



Month 2
(May)



East Suffolk and
North Essex
NHS Foundation Trust

Performance report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors
Thursday 7th July 2022

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

1 NHSE/I monitoring of operational performance - Oversight Frameworks

NHS Improvement (NHSE/I) 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* and (4) *Finance and use of resources*

NHSE/I used a series of "triggers" to identify potential concerns and inform provider segmentation. There were four segments ranging from maximum provider autonomy (segment 1) to special measures (segment 4). The NHSE/I single oversight framework included 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*.

Following a consultation period, in June 2021 NHSE/I 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.

However, following a review by the Trust shared with the Board previously, further guidance is awaited on the 'data definition' and detail of many of the indicators included in the System Oversight Framework. This has been highlighted to East of England NHSE/I and work is ongoing to understand the reporting requirements for 2022/23. On this basis, the Trust continues to show performance for each of the single oversight framework metrics along with relevant trend information (where available), but some indicators have been removed where the measure is no longer used (such as the staff friends and family scores); or where the Trust has specifically been instructed by NHSE/I to stop reporting (such as caesarean section targets).

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 April's performance were held in June.

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

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

Quality : Safe, Effective & Caring									
Indicator	Domain	Frequency	Target / Standard	Mar-22	Apr-22	May-22	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	101	101	108	↑		Overall complaints numbers for ESNEFT in May were 108 (101). There were 2 high level complaints recorded in month. Colchester reported 57 (53) complaints and Ipswich reported 51 (48).
Occurrence of any Never Event	Safe	M	0	0	0	0	→		
Mixed sex accommodation breaches	Caring	M	0	7	5	46	↑		All breaches in March & April were caused by ward step down delays in Critical Care. The increase in May is caused by the inclusion of SAU and EAU Ipswich in the audit. The high number recorded has been added to divisional risk registers.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	91.2%	90.6%	91.8%	↑		
A&E scores from Friends and Family Test – % positive	Caring	M	90%	79.9%	80.2%	81.5%	↑		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	66.7%	100.0%	100.0%	→		
- % Recommending - postnatal	Caring	M	90%	0.0%	81.3%	96.6%	↑		
VTE Risk Assessment	Safe	M	95%	89.2%	89.2%	90.3%	↑		
Incidences of Clostridium Difficile infection	Safe	M	9	9	7	6	↓		There were 6 C.difficile cases reported in May.5 of these were in Ipswich (3 HOHA, 2 COHA) and 1 case was at Colchester hospital (1 HOHA, 0 COHA). There are currently 17 C.diff cases that occurred in 2021/22 that are awaiting a PIR/CCG sign off.
MRSA bacteraemias	Safe	M	0	1	2	0	↓		There was 1 MRSA bacteraemia (COHA) during March on Washbrook Ward at Ipswich Hospital. In April there was 1 HOHA (CCU Colchester) & 1 COHA (previous attendance in D'Arcy Ward).
HSMR (DFI Published - By Month Data Available)	Effective	Q	0	108.3	103.5	101.4	↓		An investigation into atypical trends in mortality ratios identified that there were significant Colchester data volume losses from Dec 2021 to March 2022. It was confirmed that Colchester acute data was overwritten by new Tendring submissions to SUS/HES. Telstra (Dr Foster) and NHS Digital have confirmed that reported data will be corrected in the annual HES/SUS refresh at the end of July.
HSMR Weekend (By Month Data Available)	Effective	Q	100	118.1	111.2	108.2	↓		Telstra has agreed to replace the normal contracted monthly report with some bespoke analysis in an attempt to determine what is driving the increase in mortality ratios on the Ipswich site.
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.081	1.078	1.050	↓		12 mths to December 2021. This is 'as expected' when compared to the previous annual position (November 2021 data) of 1.078.

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Mar-22	Apr-22	May-22	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	74.3%	74.7%	80.3%	↑		A&E waiting time performance based on economy. ED Economy performance for May 2022 was 77.9% for CGH, and 83.8% 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%	64.9%	63.9%	65.9%	↑		
<i>All cancers – maximum 62-day wait for first treatment from:</i>									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	76.9%	74.8%	72.1%	↓		
- NHS cancer screening service referral	Responsive	M	90.0%	77.5%	90.0%	82.4%	↓		Screening service performance snapshot as reported in Accountability Framework taken at 22nd June 2022
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	18.2%	21.6%	19.4%	↓		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Mar-22	Apr-22	May-22	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	7.0%	6.2%	4.1%	↓		Short term sickness 2.31%, long term sickness 1.76%
Staff turnover	Well-led	M	tbc	9.2%	9.3%	9.4%	↑		Voluntary turnover.
Executive team turnover	Well-led	M	tbc	0	0	0	→		
Proportion of temporary staff	Well-led	Q	tbc	4.9%	3.6%	3.9%	↑		Agency staff 3.9%. Bank & Agency staff 12.4%.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(9,796)	(3,678)	(7,761)	↑		
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Mar-22	Apr-22	May-22	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	2	2	2	→		In-year reporting to NHSE/I started from Month 2 (May): no external submissions were required for Month 1. For Month 2, the plan that the Trust is assessed against is the submission completed on 28th April (Stage 2), which projected a deficit of £16.1m. Use of Resources indicators have therefore been calculated against these plans. The overall score of 2 is strong, and is driven by the favourable variance to plan and relatively low level of agency spend. However, because of the actual deficit report by the Trust, albeit small, this has led to poorer performance in relation to both I&E margin and liquidity. From month 3 the Trust has been notified that it will be assessed against the breakeven plan, and an agency ceiling is expected to be confirmed in early July.
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	0	2	3	3	→		
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	0	2	3	3	→		
I&E MARGIN : Variance from Plan	Finance	M	0	1	1	1	→		
Agency Spend : Remain within agency ceiling	Finance	M	0	2	1	1	→		
Overall: Use of Resources Rating	Finance	M	0	2	2	2	→		
Overall : NHS system oversight framework segmentation									
Indicator	Domain	Frequency	Target / Standard	Mar-22	Apr-22	May-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 saw a significant update to the AF, with all domains reviewed and refreshed and its reporting platform moved to power BI. Further revisions (notably in relation to the responsive domain) will be implemented during 2022/23. The AF policy is also under review and will be updated shortly.

2022/23 reporting – Month 1 (April performance)

Clinical divisions performance

DAM meetings were held on, Wednesday 1st, Tuesday 7th and Friday 10th of June, reviewing April 22 data and performance.

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

Integrated Pathways scored the highest overall score in April with a 4, while Surgery, Gastro & Anaesthetics scored a 1. Cancer & Diagnostics, Medicine Colchester, MSK & Specialist Surgery, NEECS and Women's & Children's scored a 2 and Medicine Ipswich scored a 3.

As the AF publication was slightly earlier this month there were some data gaps. The data for 12 metrics was not submitted and it is likely that this impacted the overall score for some Divisions.

Corporate performance

The meetings to review M1 Corporate Services performance were held on the W/C 13th June.

- Communications aggregated AF score dropped from a 3 to a 1 and Operations from a 3 to a 2.
- Communications, Human Resources and Medical Director were the only CDGs that did not achieve Mandatory training compliance.
- The majority of the Corporate Directorates were in line with the 3.5% overall absence Trust target, with the exception of Estates & Facilities, Nursing and Operations.

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

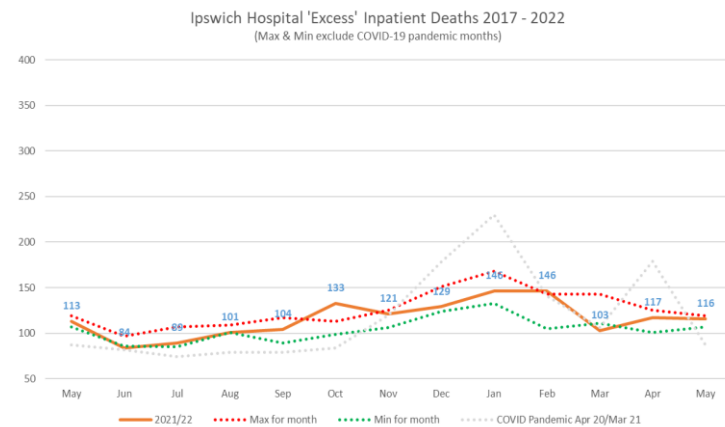
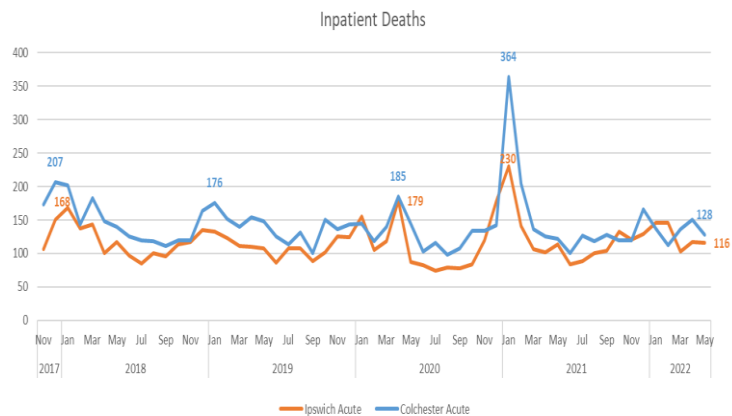
Mortality: Trend Data – All inpatients

May 2022

244 inpatient deaths (267 in April) – within seasonal ‘norm’ for both sites.

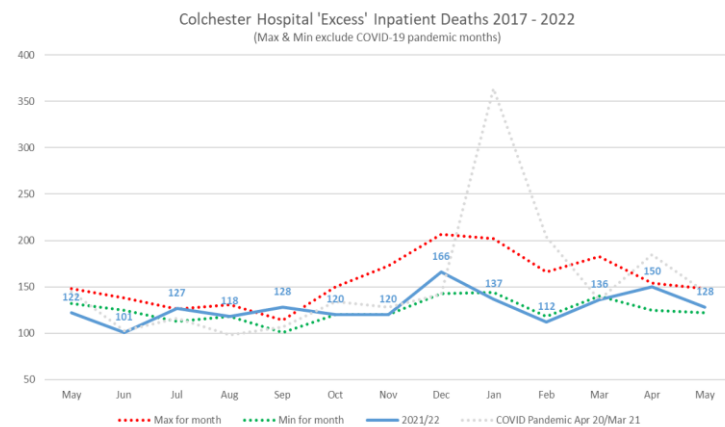
18 deaths in EDs (27 deaths in April).

Data quality checks have identified that patients who die in hospital are being incorrectly discharged from PAS. BI are looking into other data sources to validate deceased discharges.



(IP = inpatient)	May 22 No. Deaths	May 21 No. deaths	Rolling 12 mths avg
Ips acute IP	116 (117)	102	116
Col acute IP	128 (150)	125	128
Ips ED	8 (9)	8	7
Col ED	10 (18)	6	12

Figure in brackets = previous month



NB patients who die in the ED may be palliative on arrival and not moved on compassionate grounds. In addition, the patient may have been under the management of a specialty team, but died prior to transfer to a ward, owing to flow issues.

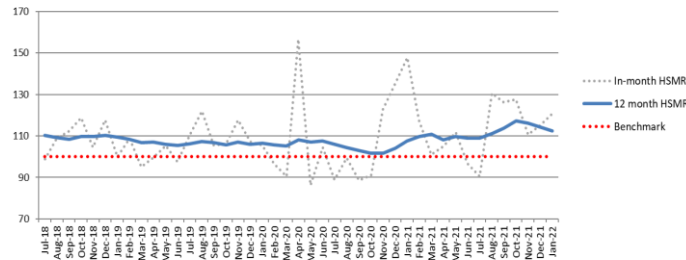
Mortality Ratios - Data Sources DF Intelligence

Summary

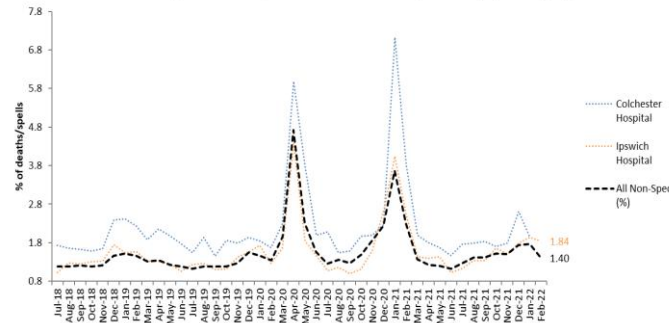
Colchester acute data failure December 21 to March 22 has resulted in unreportable ESNEFT mortality ratios – the annual HES/SUS refresh due to be published end July 22 will include re-submitted data.

- Ipswich 12-mth HSMR to January 2022, 112.5 ‘higher than expected’
- Ipswich HSMR (non-COVID-19) ‘higher than expected’
- Ipswich all-diagnoses to January 2021, 110.3 ‘higher than expected’
- Ipswich SHMI to December 2021 1.0495 as expected

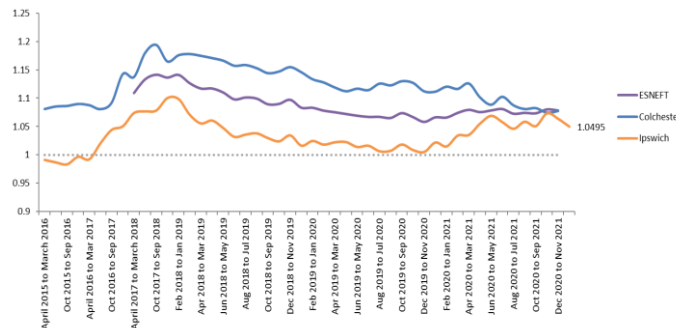
Ipswich Hospital HSMR - In-month & Rolling 12 Months



All Diagnosis Groups - Crude Mortality Rates (All patient types)



SHMI - Rolling 12 months



Dr Foster Summary

12 month rolling data except where specified	ESNEFT	IPS	COL
Feb 22 HSMR EXCLUDES C-19 ON ADMISSION		↑113.9	
Jan 22 HSMR in-month Jan 22 EXCLUDES C-19 ON ADMISSION		120.8	
12 mths to January 2022 – complete coding	HSMR EXCLUDES C-19 ON ADMISSION	↓112.5	
	HSMR Lower confidence limit EXCLUDES C-19 ON ADMISSION	↓105.9 Outlier	
	HSMR NO C-19 PATIENTS	↑109.5	
	HSMR Lower confidence limit NO C-19 PATIENTS	↑102.9 Outlier	
	HSMR Death rate (nat. 3.2%)	→2.9%	
All diagnosis groups INCLUDES C-19 DURING ADM		↓110.3	
Lower confidence limit (all)		↓104.5 Outlier	

An investigation into atypical trends in mortality ratios identified that there were significant Colchester data volume losses from Dec 2021 to March 2022. It was confirmed that Colchester acute data was overwritten by new Tendring submissions to SUS/HES.

Telstra (Dr Foster) and NHS Digital have confirmed that reported data will be corrected in the annual HES/SUS refresh at the end of July.

Telstra has agreed to replace the normal contracted monthly report with some bespoke analysis in an attempt to determine what is driving the increase in mortality ratios on the Ipswich site.

To Jan 2022, both Ipswich weekday and weekend emergency admission HSMR is higher than expected:

SHMI – 12 months to December 2021
Ipswich acute ↓ 1.0495 – ‘as expected’

CUSUM Alerts

CUSUM alerts for Cancer of Prostate (Colchester) and Sepsis (Ipswich), are being reviewed.

The cause of the sepsis alerts is multifactorial and includes delayed presentation as well as potential delays in being seen, screened and treated, as well as differences in documentation. This will be investigated fully and shared at the Deteriorating Patient Group.

