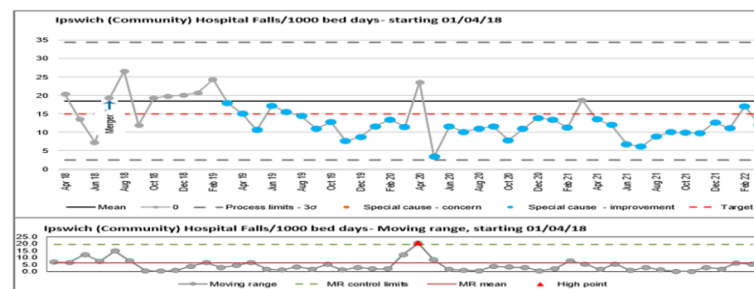
This shows 8.5 falls per 1,000 bed days which shows an increase on February (5.8) which is above the national benchmark of 5.5 and above the ESNEFT benchmark of 5.0.



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

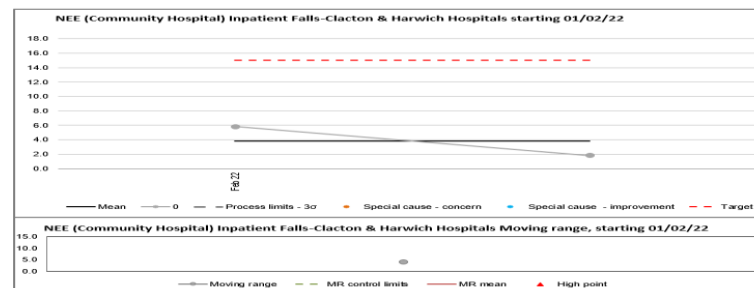
The Suffolk Community Hospitals collectively reported 24 falls in March which is a decrease on February (28). Aldeburgh Community Hospital 14, Bluebird Lodge 8, Felixstowe Community Hospital 2.

Unfortunately there were 2 falls that resulted in serious harm – both fractured neck of femur. There were 4 falls resulting in low harm and 18 with no harm. This gives a figure of 12.0 falls per 1,000 bed days which shows an increase on February (17.1) 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):

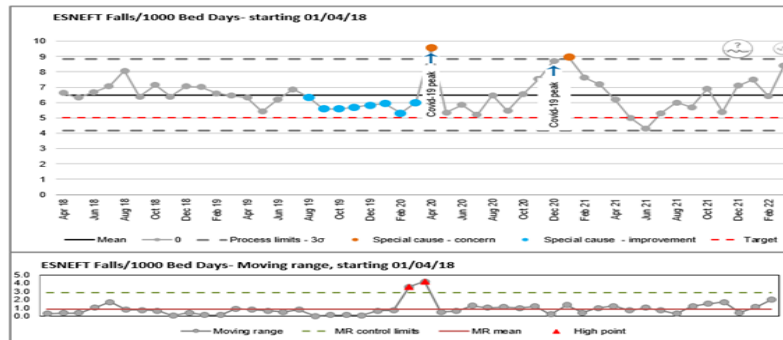
The community hospitals (Clacton – Durban Ward & St Osyth Priory Ward and Harwich – Trinity Ward and Waverley Ward) in North East Essex reported 4 inpatient falls in March which is a decrease on February (11). There were 2 low harm incidents and 2 no harm incidents. Positively there were no falls resulting in serious harm. The bed days for NEECS in March stands at 2,166 which gives a figure of 1.8 (February 5.8) falls per 1,000 bed days based on local benchmark for community hospitals of no more than 15 falls per 1,000 bed days. The local benchmark for NEECS will be reviewed by the falls group and in conjunction with patient safety.



Patient Safety – Falls

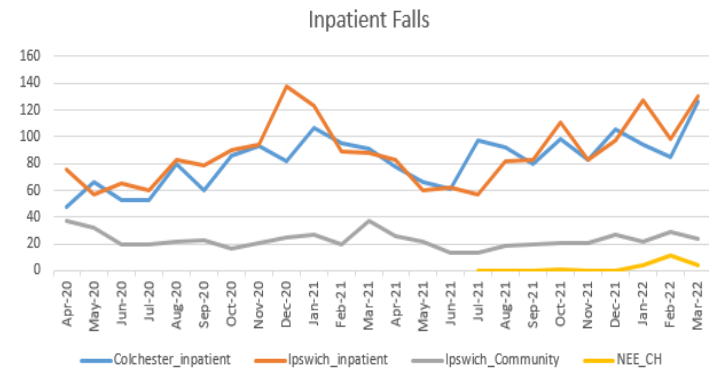
ESNEFT

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 8.0 falls per 1,000 bed days (Feb 5.8) 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 8.4 (Feb 6.4). Moving forward into the new financial year, the local benchmark is being reviewed via the Falls Prevention Group and Clinical Effectiveness Groups to consider the number of inpatient falls incidents during the preceding year.



Falls Prevention Group

The Falls Prevention Group meetings have been held intermittently during COVID-19 due to clinical demands on attendees. These meetings have now restarted and the new falls strategy, work plans and Terms of Reference have been shared and approved by both site groups. Following approval of both the falls strategy & work plan at site falls group meetings, the falls strategy and work plan is to be shared at PSEG meeting for oversight. Falls Practitioners will also be looking to record further virtual training aimed at those staff who work permanent nights either in the community hospital or in the acute sites. We are looking to develop some falls simulation training in conjunction with the Icen Centre at Colchester. This will look to enhance ward staff skills in managing a fallen patient and post-fall care.

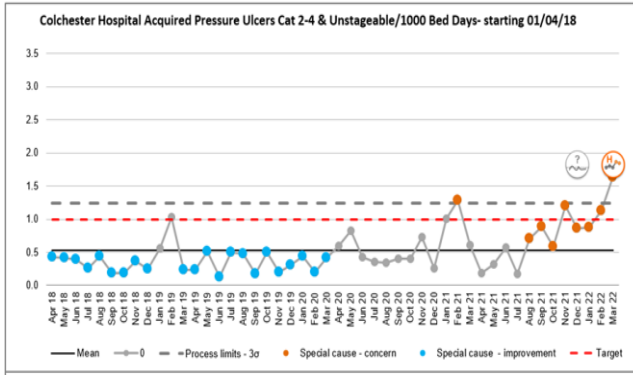


The Trust overall continues to see fluctuating numbers of patients with COVID-19 although the number of inpatients with COVID-19 is in gradual decline. There continues to be a number of COVID-19 contact patients and nosocomial infections that continues to impact the management of cohort bays. Wards continue to be vigilant in observing IPC measures whilst managing those patients at the highest risk of falls. All sites report continue to face challenges with staffing due to an increase in staff absence both short and long term. Many wards are also seeing an increase of patients admitted with complex needs which ultimately require increased supervision due to falls risk. Ward based training has continued whenever possible with areas actively seeking support to address falls although wards are challenged to release staff for training and managing risk. The falls practitioners continue to spend regular time working on wards alongside staff in a supportive capacity - adopting a coaching approach to completion of falls assessments and managing patients at risk of falls. The Harm Free Care Team are working closely with the Dementia Specialist Practitioners due to the number of falls sustained by patients who have a diagnosed dementia or who have an acute delirium.

Patient Safety – Tissue Viability

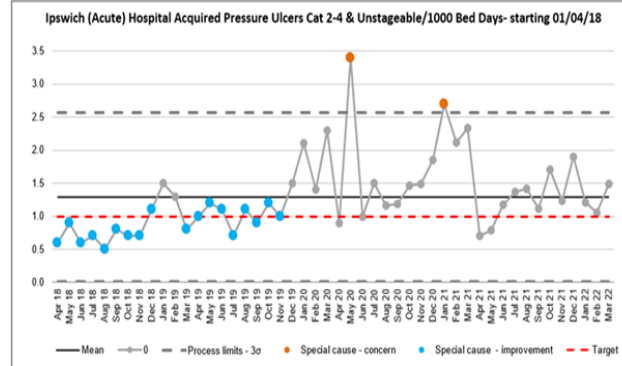
Colchester Site:

There were 30 (19) hospital developed pressure ulcers recorded this month. There were 12 unstageable pressure ulcers seventeen Category 2 and one Category 3. This gives a bed days figure of 1.63 (1.13) per 1,000 bed days. NHS Productivity Calculator gives a central estimate cost of £231k.



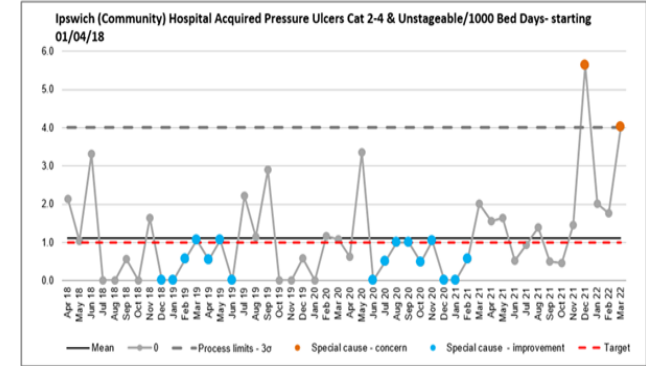
Ipswich Hospital:

Ipswich had 25 (17) developed pressure ulcers in the month. There were 4 unstageable, twenty Category 2 and one Category 3 developed incidents of damage. This shows a figure of 1.49 (1.0) developed pressure ulcers per 1,000 bed days. NHS Productivity Calculator gives a central estimate cost of £170k



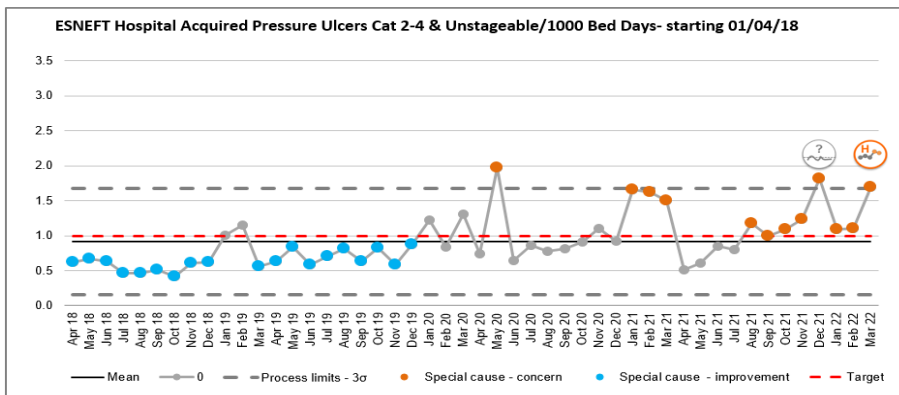
Suffolk Community Hospitals :

There were 8 reported developed pressure ulcers, one unstageable, six Category 2 and one Category 3. This gives a bed days figure of 4.02 (2.02) per 1,000 bed days. NHS Productivity Calculator gives a central estimate cost of £56k as a total for one Hospital acquired pressure ulcer.



ESNEFT

The month of March shows 63 (39) reportable pressure ulcers, resulting in 1.63 developed pressure ulcers per 1,000 bed days at ESNEFT, an increase from 1.10 in the previous month. **NHS productivity calculator gives a combined central estimated cost of £457k as a total.**



North East Essex Community Hospitals:

There were 3 hospital developed pressure ulcers reported in the Essex Community Hospitals.

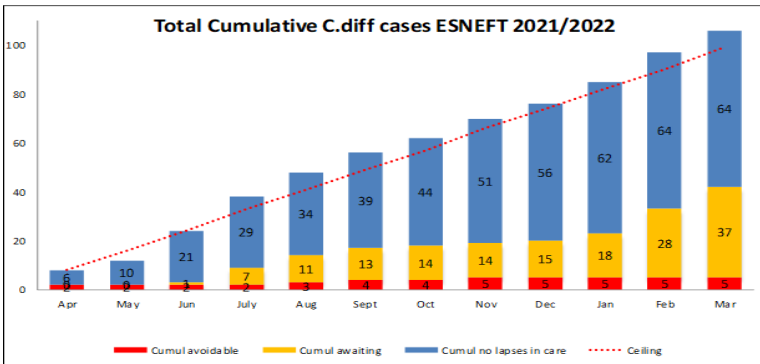
Patient Safety – Infection Control

Clostridium difficile (C.diff)

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

There were a total of 9 Trust attributed C.diff cases in March 2022.

There have been a total of 106 cases of C.diff against a threshold of 99 cases for 2021/22.



Methicillin-resistant staphylococcus aureus (MRSA)

There was 1 MRSA bacteraemia (COHA) during March on Washbrook Ward at Ipswich Hospital – source of bacteraemia paravertebral abscess.

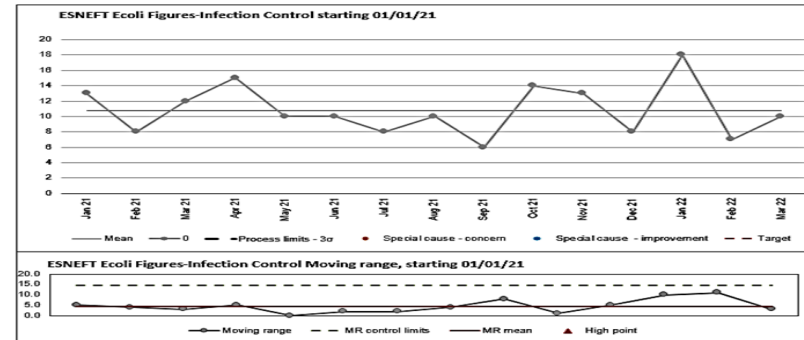
Trust Site	MRSA new isolates
Colchester (3)	<ul style="list-style-type: none"> Brightlingsea, MRSA screen obtained on admission and after internal ward transfer. MRSA isolated wound post surgery. CCU MRSA screen negative on admission to CCU Mersea MRSA screen obtained before elective admission, not screened for MRSA after 1st internal ward transfer (Layer Marney), screened for MRSA after 2nd ward transfer (Mersea)
Ipswich (0)	

Escherichia coli (E. coli)

There were 4 HOHA and 6 COHA E.coli bacteraemias during March 2022.

Ipswich: HOHA: (2) – Stradbroke, Debenham
COHA: (2) – Waldringfield, Debenham

Colchester: HOHA: (2) – Langham, Brightlingsea
COHA: (4) – EAU, Mersea, West Bergholt, Peldon

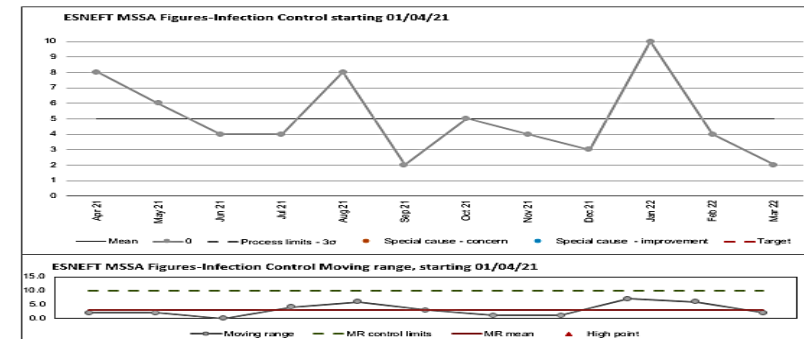


Methicillin-susceptible staphylococcus aureus (MSSA)

There were 2 HOHA and no COHA MSSA bacteraemias during March 2022.