Scanning backlog update 9/6/2022

Good progress has been made. Loose documentation is being prioritised as it is not possible to track these records; there is a slight backlog of May ‘Yellow Folders’ plus current June, but as these are tracked, they can be scanned on demand.

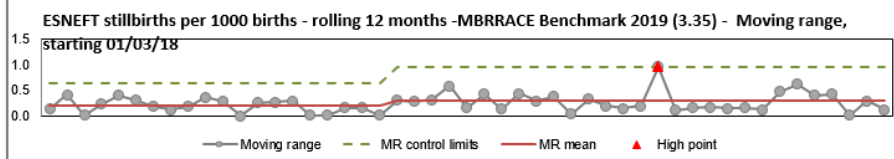
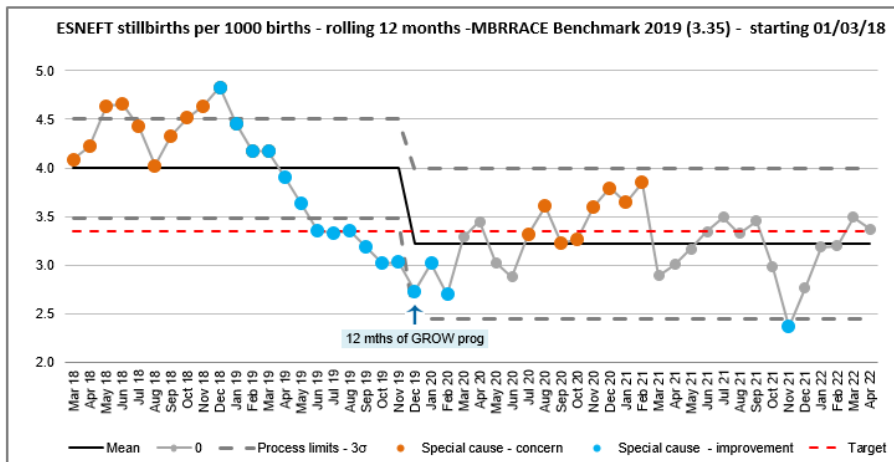
Mortality: Trend data – Stillbirths

Summary 12 mths to April 2022

- Stillbirths/1,000 births
3.37 – 2019 benchmark
3.35.
- Perinatal mortality α
Jan–Apr 2022 -
4.6/1,000 births – 2019
benchmark 4.4 (4.27-
4.57)

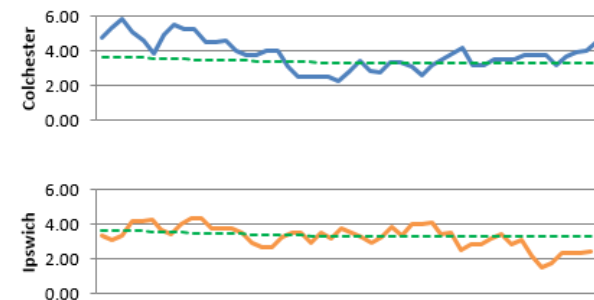
**Mothers and Babies: Reducing Risks through Audits and Confidential Enquiries*

α excludes terminations of pregnancy and births <24+0 weeks gestational age



Month	Total stillbirths
May-20	-
Jun-20	-
Jul-20	-
Aug-20	-
Sep-20	-
Oct-20	-
Nov-20	-
Dec-20	-
Jan-21	-
Feb-21	-
Mar-21	-
Apr-21	-
May-21	-
Jun-21	-
Jul-21	-
Aug-21	-
Sep-21	-
Oct-21	-
Nov-21	-
Dec 21	-
Jan-22	-
Feb-22	-
Mar-22	-
Apr-22	-
May-22	-
Jun-19	21
Jul-19	20
Aug-19	23
Sep-19	25
Oct-19	22
Nov-19	22
Dec-19	24
Jan-20	25
Feb-20	24
Mar-20	24
Apr-20	25
May-20	19
Jun-20	20
Jul-20	21
Aug-20	22
Sep-20	23
Oct-20	22
Nov-20	23
Dec-20	20
Jan 21	16
Feb-21	19
Mar-21	22
Apr-21	22
May-21	24
Jun-21	23

Rolling 12 months Mar 2018 – April 2022



Colchester maternity services have noticed an increase in stillbirths, particularly over the last 5 months some of these relate to late terminations. The draft annual report on ESNEFT stillbirths will be available shortly; this will include all findings and identification of themes.

Mortality: Learning from Deaths Meeting, 10 June 2022

Summary

- Actions being undertaken in Clacton and Harwich hospitals to improve end of life care.
- Multiple ward moves still a feature of patient care – work ongoing to flag and minimize, owing to loss of continuity of care and risk of increasing confusion/ falls in older patients

Presentation – NE Essex OPS and Community Services (Matrons Sarah Wiekamp and Paula Shean)**Community Hospitals**

- Admit for palliative care (step up/down) and crisis-intervention (e.g. awaiting equipment/care packages or for symptom management) to reduce acute hospital stay.
- In development:
 - Palliative/EoL training supported by St Helena Hospice;
 - Palliative champions responsible for audits, mortality reviews, promoting high quality care, documentation and supporting junior staff;
 - Advance Care Planning dedicated sessions for Nurse Practitioners, reviewing DNACPR forms, assessing and engaging with patients and relatives about Advance Care planning, empowering them to be involved in and documenting their wishes;
 - Inclusion of clinical frailty scores on discharge.

Acute Hospital

Case study presented of a patient who was admitted spring 2022 – issues

- 7 moves with no documented risk assessment or rationale – loss of continuity of care;
- Wounds not swabbed, blood cultures not taken, cannula documentation scores not accurate and no documented consultant review on some days;
- Acquired COVID in hospital;
- Family were refused permission to visit until 24 hours prior to death.

Actions

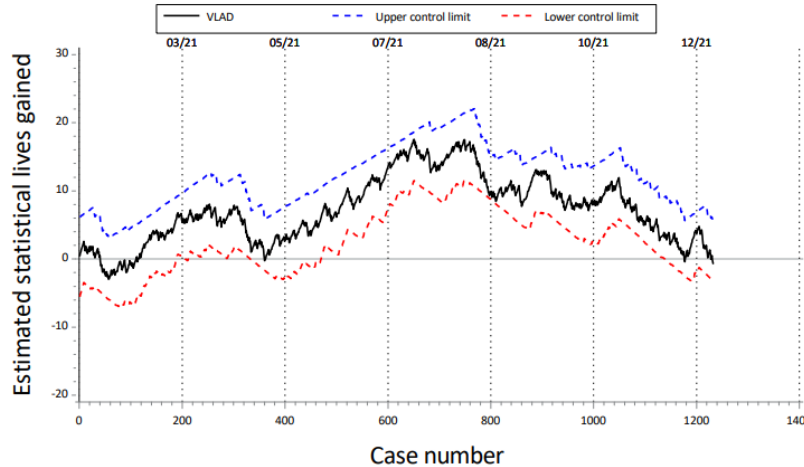
- Medical Examiner (present at meeting) has picked up the case;
- Working with site team (Anne Morris) and BI to develop a flagging system to set a ceiling for ward moves unless clinically essential;
- Reinforcement of daily senior review, safety consultant list for weekends and swabbing protocol on transfer to OPS.

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

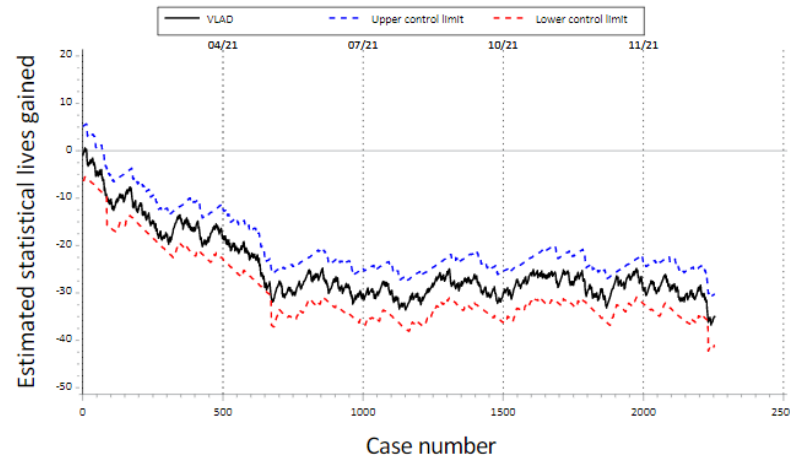
Summary

- 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:

RDE-EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST
SHMI diagnosis group 2 (Septicaemia (except in labour), Shock), Jan21-Dec21



RDE-EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST
SHMI diagnosis group 73 (Pneumonia (excluding TB/STD)), Jan21-Dec21



Summary

Better than expected

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

As expected

- Sepsis (has lost significant ground)
- AMI – marginal

Worse than expected

- Secondary malignancies – borderline
- 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
- Acute Bronchitis – being tracked

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.

Health Inequalities Update

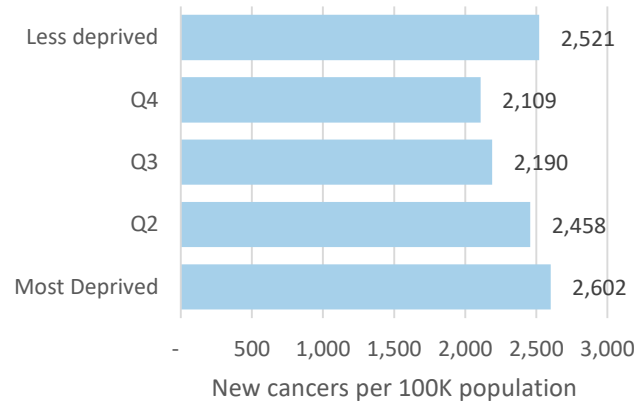
The pandemic shone a light on health inequalities. ESNEFT has established a programme of work to identify, prioritise, and mitigate local health inequalities. This is being implemented through the Trust’s Inequalities Working Group. Here we report some initial analysis.

A greater proportion of new cancer diagnoses occur following an emergency admission for patients from the most deprived area (Q1) relative to less deprived areas. Similar results are seen for new cancers diagnosed following a referral although the difference is not significant.

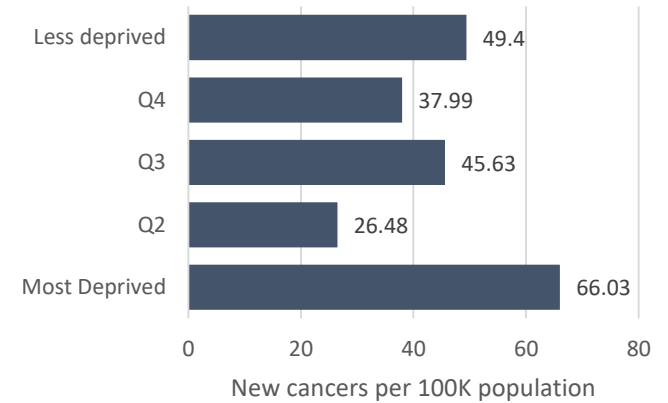
Moreover, this disparity between the most and less deprived areas is also seen when we look at the proportion of new cancers detected on patients below 60 years old on the 2WW as we see significant higher proportion of cancers among younger people in the most deprived areas.

Further work is being undertaken to assess the evidence for socio-economic inequalities across a range of health outcomes and healthcare services, as set-out in the NSHE Core20PLUS strategy.

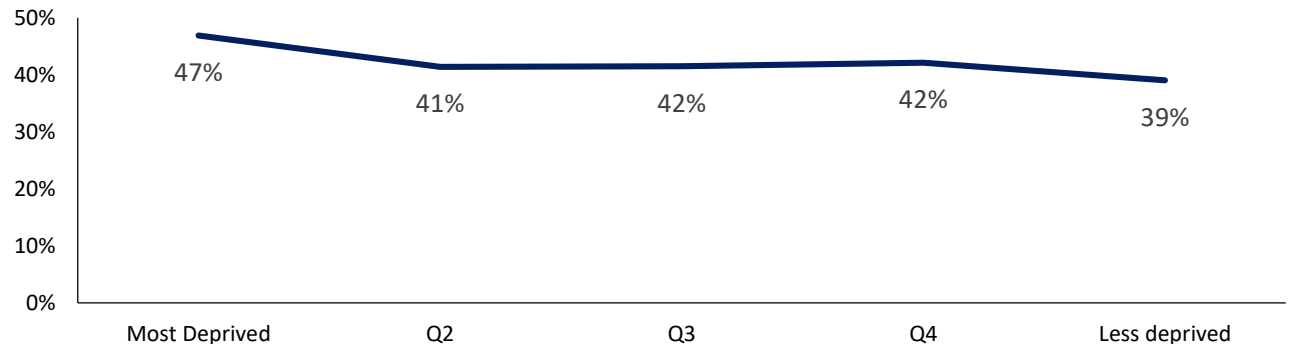
New cancer diagnoses following a referral



New cancer diagnoses following an emergency admission



Proportion new cancers below 60 years old among 2WW referrals



Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,793 incidents reported in the month. This is a marginal decrease from 2,798 reported in April.

2,393 of these incidents were Patient Safety related and 2,393 were reported to the NRLS.

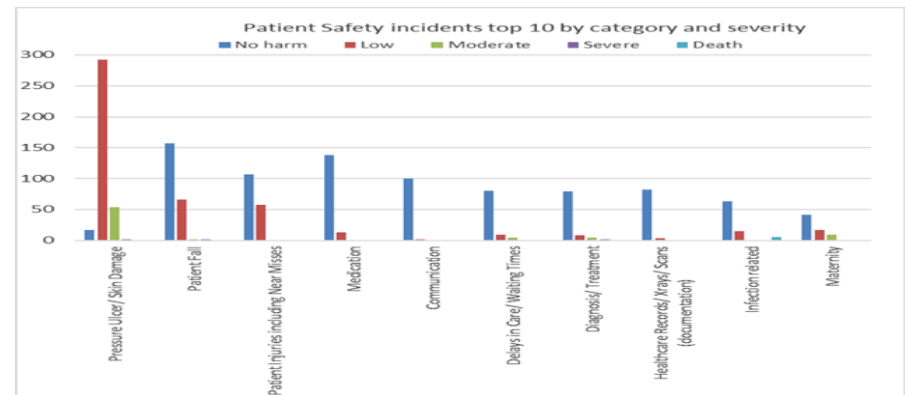
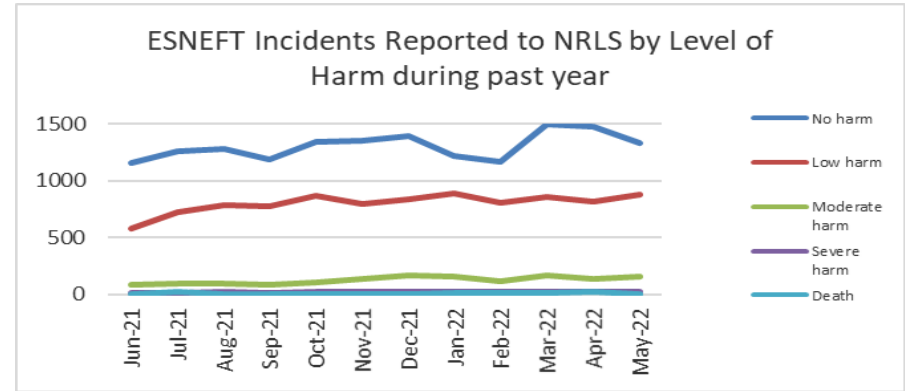
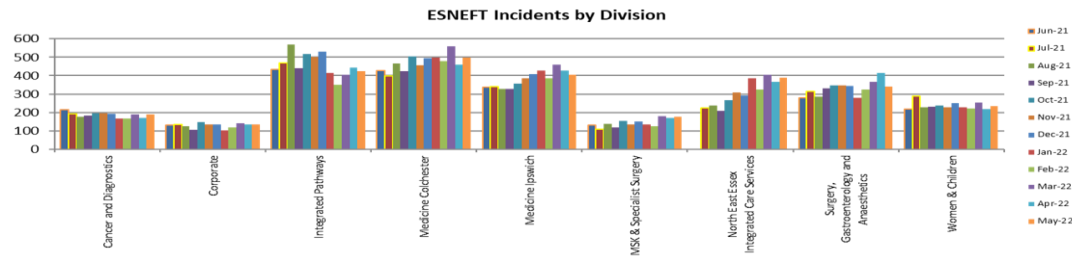
Overdue incidents have shown a decrease to 587 (742).

There were 38,229 admissions resulting in 64.82 incidents per 1,000 bed days across ESNEFT

The highest reported category was pressure ulcer/skin damage (ESNEFT acquired). There were 358 (319) incidents reported; 2 severe harm and 52 moderate harm.

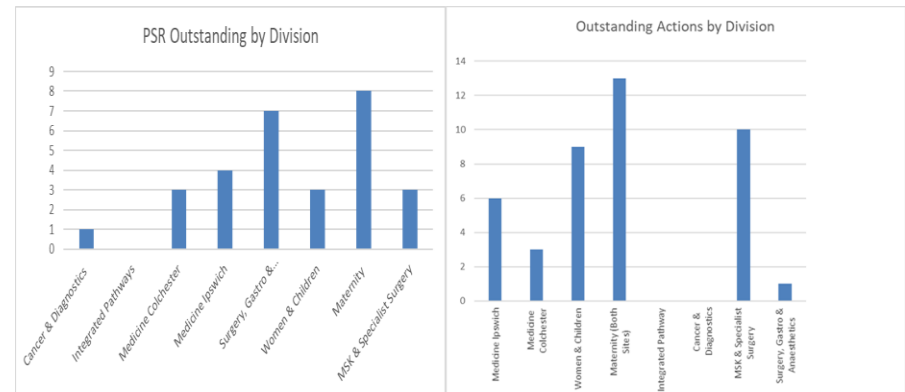
The 2nd highest reported category was patient falls with 230 (245) incidents. 2 falls were graded as severe.

The 3rd highest reported category in the month of May was Patient Injuries including ‘near misses’. There were 165 (118) incidents reported across the Trust.



Patient Safety Reviews Overdue and with Actions outstanding

- A total of 32 PSR investigations are open, with 15 of these being overdue. The breakdown is as follows: Medicine Ipswich (2), MSK & Specialist Surgery (2), Surgery, Gastroenterology & Anaesthetics (1) and Women & Children (10) which includes 8 for Maternity Services across both sites. W&C Governance Team are working hard to support completion of these investigations and a detailed trajectory has been provided.
- There are currently 42 (81) actions outstanding for May 2022: Medicine Colchester (3), Medicine Ipswich (6), Surgery, Gastroenterology & Anaesthetics (1), MSK & Specialist Surgery (10), Women & Children (9), Maternity Services (13).



Patient Safety – Never Events, Overdue action plans & Duty of Candour

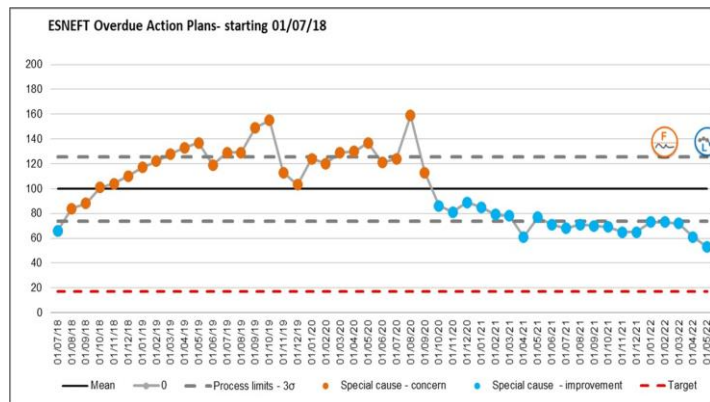
Never Events

There were no never events reported in May.

Number of Completed Action Plans closed in the Month

9 Action Plans have been closed by the CCG in May 2022. There are currently 61 plans overdue.

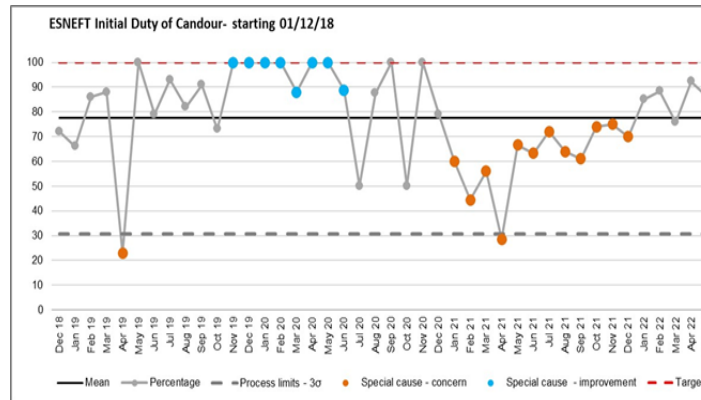
A meeting has been scheduled for early June with the CCG to review all historic action plans. This is to ensure that evidence required to close these remains appropriate and relevant.



Duty of Candour

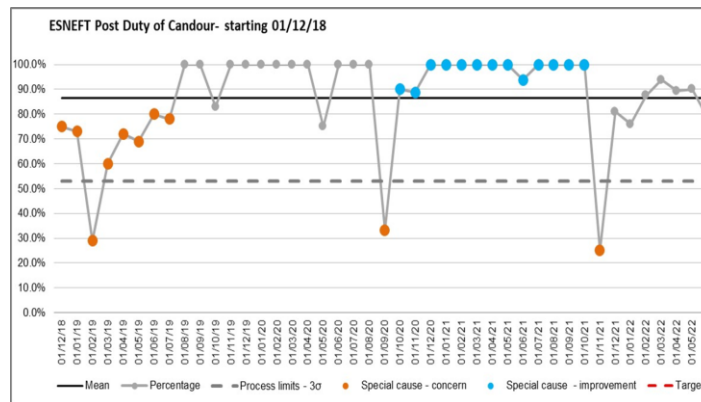
A total of 51 initial duty of candour for moderate harm were due in the month of May, of which 40 were completed within the timeframe.

The Trust compliance is 86.2% (92.3%)



Division	Total Due	Total Completed
Integrated Pathways	17	13
Medicine Ipswich	0	0
Medicine Colchester	10	9
MSK & Specialist Surgery	3	3
North East Essex Integrated Care Services	15	9
Surgery, Gastroenterology and Anaesthetics	3	3
Women & Children (Maternity Colchester)	1	1
Women & Children (Maternity Ipswich)	0	0
Women & Children	0	0
Cancer & Diagnostics	2	2

Post investigation compliance was 78.57% for the month of May: 14 were due in total, with 3 being reported out of timeframe.



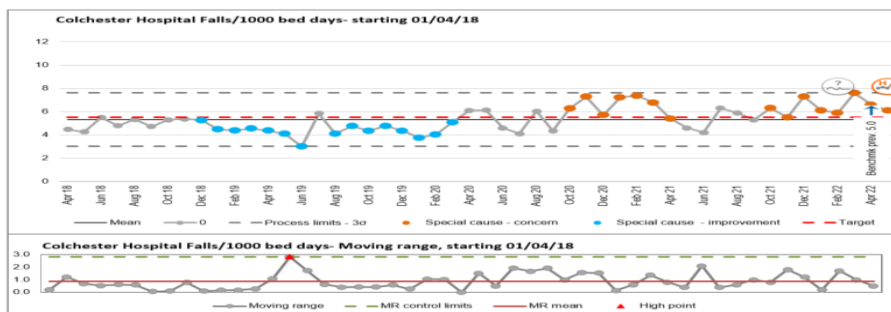
Division	Total Due	Total Completed
Medicine Ipswich	4	4
Medicine Colchester	0	0
MSK & Specialist Surgery	0	0
North East Essex Integrated Care Services	0	0
Surgery, Gastroenterology and Anaesthetics	1	1
Women & Children	1	1
Cancer & Diagnostics	0	0
Integrated Pathways	8	5

Patient Safety – Falls

Colchester site

Colchester reported 99 falls in May which is a decrease on April (104). Unfortunately there were 2 falls resulting in serious harm: fractured neck of femur and an increase in an existing odontoid peg fracture. There were 27 low harm and 69 no harm incidents. The peak time bands for falls incidents are between 0900-1100hrs and between 1300-1500hrs which is consistent with incidents in April.

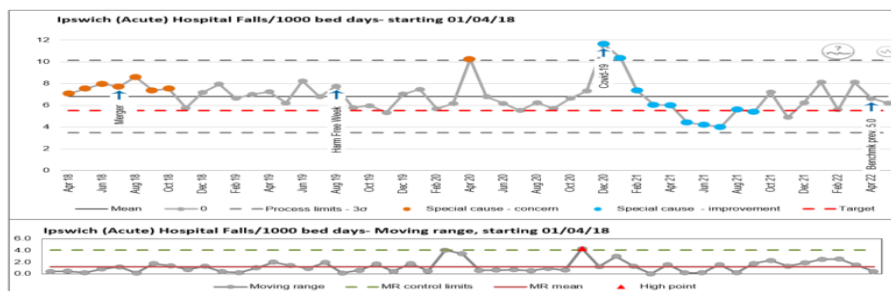
This shows 6.1 falls per 1,000 bed days which is a decrease on April (6.6) and is below the national benchmark of 6.63 and above the ESNEFT benchmark of 5.5. The local benchmark for all sites has been adjusted in line with national guidance and review of local falls data.



Ipswich site

Ipswich acute site reported 95 falls in May which is a reduction on April (108). In addition there were 26 falls with low harm and 66 falls with no harm. There were 3 incidents that resulted in serious harm: one fractured neck of femur, a subarachnoid haemorrhage and an extension of a subdural haematoma. The peak time bands for falls incidents are between 1500-1700hrs and between 1700-1900hrs which is consistent with the previous month.

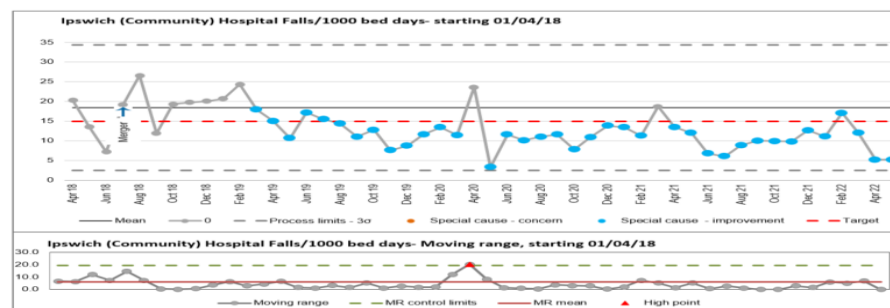
This shows 6.2 falls per 1,000 bed days which shows a decrease on April (6.9) which is below the national benchmark of 6.63 and above the ESNEFT benchmark of 5.5.



Community Sites (Suffolk)

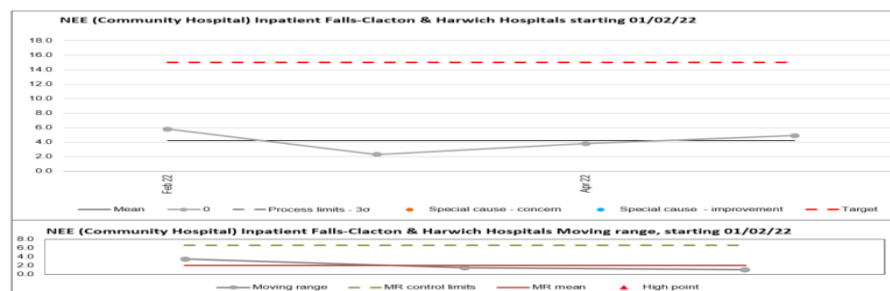
The Suffolk Community Hospitals collectively reported 11 falls in May which is a minimal increase on April (10). Aldeburgh Community Hospital and Bluebird Lodge both reported 4 incidents whilst Felixstowe Community Hospital reported 3.

Positively there were no falls that resulted in serious harm and all incidents were no harm falls. This gives a figure of 5.2 falls per 1,000 bed days which equals April (5.2) 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):

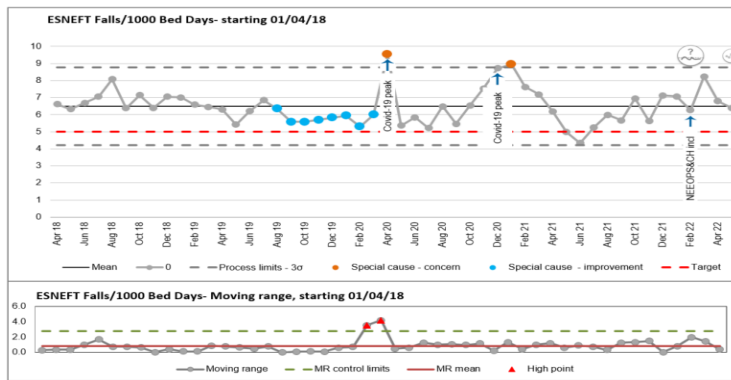
The Essex Community Hospitals (Clacton – Durban Ward & St Osyth Priory Ward and Harwich – Trinity Ward and Waverley Ward) in North East Essex collectively reported 11 inpatient falls in May which is a slight increase on April (8). Trinity Ward reported 7, Waverley 1 and St Osyth Priory 3. Positively all falls were no harm incidents. The bed days for NEECS in March stands at 2256 which gives a figure of 4.9 (April 3.8) 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

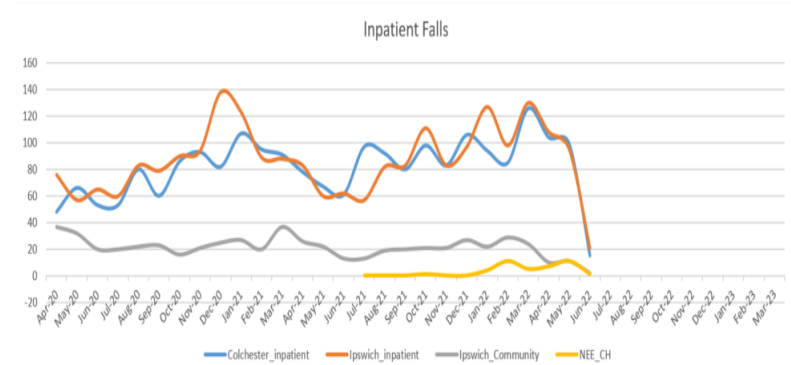
ESNEFT

Collectively ESNEFT continues to aim for a fall rate below the national benchmark of 6.63 falls per 1,000 bed days for the acute sites however ESNEFT has set a local benchmark of 5.5. The overall figure for the acute sites is 6.1 falls per 1,000 bed days (April 6.6) which is below the national and above the local benchmarks. The ESNEFT total number of falls per 1,000 including the community hospitals sits at 6.4 (April 6.8). Moving forward into the new financial year, the local benchmark has been reviewed via the Falls Prevention Group and Clinical Effectiveness Groups to consider the number of inpatient falls incidents during the preceding year – this is now set at 5.5 as a local benchmark against a national benchmark of 6.63.



Falls Prevention Group

The Falls Prevention Group meetings have been held intermittently during Covid 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.



In May, Colchester site saw an increase in bed days and Ipswich acute site saw a slight reduction in bed days in comparison to April. Positively the Trust overall continues to see a steady decrease in the numbers of patients with Covid-19 although the risk of Covid contact patients and nosocomial infections remains a threat and 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 continued challenges with staffing although the Trust is moving back to business as usual. Many wards continue to see 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 continue to be 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.