Ipswich: HOHA: (2) – Woodbridge, Deben
COHA: (0)

Colchester: HOHA: (0)
COHA: (0)



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	
March	TBC	TBC	TBC	TBC	TBC	TBC	TBC

*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 March 2022

Ipswich and East Suffolk (TBC)

Colchester and North East Essex (14):

- | | | | |
|----------------------|------------|----------------------|------------|
| • D’Arcy | 09/03/2022 | • Nayland | 23/03/2022 |
| • Haemodialysis Unit | 11/03/2022 | • Mersea | 24/03/2022 |
| • West Bergholt | 17/03/2022 | • Aldham | 28/03/2022 |
| • Peldon | 21/03/2022 | • Brightlingsea | 28/03/2022 |
| • Stroke | 21/03/2022 | • Acute Cardiac Unit | 28/03/2022 |
| • Waverley | 21/03/2022 | • Birch | 29/03/2022 |
| • Langham | 22/03/2022 | • Fordham | 29/03/2022 |

Patient Safety – Maternity Dashboard – February data

	Indicator				ESNEFT												
		Green	Amber	Red	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Intrapartum Transfers of Care	Number of Primips				12	14	21	21	29	19	16	16	23	14	14	7	12
	% of Transfers for Primips	<45%	45-50%	>50%	tbc	61.11%	66.13%	59.62%	44.23%	56.82%	56.76%	tbc	tbc	tbc	tbc	tbc	tbc
	Transfers of Multips from MLC to CLC				tbc	5	9	12	6	7	9	tbc	tbc	tbc	tbc	tbc	tbc
	Number of Multips				39	55	44	48	46	57	40	45	63	52	43	18	30
	% of Transfers for Multips	<12%	12-17%	>17%	tbc	8.33%	16.98%	20.00%	11.54%	10.94%	18.37%	tbc	tbc	tbc	tbc	tbc	tbc
	Number of Transfers				tbc	27	50	43	29	32	30	tbc	tbc	tbc	tbc	tbc	tbc
% of Transfers				tbc	21.77%	37.31%	38.39%	27.36%	29.09%	34.48%	tbc	tbc	tbc	tbc	tbc	tbc	
Mode of Delivery	Number of Normal Vaginal Deliveries				290	334	327	297	289	361	318	303	369	299	296	312	268
	Number of Breech Vaginal Deliveries				3	2	0	5	2	1	2	2	1	0	1	1	1
	Total Non operative vaginal deliveries				293	336	327	302	291	362	320	305	370	299	297	313	269
	% of Non operative vaginal deliveries	>60%	55-60%	<55%	55.92%	57.05%	55.14%	56.66%	54.29%	57.19%	53.96%	52.59%	60.36%	53.97%	49.75%	55.50%	55.46%
	Number of Ventouse deliveries				22	25	35	18	21	29	28	23	21	27	24	20	20
	% of Ventouse deliveries				4.20%	4.24%	5.90%	3.38%	3.92%	4.58%	4.72%	3.97%	3.43%	4.87%	4.02%	3.55%	4.12%
	Number of Forcep deliveries				44	47	53	36	45	46	45	42	43	33	55	39	32
	% of Forcep deliveries				8.40%	7.98%	8.94%	6.75%	8.40%	7.27%	7.59%	7.24%	7.01%	5.96%	9.21%	6.91%	6.60%
	Total Instrumental Deliveries				66	72	88	54	66	75	73	65	64	60	79	59	52
	% Instrumental Deliveries	<12%	12-15%	>15%	12.60%	12.22%	14.84%	10.13%	12.31%	11.85%	12.31%	11.21%	10.44%	10.83%	13.23%	10.46%	10.72%
	Number of Emergency C-Sections				101	103	108	106	104	131	118	142	104	108	132	111	104
	Number of Elective C-Sections				63	78	70	70	75	65	82	68	75	88	89	81	60
Elegible for VBAC																	
Attempted VBAC	No target			16	28	17	18	21	31	26	21	15	18	17	25	17	
Successful VBAC	No target			10	18	11	11	16	14	8	13	11	7	7	12	8	
VBAC Rate	No target			62.50%	64.29%	64.71%	61.11%	76.19%	45.16%	30.77%	61.90%	73.33%	38.89%	41.18%	48.00%	47.06%	
Unit Diverts	External	No target			4	4	5	2	3	6	6	3	2	3	1	0	
	Internal	No target			5	3	3	0	3	4	1	4	3	2	3	0	
Maternal Morbidity and Mortality	PPH >= 1500mls - All women				14	17	31	20	20	35	22	22	21	17	16	19	19
	% PPH >=1500mls - All women				2.70%	2.94%	5.29%	3.83%	3.75%	5.58%	3.75%	3.86%	3.47%	3.11%	2.74%	3.42%	3.97%
	PPH >= 1500mls - Vaginal (NMPA Criteria)				6	12	21	13	12	16	12	12	16	8	9	11	13
	No. Singleton Term Vaginal Deliveries				342	380	387	337	337	420	374	360	421	346	355	349	300
	% PPH >=1500mls - Vaginal (NMPA Criteria)				1.75%	3.16%	5.43%	3.86%	3.56%	3.81%	3.21%	3.33%	3.80%	2.31%	2.54%	3.15%	4.33%
	Maternal Death	No target			0	0	0	1	0	0	0	1	0	0	0	0	0
	Maternal Admissions to CCU	No target			0	0	2	7	4	1	1	0	0	0	0	0	0
Number of 3rd/4th degree tears				8	6	15	5	4	4	8	9	10	6	6	5	8	
% of 3rd/4th degree tears				2.23%	1.47%	3.61%	1.40%	1.12%	0.92%	2.04%	2.43%	2.30%	1.67%	1.60%	1.34%	2.49%	
Neonatal Morbidity and Mortality	HIE Grades 2 & 3	0	1-2	>2	0	0	0	0	0	1	1	0	0	1	1	1	1
	Babies sent for cooling	No target			0	0	0	0	1	1	0	0	0	1	1	0	1
	Term Admissions to NNU	No target			28	27	33	37	27	34	26	28	29	21	31	24	26
	APGAR at 5 min <7 at term (Number)				3	3	4	4	6	3	6	4	5	5	5	4	5
	APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	0.57%	0.51%	0.67%	0.75%	1.12%	0.47%	1.01%	0.69%	0.82%	0.90%	0.84%	0.71%	1.03%
	Number of Stillbirths	<2	2	>2	1	0	3	1	1	5	2	1	0	0	4	4	1
	Neonatal Deaths within 28 days	No target			2	0	1	3	0	2	1	0	1	0	2	1	0
Late Fetal Losses (22+0 to 23+6 weeks)	No target																
Demographics	Women <18 years at delivery	No target			6	3	3	3	3	7	5	4	2	5	4	3	3
	Women >= 40 years at delivery	No target			24	28	21	23	19	28	30	26	15	21	19	24	17
	Babies from Ethnic Minority Groups	No target			54	95	87	85	85	92	82	75	83	80	93	89	78

ESNEFT Emergency Caesarean Sections

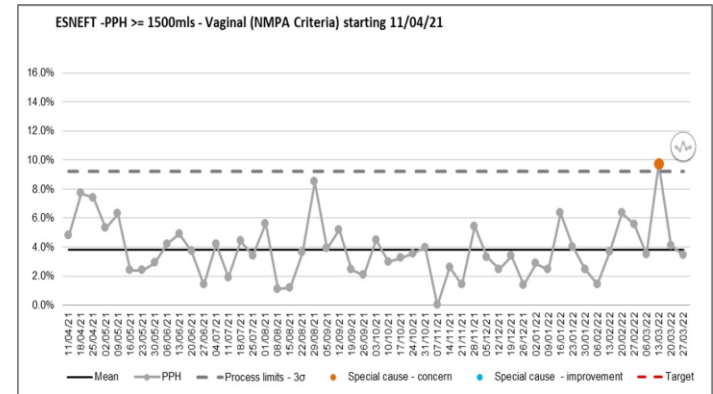
The Emergency Caesarean Section rate for ESNEFT has previously been reported within the patient safety report each month. In February NHSE and NHSI communicated with all Trusts that following the HSCSC report on the Safety of Maternity Services in England (July 2021), that included the following: “It is deeply concerning that maternity units appear to have been penalised for high Caesarean Section rates. We recommend an immediate end to the use of total Caesarean Section percentages as a metric for maternity services, and that this is replaced by using the Robson criteria to measure Caesarean Section rates more intelligently’. This has emerged from Ockenden’s investigation into the Shrewsbury and Telford Hospital NHS Trust, who were found to have lower than average Caesarean section rates, and that some mothers and babies had been harmed by that approach. In line with the immediate and essential actions published within the Ockenden (2022) final report on 30th March 2022, the caesarean section rate will no longer be presented within this report.

ESNEFT Massive Obstetric Haemorrhage

In order to exclude anomalies, regional reporting regarding PPH rates are for women meeting NMPA criteria at vaginal birth (i.e. singleton term pregnancy with cephalic presentation), which is displayed weekly in the charts above (which also includes most of March data). The overall February rate for NMPA women having PPH ≥ 1500 mls at vaginal birth is 4.33%, (5.13% for Colchester and 3.5% for Ipswich) which is above the national target of $\leq 2.5\%$ for this cohort of women. There has not been a statistically significant change in rates over the last year. Colchester has a higher level of variance, and although there was a seemingly improving picture of lower rate of PPH over several consecutive weeks at Colchester recently, this has not continued beyond mid February, with one week demonstrating an astronomically high rate of 16.2% (6 women out of 37 singleton term vaginal births that week), which has been escalated to the senior MDT. The commitment to ensuring all PPH are subject to MDT review remains, although there have been discussions as to the most efficient way to ensure this is done in a more timely manner moving forwards to ensure all relevant learning can be extracted without delay.

PPH QI work across both sites has been challenged by the logistics of MDT engagement and availability. However, with the recent change in obstetric leadership roles, there is now an obstetric QI lead across sites (0.5 PA). The QI lead midwife has already met with the obstetric QI lead to discuss the current PPH QI project, and plan forthcoming PPH QI work in the new financial year. Work continues on a merged PPH guideline for ESNEFT and towards streamlined pharmacological interventions across both sites, which has been discussed at across site MDT meetings. A ‘massive obstetric haemorrhage SOP’ has been developed for Ipswich, similar to Colchester’s ‘Code Blue’; this was launched on 21st March 2022 and will improve the timely summoning of the senior multi-disciplinary team as well as blood products and direct communication with the blood transfusion lab during a massive PPH.

For NMPA criteria women having PPH > 1500 mls at Caesarean birth the target has been set at $\leq 4.3\%$, and in February this was 3.1% for Ipswich and 4.0% at Colchester.



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

ESNEFT Preterm birth rates <36+6 weeks

The ESNEFT preterm birth rate for February is 8.2% (10.2% Ipswich and 6.4% Colchester respectively). This is a slight rise from last month, which followed unusually low rates in October and November and an unusually high rate in December. 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 ESNEFT, as well as West Suffolk Hospital have submitted data for 3 months of preterm births for analysis using a regional audit tool, the results of which are currently awaited. A relatively large number of the preterm births are born between 36 and 36+6 weeks gestation, with fewer born at earlier gestations (preterm rates for < 36 weeks in February were 4% Colchester and 4.3% Ipswich). Preliminary review of the data sent to the LMNS confirms that many of these births are due to clinical indications requiring early delivery within guidance as opposed to spontaneous births; the reasons included concerns re: fetal growth or placental function, participation in the TRUFFLE 2 trial (trial of umbilical and fetal flow in Europe) Pre-eclampsia, vasa praevia, twin pregnancies. 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 underway at both sites to improve outcomes for babies born pre-term including spontaneous and clinically induced births.

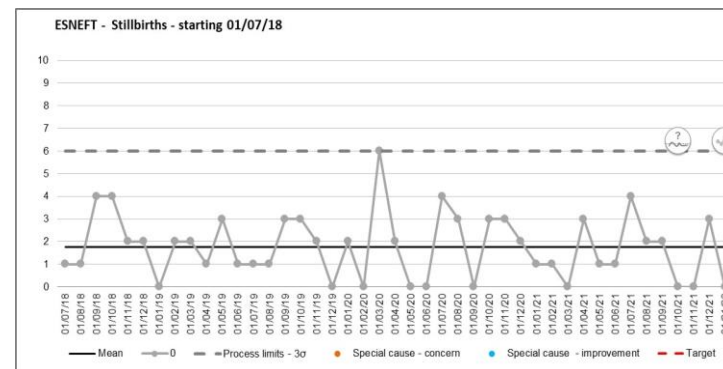
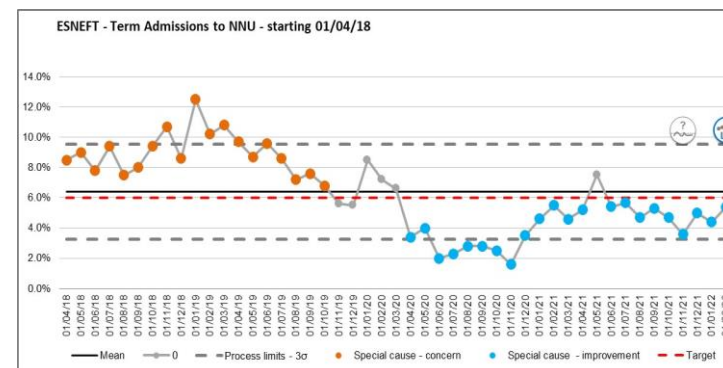
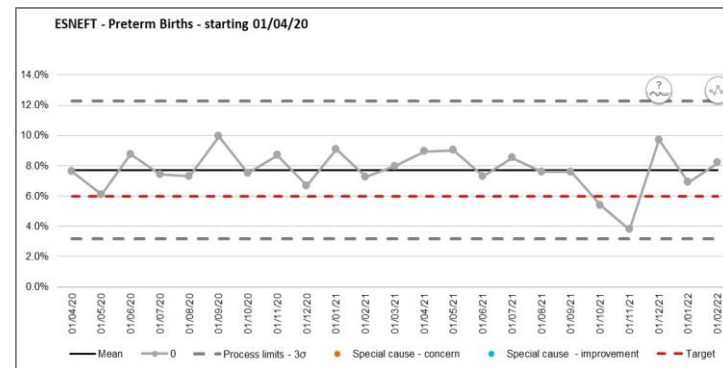
ESNEFT Term Admissions to NNU

ESNEFT Term admissions to NNU are 5.4% for February (4.4% Colchester and 6.4% Ipswich), within the maximum target of 6%. This demonstrates a continued picture of statistically significant reduction in term admission rates to NNU since April 2020, as a result of several successful QI projects that have taken place over the last 3 years, including transitional care, neonatal cannulation in the delivery room, and thermoregulation projects. Colchester has been within the target range for a considerable time, whereas this is a relatively recent position for Ipswich, since the Kaiser sepsis calculator was successfully implemented there on 1st November 2021 (having been implemented in Colchester in June 2021). Data collection regarding babies following the Kaiser pathway continues at the Ipswich site, but this has resulted in reduced numbers of newborn babies requiring IV antibiotics. ATAIN work continues on both sites, and an action plan is in place. All term admissions to NNU are subject to MDT review, where information is gathered and learning is shared.

Stillbirths

Colchester – 0* in February; **Ipswich** - 0 in February

* Dashboard has reported one stillbirth – this was a Termination of Pregnancy with fetocide



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.
- Full workforce trajectory being produced with the new substantive HRBP partner appointed to W&C.
- New HRBP partner will be providing a monthly update on workforce

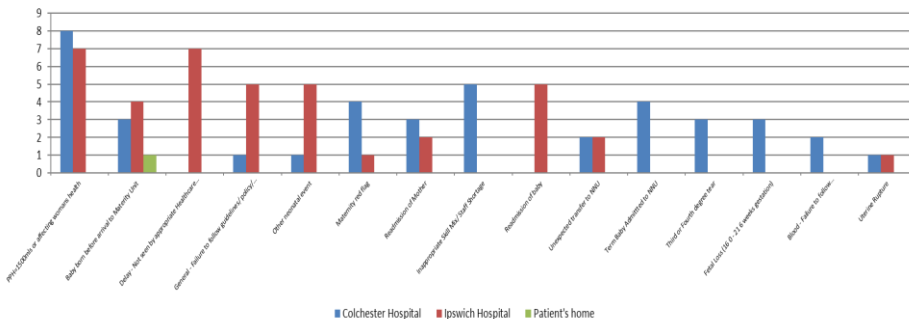
Improvements

The entire risk process is being reviewed across the Woman and Children's Division. We are aiming to make it easier to raise risks and to start ensuring we are moving risks from service and delivery level right up to Board level.

This work is being led by the Governance team and we are looking to implement some risk clinics, where staff across the Division will be supported through the full risk management process, we also aim to have additional approval processes in place that will make things more streamlined and inclusive.

We hope these changes will be introduced and start to become business as usual during the next quarter, and future reports will demonstrate those improvements via increased numbers of new and emerging risks.

Top 15 Maternity Incidents



New Risks added to the Risk Register:

- No new risks added to the Risk register.

Horizon scanning:

- ATAIN/CNST compliance – currently in fact finding stages.
- Safeguarding supervision not compliant - currently being drafted.
- Ongoing maintenance issues resulting in the Clacton birthing unit being closed for births.
- Fetal Medicine service at Colchester site

ESNEFT top three incidents:

1. PPH >1500mls
2. Baby born before arrival (BBA)
3. Delay in being seen by appropriate professional

Colchester- 0 ITU admissions

Ipswich- 0 ITU datixed admissions

PSII and HSIB cases:

COLCHESTER

- No new PSII's in February
- 1 New HSIB cases in February

IPSWICH

- No PSII's in February.
- No HSIB cases in February

Unit Diverts

COLCHESTER:

05-02-2022 to 06-02-2022 staff shortages. 3 women diverted

Ipswich:

10-02-2022 to 11-02-2022 staff Shortages. High acuity. High CV19 patients

Moderate HARM (CGH):

None

Moderate HARM (IPH):

1. Prolonged labour of a 15yr old primip
2. BBA premature infant born in hospital care park
3. Student approached with sharp knife during postnatal visit

Patient Safety – Maternity Assurance Report – CNST and Saving Babies Lives V2 Updates – February data

Part Two of the Ockenden report is due for issue by the end of March 2022, whereupon any new recommendations will need to be implemented. NHSE/I regional quality team are conducting an Ockenden Assurance visit to ESNEFT on 6th June. A list of pre-visit evidence requirements has been received, for submission to the team by 23rd May. Planning for the visit has commenced, led by the Director of Midwifery.

The CNST Maternity Incentive Scheme remains paused until 21st April 2022 as previously reported.

However, work towards Saving Babies Lives Care Bundle (SBLCB) ver. 2 continues where possible, and the Quality Improvement midwife holds regular meetings on both sites in order to update the action plan and progress made. Some of the CNST audit requirements have already been met, whilst work on other audits required for CNST has been paused awaiting revised technical guidance. Aside from meeting CNST requirements the wider aim of Saving Babies Lives Care Bundle ver. 2 continues as per update below.

Element 1: Reducing smoking in pregnancy

Referral pathway to smoking cessation services is in place across both Ipswich and Colchester sites. The ability to perform and record CO monitoring continues to be a challenge, particularly at the paper-based Ipswich site, and this remains on the risk register as we were not meeting the required level of compliance before CNST pause. Both sites are however working towards improving CO monitoring rates at booking and also at 36 weeks gestation. Colchester site has secured funding for an enhanced pathway for smoking cessation services including another smoking cessation midwife and a team of support staff. This QI project is in the planning stages and will progress once the funding is received.

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

Both sites continue to undertake a risk assessment for FGR at booking. At Colchester all pregnancies identified as high risk at booking have uterine artery Doppler flow velocimetry performed by 24 weeks completed gestation as per SBLCBv2. Ipswich site have an alternative care pathway agreed by CCG previously whereby all high risk women receive serial ultrasound scans during pregnancy. Both sites utilise the Growth Assessment Protocol (GAP) programme, and undertake regular audits into any cases of missed FGR, and share the learning from this. We await updated technical guidance from NHSR regarding the requirement for a 20 week risk assessment.