The Suffolk Community Hospitals saw a minimal increase in the number of falls incidents in May (11) in comparison to April (10). The North East Essex Community Hospitals also reported 11 inpatient falls in comparison to 8 in April but positively there were no falls that resulted in serious harm. The community hospitals have continued to adopt a positive approach to reducing falls and have been working hard at identifying those patients at highest risk and implementing effective management strategies. The Trust has now taken delivery of patient flat-lifting equipment for the Suffolk community hospitals and NE Essex which will aid patients receiving prompt post-fall care.

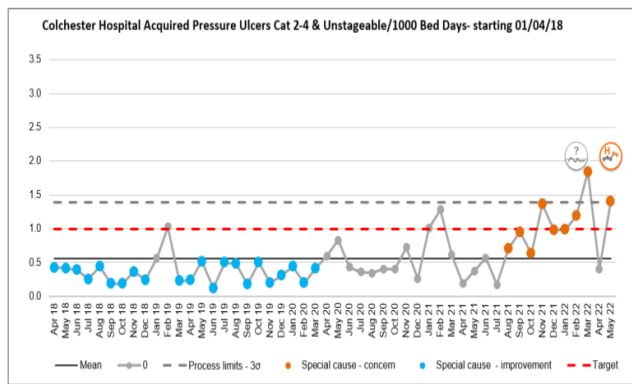
The Trust has also taken delivery of new low-rise bed frames and competency training for the new beds is now being implemented.

Falls Practitioners continue to attend Team days where possible although this is currently challenging due to increased levels of staff absences and temporary suspension of training. The Falls Practitioner on Ipswich site continues to deliver falls training as part of the deconditioning study day with the aim to increase awareness of the increase risk of falls of those patients who have sustained deconditioning as a result of being in hospital. The Harm Free Lead has established good links with other Trusts across the region and has been working collaboratively with relative falls leads.

Patient Safety – Tissue Viability

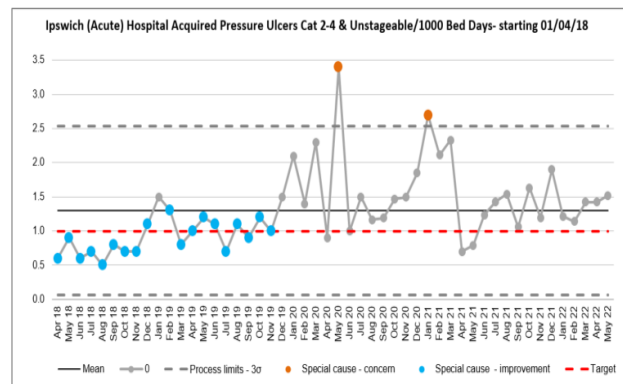
Colchester Site:

There were 24 (10) hospital developed pressure ulcers recorded this month. There were 4 unstageable pressure ulcers and 19 Category 2. This gives a bed days figure of 1.40 (0.40) per 1,000 bed days.



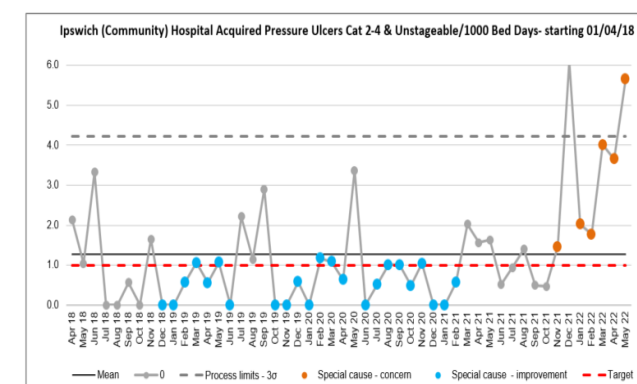
Ipswich Hospital:

Ipswich had 26 (25) developed pressure ulcers in the month. There was 1 unstageable and 25 Category 2 developed pressure ulcers. This shows a figure of 1.52 (1.40) developed pressure ulcers per 1,000 bed days.



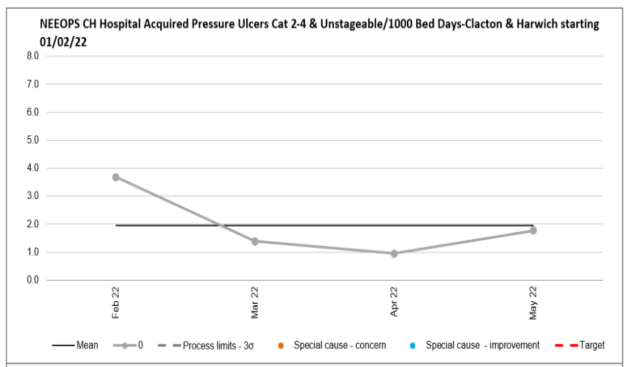
Suffolk Community Hospitals :

There were 12 (5) reported developed pressure ulcers. This gives a bed days figure of 5.65 (2.61) per 1,000 bed days. NHS Productivity Calculator gives a central estimate cost of £34k.



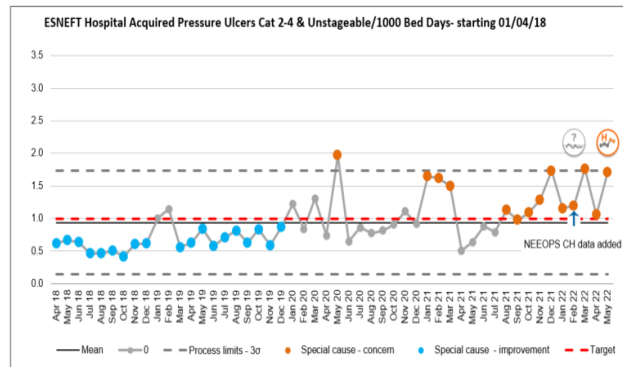
North East Essex Community Hospitals:

There were 4 hospital developed pressure ulcers reported in the Essex Community Hospitals, showing a bed day figure of 1.77 per 1000 bed days



ESNEFT

The month of May shows 65 (43) reportable pressure ulcers, resulting in 1.7 developed pressure ulcers per 1,000 bed days at ESNEFT, an increase from 1.02 in the previous month. **NHS productivity calculator gives a combined central estimated cost of £311k as a total.**



All Hospital site across ESNEFT saw an increase in pressure ulcer prevalence this month in comparison to last month.

Patient acuity remains high across all sites and staffing levels continue to be unpredictable. From RCAs presented at Harm Free Panels there appears to be a trend relating to incomplete documentation including body mapping and completion of pressure ulcer assessment tools currently in use. A.S.K.I.N completion is patchy across the Trust. There remains a high need and demand from ward areas for education; the A.S.K.I.N Pressure Ulcer prevention tool will be relaunched again mid July 2022 across all sites. Whilst the majority of areas have an awareness of the tool now, the TV team have recognised that areas need ongoing education and support.

Documentation has been previously highlighted as a recurring point raised within RCAs – there is ongoing developments being made to improve systems to develop documentation being undertaken

Monthly nursing standards audits are now being undertaken and from July 22 will be aligned to the acute reporting of audit results so associated factors will be highlighted and will form a basis for future work on improving quality.

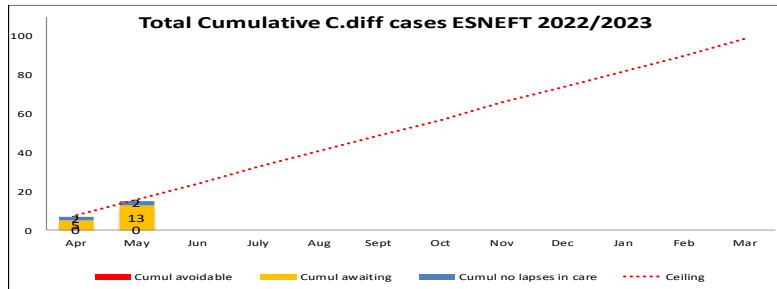
Patient Safety – Infection Control

Clostridium difficile (C.diff)

Colchester reported 1 case of C.diff in May (1 HOHA, 0 COHA). Ipswich & Community reported 5 cases (3 HOHA, 2 COHA).

There were a total of 6 Trust attributed C.diff cases in May 2022.

There are currently 17 C.diff cases that occurred in 2021/22 that are awaiting a PIR/CCG sign off.



Methicillin-resistant staphylococcus aureus (MRSA)

There were no hospital apportioned cases in May 2022

Trust Site	MRSA new isolates
Colchester and North East Essex (1)	<ul style="list-style-type: none"> St Osyth Priory – patient transferred from Birch Ward to SOP. MRSA isolated nose swab on transfer. Patient had not been screened for MRSA on admission to Birch.
Ipswich and East Suffolk (4)	<ul style="list-style-type: none"> Stradbroke - Positive wound swab of leaking oedematous legs, 18 days post admission. MSSA in previous wound swab. Neg n&g screen on admission. Levington – D/C nose swab post elective total knee replacement. Negative MRSA screens pre op but groin swab positive MSSA. FCH (2) – 1) Bed 5. Arm W/S, no MRSA screening on admission to IH, neg MRSA N&G on transfer to FGH. 2) Kingsfleet bay bed 15, groin positive screen on transfer to FGH. No MRSA screen in IH admission. Still investigating regarding possible transmission, patients not in same bed area

Escherichia coli (E. coli)

Ipswich

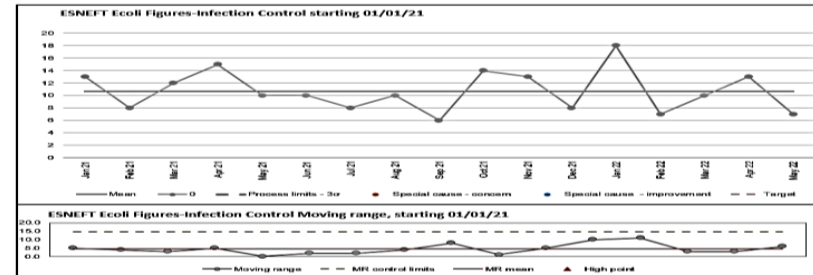
HOHA: (1) – Stradbroke

COHA: (3) – ED, Waveney, Somersham

Colchester

HOHA: (2) – Easthorpe, Langham

COHA: (1) – ED



Methicillin-susceptible staphylococcus aureus (MSSA)

Ipswich

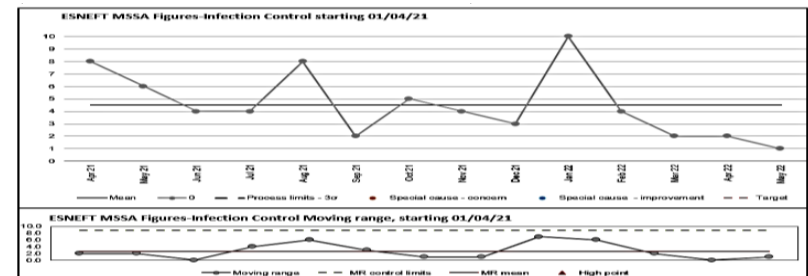
HOHA: (0)

COHA: (1) Martelsham

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	63	71	47	40	54	49	190
April	48	40	24	51	24	61	160
May	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 May 2022

Colchester and North East Essex (1):

- Stroke Unit 03/05/2022

Ipswich & East Suffolk (2):

- Shotley 30/05/2022
- Needham 30/05/2022

The Trust has continued to see a reduction in cases of COVID-19, with considerably fewer number of outbreaks occurring during May compared to the last two months. There is now no dedicated COVID-19 ward at the Ipswich Hospital with Colchester having only one 11 bedded COVID-19 area.

The emergence of the Monkeypox virus has seen the Colchester urgent centre teams deal with two suspected cases, and two confirmed cases in patients. All have been cared for appropriately with the support of the IPC team and UKHSA. The successful vaccination of a family of 10 people was conducted at the Colchester Hospital site also.

The IP&C group chaired by the Trust DIPIC has continued to meet weekly to discuss the implementation of national guidance at ESNEFT. This is then discussed and approval sought from the clinical reference group (CRG) the following day.

Visiting guidance has been relaxed further to allow patients to have any visitor, and for up to 2 hours. Two visitors can visit at the same time. A booking system remains in place to ensure that ward bays do not become overcrowded.

Transition to using LFT testing for inpatients included pilot studies, ready for full Trust roll-out, as PCR testing is reduced. Elective screening is also transitioning, where patients undertake a LFT on the day of their surgery.

New cases of MRSA are under close review, notable learning includes adhering to the Trust's MRSA protocol and completing admission screening.

Patient Safety – Maternity Dashboard – April data

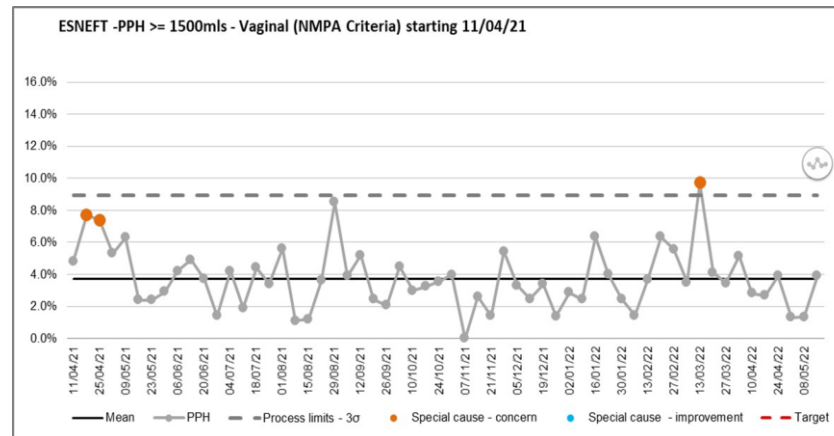
Indicator	ESNEFT			ESNEFT													
	Green	Amber	Red	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
Intrapartum Transfers of Care	Transfers of Primips from MLC to CLC				41	31	23	25	21	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Number of Primips				21	21	29	19	16	16	23	14	14	7	12	11	10
	% of Transfers for Primips	<45%	45-50%	>50%	66.13%	59.62%	44.23%	56.82%	56.76%	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Transfers of Multips from MLC to CLC				9	12	6	7	9	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Number of Multips				44	48	46	57	40	45	63	51	43	18	31	40	25
	% of Transfers for Multips	<12%	12-17%	>17%	16.98%	20.00%	11.54%	10.94%	18.37%	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Number of Transfers				50	43	29	32	30	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	
% of Transfers				37.31%	38.39%	27.36%	29.09%	34.48%	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	
Mode of Delivery	Number of Normal Vaginal Deliveries				327	297	289	361	318	303	369	298	296	312	268	317	272
	Number of Breech Vaginal Deliveries				0	5	2	1	2	2	1	0	1	1	1	3	0
	Total Non operative vaginal deliveries				327	302	291	362	320	305	370	298	297	313	269	320	272
	% of Non operative vaginal deliveries	>60%	55-60%	<55%	55.14%	56.66%	54.29%	57.19%	53.96%	52.59%	60.36%	53.79%	49.75%	55.50%	55.46%	54.42%	50.00%
	Number of Ventouse deliveries				35	18	21	29	28	23	21	27	24	20	20	17	35
	% of Ventouse deliveries				5.90%	3.38%	3.92%	4.58%	4.72%	3.97%	3.43%	4.87%	4.02%	3.55%	4.12%	2.89%	6.43%
	Number of Forcep deliveries				53	36	45	46	45	42	43	33	55	39	32	41	31
	% of Forcep deliveries				8.94%	6.75%	8.40%	7.27%	7.59%	7.24%	7.01%	5.96%	9.21%	6.91%	6.60%	6.97%	5.70%
	Total Instrumental Deliveries				88	54	66	75	73	65	64	60	79	59	52	58	66
	% Instrumental Deliveries	<12%	12-15%	>15%	14.84%	10.13%	12.31%	11.85%	12.31%	11.21%	10.44%	10.83%	13.23%	10.46%	10.72%	9.86%	12.13%
	Number of Emergency C-Sections				108	106	104	131	118	142	104	108	132	111	104	127	124
	% of Emergency C-Sections				18.21%	19.89%	19.40%	20.70%	19.90%	24.48%	16.97%	19.49%	22.11%	19.68%	21.44%	21.60%	22.79%
	Number of Elective C-Sections				70	70	75	65	82	68	75	88	89	81	60	83	82
	% of Elective C-Sections	No target			11.80%	13.13%	13.99%	10.27%	13.83%	11.72%	12.23%	15.88%	14.91%	14.36%	12.37%	14.12%	15.07%
	Total C-sections				178	176	179	196	200	210	179	196	221	192	164	210	206
% C-Sections	No target			30.02%	33.02%	33.40%	30.96%	33.73%	36.21%	29.20%	35.38%	37.02%	34.04%	33.81%	35.71%	37.87%	
Eligible for VBAC																	
Attempted VBAC	No target			17	18	21	31	26	21	15	18	17	25	19	26	24	
Successful VBAC	No target			11	11	16	14	8	13	11	7	7	12	9	16	15	
VBAC Rate	No target			64.71%	61.11%	76.19%	45.16%	30.77%	61.90%	73.33%	38.89%	41.18%	48.00%	47.37%	61.54%	62.50%	
Unit Diverts	External	No target			5	2	3	6	6	6	3	2	3	1	0	tbc	tbc
	Internal	No target			3	0	3	4	1	4	3	2	3	1	0	tbc	tbc
Maternal Morbidity and Mortality	PPH >= 1500mls - All women				31	20	20	35	22	22	21	17	16	19	19	24	22
	% PPH >=1500mls - All women				5.29%	3.83%	3.75%	5.58%	3.75%	3.86%	3.47%	3.11%	2.74%	3.42%	3.97%	4.16%	4.10%
	PPH >= 1500mls - Vaginal (NMPA Criteria)				21	13	12	16	12	12	16	8	9	11	12	16	9
	No. Singleton Term Vaginal Deliveries				387	337	337	420	374	360	421	346	355	349	301	352	326
	% PPH >=1500mls - Vaginal (NMPA Criteria)				5.43%	3.86%	3.56%	3.81%	3.21%	3.33%	3.80%	2.31%	2.54%	3.15%	3.99%	4.55%	2.76%
	Maternal Death	No target			0	1	0	0	0	1	0	0	0	0	0	0	0
	Maternal Admissions to CCU	No target			2	7	4	1	1	0	0	0	0	0	0	2	1
	Number of 3rd/4th degree tears				15	5	4	4	8	9	10	6	6	5	9	6	6
% of 3rd/4th degree tears				3.61%	1.40%	1.12%	0.92%	2.04%	2.43%	2.30%	1.68%	1.60%	1.34%	2.80%	1.59%	1.78%	
Neonatal Morbidity and Mortality	HIE Grades 2 & 3	0	1-2	>2	0	0	0	1	1	0	0	1	1	1	1	1	0
	Babies sent for cooling	No target			0	0	1	1	0	0	0	1	1	0	1	1	0
	Term Admissions to NNU	No target			33	37	27	34	26	28	29	21	31	25	26	23	27
	APGAR at 5 min <7 at term (Number)				4	4	6	3	6	4	5	5	5	3	5	4	6
	APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	0.67%	0.75%	1.12%	0.47%	1.01%	0.69%	0.82%	0.90%	0.84%	0.53%	1.03%	0.68%	1.10%
	Number of Stillbirths	<2	2	>2	3	1	1	5	2	1	0	0	4	4	1	2	2
	Neonatal Deaths within 28 days	No target			1	3	0	2	1	0	1	0	2	1	0	2	0
Late Fetal Losses (22+0 to 23+6 weeks)	No target																
Demographics	Women <18 years at delivery	No target			3	3	3	7	5	4	2	5	4	3	3	4	5
	Women >= 40 years at delivery	No target			21	23	19	28	30	26	15	21	19	24	17	23	27
	Babies from Ethnic Minority Groups	No target			87	85	85	92	82	75	84	80	93	89	77	85	95

ESNEFT Massive Obstetric Haemorrhage – April 2.76%

In order to exclude anomalies, regional reporting regarding PPH rates are for women meeting NMPA criteria (i.e. singleton term pregnancy with cephalic presentation), which is displayed weekly in the charts above (which also includes some of May data). The overall ESNEFT April rate for NMPA women having PPH ≥ 1500 mls at vaginal birth is 2.76% (comprised of 3.41% for Colchester and 2% for Ipswich), which is a reduction from the previous month, but continues to be above the national target of $\leq 2.5\%$.

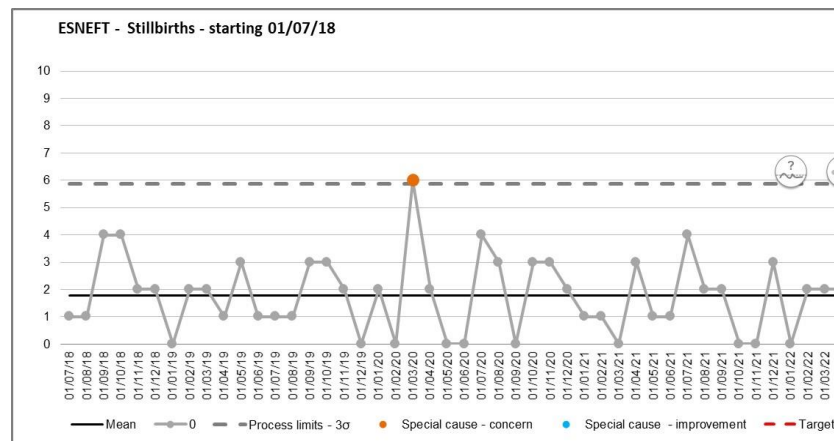
There has not been a statistically significant change in rates over the last year. Colchester has seen a higher rate of variance than Ipswich. For NMPA criteria women having PPH ≥ 1500 mls at Caesarean birth the KPI target has been set at $\leq 4.3\%$, and ESNEFT overall has been within this target for the last 6 consecutive months. In April however, the rate increased to 6.8% for ESNEFT, which is much higher than in recent months. The higher rate this month is largely due to an usually high rate on the Ipswich site which had seen a statistically significant improvement over the 7 preceding months before April, which was bringing the overall ESNEFT percentage down.

The higher rate this month has been escalated and will be investigated further. The Colchester site has a rate of 4.4% for this cohort of women in April. Following an end of year review into the PPH QI project last month, the QI midwife is working with the obstetric QI lead to formulate a new driver diagram and SMART aim for a renewed QI plan moving forwards. All PPH ≥ 1500 ml continue to be subject to MDT review, and findings from these reviews is informing the QI project planning. Work is progressing on the merged PPH guideline for ESNEFT and towards streamlined pharmacological interventions across both sites, which will need to be launched with a comprehensive communications and training package.



Still Births

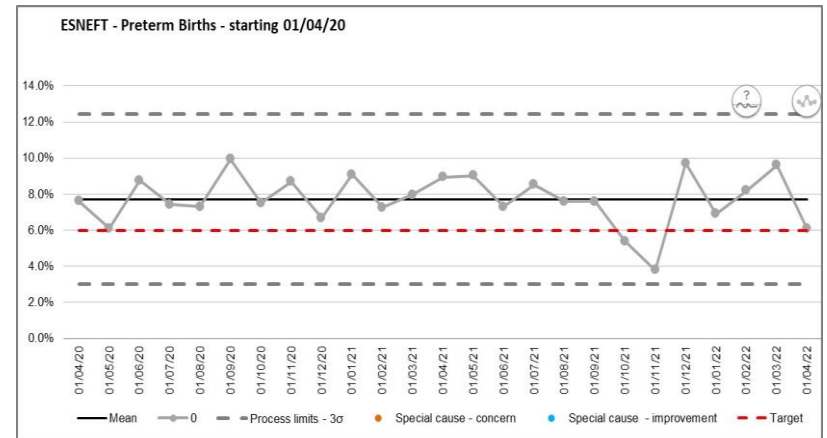
Colchester: 1 x Stillbirth, IUD confirmed at 28/40 of Twin 2 but birthed at 37/40 with livebirth of Twin 1. Ipswich: 1 x Stillbirth 24+4



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

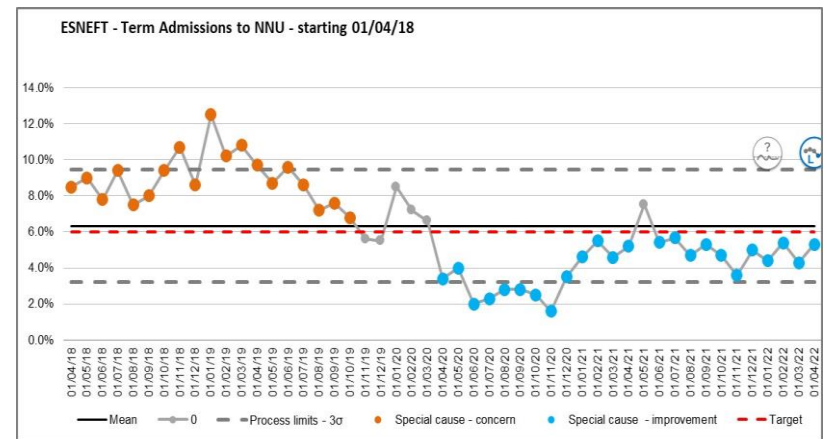
ESNEFT Preterm birth rates <36+6 weeks – April 6.1%

The ESNEFT preterm birth rate for April is 6.1% (5.5% for Colchester and 6.7% Ipswich respectively), with both sites seeing a drop from the previous months rates. The preterm birth rate overall is fairly consistently above the national rolling target of 6%, except for November and December where there were unusually low rates, which have not been sustained. 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 due to be presented at the next LMNS safety forum. 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 perinatal Optimisation is underway at both sites to improve outcomes for babies born pre-term including spontaneous and clinically induced births. This care package includes administration of corticosteroids, magnesium sulphate and intravenous antibiotics before birth, transfer of extreme preterms < 27 weeks to a tertiary unit with NICU, delayed cord clamping and efforts to support normothermia. A review of all births within ESNEFT <27 weeks was undertaken and presented to LMNS safety forum by the QI midwife in order to share learning to improve Right Place of Birth.



ESNEFT Term Admissions to NNU – April 5.3%

ESNEFT Term admissions to NNU are 5.3% for April, which is within the target of 6%. However, this is made up from a 3.3% rate at Colchester and 7.6% rate at Ipswich. Although the Ipswich rate is higher for this month, overall there is a 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). The Kaiser sepsis calculator is now embedded in practice on both sites, and has reduced term admissions as well as reducing the number of babies requiring intravenous antibiotics by offering an enhanced pathway of observations to babies that meet the criteria. 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. The backlog of ATAIN reviews which existed at the Colchester site has now been cleared.



Patient Safety – Maternity Assurance Report – CNST – April data

Year 4 of the scheme relaunched on 6th May 2022, with the reporting period extended for six months to 6th January 2023.

CNST Maternity Incentive Scheme Assessed compliance with 10 Steps-to-Safety				
		Colchester	Ipswich	Commentary
1	Perinatal Mortality Review Tool			As had been hoped, the revised scheme includes changes to the reporting period for this safety action, which means there have been no reportable breaches in our processes to date. Whereas owing to staffing challenges, the quarterly reporting process had been hampered over the last two quarters, the governance team is now fully resourced and the regular quarterly reporting is achievable.
2	MSDS			The reference data submission for this standard will be July 2022. An area of concern has been our ability to meet 9 of the 11 Clinical Quality Improvement Metrics over the last few months. 3 of the criteria are dependent on the "Previous pregnancy" screen being completed within the Lorenzo system at Ipswich, which we have not historically used. In order to meet this set of criteria, an additional data entry process has been implemented, with additional resource funded and in place. The data entry process is currently embedding, and being monitored closely by BI and the digital lead midwife. We are required to have in place a comprehensive maternity digital strategy, signed off at ICS and LMNSB by 6th October 2022. No issues are foreseen with meeting this timeframe.
3	ATAIN			Colchester Transitional Care pathway is currently set out in the "Guideline for the administration of IV antibiotics for babies on the post natal ward". The document is currently being updated to include additional requirements as per the CNST MIS guidance, which must be in place by 16th June 2022. Actions and internal reporting pathways and requirements identified, but not all are yet in place or fully embedded. Monthly ATAIN programme meetings have been reset to commence on both sites. A secondary data collection process to monitor potential future transitional care activity is being set up on both sites and must be in place by 16th June 2022.
4	Medical Workforce			The obstetric consultant team and maternity senior management team should acknowledge and commit to incorporating the principles outlined in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service. This will be minuted as a DMT discussion and must take place by 16th June 2022. Work is underway to establish a process for recording and monitoring compliance with consultant attendance for the clinical situations listed in the RCOG document as requiring a consultant to attend in person. The requirements for Anaesthetics, Neonatal clinical and Neonatal nursing workforces are a continuation of the requirements from the previous year, and will be approached in the same way.
5	Midwifery Workforce			The requirements for this standard are broadly in line with previous years of the scheme, and no issues are foreseen with meeting all elements. Data collection will for the requisite report is currently being collated, reporting on the period September 2021 - February 2022.
6	SBLCB V2			Undertaking and recording of CO Monitoring at 36 weeks is presenting a significant challenge and we are not currently meeting the required threshold. This has been filed on the risk register. A query raised under the previous version of the scheme has not been any further clarified in the current version, and we have therefore raised again with both NHSE/I and NHSR. The question is regarding what fulfills the requirement for a "risk assessment pathway" at the 20 week scan, and we understand this has been raised by many other Trusts across the country.
7	Patient Feedback			Requirements for this standard have been expanded to include evidence of the MVPs' (co-produced) programme of work, which has now been agreed.
8	Multi-professional training			At the current date, neither Ipswich nor Colchester are meeting the required 90% compliance in all staff groups. Several of the statutory training sessions scheduled were cancelled due to operational and staffing pressures over winter. Given the new timeframes within the relaunched scheme, the position is recoverable. Additionally, in recognition of COVID-19 pressures, the scheme will accept a compliance rate over 18 months, rather than 12 months. The compliance rate for doctors and consultants on Ipswich site however is of particular concern and has been escalated in order to address. Changes to the statutory training programme to create a cross-site programme mean that there are now double the number of opportunities to complete the required training, which should assist with capacity for attendance in all staff groups, and is likely to become a useful back-up further into the training year.
9	Safety Champions			Many of the required processes and documents have remained in place from Year 3 of the scheme. An update on midwifery continuity of carer has been provided to board and scheduled as a quarterly update. Additional quarterly elements have been added to the Maternity input for integrated patient safety and experience report for Trust Board oversight and assurance.
10	Early notification scheme (HSIB)			We are not aware of any breaches in requirements to report qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) scheme for 2021/22.

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

The Quality Improvement Midwife holds regular meetings on both sites in order to update the SBLCBv2 action plan. Since MIS year 4 has been relaunched with a new submission date of 5th January 2023, we have evaluated our compliance status in line with the new requirements, to which there has been relatively few changes. The quarterly care bundle survey has been completed and submitted for ESNEFT this month, and the non-compliant elements of SBLCBv2 relate to information on the MIS transferring to the MSDS, and CO monitoring / recording as per below.