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

All women receive information about reduced fetal movements before 28 weeks gestation. 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 best practice.

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. The requirement for 0.1 wte obstetric fetal monitoring lead per consultant unit before the end of 2021 can be evidenced on the Ipswich site. On the Colchester site a consultant has been undertaking this role but this did not have the correct PAs attached to it by the end of 2021. However, this role has now been appointed with the correct PAs attached during the CNST pause period which commenced on 23rd December 2021. 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. Funding has been secured for a central CTG monitoring system for the Ipswich site (Colchester site already has this facility), as well as new CTG monitors for both sites.

Element 5: Reducing preterm birth

Consultant Obstetrician with special interest in preterm births is in place at both sites, with Preterm Prevention Clinics also happening across both sites. The percentage of women who are risk assessed at booking and referred where appropriate to the Preterm Prevention Clinics has been audited to the required standard. The Optimisation QI work across ESNEFT will address other areas within this element including optimising 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. Ongoing audit and review of these elements will ensure targeted measures for improvement are implemented through the QI programme. Work is being undertaken to formalise the exception reporting process. ESNEFT has submitted 3 months worth of data to the LMNS regarding preterm births, for analysis using a regional audit tool.

Plans have been finalised to achieve the recommended building blocks to implement MCoC in a timely and sustainable way whilst always ensuring the safety of the current service. The first quarterly update to Trust Board is now due and will be presented shortly.

Staff engagement is now priority to move forward with implementation. Q&A sessions are a regular occurrence and input from local Trusts who have already implemented is beginning to give staff an opportunity to explore their queries with those working the new model of care.

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. These levels will now be translated into daily templates so that staff will have a clear idea of what the work force will look like at different stages of the plan.

Better Births Lead is engaging with staff, prioritising those that may be affected by the first phase of implementation. Meetings have already been requested and attended with teams from the Ipswich site that will be affected first and the Community Support Worker Team who are keen to see how this new way of working will potentially change their working patterns and role. Time has also been spent with those at the unit in Clacton where the first teams will be for the Colchester site.

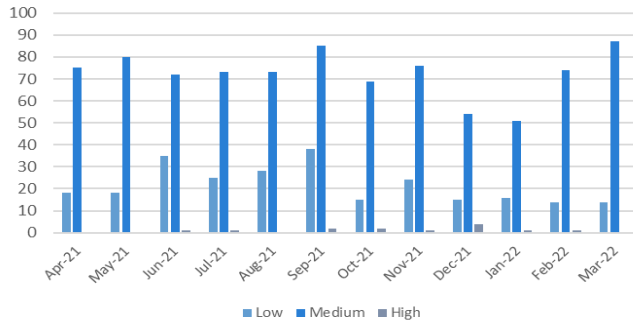
The new guidance also recognises the need for a modified approach to the MCoC model for those with medical and obstetric complexities. Both sites are keen to explore the possibility of a more hospital based Med-Obs team of midwives to provide a more holistic care approach for pregnant people that have 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. When the first geographical teams are implemented, the pathway that this group follow will be examined to ensure that MCoC is being achieved for them and any adaptation required to achieve this will be added to the pathway where required.

The Q&A sessions have brought some staff concerns to the forefront, predominantly around pay protection, use of cars for work, off duty patterns and work/life balance. Better Births Lead is working with HR to get clarification for staff. Updates of progress are being fed back at each session on progress with their concerns and staffing levels are being reviewed monthly at the project meetings to ensure the plans begin their implementation as soon as the safe staffing levels are achieved.

In order to make all progress to this point and moving forward accessible to all staff, an online Padlet is being constructed to ensure all staff have access to the latest government guidance and our progress to date. It is hoped that this will be more accessible to all staff to keep them informed of where we are within our implementation plans.

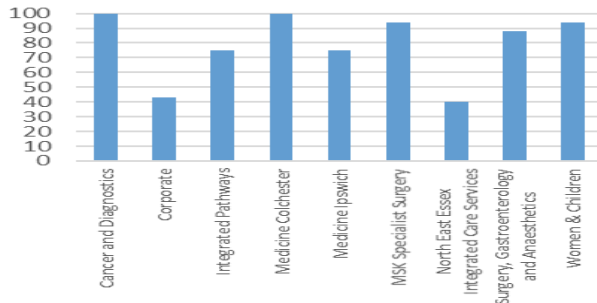
Patient Experience - Complaints

Total number of Complaints by Level



Overall complaints numbers for ESNEFT in March were 101 (89). There were no high level complaint recorded in month. Colchester reported 64 (55) complaints and Ipswich reported 37 (34).

Complaint Response Compliance %

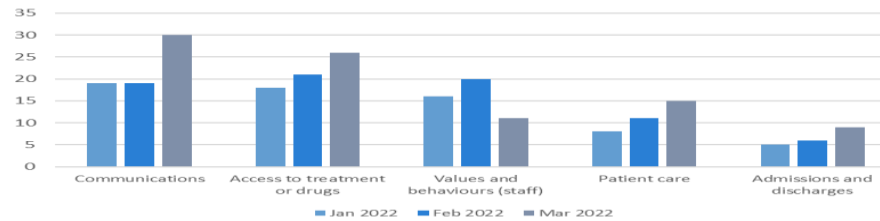


Overall response rate compliance increased to 85% this month, from 80% in February. There were 100 (70) complaints closed in the month of March. Overdue complaints increased to 12 (7).

Complaint themes

The two most common themes for complaints in the month were ‘access to treatment or drugs’ and ‘communications’. The main concerns are around poor communication with the patient regarding appointments and/or treatment management, as well as delays in appointments being offered. Common concerns were also around families not being able to speak with teams looking after patients to get updates on care. Volunteers are now being returned to the ward and visiting restrictions eased which will support communications with relatives.

Top 5 Complaint Themes



Top themes from PALS:

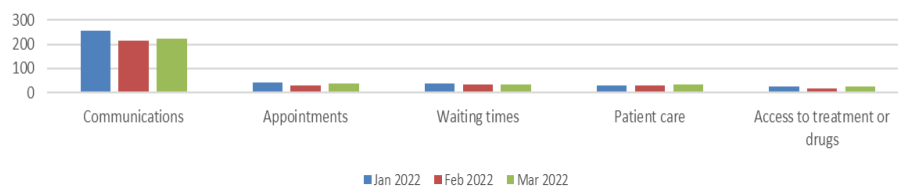
There were 428 PALS enquiries logged in the month
 226 (194) for Colchester
 202 (223) for Ipswich

The top theme for PALS enquiries in March remained ‘Communication’. Followed by ‘appointments’, waiting times’ and ‘patient care’ – but in much lower numbers.

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 11 PALS cases converted into formal complaints for March 2022: 1 for Cancer & Diagnostics; 4 for Medicine Colchester; 1 for Medicine Ipswich; 3 for MSK & Specialist Surgery; 2 for Women & Children

Top PALS Themes - last 3 months





Letters to Loved ones

Since the start of the project in May 2020 Colchester has received 852 and Ipswich 1,229 letters and the Suffolk Community Hospitals 181. During March Ipswich received 28, Colchester Hospitals 11 and Community 3.

Accessible Information Standard

- The Trust now has a dedicated Accessible Information Standard website page with contact details should patients or loved ones need to report a requirement;
- The page can be found using the following link <https://www.esneft.nhs.uk/get-involved/patient-experience-network/>;
- The Patient Experience Team will be working with the Outpatients and Emergency Department to ensure that all patients are asked on point of entry if they have a requirement;
- Visually impaired and Learning Disability patients at Ipswich Hospital will go live on 01 June 2022 for receiving correspondence from the hospital in relation to their requirement. A small working group of patients have been used to ensure they get the right correspondence. This will then be rolled out to other services, Colchester and community patients.

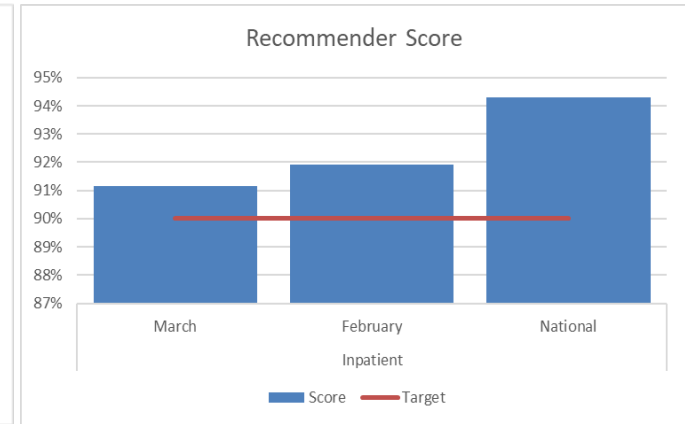
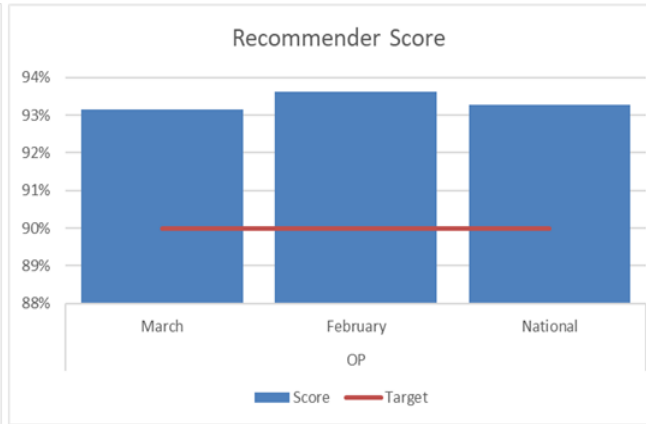
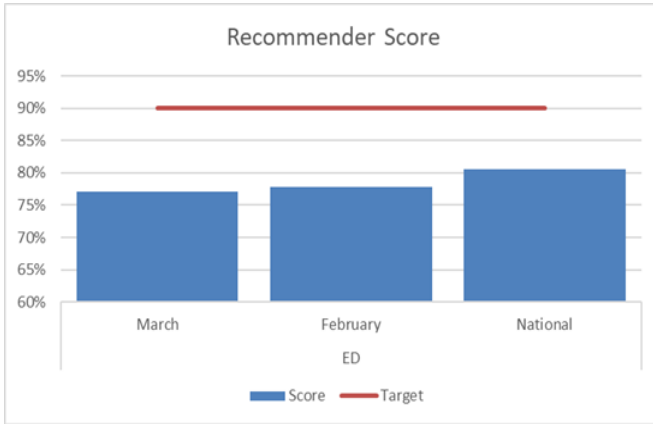
Patient Experience Wellbeing Centre(s)

Work is underway for the Patient Experience Wellbeing Centre at the front of Colchester Hospital and transforming the Parent Craft Centre at Ipswich Hospital. The PALS team along with the Patient Experience Team will be based within to give our patients, relatives and loved ones a more holistic approach and support. Both centres are targeted to be up and running by the end of 2022.

15 Step Programme

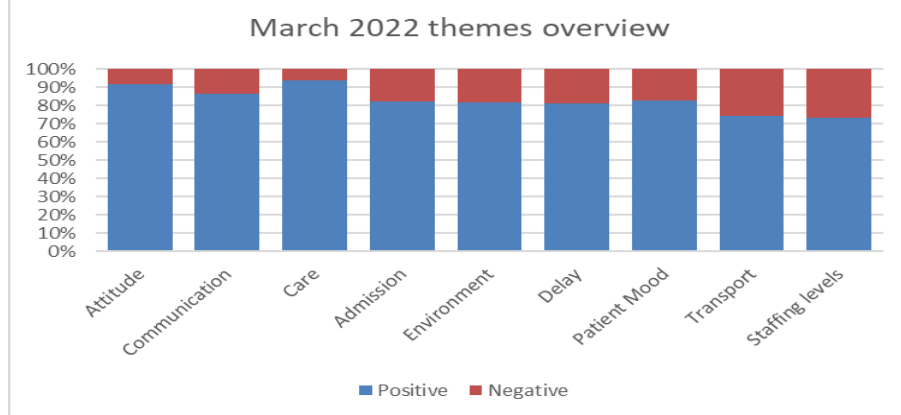
15 step programme will be commencing in September with a Non-Executive Director, Governor and complainant to undertake these visits to wards and departments. A paper was presented to the Council of Governors on Thursday 7 April detailing the process. Progress will be reported through the Patient Experience Group and through Divisional Updates to the Group.

Patient Experience – Friends and Family Test



Figures for FFT taken from Envoy, still to be ratified by Business Informatics and may be subject to change next month. National score is for January 2022.

	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	6383	2597	7920	1083	1954	2752	1316	128	262	1891
Negative	570	420	547	240	438	634	275	44	95	359
% Negative	8%	14%	6%	18%	18%	19%	17%	26%	27%	16%
Change	Up 1%	Up 2%	No Change	Up 3%	Up 3%	Up 3%	Up 2%	Down 1%	Up 7%	Up 4%



ED		December	January	February	March
ESNEFT	Recommended	81.78%	82.41%	77.80%	77.07%
	Responded	19.00%	20.00%	19.00%	18.00%
National	Recommended	79.70%	80.56%	0.00%	0.00%

Inpatient		December	January	February	March
ESNEFT	Recommended	92.56%	92.41%	91.90%	91.17%
	Responded	23.00%	24.00%	23.00%	23.00%
National	Recommended	94.43%	94.29%	0.00%	0.00%

Birth		December	January	February	March
ESNEFT	Recommended	75.00%	100.00%	100.00%	66.67%
National	Recommended	0.00%	0.00%	0.00%	0.00%

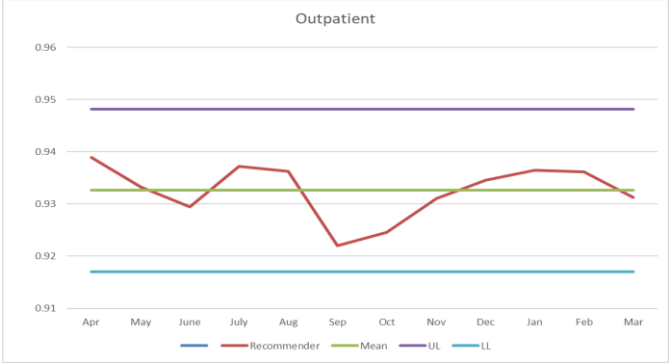
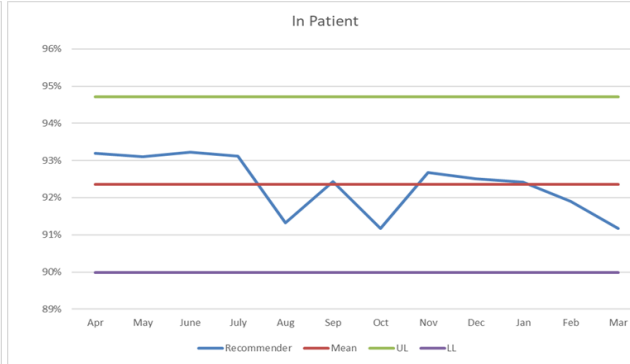
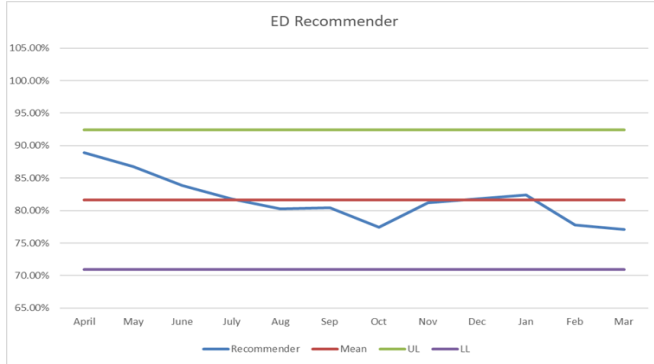
Outpatient		December	January	February	March
ESNEFT	Recommended	93.46%	93.65%	93.61%	93.14%
National	Recommended	93.03%	93.27%	0.00%	0.00%

Antenatal		December	January	February	March
ESNEFT	Recommended	100.00%	92.86%	100.00%	100.00%
National	Recommended	91.22%	90.81%	0.00%	0.00%

Post Ward		December	January	February	March
ESNEFT	Recommended	71.43%	100.00%	N/A	0.00%
National	Recommended	91.13%	92.99%	0.00%	0.00%

Post Com		December	January	February	March
ESNEFT	Recommended	100.00%	N/A	100.00%	100.00%
National	Recommended	88.24%	91.87%	0.00%	0.00%

Patient Experience – Friends and Family Test



ED FFT score has decreased from 77.8 to 77.07% recommend. Since the reintroduction of FFT in February 2021 ESNEFT has continued to track higher than the national average score for every month

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

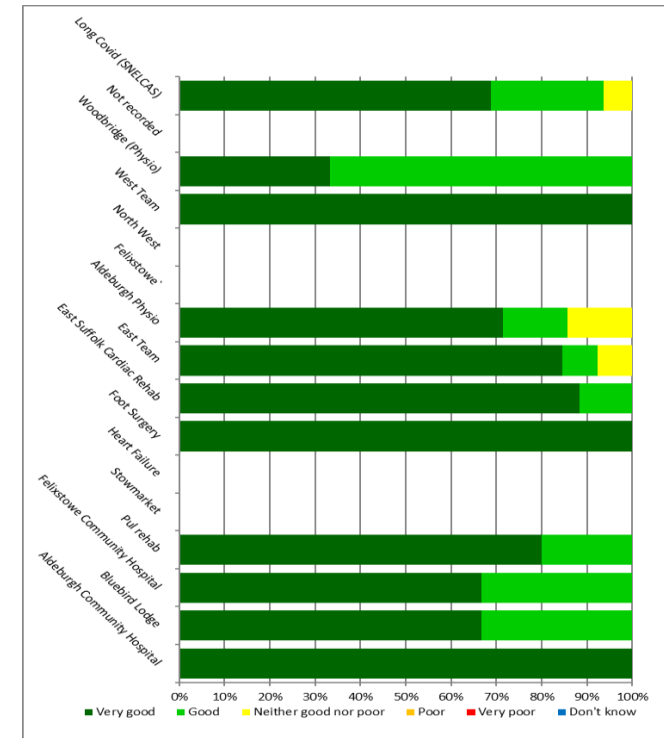
Outpatient dropped by 5% following increased volumes and recommender scores since introduction.