Element 1: Reducing smoking in pregnancy Referral pathway to smoking cessation services is in place across both Ipswich and Colchester sites, along with staff training programme in line with SBLCBv2 requirements. Under the revised CNST criteria we are now required to submit evidence of 80% compliance with CO monitoring at booking and 36 weeks gestation via MIS for four consecutive months (6 months was previously requested). 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 although we meet the CNST requirement at booking, we are not currently meeting it at 36 weeks gestation. Both sites are however working towards improving CO monitoring rates, and will be introducing CO monitoring at all antenatal appointments in line with new NICE guidance. It is hoped this will increase compliance with CNST standards, and compliance will continue to be monitored regularly. Women booked at the Colchester site have a significantly higher rate of smoking at time of delivery than those booked at Ipswich site. Colchester 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 has been planned 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 have a pathway to undertake a risk assessment for FGR at booking. A query has been raised with NHSR regarding the CNST requirement for a '20 week risk assessment', as to the nature of the required risk assessment, we await further guidance. 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 quarterly audits into any cases of missed FGR. Ipswich site exploring upgrading to electronic GAP GROW 2.0, Colchester site already use electronic GROW programme.

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 codes 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. All audits required by CNST for this standard have been undertaken. Despite all women at Ipswich being given a pregnancy information wallet with the required information on, the audit undertaken shows that this is not always documented, so an action plan will be written to address this.

Element 4: Effective fetal monitoring during labour The SBLCBv2 requirement for a dedicated Lead Fetal Monitoring Midwife (0.4 WTE) and obstetric fetal monitoring lead (0.1 WTE) per consultant unit, which ESNEFT is compliant with, has now been removed from this years CNST requirements. 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 continue on both sites. This training (currently being provided via Teams) has recently increased in length. Work on increasing K2 compliance continues on both sites, and there is cross-site working to evaluate the required chapters and assessments within K2 now that MDT training has been increased, and align the requirements across sites. Projected training compliance is being tracked for all staff groups to ensure that this training is attended by 90% of eligible multi disciplinary staff, as per CNST requirements. New CTG monitors have been ordered for both sites, with part of this order already arrived. A central CTG monitoring system for the Ipswich site (Colchester site already has this facility).

Element 5: Reducing preterm birth Both sites have a Consultant Obstetrician with special interest in preterm births in place, with Preterm Prevention Clinics also happening across both sites. The QI midwife and ESNEFT team are linking in with national and regional workstreams for the Optimisation of preterm infants, including administration of magnesium sulphate and corticosteroids, delayed cord clamping, Right Place of Birth, thermoregulation and early breastmilk. Monthly Optimisation QI meetings are held on both sites where maternity and neonatal teams are working together to improve all areas of preterm optimisation. There is good compliance with magnesium sulphate administration for mothers giving birth < 30 weeks, following previous QI projects in this area. Steroid administration and Right Place of Birth will now be registered as separate QI projects in order to improve compliance with these requirements. The required audits for CNST are underway.

Patient Safety – Maternity Assurance Report – Ockenden – April data

Ockenden

- Ockenden interim – ESNEFT’s action plan to meet the recommended Immediate and Essential Actions (IEAs) from the interim report (issued December 2020) now comprises 13 outstanding items, which continue to be progressed and which were reported to Trust Board in May 2022 as part of a comprehensive Ockenden oversight report. Apart from two actions which are reliant on regional activity and on which we are therefore currently unable to assess timeframes, the remaining actions are expected to be completed by 31st October 2022.
- Ockenden assurance visits – The regional NHSE/I team will visit Colchester Hospital on 6th June 2022 and Ipswich Hospital on 10th June 2022. Several items of IEA evidence have been requested and submitted ahead of the visits.
- Ockenden final – We have completed a high-level assessment of ESNEFT’s current compliance with each of the new IEAs and their underlying criteria. Proposed leads for each item have also been assigned, for discussion and confirmation by DMT. Further detail on how the criteria should be met is expected from the national team in the coming months, so further actions will be added to the tracker from which the below dashboard is pulled. Attached as work in progress, to demonstrate how the work and status will be monitored.

Section	Number of actions	Overdue actions (Red)	On-target actions (Amber)	Completed actions (Green)	Actions completed and evidence signed off (Blue)	% complete with evidence signed off
Section 1: Workforce Planning and Sustainability	11	0	8	0	0	0.0%
Section 2: Safe Staffing	10	0	7	3	0	0.0%
Section 3: Escalation and Accountability	5	0	2	3	0	0.0%
Section 4: Clinical Governance Leadership	7	0	2	5	0	0.0%
Section 5: Clinical Governance - Incident Investigation and Complaints Handling	7	0	5	2	0	0.0%
Section 6: Learning from Maternal Deaths	3	0	1	1	0	0.0%
Section 7: Multidisciplinary Training	7	0	3	4	0	0.0%
Section 8: Complex Antenatal Care	5	0	3	2	0	0.0%
Section 9: Preterm Birth	4	0	2	2	0	0.0%
Section 10: Labour and Birth	6	0	5	1	0	0.0%
Section 11: Obstetric Anaesthesia	8	8	0	0	0	0.0%
Section 12: Postnatal Care	4	0	4	0	0	0.0%
Section 13: Bereavement Care	4	0	3	1	0	0.0%
Section 14: Neonatal Care	8	0	3	1	0	0.0%
Section 15: Supporting Families	3	0	3	0	0	0.0%
Total	92	8	51	25	0	0.0%
Blue Action complete and signed off						
Green Status updated and on track within timescale						
Amber Status not updated/completed and the deadline passed						
Red Status not updated/completed and deadline passed by more than one month						

Patient Safety – Maternity Assurance Report – Continuity of Carer (MCoC) Update – April data

Plans have now been reviewed in response to IEAs in the Ockenden Review. National and regional guidance is awaited to ensure appropriate risk assessments for staffing levels and skill mix can be undertaken for assurance of safety. The first quarterly update to Trust Board was delivered within the Ockenden presentation .

LMNSB have requested that the assurance tool for implementation be completed for ESNEFT. This has been completed and sent for review with a draft copy of our revised plans, all of which have been approved by the LMNS Board.

The workforce tool has now been implemented with 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.

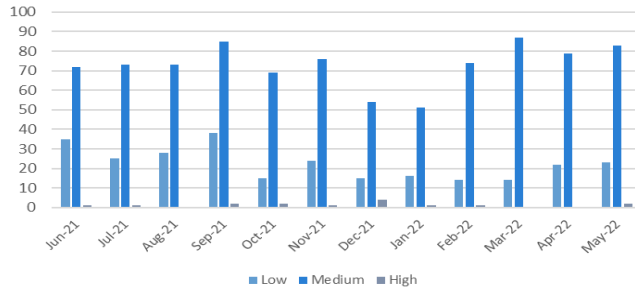
Open staff Q&A sessions are now fortnightly and all staff are welcome to join. Updates as they are available will be shared via this forum. The Q&A sessions have brought some staff concerns to the forefront, predominantly around pay protection, use of cars for work, off duty patterns and work/life balance. Better Births Lead is continuing to work 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 addition to the this Team Leads and the specialists are being asked to log any clinical time they give during their working hours to ensure we are maintaining a safe service without a regular reliance of escalation from the community, Lead Midwives and specialist team.

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.

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

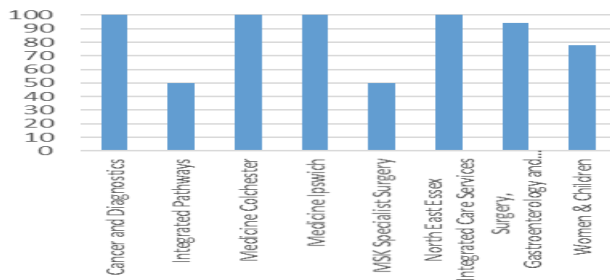
Patient Experience - Complaints

Total number of Complaints by Level



Overall complaints numbers for ESNEFT in May were 108 (101). There were 2 high level complaints recorded in month. Colchester reported 57 (53) complaints and Ipswich reported 51 (48).

Complaint Response Compliance %



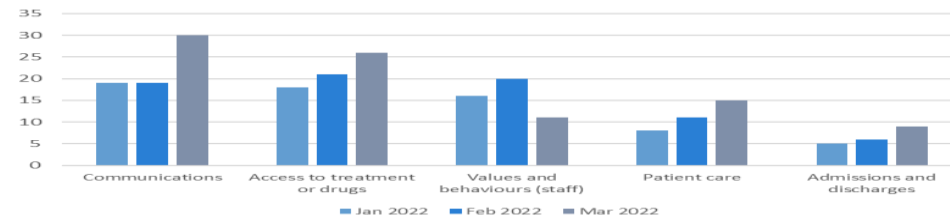
Overall response rate compliance remained at 86%. There were 105 (105) complaints closed in the month of May. Overdue complaints decreased to 3 (4).

Complaint themes

The two most common themes for complaints in May 2022 were ‘communications’ and ‘access to treatment or drugs’. The main concerns were around poor communications with the patient regarding appointments and/or treatment management, as well as delays in appointments being offered and this is reflective of current pressures and complexity of patients being referred.

A complaints workshop is being arranged, led by the Chief Nurse and Chief Executive in order to support a more robust process for learning and sharing from complaints.

Top 5 Complaint Themes



Top themes from PALS:

There were 463 PALS enquiries logged in May 2022:

231 (202 Apr) for Colchester

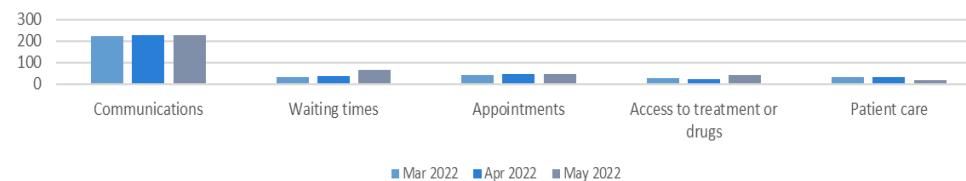
232 (229 Apr) for Ipswich

The top theme for PALS enquiries in May remained ‘Communication’. Followed by ‘waiting times’ and ‘appointments’ – 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 6 PALS cases converted into formal complaints for May 2022: 1 for Cancer & Diagnostics, 1 for Medicine Colchester, 2 for MSK & Specialist Surgery, 1 for NEECS, 1 for Women & Children.

Top PALS Themes - last 3 months





Letters to Loved ones

Since the start of the project in May 2020 Colchester had received 919, Ipswich 1,275 letters and 189 for community sites (2,383 in total). During May, Ipswich received 16, Colchester 14 and community sites 4.

34 letters sent across the Trust were to 13 individual patients.

The volume and frequency of letters has decreased significantly from the height of the COVID-19 pandemic.

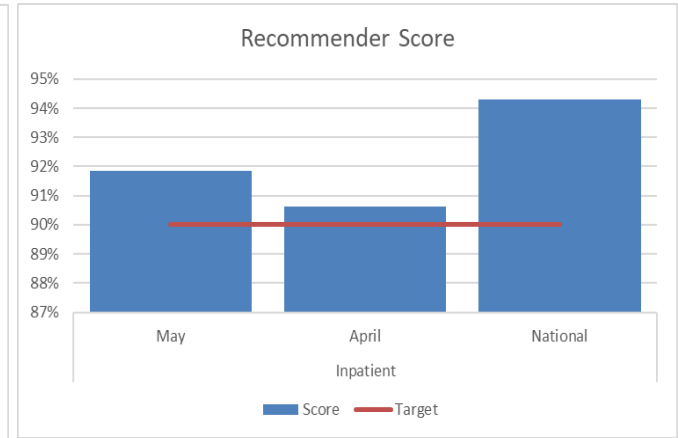
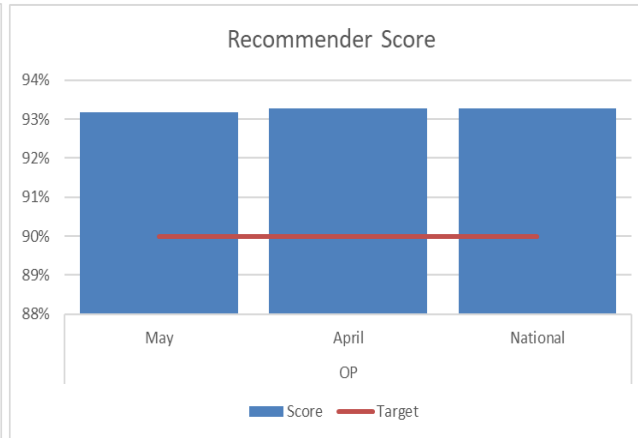
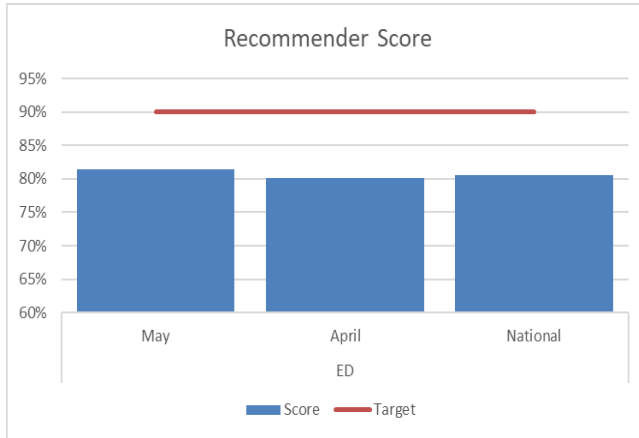
Accessible Information Standard

- 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/>
- Patients have begun to contact the patient experience team through the web page.
- 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.

Carers Week

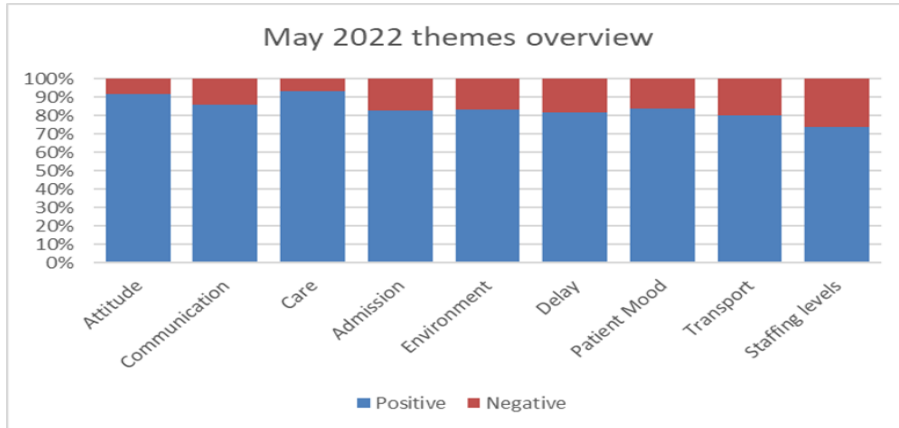
Collaborative working between Patient Experience, Patient Engagement and our external stakeholders is taking place to plan events for Carers Week which is the 6th to the 12th June. Communications will be shared shortly following confirmation of events. Carers Week is an annual campaign to raise awareness of caring, highlighting the challenges unpaid carers face and recognising the contribution they make to families and communities throughout the UK. It also helps people who don't think of themselves as having caring responsibilities to identify as carers and access much-needed support.

Patient Experience – Friends and Family Test



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

	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	6352	2554	8076	1178	2033	2820	1461	130	278	2038
Negative	592	416	579	248	408	629	288	33	98	328
% Negative	9%	14%	7%	17%	17%	18%	16%	20%	26%	14%
Change	Up 1%	Up 1%	No change	No change	Down 1%	Up 1%	Down 1%	Down 8%	Up 5%	No change



ED	February	March	April	May	
ESNEFT	Recommended	81.06%	79.87%	80.18%	81.48%
	Responded	19.00%	18.00%	12.43%	12.60%
National	Recommended	77.48%	0.00%	0.00%	0.00%

Inpatient	February	March	April	May	
ESNEFT	Recommended	91.93%	91.17%	90.61%	91.84%
	Responded	23.00%	23.00%	22.00%	24.00%
National	Recommended	94.37%	0.00%	0.00%	0.00%

Birth	February	March	April	May	
ESNEFT	Recommended	100.00%	66.67%	100.00%	100.00%
	National	Recommended	0.00%	0.00%	0.00%

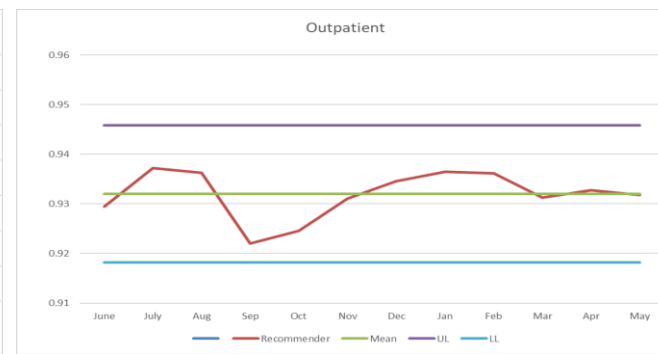
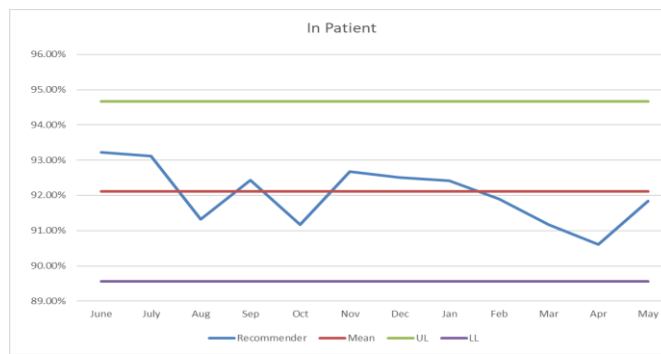
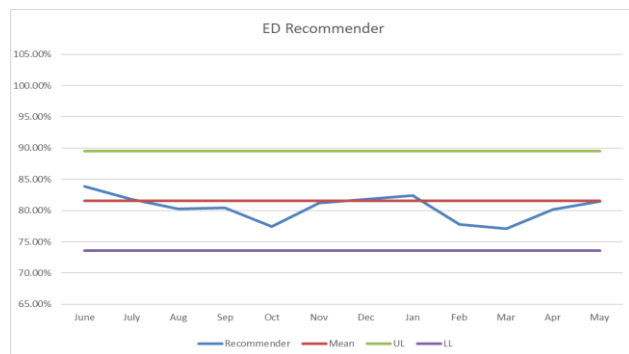
Outpatient	February	March	April	May	
ESNEFT	Recommended	93.63%	93.14%	93.27%	93.18%
	National	Recommended	93.18%	0.00%	0.00%

Antenatal	February	March	April	May	
ESNEFT	Recommended	100.00%	100.00%	88.89%	100.00%
	National	Recommended	90.26%	90.99%	0.00%

Post Ward	February	March	April	May	
ESNEFT	Recommended	N/A	0.00%	81.25%	96.55%
	National	Recommended	92.19%	92.19%	92.03%

Post Com	February	March	April	May	
ESNEFT	Recommended	100.00%	100.00%	100.00%	100.00%
	National	Recommended	90.52%	93.03%	0.00%

Patient Experience – Friends and Family Test



ED FFT score has shown a 3 month increase for the recommender score. 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 has increased this month, With the increase we are still 3% below the national average. Outpatient score has decreased slightly, taking us 0.1% below the national average.

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	77	99%	78	
Community Hospitals combined	27	100%	27	24%
Aldeburgh Community Hospital	7	100%	7	18%
Bluebird Lodge	7	100%	7	14%
Felixstowe Community Hospital	13	100%	13	57%
Community Health Teams - c combined	50	98%	51	
Pul rehab	5	100%	5	
Stowmarket	0	0%	0	
Heart Failure	0	0%	0	
Foot Surgery	1	100%	1	
East Suffolk Cardiac Rehab	20	100%	20	
East Team	1	100%	1	
Aldeburgh Physio	8	100%	8	
Felixstowe	0	0%	0	
North West	0	0%	0	
West Team	2	100%	2	
Woodbridge (Physio)	4	100%	4	
Not recorded	0	0%	0	
Long Covid (SNELCAS)	9	90%	10	

99% of survey respondents would recommend our service to friends and family. Equivalent to previous month.

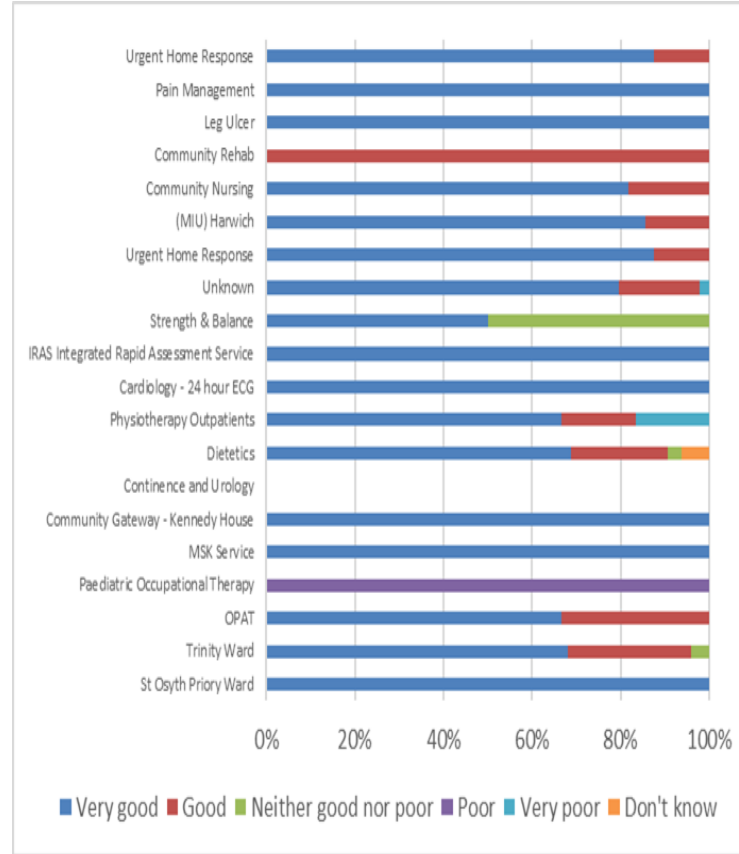
Community - Suffolk



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
Combined Scores	147	95%	155
Community Health Teams - combined			
OPAT	3	100%	3
Paediatric Occupational Therapy	0	0%	1
MSK Service	1	100%	1
Community Gateway -	2	100%	2
Continence and Urology	0	0%	0
Dietetics	29	91%	32
Physiotherapy Outpatients	5	83%	6
Cardiology - 24 hour ECG	1	100%	1
St Osyth Priory Ward	1	100%	1
Trinity Ward	24	96%	25
Cardiology - 24 hour ECG	1	100%	1
IRAS Integrated Rapid Assessment Service	1	100%	1
Strength & Balance	1	50%	2
Unknown	48	98%	49
Urgent Home Response (MIU) Harwich	8	100%	8
Community Nursing	11	100%	11
Community Rehab	1	100%	1
Leg Ulcer	1	100%	1
Pain Management	1	100%	1
Urgent Home Response	8	100%	8



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%	● 80.3%	● 77.9%	● 83.8%	● 5.6%	● 1.5%	● 12.0%
	Time to initial assessment - 95th pct	15 mins	● 24	● 20	● 29	● (3)	● (3)	● (6)
	Time to initial assessment- percentage within 15 minutes (new measures)		87.2%	91.7%	80.9%	● 3.8%	● 3.7%	● 3.5%
	Time to treatment - median time in department	60 mins	● 86	● 60	● 104	● (4)	● (3)	● (11)
	Average (mean) time in department- non-admitted patients (new measure) □		218	287	170	● (16)	● (15)	● (16)
	Average (mean) time in department- admitted patients (new measure)		374	459	273	● (74)	● (79)	● (68)
	Patients spending more than 12 hours in A&E		501	480	21	● (253)	● (222)	● (31)
	Proportion of ambulance handovers within 15 minutes (new measure)		21.4%	17.0%	27.0%	● (14.7%)	● (16.1%)	● (12.9%)
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 75.5%			● 0.3%		
	% patients 28 day faster diagnosis		● 59.0%			● (3.6%)		
Diagnostics	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 72.3%			● (2.5%)		
	% patients waiting 6 weeks or more for a diagnostic test*	1%	● 19.8%			● (2.2%)		
RTT	% of incomplete pathways within 18 weeks*	92%	● 65.9%			● 1.9%		
	Total RTT waiting list (open pathways)*		70,861			● 1,523		

*May's Oaks data not received April 2022 data used for reporting

Cancer: UGI and LGI pose risks to delivery despite discussions with Primary Care over FIT and levels of referrals which include plans to visit PCNs.

ED: Performance at both sites has deteriorated in June. Kaizen proposal being developed to look at wider organisational change and aims to reduce breach numbers at Colchester.

DM01: Risk of performance deterioration from adding surveillance patients that are passed 6 weeks – this will be a change in reporting but align with NHSE/I rules.

RTT and Elective Recovery: ESNEFT has a clear plan for all 104+ week patients including the remaining 6 OMFS patients who will be all be treated by the end of Aug. Trajectory for the delivery of zero 78w by the end of Q2 continues to be monitored regularly. There remain risks in General Surgery, Gastro and Gynae. Improvements have been made in the overall RTT position for the Trust and we remain above the national average for % incomplete pathways within 18 weeks.

ESNEFT Whole Economy performance has increased by 5.6% in month and sits above the national/regional averages as does both sites. Ipswich and Colchester performance improved by 12.0% and 1.5% respectively. Attendances increased by 7.8% in month which equates to over 1,800 attendances.

4 hour standard- ESNEFT whole economy*
80.3%
 ↑ vs 74.7% last month

4 hour standard- Colchester
77.9%
 ↑ vs 76.4% last month

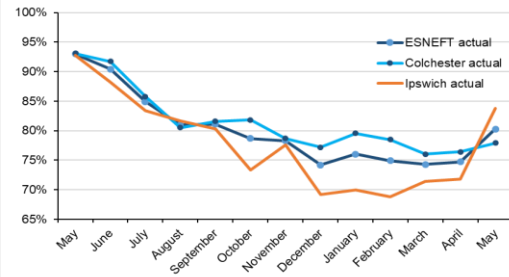
4 hour standard- Ipswich
83.8%
 ↑ vs 71.8% last month

Attendances - ESNEFT
25,167
 ↑ vs 23,355 last month

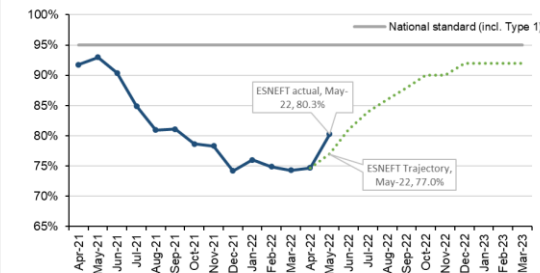
*includes Clacton and Harwich

Performance and trajectory				
May-22		ESNEFT	NEE	IES
	Actual	80.3%	77.9%	83.8%
	Trajectory	77.0%	77.0%	77.0%
	Position	✓	✓	✓

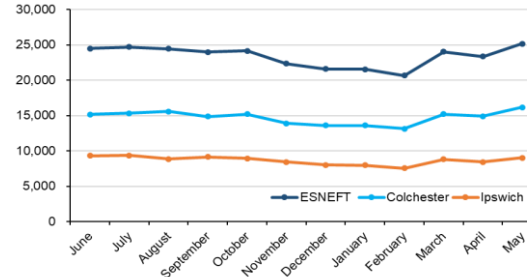
ED Performance: Four hour standard



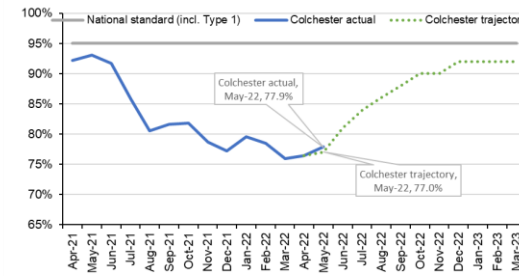
ED Performance: Four hour standard - ESNEFT trajectory



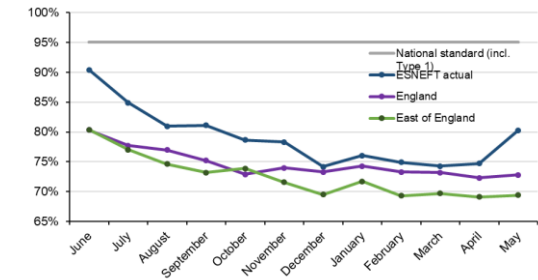
ED Performance: Attendances



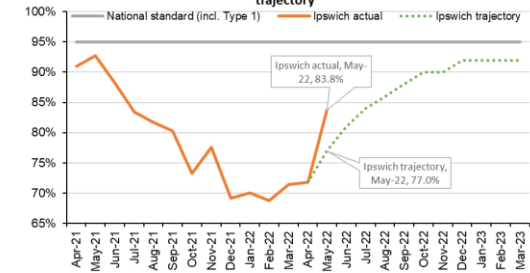
ED Performance: Four hour standard - North East Essex trajectory



ED Performance: Four hour standard - benchmarking



ED Performance: Four hour standard - Ipswich and East Suffolk trajectory



Ipswich

The Ipswich site saw a positive increase in 4-hour performance in line with the May trajectory. The Division continues to work through the cross divisional and system wide actions to support delivery and is focusing internally on improving wait time and implementing consistent and robust escalation. June has been challenged due to compromised flow due to closed capacity relating to COVID-19 outbreaks.

Colchester

The Colchester site saw an improvement in performance in line with trajectory. The twice weekly Executive led drum beat meetings continue; with a further refocus on support from the wider ESNEFT Teams to support sustained improvement. Work is on-going to ensure that speciality pathways reduce time and crowding in ED and assessments areas are to see and treat patients as well receive returners. ED Floor Manager trial role has commenced for an initial 3-month period, ensuring that patients are being treated in the right area within urgent care in a timely way.

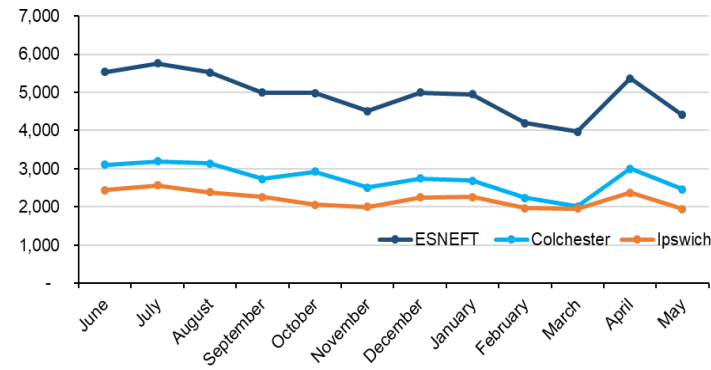
The number of ambulance handovers decreased in month for ESNEFT by 17.8%. This was reflected at both sites with Colchester at 17.7% and Ipswich at 17.8%

Number of handovers - ESNEFT
4,413
 ↓ vs 5,366 last month

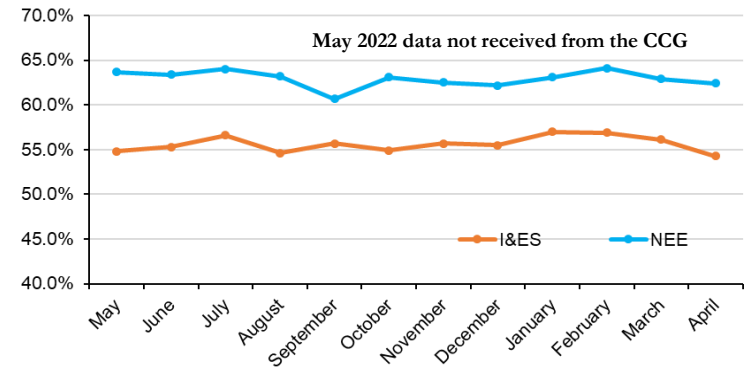
Number of handovers - Colchester
2,466
 ↓ vs 2,997 last month

Number of handovers - Ipswich
1,947
 ↓ vs 2,369 last month

Ambulances: Number of handovers



Ambulances: Conveyancing rate



Ipswich

The Ipswich site saw a decrease in Ambulance conveyances during May. An Alliance session is planned for 30th June to bring partners together around the ambition to reduce ambulance conveyances from 55% to 45%. An audit will be carried out review conveyed patients during a 48-hour period to determine opportunities to reduce by 10%.