Friends and Family Test scorecard

	Number of patients who would recommend	% of patients who would recommend*	Number of survey responses received	Response rate	
Combined Scores	102	97%	105		
Community Hospitals combined	22	100%	22	20%	Response rate = number of surveys received against total number of patients discharged 130
Aldeburgh Community Hospital	7	100%	7	18%	Response rate = number of surveys received against total number of patients discharged 41
Bluebird Lodge	9	100%	9	20%	Response rate = number of surveys received against total number of patients discharged 60
Felixstowe Community Hospital	6	100%	6	25%	Response rate = number of surveys received against total number of patients discharged 29
Community Health Teams - combined	80	96%	83		
Pul rehab	10	100%	10		
Stowmarket	0	0%	0		
Heart Failure	0	0%	0		
Foot Surgery	2	100%	2		
East Suffolk Cardiac Rehab	26	100%	26		
East Team	12	92%	13		
Aldeburgh Physio	6	86%	7		
Felixstowe	0	0%	0		
North West	0	0%	0		
West Team	6	100%	6		
Woodbridge (Physio)	3	100%	3		
Not recorded	0	0%	0		
Long Covid (SNELCAS)	15	94%	16		Response rate = number of surveys received against number of first attendances (not known)

97% of survey respondents would recommend our service to friends and family. Up 3% on previous month

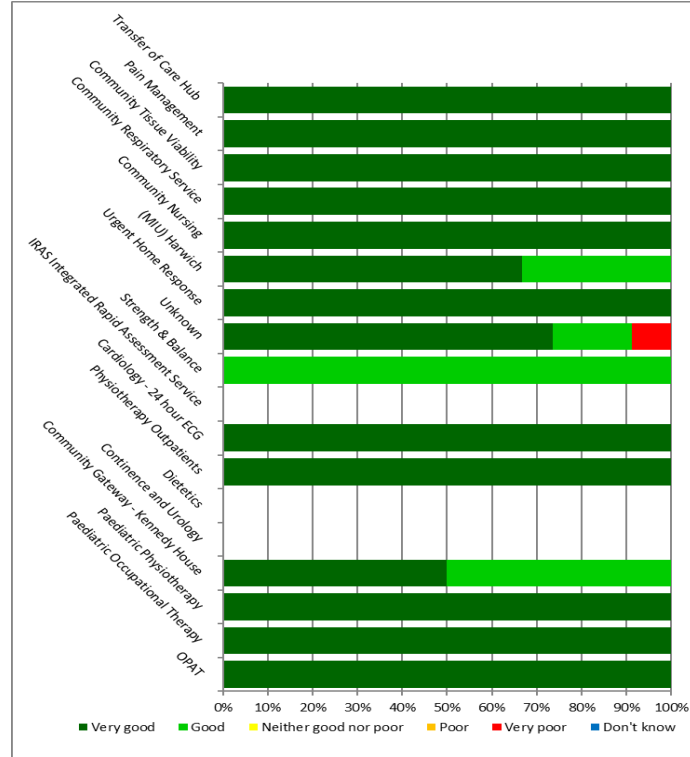
Community - Suffolk



Patient Experience – Friends and Family Test

Community - Essex

Friends and Family Test scorecard				
	Number of patients who would recommend	% of patients who would recommend*	Number of survey responses received	Response rate
Combined Scores	58	95%	61	
Community Hospitals - combined	6	100%	6	6%
OPAT	5	100%	5	13%
Paediatric Occupational Therapy	1	100%	1	2%
Community Health Teams - combined	52	95%	55	
Paediatric Physiotherapy	1	100%	1	
Community Gateway -	2	100%	2	
Continence and Urology	0	0%	0	
Dietetics	0	0%	0	
Physiotherapy Outpatients	4	100%	4	
Cardiology - 24 hour ECG	1	100%	1	
St Osyth Priory Ward	3	100%	3	
Trinity Ward	3	100%	3	
Cardiology - 24 hour ECG	1	100%	1	
IRAS Integrated Rapid Assessment Service	0	0%	0	
Strength & Balance	1	100%	1	
Unknown	31	91%	34	
Urgent Home Response (MLU) Harwich	1	100%	1	
Community Nursing	4	100%	4	
Community Respiratory Service	1	100%	1	
Community Tissue Viability	1	100%	1	
Pain Management	2	100%	2	
Transfer of Care Hub	1	100%	1	



95% of survey respondents would recommend our service to friends and family.

FFT for North East Essex Community Services is collected via a SMS sent from System1 to patients. To enable the SMS a manual operation has to take place within System1, unlike non System1 patients where this is completely automated. This gives patients access to a landing page where they would select the appropriate clinic/ward from a drop down list which can cause some confusion and high numbers of patients leaving feedback under “unknown”.

Performance Area	Performance measure	Target	Latest Month			Trend		
			ESNEFT	COL	IPH	ESNEFT	COL	IPH
Emergency Department	Four hour standard (Whole Economy)	95%	● 74.3%	● 76.0%	● 71.4%	● -0.6%	● -2.5%	● 2.6%
	Time to initial assessment - 95th pct	15 mins	● 30	● 21	● 38	● 6	● 3	● 7
	Time to initial assessment- percentage within 15 minutes (new measures)		84.3%	91.0%	76.1%	● 0.1%	● 0.5%	● -2.0%
	Time to treatment - median time in department	60 mins	● 86	● 61	● 113	● 10	● 14	● 8
	Average (mean) time in department- non-admitted patients (new measure)□		238	306	190	● 14	● 47	● -10
	Average (mean) time in department- admitted patients (new measure)		471	580	345	● 84	● 134	● 28
	Patients spending more than 12 hours in A&E		1049	933	116	● 606	● 530	● 76
	Proportion of ambulance handovers within 15 minutes (new measure)		17.9%	13.2%	22.7%	● -5.8%	● -3.9%	● -7.1%
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 74.7%			● -4.5%		
	% patients 28 day faster diagnosis		● 67.5%			● 3.0%		
Diagnostics	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 75.7%			● 2.5%		
	% patients waiting 6 weeks or more for a diagnostic test**	1%	● 18.8%			● -2.9%		
RTT	% of incomplete pathways within 18 weeks	92%	● 64.9%			● -0.6%		
	Total RTT waiting list (open pathways)		66,618			● 514		
	Total 52+ waiters	505 (Trajectory)	● 2097			● 159		

**Oaks data not received February 2022 data used for reporting

UEC: Immediate actions taken during March and into April to support delivery including the introduction of hot clinics to avoid admission from ED allowing patients to return the following day for specialist review or diagnostic tests. Consultant only admission until midnight to ensure senior decision making and an expansion of the REACT team which enabled their referrals to treble in March compared to February. As the impact from the most recent COVID-19 surge subsides previous plans and actions from Super Week will be refreshed with a renewed focus on admission avoidance schemes, ED improvement and exit flow.

Cancer: Risks to delivery remain with delivering the improvements required within both Upper and Lower GI tumor sites. Increased referrals contribute to this challenge however the lack of endoscopy capacity is the main driver for the increased delays in diagnosis.

RTT and Elective Recovery: Finalised position for end of March for over 104 weeks was 26, which was 2 more than indicated. This was 24 OMFS patients, with 2 complex patients in surgery unable to be treated by the end of March. The risk for end of June remains OMFS with 9 patients currently unable to be treated. The national/regional team are seeking mutual aid from alternative providers. Internal ambition of no patients waiting over 78 weeks by end of September, is forecasting to be achieved by a large number of services, however there are 2 main services which are at risk (General Surgery and T&O). There is still a significant number of cancer referrals being received together with increased emergency flow and trauma cases. This is leading to the cancellation of elective services, but this is being kept to an absolute minimum. Workforce continues to be a challenge. The final recovery plans are to be submitted in April.

ESNEFT Whole Economy performance sits above the national/regional average together as does the Colchester site. However in month; Colchester has decreased by 2.5%, Ipswich increased by 2.6%. Attendances increased by 16.1% in month

4 hour standard- ESNEFT whole economy*

74.3%

↓ vs 74.9% last month

4 hour standard- Colchester

76%

↓ vs 78.5% last month

4 hour standard- Ipswich

71.4%

↑ vs 68.8% last month

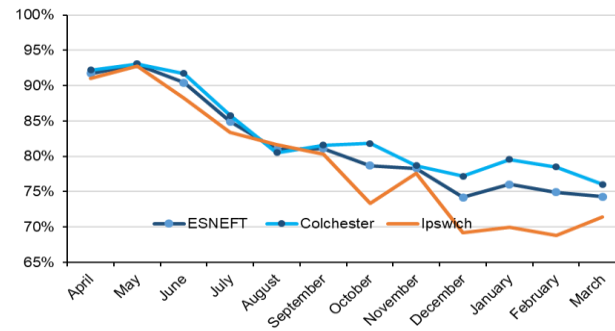
Attendances - ESNEFT

24,006

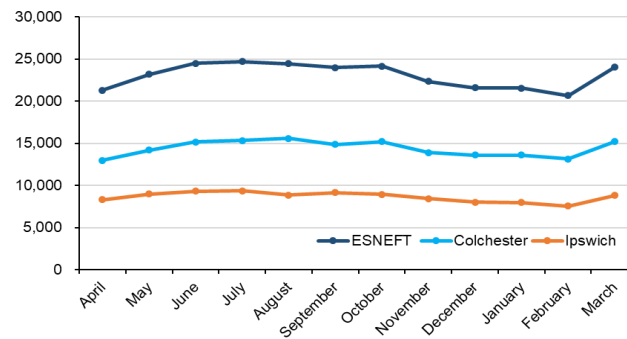
↑ vs 20,669 last month

**includes Clacton and Harwich*

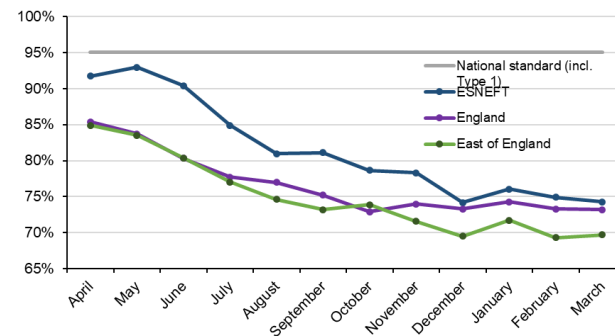
ED Performance: Four hour standard



ED Performance: Attendances



ED Performance: Four hour standard - benchmarking



Ipswich

Ipswich saw a slight improvement on the previous month but performance remains a challenge due to extensive bed waits across all specialities in April. The department has focused on reducing breaches in the UTC as these are not compromised by flow and have seen and sustained improvements. ED are working through a redirection tool for out of hours and trialling access to slots in an offsite GP practice to stream minor patients away at night as well as asking patients to return to the onsite GP the next day when clinically appropriate to do so. As flow eases with the reduction of compromised bed capacity a renewed focus on the front door by the Site team will enable better oversight and support for the ED team.

Colchester

The department have had a slight decrease of around 2.5% in the 4-hour standard from last month, though performance remains above the national/regional average.

Attendances have increased by 14.9% throughout March and flow has been a challenge. To support flow, we will be trialling the ED Floor Co-ordinator role for a three-month period from May. The role will support flow and patient pathways in timely way and out of the ED setting after assessment.

The UTC has seen an increase of 12.78% attendances during March. We continue to have the FDAT Dr working in the UTC daily to help stream patients that present at the front door to the correct service, this helps with minor patients being admitted into ED when another service can provide treatment for minor illness/injury.

The service continues to work on the objectives which were raised during super week: these include weekly meetings arranged with the Service Managers to implement any changes needed for improvement.

The number of ambulance handovers decreased in month, decreasing by 5.4% across ESNEFT and by 9.6% at Colchester and 0.5% at Ipswich

Number of handovers - ESNEFT

3,971

↓ vs 4,196 last month

Number of handovers - Colchester

2,017

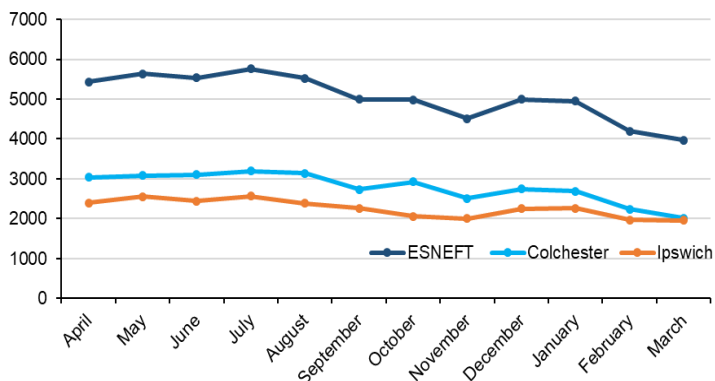
↓ vs 2,232 last month

Number of handovers - Ipswich

1,954

↓ vs 1,964 last month

Ambulances: Number of handovers



Ipswich

Physical capacity for offloading remains a challenge at Ipswich. The Trust has sourced an agency to provide cohorting nurses to open four additional trolley spaces in EAU to cohort patients waiting for beds in ED as well as fit to sit patients in ED to release cubicle capacity quicker in April. The team continues to work closely with EEAST on conveyance avoidance schemes such as access to senior clinical advice for crews on site and the triage of the ambulance stack to re-direct category 3&4 patients to REACT, reducing the burden on the Ambulance Trust.

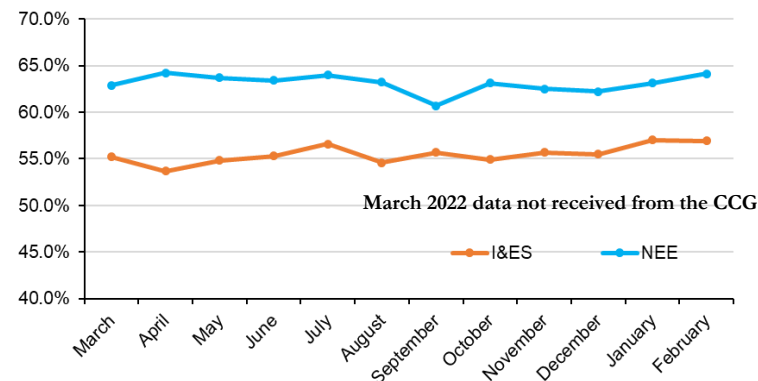
There are ongoing plans related to conveyance avoidance and admission avoidance including access to speciality hot clinics.

Colchester

Colchester has seen a decrease of 9.6% of ambulance handovers during March, and physical space has been a challenge. Surge area continues to be used and corridor care is maintained. The department has outsourced cohort nurses on duty from 12 noon to 12 midnight which has supported offloads and releasing the EEAST crews.

Ongoing work related to conveyance avoidance and straight to speciality pathways and hot clinics for medically stable patients to ease capacity and support flow.

Ambulances: Conveyancing rate



Performance has deteriorated across the board; for 15 minute handovers by 5.8%, this is reflected at both sites with Colchester and Ipswich decreasing by 3.9% and 7.1% respectively. The proportion of handovers that occurred within 30-60 minutes increased to 17.7% with over 60 minutes also showing an increase to 11.6% in month

Handovers within 15 minutes - ESNEFT

17.9%
↓ vs 23.7% last month

Handovers within 15 minutes - Colchester

13.2%
↓ vs 17.1% last month

Handovers within 15 minutes - Ipswich

22.7%
↓ vs 29.8% last month

Handovers within 15 – 30 minutes - ESNEFT

52.8%
↓ vs 55.4% last month

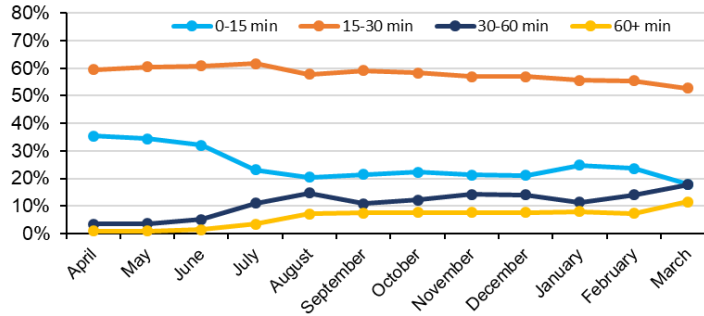
Handovers within 30 – 60 minutes - ESNEFT

17.7%
↑ vs 14.1% last month

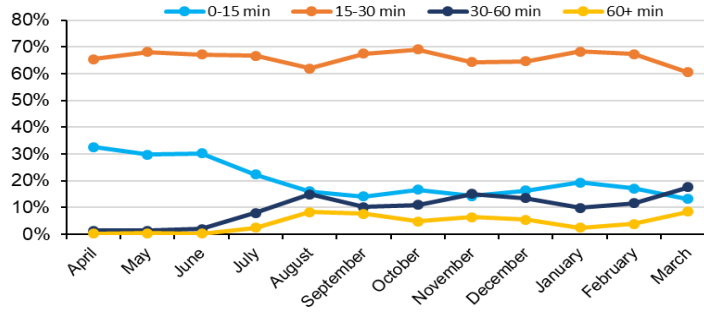
Handovers over 60 minutes - ESNEFT

11.6%
↑ vs 7.4% last month

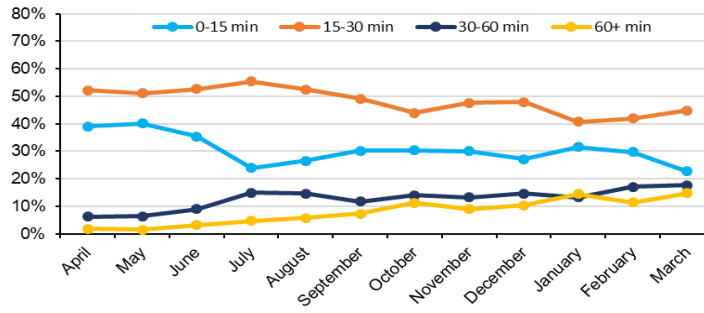
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Ipswich

Whilst there has been a deterioration in the number of patients handed over within 15 minutes this is due to an enhanced focus on improving handovers within 60 minutes in line with the national planning guidance and releasing crews back out into the community.

The REACT team have been working closely with Eeast to reduce the conveyance of frailty patients keeping them in their home with community support which has had a positive impact during April. Ipswich has also secured funding for an EOL virtual ward with St Elizabeth Hospice which is currently being worked through to keep these patients at home with appropriate support rather than convey to hospital.

Colchester

The performance has decreased for 15 minute and 15-30 minute handovers by 5.8% for our 15 minute and 2.6% for the 15-30 minute handover.

The 30-60 minute handover has increased by 3.6% during March. The department has seen an improvement in the 60 minute handovers by 4.2%. Colchester continues to work closely with the HALO and continuing to Cohort with a safety nurse to reduce ambulance handovers.

The reconfiguration of surge areas has contributed to the above improvements, and teams continue to use these areas to support timely handovers when staffing permits. Eeast have continued to assist with cohorting where possible.

There was a slight performance increase in time to initial assessment within 15 minutes in month. Average time in department performance for both non-admitted and admitted patients deteriorated for ESNEFT particularly for admitted patients by 84 minutes. The number of 12 hour patients increased by 606 patients in month; nearly 90% of this is down to Colchester.

Time to initial assessment (% patients within 15 mins)
84.3%

↑ vs 84.2% last month

Time to initial assessment (95pct)
30 min

↑ vs 24 last month

Average time in dept – non-admitted
238 min

↑ vs 224 last month

Average time in dept – admitted
471 min

↑ vs 387 last month

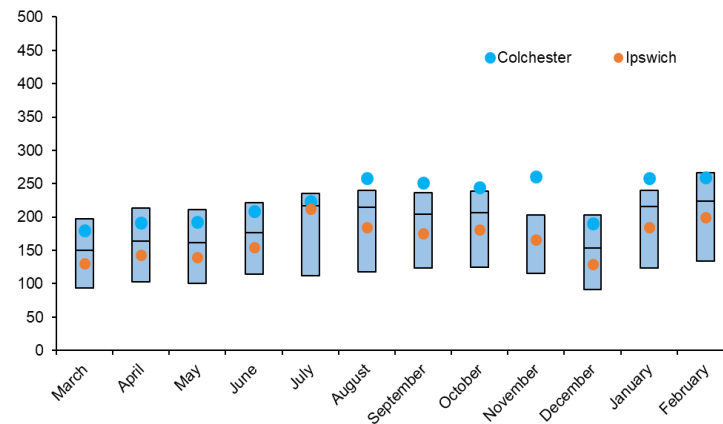
Time to treatment – median time in dept. (60 mins)
86 min

↑ vs 76 last month

12 hour patients
1,049

↑ vs 443 last month

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



Ipswich

All patients that have breached the 12 hour (105) standard in Ipswich have been due to lack of assessment capacity and flow. The Divisions are looking at what is causing the increase in LoS and developing actions to reduce back to pre pandemic levels - these include reducing deconditioning that has occurred due to significant clinical absence levels.

The average time for admitted patients who are more acutely unwell has slightly increased on the Ipswich site and actions identify to improve LoS will have a direct positive impact on reducing this.

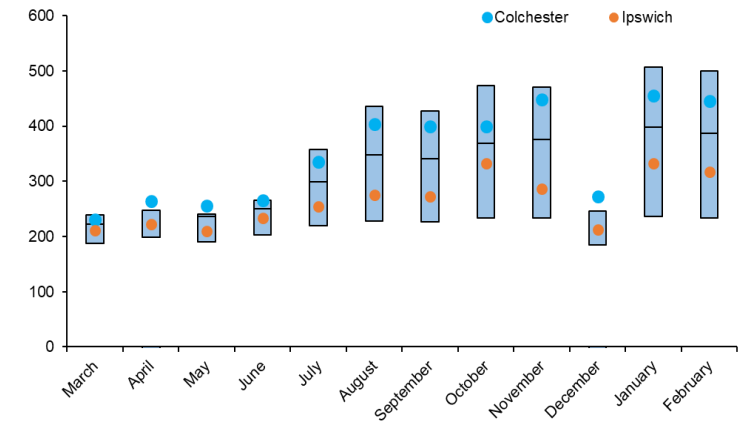
Colchester

Colchester's time for initial assessment has increased by 6 minutes during March.

Patients average time in the department has increased by 84 minutes on average.

Time to treatment has increased slightly. The team continue to work daily with the rota coordinator and the consultants to ensure there is the correct mix of Drs vs patients at the correct times to help improve this. During March sickness levels for Drs has risen; this would have contributed to delays for patients time spent in the department. The department has continued to see 12 hour delays primarily influenced by flow constraints.

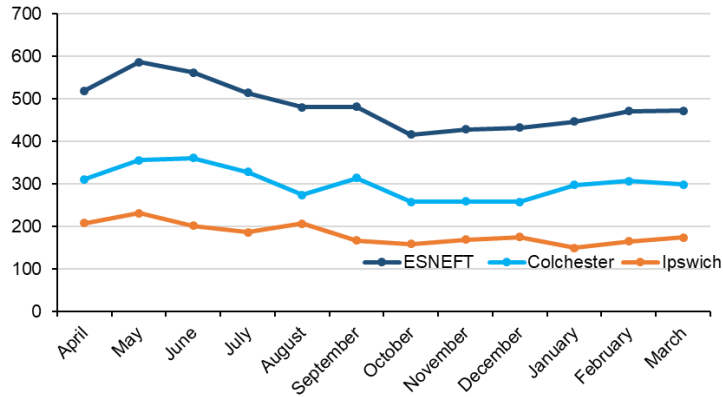
Average (mean) time in department - admitted patients. ESNEFT mean and quartile range.



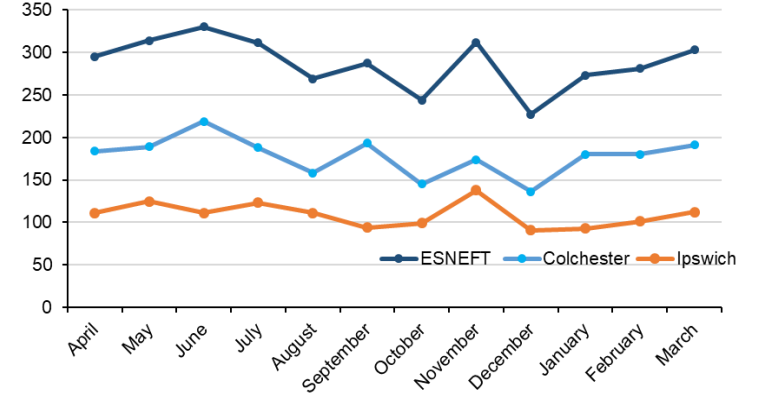
*Administrative backlogs at Ipswich will be affecting time in department measures as they are measured on an incomplete sample of Ipswich ED patients.

MH ED attendances have risen by 0.2% across ESNEFT in month; Colchester attendances decreased by 2.6% with Ipswich attendances increasing by 5.5%. MH referrals have increased in month by 7.8% for ESNEFT, increases were reported at Colchester and Ipswich by 6.1% and 10.9% respectively

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



MH attendances - Colchester
298

↓ vs 306 last month

MH attendances - Ipswich
174

↑ vs 165 last month

MHLT referrals - Colchester
191

↑ vs 180 last month

MHLT referrals - Ipswich
112

↑ vs 101 last month

Ipswich

The EDs continue to work in close partnership with mental health partners, social care, police and ambulance service to maintain a focus on ensuring appropriate response to emergency mental health presentations. In Ipswich the police mental health lead has maintained contact in relation to the status of 136 suite facilities to enable the ED to plan for potential use of the department.

Within both sites relationships have been established in terms of understanding patient flow and barriers for individuals in relation to people requiring MH review; this has prompted discussions to enable clearer communication and action where required.

Both MHLTs have had high incidence of sickness and absence, particularly in March which had led to delays at some points in assessments (mainly in inpatient areas). Both Colchester based CYP MH specialists started in post in April, 1 Ipswich post has been recruited into and the post holder will commence this role in June.

Colchester

There has been an decrease of 2.6% in MH attendances during March although referrals have increased by 6.1%.

The Mental Health team now have a dedicated space to be able to work from.

Works are still ongoing for a dedicated area for low risk patients to have their own area to await assessment.

The majority of 12 hour D2A breaches are a result of Mental Health bed delays.

Total admissions increased by 9.6% compared to last month. All admission types increased in month; emergency, elective and non-elective admissions by 7.3%, 11% and 11.3% respectively.

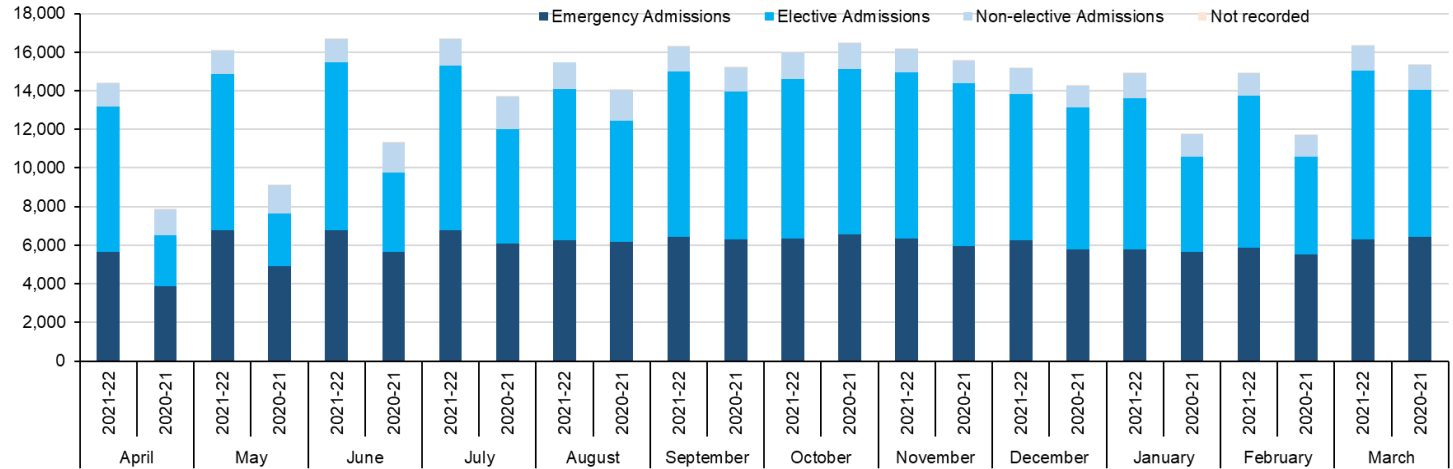
Emergency admissions
6,291
 ↑ vs 5,861 last month

Elective admissions
8,766
 ↑ vs 7,896 last month

Non-elective admissions
1,267
 ↑ vs 1,138 last month

Total admissions
16,329
 ↑ vs 14,896 last month

Admissions: Inpatient spells by admission type



Ipswich

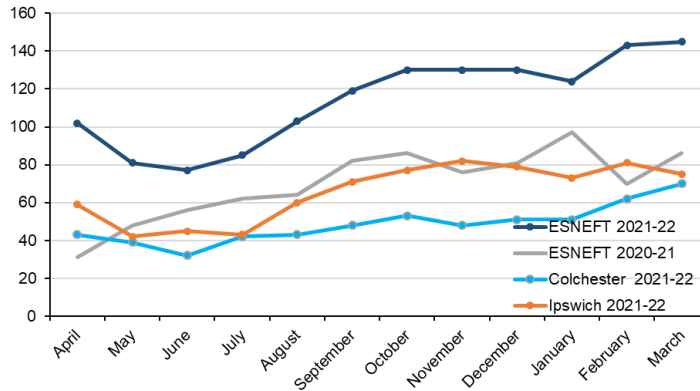
Overall emergency admissions have increased however this continues to be below the pre pandemic levels. There are a number of admission avoidance schemes which are being worked through including Frailty, Virtual wards, enhanced COPD community resource and access to urgent hot clinics.

Colchester

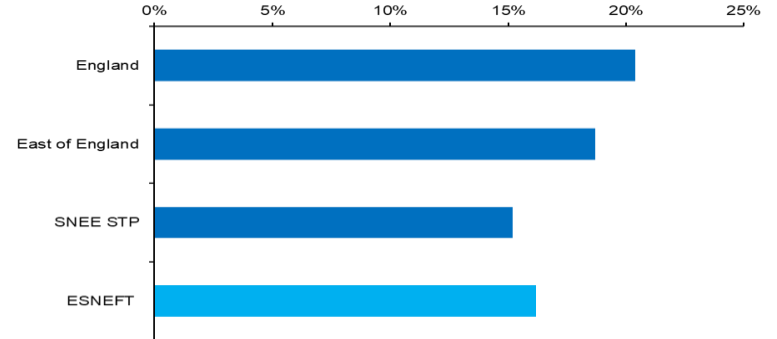
The Teams across the services continue to work together to ensure that patients are only admitted when clinically necessary; with Consultant only admissions and admission and discharge criteria's reviewed during period of high demand. Focus remains on 'discharging our patients' home and to alternative 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. Leading in bank holiday weekend; the PRMs are attended by a senior clinician; and led by the Director of Operations. The Matron for NEE based at Clacton provides daily updates at the morning Bed Meeting of capacity at the coast to ensure this is used in a timely way; which has worked well in month.

The average number of long length of stay patients across ESNEFT increased by a further 2 patients in month. Colchester increased by 8 patients whereas Ipswich decreased by 6 patients. The percentage of beds occupied by 21+ patients increased by 2.6% in month, though this continues to remain lower than the national level.

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



% beds occupied by 21+ day patients (4 week average). Snapshot at 19 April



21+ day patients - ESNEFT
143

↑ vs 124 last month

21+ day patients - Colchester
62

↑ vs 51 last month

21+ day patients - Ipswich
81

↑ vs 73 last month

Ipswich

The COVID-19 situation has had an impact on LLOS at Ipswich. There has been an increase of referrals into the transfer of care hub, especially into the PW 1 team. The team continues to use awaiting care beds for PW 1 patients until POC can be sourced. There has been a variety of factors contributing to the LLOS of patients, including COVID-19, and the complexity of patients; patients are more deconditioned and are presenting with higher mental health concerns especially patients with challenging behaviour, making it more difficult to place patients upon discharge.

Colchester

The team continue to maximise all opportunities to support patients to return to their local communities as soon as they are medically optimised.

Senior clinical oversight at all board rounds has continued to encourage staffing groups to implement a positive risk taking approach to discharge, particularly supporting patients to return as out-patient or attend primary care for any follow up, diagnostics or frailty service along with access to social prescribing has also now opened at Clacton, which will allow Tendring patients if required to be followed up there, rather remain in hospital deconditioning

In month performance for 62 day waits increased by 2.5% with a decrease in performance for two week waits by 4.5%. 28 day faster diagnosis increased by a further 3.0% in month. Both the patients treated after 104 days and the 62 day 1st PTL reported decreased numbers

Two week wait performance

74.7%

↓ vs 79.2% last month

62 day wait performance

75.7%

↑ vs 73.2% last month

28 day faster day diagnosis performance

67.5%

↑ vs 64.5% last month

Patients treated after 104 days

21

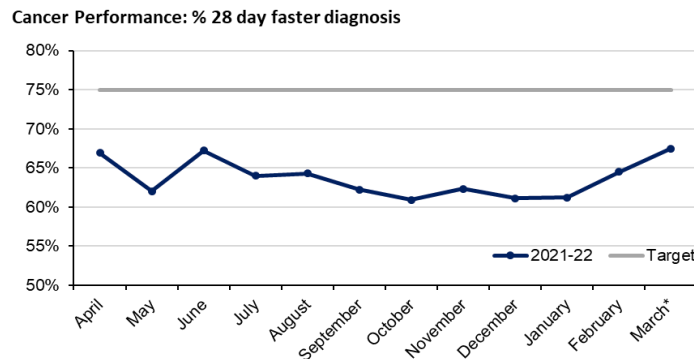
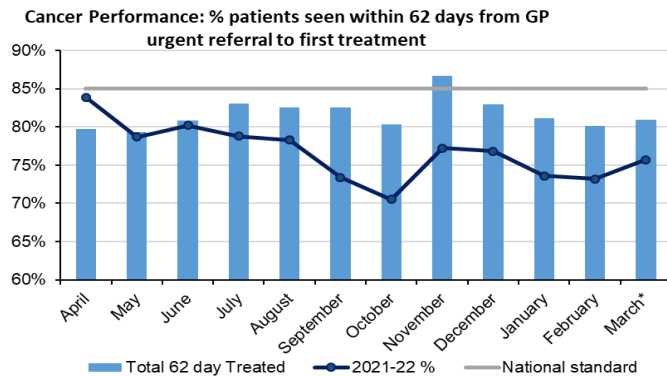
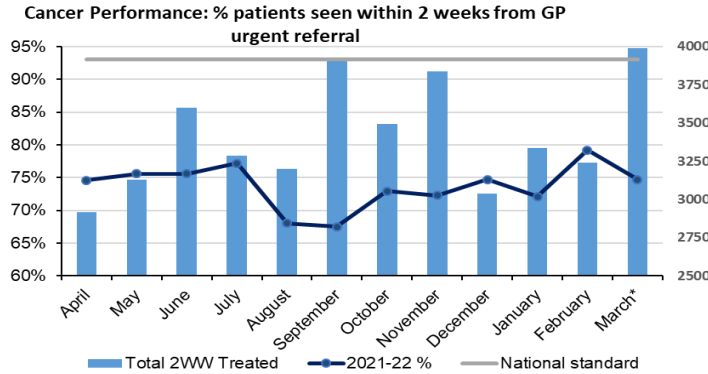
↓ vs 24 last month

Total patients on 62 day 1st PTL

3,839

↓ vs 3,94. last month

**Unvalidated figures as of the 19/04/22. Final figures for March 2022 will be available in May 2022 after submission.*



The increase in 2WW breaches were mainly across 3 tumour sites, Breast, Gynae and Colorectal with the main breach reason given as 'inadequate outpatient capacity'. This relates to one-stop clinics for both breast and gynae and endoscopy for colorectal – all are known issues that the divisions are working through as part of their recovery plans.

Overall 28 day performance has improved with 7 (of 11) tumour sites now compliant. Lowest performance remains with colorectal, as endoscopy waiting times are up to 4 – 5 weeks. Deep dive into recovery plans and urgent next steps meetings planned.

31 day performance 94.3% against 96% target – 10 breaches within colorectal with main reason given as delay due to complex diagnostic pathway.

Only 2 tumour sites compliant with 62 days (breast & skin) however overall March performance is in line with our submitted recovery trajectories.

Overall PTL size is down and this is due in part to reduced referrals over the Easter period. The backlog however has increased from 8.9% of total PTL in Feb to 11.1% now (snapshot 62 day first).

6 week performance improved by 2.9% in month with a waiting list increase of 1.7%. Three in four breaches occur at Ipswich, with 43.6% of these within echocardiography. At Colchester, Endoscopies account for 60.5% of the breaches

% patients waiting > 6 weeks or more

18.8%

↓ vs 21.7% last month

DM01 6 week breaches **2,466**

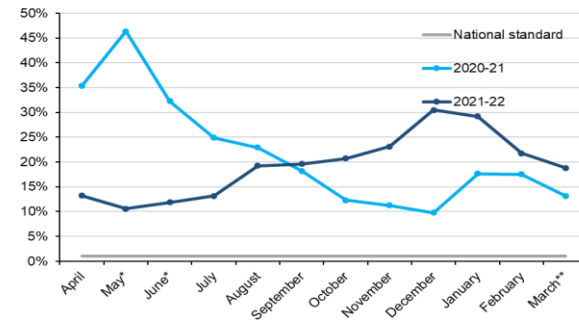
↓ vs 2,800 last month

DM01 Waiting List

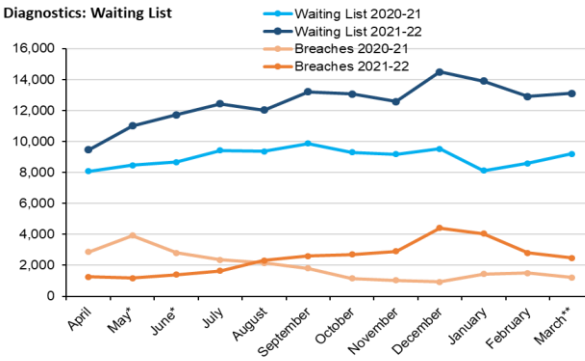
13,106

↑ vs 12,891 last month

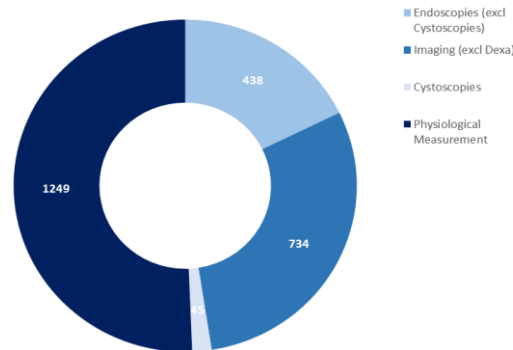
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



**Oaks data not received February 2022 data used for reporting

Endoscopy

COL – Delivering 3 rooms in the week. 4 rooms Sat/Sun. Oaks capacity being used. Current backlog: 95 2ww, 62 Urgent, 1507 Surveillance.

IPS – Continuing pre covid activity, losing 38 points PW to training. Reinstate 5 days PW at The Grove in mid-May. Continuing 3 days PW in Vanguard & utilising Ravenswood Centre since March. Current backlog: 104 2ww, 72 Urgent, 107 Routine, 472 Surveillance.

Urology

IHT/CGH: LA DM01 is on track for compliance. GA in CGH – 8 breaches due to theatre capacity - booking an additional list to clear.

Vascular

Increase in IP requests causing issues for OP requests. Currently looking at D&C to increase VSU staff

Cardiorespiratory

IPS

Cardiology – still suffering from significant staff absence, both COVID-19 and non-COVID-19 sickness, no success with locum agencies, putting on extra lists wherever possible with substantive team.

COL

ECHOES – 55 breaches in March, increasing to 136 in April. Wait times have increased to 8 weeks due to dropped lists, bank holidays and some COL capacity reserved to support IPS position.

Radiology

IPS

MRI – 357 breaches – mobile still in place until July and backlog improving week on week

CT – DM01 compliant, no breaches

US – 341 breaches – Felixstowe now operational, 5 extra lists PW

COL

MRI – 16 breaches – mainly cardiac. Much improved position, working to get additional cardiac capacity to stop breaches from rolling over.

US – 20 breaches but suffered significant staff absence & lost lists due to COVID-19 sickness and vacancies. Secured a long-term locum and working to create more capacity to recover our April / May position

Performance against the 18 week standard is above the national average, despite decreasing by 0.6% in month. The proportion of the list waiting more than 52 weeks deteriorated by 0.2% and is lower than the national average.

Incomplete pathways within 18 weeks - ESNEFT

64.9%

↓ vs 65.5% last month

Incomplete pathways within 18 weeks - National

62.6% (February 22)

52+ waiters as % of list - ESNEFT

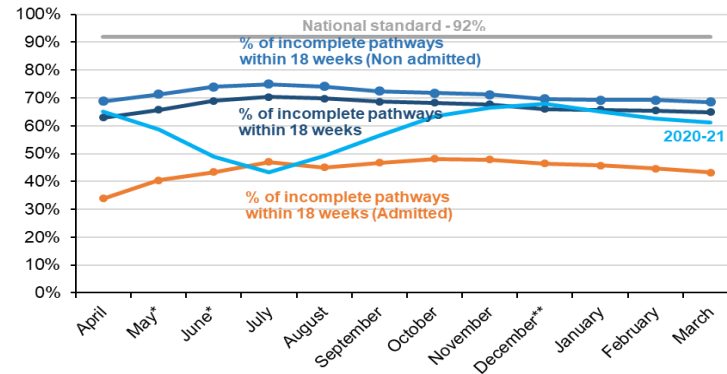
↑ 3.1%

vs 2.9% last month

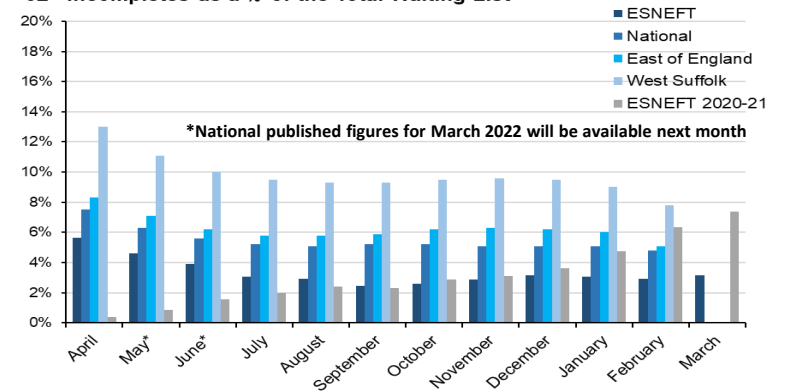
52+ waiters as % of list - National

4.8% (February 22)

RTT Waiting List: Performance against 92% standard



52+ Incompletes as a % of the Total Waiting List



Work continues with the Divisions around the 22/23 planning guidance together with the ESNEFT internal ambitions.

Several services will not have patients waiting over 78 weeks at the end of September and are reviewing the 52 week position and setting internal goals to be achieved.

Teams are monitoring the size of waiting list against February 2020 position and again a number of services are below this but there have been significant increases for General Surgery/ENT/Dermatology. Services are being asked to review the patients that will breach 104 weeks in July/August and for firm treatment plans to be put in place as a matter of urgency.

Mutual aid work continues for Urology with West Suffolk with regular meetings with colleagues to discuss ongoing mutual aid particularly around the 78 week position. Both sites are seeing significant emergency flow pressures.

10 services are now achieving 18 week compliance together with 3 over 90%. Those that are compliant are being reviewed to ensure that this performance does not decrease.

Activity across the board increased in month with daycase inpatients and outpatient 1st appointments exceeding 120% compared to 2019-20 levels; by 121.9% and 132.1% respectively. Elective inpatients and outpatient follow ups were around 118%

Elective inpatients

962

↑ vs 811 last month

Daycase inpatients

7,725

↑ vs 7,012 last month

Outpatient First Appt

28,569

↑ vs 24,802 last month

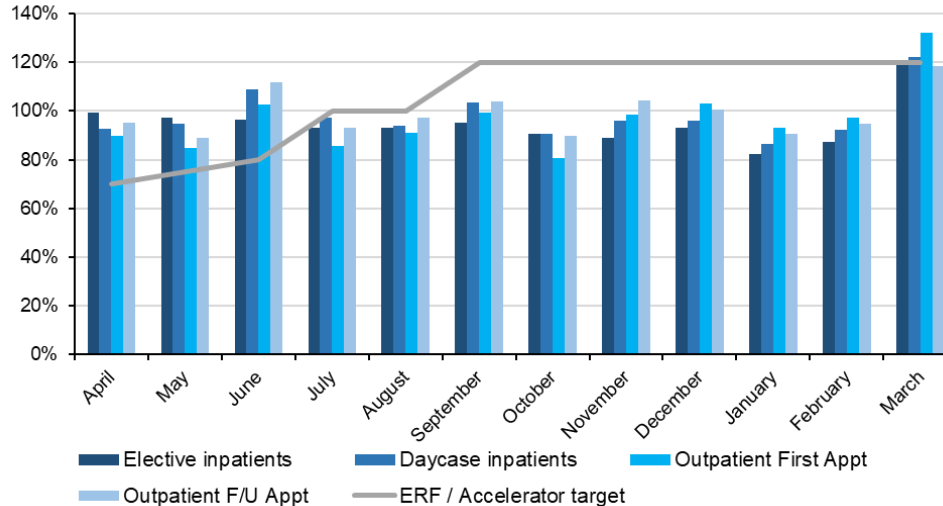
Outpatient F/U Appt

52,700

↑ vs 46,072 last month

Recovery: Percentage of 2019-20 activity

National lockdown commenced on the 23rd March 2020



Service commentary

Despite major challenges around emergency flow, there has been an increase for all metrics of activity. Where theatre lists may be stood down alternative clinical activity is being put in its place.

The Vanguard is being fully utilised and there are continuing conversations with the independent sector around support. There are currently around 500 patients who have been transferred to the Oaks, who remain on our PTL. The Nuffield are able to accommodate 2 fully staffed theatre days per month and the Oaks continue to offer additional capacity where able. Teams are also in conversation with alternative providers who can offer capacity for more complex patients, but this is subject to patients agreeing to travel.

The department are waiting on further guidance around social distancing which will assist particularly around outpatient activity. The outpatient metric of a reduction of follow ups by 25% is also being explored with the clinical review of pathways and analysis is underway to identify opportunities in specialties with variation in f/up between sites. Several webinars have also taken place to assist with discussions around how this can be taken forward.

Diagnostic activity also increased across the board compared to last month. CT, MRI, Ultrasounds and Endoscopies exceeding 2019-20 activity levels; by 134.3%, 158.4%, 130.7% and 121.9% respectively

CT
6,614
 ↑ vs 6,261 last month

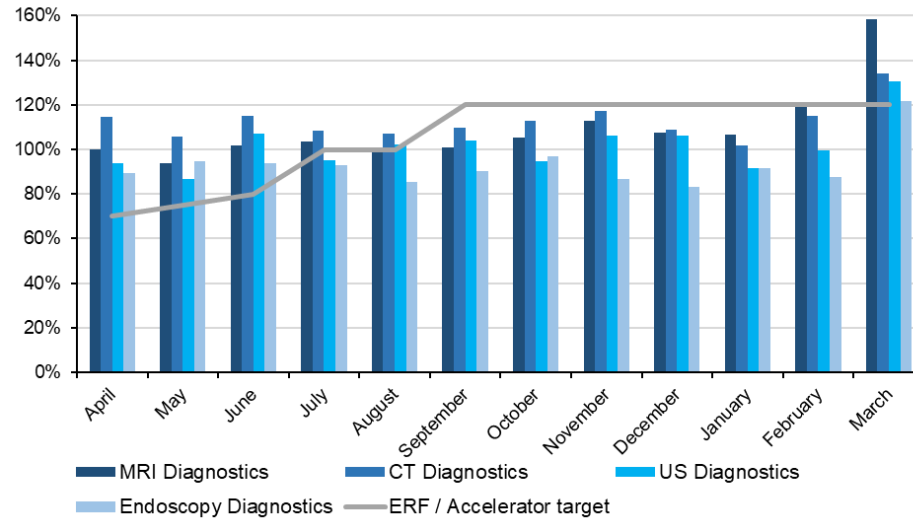
MRI
4,198
 ↑ vs 3,650 last month

US
11,526
 ↑ vs 9,575 last month

Endoscopy
1,744
 ↑ vs 1,649 last month

Recovery: Percentage of 2019-20 activity - Diagnostics

National lockdown commenced on the 23rd March 2020



Radiology

Challenges now affecting IPS and COL.

MRI IPS – short term plan – use of mobile for 6 months to reduce backlog. Long term plan is to roll out 7 day working to better utilise scanners – on track.

US IPS – additional US machine for Felixstowe is now operational and increases our capacity with 5 full day clinics per week. Sonographer led inpatient US service has started which will free up consultant time to do additional outpatient lists.

US COL – significant COVID-19 absence and vacancies have reduced our capacity, DM01 will be significantly worse in April with some anticipated rolling breaches. We have secured a locum who is providing 1 extra list per week and have two more locums in the process of on-boarding which will aid recovery position.

Endoscopy

Existing plan to get to 104%, although the funding of this plan is still under discussion. The opening of Clacton CDC will further support the plan to deliver the required 120% in 2023 and the private sector will support in the shorter term. This does present risk though.

Colchester are still receiving a high number of 2ww referrals into the service. 5 rooms were being delivered at weekends fully insured to support back log, struggling with patient uptake and so had to stand down the 5th list, still running 4.

Ipswich continue to deliver 3 days a week in the Vanguard to support reducing the back log.

52+ week waiters increased by 159 patients in month, though the longest waiting patients have all decreased.

The waiting list has increased by 0.8% for March 2022 which equates to just over 500 patients.

Total open RTT pathways
66,618
 ↑ vs 66,104 last month

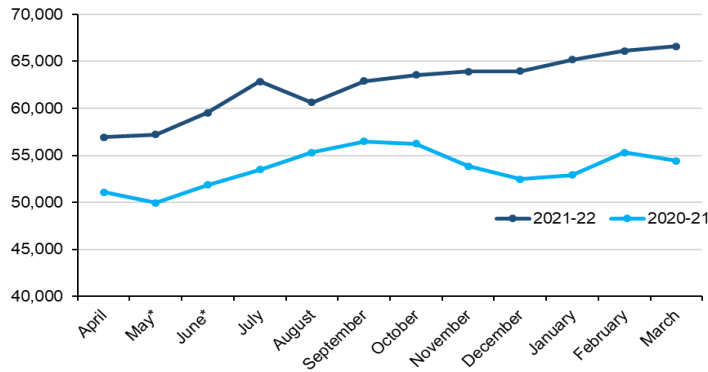
52+ week waiters
2,097
 ↑ vs 1,938 last month

78 + week waiters
138
 ↓ vs 182 last month

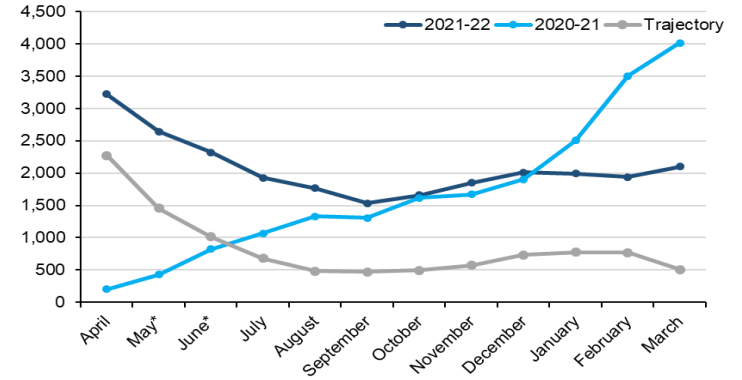
98 + week waiters
34
 ↓ vs 73 last month

104+ week waiters
31
 ↓ vs 65 last month

RTT Waiting List: Total open pathways



RTT Waiting List: Total 52+ week waiters



There are decreases in the very longest waiting patients with the focus being on the over 78 week position for end of September.

The focus is on the treatment of patients on a cancer pathway/P2 category/very long waiting patients which is driving the increase in over 52 weeks. A focussed administrative validation of those patients over 52 weeks will take place to ensure that all pathways are being actioned in a timely manner. Teams are seeing an improvement in the diagnostic pathways (especially radiology) which will feed into the overall reduction in pathway length for patients.

Draft year End Position

Summary Income and Expenditure	March			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Clinical Income	73,100	78,208	5,108	857,090	871,291	14,201
Top-Up	480	935	455	11,017	8,513	(2,504)
Other Income	3,571	11,909	8,338	39,043	60,972	21,929
Total Income	77,151	91,053	13,902	907,150	940,776	33,626
Pay	(47,586)	(49,621)	(2,035)	(555,363)	(542,506)	12,857
Non Pay	(25,092)	(41,110)	(16,018)	(308,495)	(360,013)	(51,518)
Total Expenditure	(72,678)	(90,731)	(18,053)	(863,858)	(902,519)	(38,661)
EBITDA	4,473	322	(4,151)	43,292	38,256	(5,036)
Impairments	-	(12,591)	(12,591)	-	(12,591)	(12,591)
Other Non Operating	(4,441)	(2,737)	1,704	(43,184)	(31,297)	11,887
Surplus / (Deficit)	32	(15,007)	(15,039)	108	(5,632)	(5,740)
EBITDA %	5.8%	0.4%		4.8%	4.1%	
Performance Against CT						
Impairments	-	12,591	12,591	-	12,591	12,591
Adjust transfers by absorption	-	-	-	-	(22)	(22)
Return DHSC donated Covid Assets	-	624	624	-	624	624
DHSC Centrally Procured Inventories	-	430	430	-	430	430
Donated Income/Depreciation	-	29	29	(108)	160	268
Total Non CT Items	-	13,675	13,675	(108)	13,783	13,891
Performance Against CT	32	(1,332)	(1,364)	-	8,151	8,151

Draft year End Position

The Trust is reporting a surplus of £8.2m for the year (after adjusting for non control total items) against a plan to break-even.

Before adjusting for non control total items a deficit of £5.6m is reported, this is largely driven by impairments from the annual valuation of estates (£12.6m).

Work is still ongoing to finalize the accounts for submission on 26th April, but the reported position is not expected to materially change. This position will then be subject to external audit review.

Non Control Total Items

These are items that are excluded when calculating financial performance against the control total. These include impairment of fixed assets and donated equipment income and depreciation. For this year, the receipt/return of donated COVID-19 equipment and consumables from DHSC are also excluded.

Variance to Plan

It had been agreed by East of England NHSEI that the Trust could deliver a surplus of £13.2m to support the ICS in dealing with the forecast equivalent overspend by system partners; East of England Ambulance NHS Trust and West Suffolk Hospital NHS Foundation Trust.

The Trust was 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, such as elective winter monies (£10.1m).

However, a number of issues emerged in March that has meant that the Trust has reported a lower (but still robust) surplus:

- Clinical Excellence Awards (£1.4m); notification from NHS Employers
- of a revised minimum level of investment in local clinical excellence awards.
- Capital to revenue spend (£1.5m); some items previously expected to be capitalised were actually determined to not satisfy the accounting definition of capital (notably intangible IT software).
- Agency / bank staff expenditure (£1.5m); spend in March was much higher than anticipated due to the need to cover staff sickness and patient volumes related to COVID-19
- Other COVID-19 related spend (£1m); COVID-19 patient numbers in March were high prompting additional associated spend.

The reduced surplus was discussed with ICS and region and could be accommodated since improved revenue positions were expected to reported by system partners

2021/22 Capital programme & Cash position

Capital Plan

The plan was 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 was £66m.

Comment on the years performance

With spend in March in excess of £42m, the Trust ultimately achieved its capital plan target, and indeed exceeded it by approximately £7.5m. East of England NHSE/I had previously confirmed that the Trust could report an allowable overspend of £6.4m relative to its CDEL. The further cost was notified to region and was actively encouraged given shortfalls reported by other systems.

CDEL and non capital programme items

The variance on donated assets 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.

Capital Programme	Full Year		
	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	7,905	19,180	(11,275)
Non-Medical Equipment	-	221	(221)
ICT	9,389	5,375	4,014
Estates & Facilities	2,421	4,078	(1,657)
STP Funded Development	12,543	12,543	0
Schemes	31,760	28,533	3,227
DCMB Enabling	2,500	3,356	(856)
PFI Lifecycle Costs	1,161	396	765
Total Capital Programme	67,679	73,681	(6,002)
Note: CDEL			
PFI Lifecycle Costs	(1,161)	(396)	(765)
PFI Residual Interest	738	738	-
Disposals	-	(289)	289
Donated	(1,250)	(188)	(1,062)
Net CDEL	66,006	73,546	(7,540)

Cash Position

The Trust held cash of £99.7m at the end of March.

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 was developed. The graph below shows actual cash levels, by month, against this plan. Cash holdings were lower than plan by £3.2m for the end of March.



The planned and expected reduction in cash was driven by the large operating deficit in month and the invoicing and payment of revenue accruals (in payables). Significant capital expenditure was met by new PDC.

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 March (84.3%) was consistent with February (84.4%).

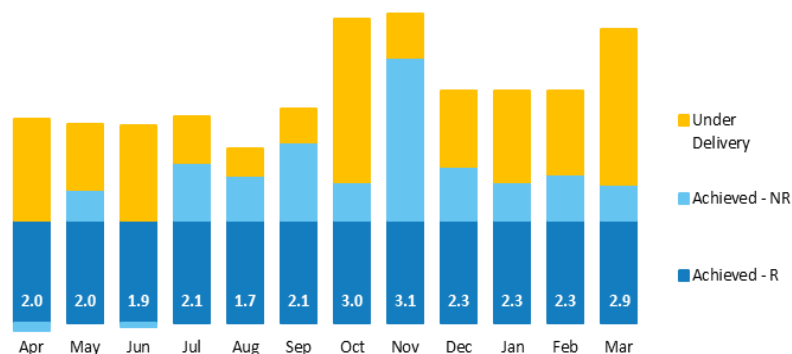
2021/22 Temporary Pay & CIP

CIP Year to Date

All divisions, except Medicine Colchester, under delivered their CIP targets for the year.

CIP Delivery by Division	March			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	483	208	(275)	5,245	3,147	(2,098)
Integrated Pathways	296	125	(171)	3,547	1,908	(1,639)
Medicine Ipswich	180	133	(47)	2,002	1,584	(418)
Medicine Colchester	167	161	(7)	2,006	2,067	61
MSK and Specialist Surgery	178	210	32	2,136	1,630	(506)
Surgery, Gastro & Anaesthetics	402	201	(201)	4,819	2,316	(2,503)
Women's and Children's	283	45	(238)	3,394	1,417	(1,977)
Total Operations	1,989	1,083	(906)	23,149	14,069	(9,080)
Corporate Services	942	308	(634)	4,693	3,978	(715)
Total Trust	2,930	1,390	(1,540)	27,842	18,047	(9,795)

CIP Delivery Profile



Comment on the year's performance

Although the Trust fell short of the £28m CIP target, to deliver £18m in the midst of a pandemic which understandably frustrated transformational change (some schemes practically could not be delivered; and the operational capacity to actually implement changes was compromised), was an impressive achievement. The Trust certainly achieved efficiency savings much greater than many peers.

Temporary Pay

Agency pay expenditure for the year was £17.7m and accounted for 3.3% 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 are particularly driven by medical staff agency to cover vacancies, sickness and increased activity, especially in March.

NHSE/I have maintained the Trust's annual agency expenditure ceiling for 2021/22 at £24.5m. For Month 12 agency costs were over the ceiling (£2.4m v £2.0m ceiling), however the full year position was under the NHSE/I limit (£17.7m v £24.5m ceiling). As always, it is important to note that the Trust has a comparatively high ceiling and must therefore continue to reduce spending on agency staff to more affordable levels for the benefit of the overall financial plan.

Bank spend has also increased in the month because of operational pressures from the surge of Omicron COVID-19 variant, and the instigation of incentive payments (as per regional guidance). As with agency costs, July saw a significant increase in bank expenditure due to the absorption of ACE.

Workforce Dashboard

March 2022

Trust Level

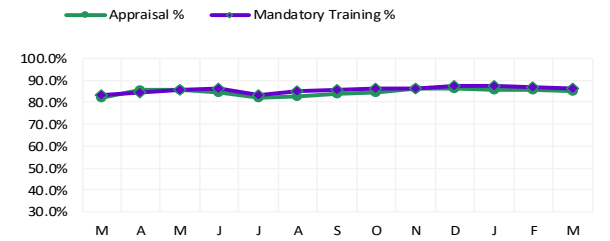
Key Metrics

Performance

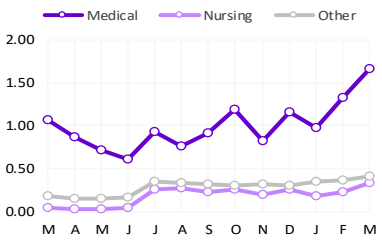
Target
Achieved
Vs Prior Month
Prior Month

Metric	Value	Target	Achieved	Vs Prior Month
Vacancy (Ex Agency)	7.0%	Budget 10779wte	Contracted 10029wte	↑ 5.6%
Pay (YTD)	£1.4m	Budget £541.1m	Spend £542.5m	↓ (£0.17m)
Sickness	7.0%	3.5%	7.0%	↑ 5.9%
Mandatory Training	86.3%	90%	View portal for detail	↓ 87.1%
Appraisal	84.8%	90%	84.8 out of 100 staff	↓ 85.4%
Voluntary Turnover	9.2%	12%		↑ 9.0%
Ceiling	£6.87m	(£24.54m)	(£17.67m)	↓ £7.23m
Ward Fill Rate	87.8%	95%		↓ 89.4%

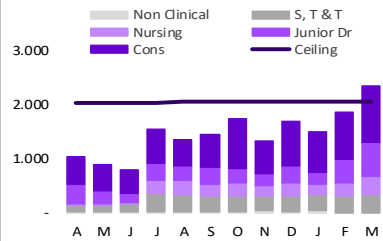
Appraisals & Mandatory Training Compliance



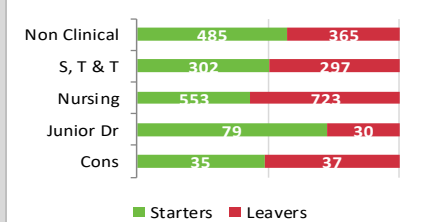
Agency Trends (ex Locum)



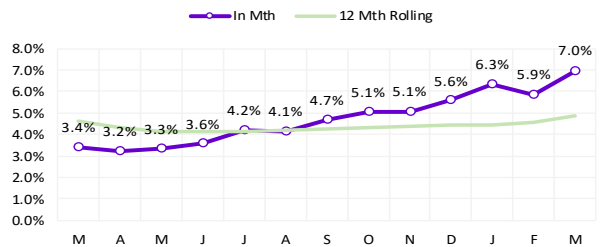
Agency Ceiling



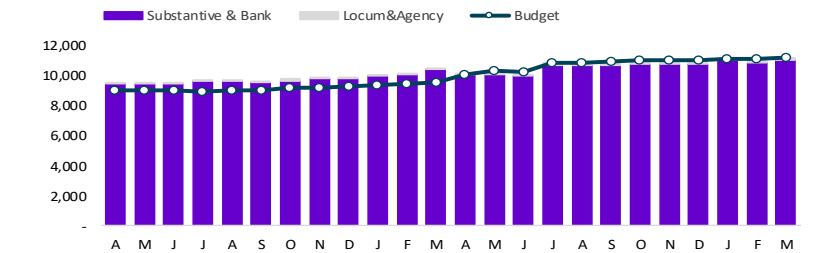
Starter - Leavers (12Mth Rolling)



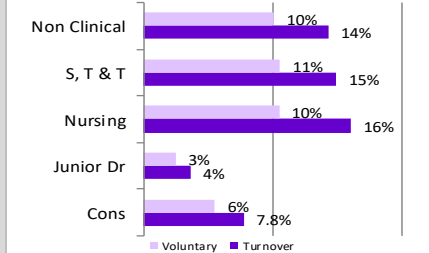
Sickness



Workforce Trends

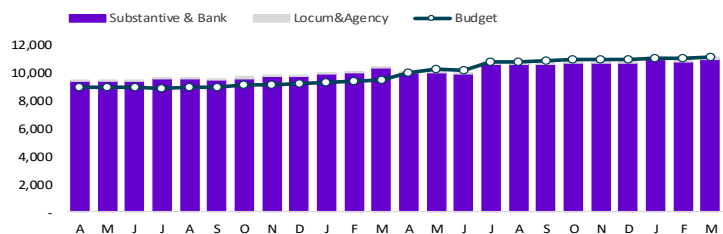


Turnover by Staff Group



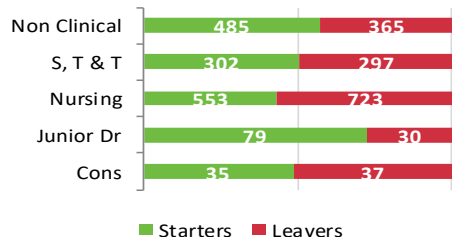
Workforce Trends

wte



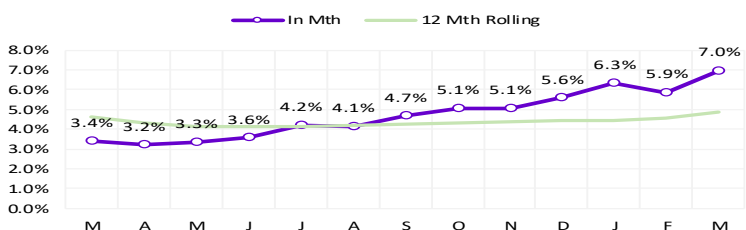
Starter - Leavers (12Mth Rolling)

Headcount



Sickness

%



Commentary

Recruitment

In March, the number of staff in post increased to 10,029 WTE (February 10,020). The Trust continues to have more starters than leavers overall in the majority of clinical groups. The Trust's rolling voluntary turnover for March was 9.2% (February 9.0%).

116 WTE (131 hc) new external starters commenced with a further 130.00 WTE (145 hc) offers made.

6 International nurses scheduled to arrive before end of April 2022, 16 International Midwives offered with 3 commenced to date.

There are 75.3 consultant vacancies of which: 27 substantive/ locum appointments have been made and are due to start shortly; 48.3 vacancies are being actively worked on and established posts for dermatology and microbiology are being used for SAS appointments. There are 5 SAS vacancies and 8 junior doctor vacancies, some are which are august start dates.

Sickness

Sickness absence increased in March to 7.0%, from 5.9% in February and remains above the target of 3.5%. Cough, colds, flu is the most common reason for sickness which is driven by Covid sickness. The number of FTE days lost due to sickness continues to be significantly higher for short term sickness (73.65%) than long term sickness (26.15%) which is mainly due to the increase in absence due to cough, colds and flu.

A new sickness absence review group has been established with membership from HR, OH and senior management and will review both long and short term cases in order to provide advice and identify any actions to support resolution.

Risks & Mitigating Actions

Recruitment, Resourcing and Planning

There has been an increase in the number of vacancies to 7.0% (from 5.6% in February).

International recruitment: 297 RN's have arrived to date and are in post. Apr 22 – March 23 a further 120 RN's planned.

International AHP recruitment campaigns have commenced with 6 interviews during March and 2 Physiotherapists offered.

Total Agency spend YTD of £17.6m. This includes £3.3m as a result of the NEEC transfer of services. In comparison to the previous financial year this is an increase of £144k despite the significant increase in demand.

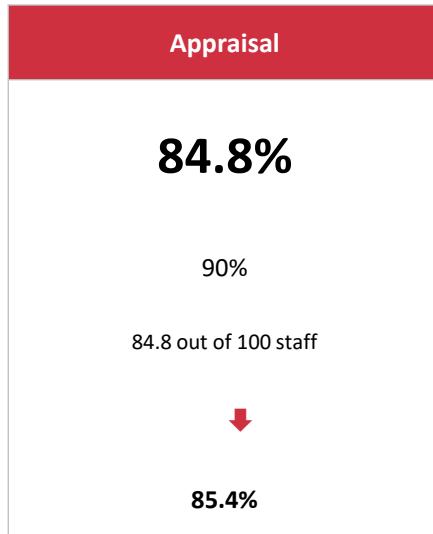
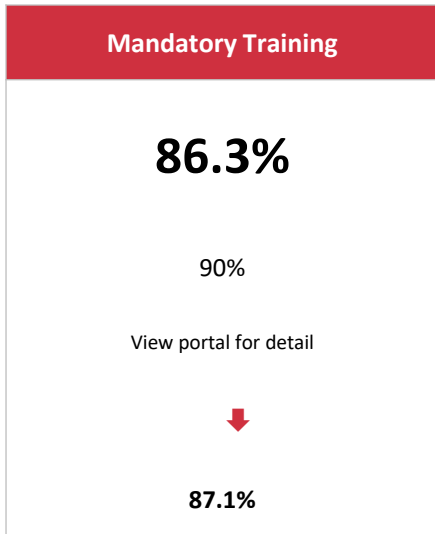
Bank spend also continues on an upward trajectory as the demand for temporary resources dictates.

There is continued focus on hard to recruit consultant vacancies and utilising Head Hunters.

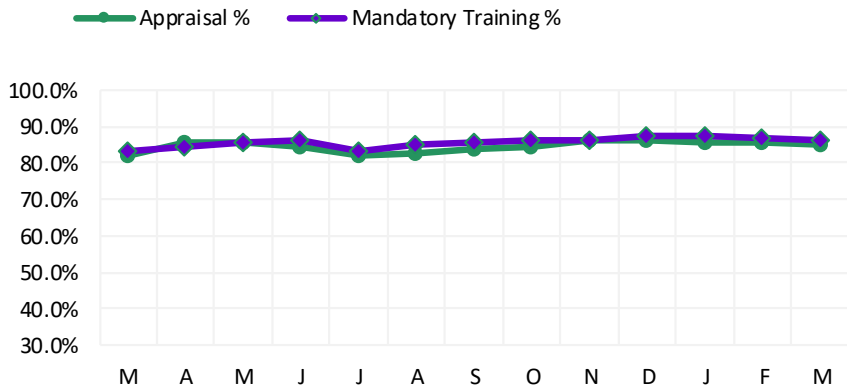
Sickness

The Staff Helpline are continuing to work with the Clinical Psychology service to offer staff psychological support on day 1 of sickness which is positively impacting on reducing sickness due to stress/anxiety and depression.

A range of measures to support staff in financial hardship is being implemented.



Appraisals & Mandatory Training Compliance %



Commentary

Mandatory Training

March's compliance rate decreased to 86.3%, from 87.1% in February. The steering group are looking at optimisation of ESR including OLM continues. 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. Mandatory training is a standard agenda item for the DAM meetings, divisional governance meetings and ward to board discussion.

Appraisal

March's compliance rate decreased to 84.8%, from 85.4% in February.

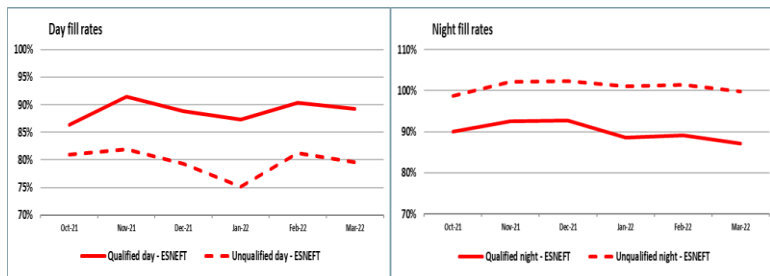
Training has continued on having effective appraisal and one to one conversations but take up has been limited due to operational pressures. The HRBPs continue to monitor compliance in their divisions and via the DAM meetings.

It has been agreed that all band 8a and above will have their annual appraisal between April and June. This is to align core objectives with priorities from the business planning cycle. There is to be a focus on the quality of the appraisal conversation. The staff survey showed 83.5% of staff who responded said they had received an appraisal in the previous 12 months. However only 16.1% said it helped them improve how they do their jobs, 25.9% reported agreeing clear objectives and 24.7% said it left them feeling that their work was valued by the organisation. This was below average for acute and community trusts. Quality will be monitored via an appraisal health check.

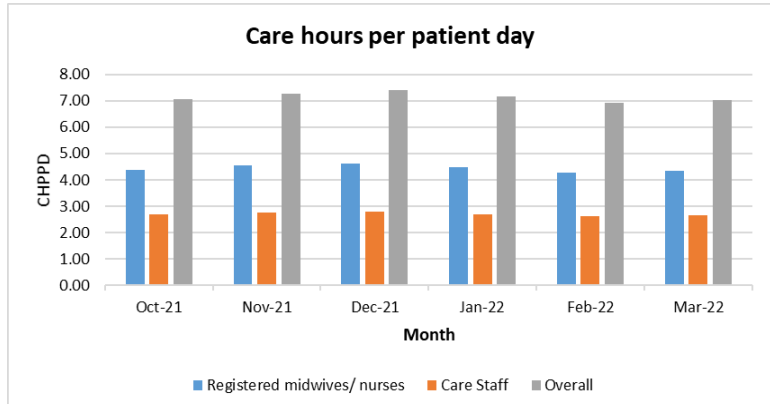
Nursing Workforce Update

Fill Rates (including care hours per patient day)

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Qualified day - ESNEFT	86.4%	91.5%	88.9%	87.3%	90.4%	89.3%
Qualified night - ESNEFT	90.0%	92.6%	92.7%	88.6%	89.1%	87.2%
Unqualified day - ESNEFT	80.9%	81.9%	79.3%	75.2%	81.3%	79.5%
Unqualified night - ESNEFT	98.8%	102.1%	102.4%	101.0%	101.3%	99.8%
Overall (average) fill - ESNEFT	87.8%	91.0%	89.5%	86.7%	89.4%	87.8%



Care hours per patient day	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Registered midwives/ nurses	4.37	4.54	4.62	4.49	4.28	4.36
Care Staff	2.71	2.75	2.79	2.69	2.63	2.67
Overall	7.07	7.28	7.42	7.18	6.91	7.03



Commentary

The Trust publishes monthly data on staffing fill rates for nurses, midwives and care staff via the NHS Choices website. This enables patients and the public to see how hospitals are performing on meeting inpatient safe nursing levels. Safe staffing is discussed twice a day on each site supported by a senior nurse and then discussed at the Trust wide Cross Divisional staffing group.

International Nurse Recruitment:

We continue to welcome international colleagues to the Trust during the months of December, January and February. 20 nurses commenced in clinical areas in month with an additional 5 awaiting arrival into the country. The pipeline for April is 16, 19 for May and 16 in June – we have shared our monthly trajectory with the Divisions so they can integrate into their workforce plans

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 with areas being agreed currently.

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. 3 midwives have arrived from the EU (2 Colchester, 1 Ipswich) 1 is due in April – there have been regional concerns raised in relation to the future training for these students however ESNEFT have a further 12 to on board.

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. The process is currently being tested now the MoU has been signed.

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. The Deputy Chief Nurse has been appointed as the ambassador for this piece of work.

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 ensure our staff can return to work based upon a local risk assessment and confirmation of negative PCR Status. Guidance is produced to support teams with the decision making

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. ED have completed training with a plan to move forward with SCNT in this area. Community Hospitals have agreed to sign up and the Deputy Chief Nurse is completing a workplan for safe care. The timetable for the annual acuity review has been shared with the Divisions for oversight and engagement.

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 tabled for Aprils meeting. A pilot has been agreed to commence in ED Colchester and Suffolk community hospitals in September 22.

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 was presented at the ICS programme Board week commencing 21 February and was approved with a deadline to share with our ICS colleagues by 6th May 2022.

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 on 5th May 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 We are working with our HR colleagues to devise a questionnaire to this group to reach a wider group for their views.

POD Profiles - Trust Level

	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
All Staff													
Headcount	10,535	10,726	10,712	10,713	11,367	11,388	11,399	11,419	11,400	11,372	11,552	11,589	11,637
Establishment (including agency)	9,506	10,060	10,308	10,185	10,803	10,778	10,858	10,960	10,970	10,990	11,113	11,113	11,132
In post	9,381	9,395	9,323	9,329	9,870	9,875	9,874	9,929	9,925	9,922	9,996	10,020	10,029
Vacancy	125	665	985	856	933	903	984	1,031	1,046	1,067	1,116	1,094	1,103
Vacancy %	1.3%	6.6%	9.6%	8.4%	8.6%	8.4%	9.1%	9.4%	9.5%	9.7%	10.0%	9.8%	9.9%
Establishment (excluding agency)	9,334	9,793	9,943	9,876	10,352	10,467	10,428	10,551	10,582	10,548	10,600	10,613	10,779
Vacancy (excluding agency)	(48)	397	620	547	483	592	553	621	658	625	603	593	750
Vacancy % (excluding agency)	-0.5%	4.1%	6.2%	5.5%	4.7%	5.7%	5.3%	5.9%	6.2%	5.9%	5.7%	5.6%	7.0%

Turnover

¹ Turnover (12 Month)	11.7%	12.5%	12.8%	13.3%	13.4%	12.8%	12.9%	12.5%	12.7%	12.8%	13.0%	13.0%	13.2%
¹ Voluntary Turnover (12 Month)	6.6%	6.7%	6.9%	7.3%	7.5%	7.7%	8.0%	8.2%	8.5%	8.7%	8.9%	9.0%	9.2%
¹ Starters (to Trust)	142	126	72	83	115	143	152	139	128	84	163	112	137
¹ Leavers (from Trust)	116	192	169	104	116	133	117	125	116	113	107	83	147

Sickness

% In Mth	3.4%	3.2%	3.3%	3.6%	4.2%	4.1%	4.7%	5.1%	5.1%	5.6%	6.3%	5.9%	7.0%
WTE Days Absent In Mth	9,804	8,988	9,590	9,923	12,662	12,615	13,775	15,464	14,999	17,039	19,430	16,277	21,537

Mandatory Training & Appraisal Compliance

Mandatory Training	83.5%	84.4%	85.7%	86.3%	83.5%	85.3%	85.9%	86.1%	86.2%	87.4%	87.6%	87.1%	86.3%
Appraisal	82.3%	85.6%	85.5%	84.2%	81.9%	82.6%	83.9%	84.7%	86.3%	86.0%	85.8%	85.4%	84.8%

Temporary staffing as a % of spend

Substantive Pay Spend	42,498	37,673	37,393	37,695	39,858	38,505	39,976	39,383	40,006	39,419	40,414	40,995	42,240
Overtime Pay Spend	154	183	164	159	132	723	163	150	174	173	174	161	156
Bank Pay Spend	5,020	3,232	3,298	3,196	3,763	3,888	4,144	4,404	3,958	3,692	6,005	4,371	4,815
Agency Pay Spend	1,287	1,043	885	802	1,540	1,363	1,447	1,737	1,323	1,703	1,490	1,927	2,410
Total Pay Spend	48,960	42,131	41,740	41,852	45,293	44,479	45,730	45,674	45,461	44,988	48,084	47,454	49,621
Agency & Bank %	12.9%	10.1%	10.0%	9.6%	11.7%	11.8%	12.2%	13.4%	11.6%	12.0%	15.6%	13.3%	14.6%
Agency %	2.6%	2.5%	2.1%	1.9%	3.4%	3.1%	3.2%	3.8%	2.9%	3.8%	3.1%	4.1%	4.9%

Nurse staffing fill rate

% Filled	90.3%	93.0%	91.4%	95.3%	91.5%	89.7%	91.0%	87.8%	91.0%	89.5%	86.7%	89.4%	87.8%
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¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	2,932	2,861	2,976	2,911	3,057	3,100	3,105	3,132	3,168	3,197	3,241	3,223	3,238
In post	2,645	2,656	2,694	2,715	2,883	2,890	2,878	2,919	2,925	2,923	2,919	2,953	2,987
Vacancy	287	205	282	196	174	210	227	213	243	275	322	270	251
Vacancy %	9.8%	7.2%	9.5%	6.7%	5.7%	6.8%	7.3%	6.8%	7.7%	8.6%	9.9%	8.4%	7.8%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,491	1,427	1,429	1,437	1,513	1,507	1,508	1,524	1,523	1,534	1,553	1,529	1,537
In post	1,358	1,370	1,398	1,420	1,464	1,458	1,454	1,481	1,470	1,464	1,441	1,456	1,466
Vacancy	133	57	31	17	49	49	54	43	54	70	112	73	71
Vacancy %	8.9%	4.0%	2.1%	1.2%	3.3%	3.2%	3.6%	2.8%	3.5%	4.6%	7.2%	4.8%	4.6%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,325	1,270	1,265	1,235	1,319	1,316	1,316	1,328	1,332	1,340	1,399	1,358	1,378
In post	1,281	1,290	1,176	1,142	1,232	1,217	1,189	1,163	1,153	1,171	1,192	1,137	1,171
Vacancy	44	(20)	89	93	87	99	126	165	179	170	207	221	207
Vacancy %	3.3%	-1.5%	7.0%	7.6%	6.6%	7.5%	9.6%	12.4%	13.5%	12.7%	14.8%	16.3%	15.0%
Consultants													
Establishment (including agency)	502	505	520	524	520	525	524	516	521	521	523	512	519
In post	427	429	429	429	429	432	437	438	436	434	433	438	443
Vacancy	74	76	91	95	92	93	87	78	85	88	90	74	75
Vacancy %	14.8%	15.0%	17.5%	18.2%	17.6%	17.7%	16.6%	15.2%	16.3%	16.8%	17.3%	14.5%	14.5%
Junior Medical													
Establishment (including agency)	718	708	720	713	780	714	736	736	731	734	742	744	745
In post	651	656	645	659	726	721	714	708	699	687	700	712	707
Vacancy	67	53	75	54	54	(7)	22	29	32	47	43	32	38
Vacancy %	9.4%	7.5%	10.4%	7.6%	6.9%	-0.9%	3.0%	3.9%	4.3%	6.4%	5.7%	4.3%	5.1%
Scientific, Technical and Therapeutic													
Establishment (including agency)	1,789	1,859	1,960	1,932	2,088	2,092	2,111	2,093	2,101	2,115	2,115	2,141	2,156
In post	1,748	1,746	1,740	1,743	1,862	1,872	1,907	1,929	1,934	1,922	1,897	1,959	1,920
Vacancy	41	113	220	188	226	220	204	163	167	193	218	182	236
Vacancy %	2.3%	6.1%	11.2%	9.7%	10.8%	10.5%	9.6%	7.8%	7.9%	9.1%	10.3%	8.5%	10.9%

2WW	2 Week Wait	DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	NBM	Nil By Mouth
AF	Accountability Framework	DOC	Duty of Care	NHSP	NHS Professionals
AKI	Acute Kidney Injury	DPNS	Deteriorating Patient Nurse Specialist	nMABs	Neutralising monoclonal antibodies
AMD	Associate Medical Director	EEAST	East of England Ambulance Service	NMPA	National Maternity and Perinatal Audit
AMI	Acute Myocardial Infarction	EOL	End of Life	NNU	Neonatal Unit
ANDU	Antenatal Day Unit	EPR	Electronic Patient Record	NOF	Neck of Femur
AQP	Any Qualified Provider	ERF	Elective Recovery Fund	NRLS	National Reporting and Learning System
CCG	Clinical Commissioning Group	FFT	Friends and Family Test	OPD	Outpatient department
CCU	Critical Care Unit	FGR	Fetal Growth Restriction	PALS	Patient Advice and Liaison Service
CDC	Community Diagnostic Centres	FTE	Full Time Equivalent	PDC	Public Dividend Capital
CDEL	Capital Departmental Expenditure Limit	GI	Gastrointestinal	PE	Pulmonary Embolism
CDG	Clinical Delivery Group	HALO	Hospital Ambulance Liaison Officer	PPH	Postpartum haemorrhage
CDH	Community Diagnostic Hub	HOHA	Healthcare Onset Healthcare Associated	PROMPT	Practical Obstetric Multi-professional Training
CGH	Colchester General Hospital	HRBP	HR Business Partner	PSIRP	Patient Safety Incident Response Plan
CIP	Cost Improvement Plan	HSCSC	Health & Social Care Committee	PSR	Patient Safety Response
CLC	Consultant Led Care	HSMR	Hospital Standardised Mortality Ratio	PTL	Patient Tracking List
CMO	Chief Medical Officer	I&E	Income & Expenditure	QI	Quality Improvement
CNST	Clinical Negligence Scheme for Trusts	ICS	Integrated Care System	QIA	Quality Impact Assessment
COC	Continuity of Care	IH	Ipswich Hospital	REACT	Reactive Emergency Assessment Community Team
COHA	Community Onset Healthcare Associated	IP&C	Infection Prevention & Control	RTT	Referral to Treatment
COPD	Chronic obstructive pulmonary disease	KPI	Key Performance Indicator	SHMI	Summary Hospital Mortality Indicator
CQC	Care Quality Commission	LD	Learning Disabilities	SOF	Single Oversight Framework
CT	Computerised Tomography	LDNS	Learning Difficulties Nurse Specialist	SPC	Specialist Palliative Care
CTG	Cardiotocography	LFT	Lateral Flow Test	T&O	Trauma & Orthopaedics
CYP	Children & Young People	LLOS	Long length of stay	TEP	Treatment Escalation Plan
D2A	Discharge to Assess	MCCD	Medical Certificate Cause of Death	UTC	Urgent Treatment Centre
DAM	Divisional Accountability Meeting	MCOC	Maternity Continuity of Care	UTI	Urinary Tract Infection
DEXA	Dual energy X-ray absorptiometry	MDT	Multidisciplinary Team	VBAC	Vaginal Birth After Caesarean
DFI	Doctor Foster Intelligence	ME	Medical Examiner	VTE	Venous thromboembolism
DHSC	Department of Health & Social Care	MH	Mental health	W&C	Women's & Children's
DKA	Diabetic Ketoacidosis	MHLT	Mental Health Liaison Team	WTE	Whole Time Equivalent
DM01	Diagnostics Waiting Times and Activity	MLC	Midwifery Led Care	YTD	Year to Date
DMT	Divisional Management Team	MUST	Malnutrition Universal Screening Tool		