Colchester

The Colchester Site saw a reduction in Ambulance conveyances during month and continues to work closely with EEAST HALO and the NEE Alliance on the reduction of conveyances. The ED Floor Manager is reviewing conveyances and the department will be working within the system to reduce rates and maintain on a sustained basis. EEAST Falls Car and other resources are deployed to support in the reduction of conveyances.

ESNEFT performance has deteriorated across the board; for 15 minute handovers by 14.7%. This is reflected at both sites with Colchester and Ipswich decreasing by 16.1% and 12.9% respectively. The proportion of handovers that occurred within 30-60 and over 60 minutes also both declined in month.

Handovers within 15 minutes - ESNEFT

21.4%
↓ vs 36.1% last month

Handovers within 15 minutes - Colchester

17.0%
↓ vs 33.1% last month

Handovers within 15 minutes - Ipswich

27.0%
↓ vs 39.9% last month

Handovers within 15 – 30 minutes - ESNEFT

60.0%
↑ vs 59.5% last month

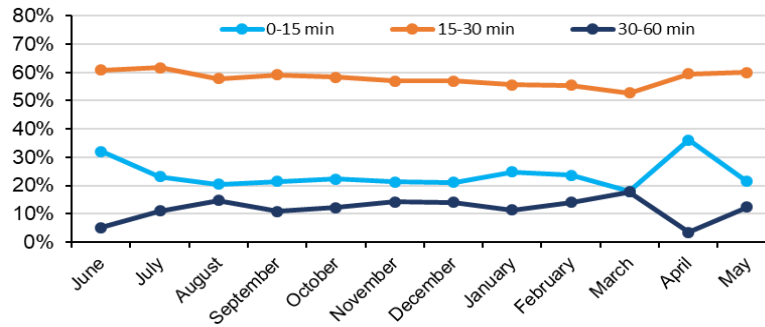
Handovers within 30 – 60 minutes - ESNEFT

12.4%
↑ vs 3.5% last month

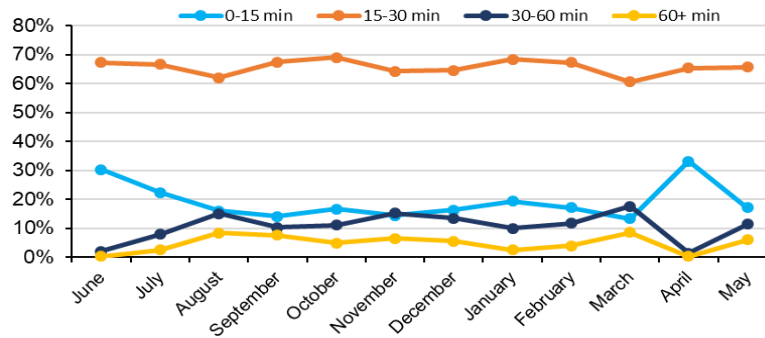
Handovers over 60 minutes - ESNEFT

6.2%
↑ vs 0.9% last month

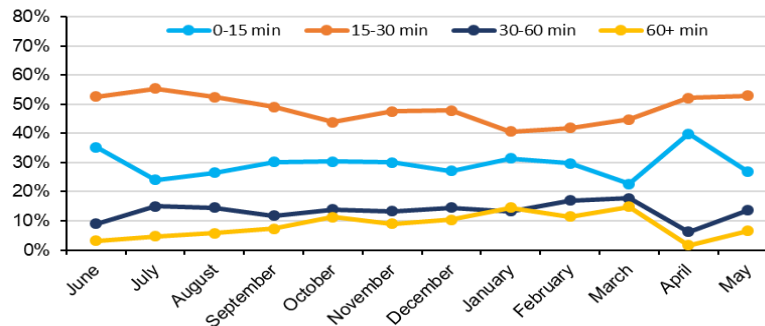
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Ipswich

On the Ipswich site we are developing a 'Frailty Super Week' with the support of ECIST to commence Mid July.

During super week frailty patients will avoid the Emergency department and have REACT assessments in an alternative location.

The team are also looking at the opportunity for three ambulance direct referral pathways to AMSDEC.

Colchester

The "Flo for Flow" QI project improved discharges; and on some days were greater than admissions which allowed early flow out of the department as well as early discharges.

AMSDEC has been bedded as well as frailty preventing the ability to fully optimise those care pathways. Work is under way to free up bedded assessment areas and will be addressed within Kaizen.

Time to initial assessment within 15 minutes increased in month by 3.8% with improvements seen at both sites too. Average time in department performance for both non-admitted and admitted patients improved in month. The number of 12 hour patients decreased by 253 in month of which Colchester attributed 222; 95.8% of the total is due to Colchester.

Time to initial assessment
(% patients within 15 mins)
87.2%
↑ vs 83.4% last month

Time to initial assessment
(95pct)
24 min
↓ vs 27 last month

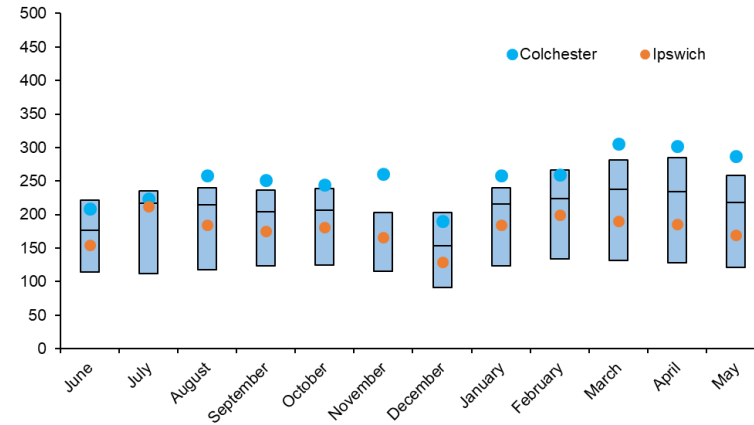
Average time in dept – non-admitted
218 min
↓ vs 234 last month

Average time in dept – admitted
374 min
↓ vs 448 last month

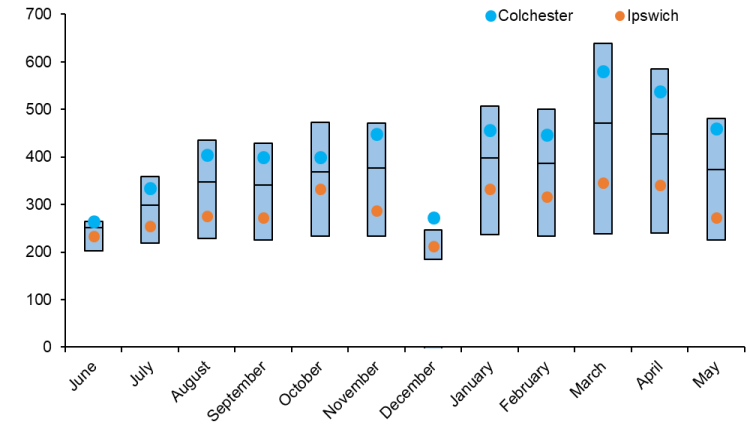
Time to treatment – median time in dept. (60 mins)
86 min
↓ vs 90 last month

12 hour patients
501
↓ vs 754 last month

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



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



Ipswich

Ipswich saw a decrease in LoS for both admitted and non-admitted patients.

The Emergency Department continues to escalate patients with no plans at 10 hours to Divisional ADOs and we have seen a reduction of 12 hours breaches due to robust escalation processes being adhered to.

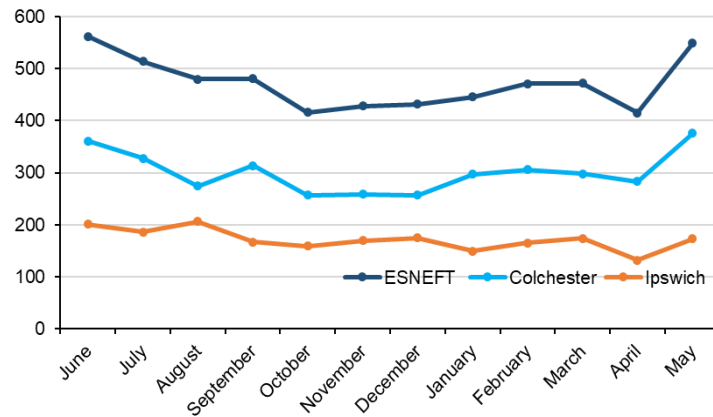
Colchester

Much improved position in month attributed to increased discharge levels as a result of the Divisional led "Flo for Flow" QI project focusing unblocking and exit blockers; getting patients home, improving their experience and improving capacity; reducing time spent in ED. Robust escalation processes are in place.

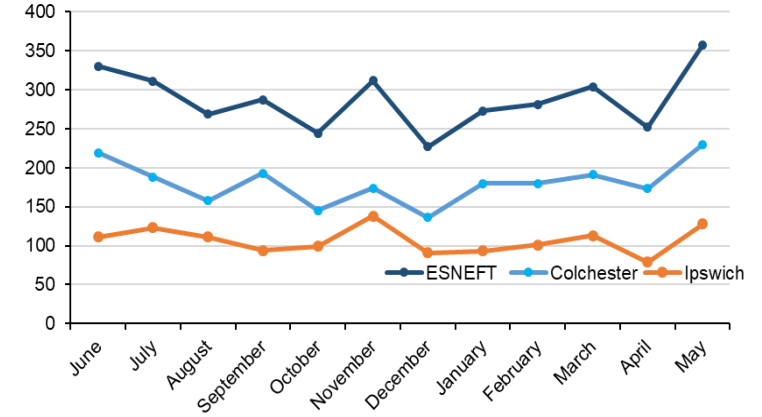
Colchester UTC hosted a visit from the National Team who commended the Team on the service and excellent relations across the whole of Urgent Care. The UTC will be the subject of a positive case study and will be uploaded to NHS Futures.

MH ED attendances have increased by 32.3% across ESNEFT in month: both sites increasing with Colchester by 32.9% and Ipswich by 31.1%. MH referrals have also increased in month by 42.1% for ESNEFT, increases were reported at Colchester and Ipswich by 32.9% and 62.0% respectively.

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



MH attendances - Colchester
376

↑ vs 283 last month

MH attendances - Ipswich
173

↑ vs 132 last month

MHLT referrals - Colchester
230

↑ vs 173 last month

MHLT referrals - Ipswich
128

↑ vs 79 last month

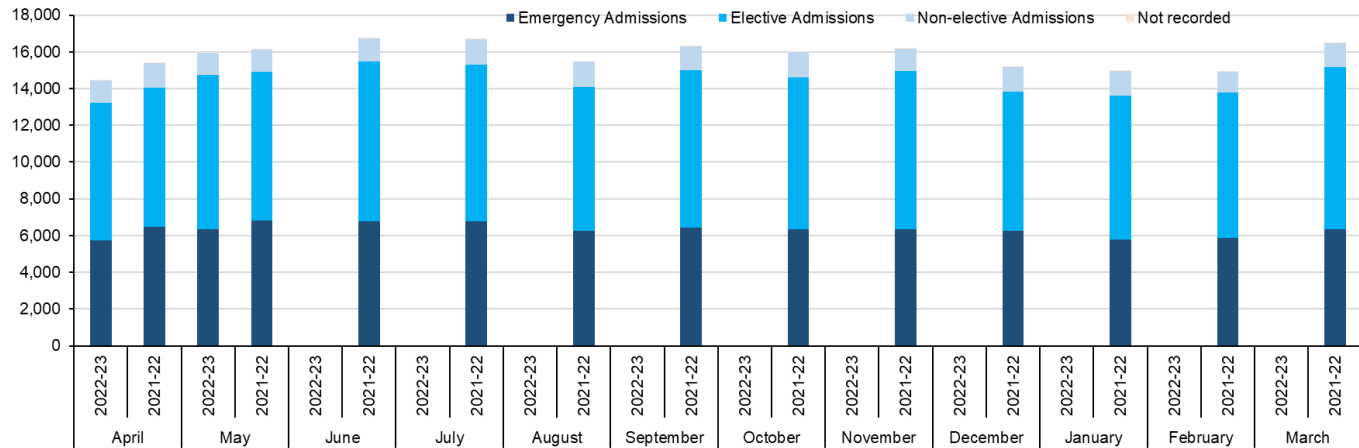
Partner organisations continue to attend the interagency meetings on both sites. A key factor impacting both EDs is the frequent unavailability of 136 suites in both counties. This has arisen from respective organisations' staffing difficulties, environmental damage to 136 suites and use of 136 suites to provide safe accommodation to individuals who are awaiting admission to specialist of acute mental health beds.

On both sites there have been admissions of people who have a primary LD diagnosis with secondary MH needs, often resulting from placement breakdowns. Escalation and care review meetings are happening more routinely. There is a developing theme for these individuals in relation to clarity around the legal framework which applies to ensure treatment is in line with human rights legislation; this is further indication of the need to ensure robust knowledge and application of the Mental Capacity Act across the organisation for current patients and in preparation for Liberty Protection Safeguards.

CYP MH specialists in Colchester have been developing networks with Tier 4 providers which has included proactive care planning for individuals who frequently attend ED and joint approaches to care and risk management for CYP who have been admitted with complex mental health needs.

Admissions increased across the board compared to last month with total admissions increasing by 10.4%. Emergency, elective and non-elective admissions all increased by 10.4%, 12.1% and 0.3% respectively. Compared to 2021-22 for May, elective admissions reported a 3.4% increase.

Admissions: Inpatient spells by admission type



Emergency admissions
6,344
↑ vs 5,744 last month

Elective admissions
8,372
↑ vs 7,469 last month

Non-elective admissions
1,234
↑ vs 1,230 last month

Total admissions
15,954
↑ vs 14,445 last month

Ipswich

Emergency attendances have been increasing above 2019 levels and therefore Emergency admissions have also seen an increase.

A new Operational Reliance Group involving all system partners has been established with a focus on how to keep people well at home. An Alliance workshop is planned for 7th July which will include a number of work streams; prevention, ambulance, ED and discharge.

Colchester

Emergency admissions have increased in month; with many acute patients arriving by private vehicles and not via ambulance.

The NEE Operational Alliance group works collaboratively across the system on admission avoidance, and other work streams to support the community being treated at home and in the community.

Inpatients: Average number of long length of stay patients across ESNEFT decreased by a further 19 patients in month decreasing on both sites; Colchester 6 patients and Ipswich 13 patients. The percentage of beds occupied by 21+ patients decreased by 0.9% in month and continues to remain lower than the national level.

21+ day patients - ESNEFT
158

↓ vs 177 last month

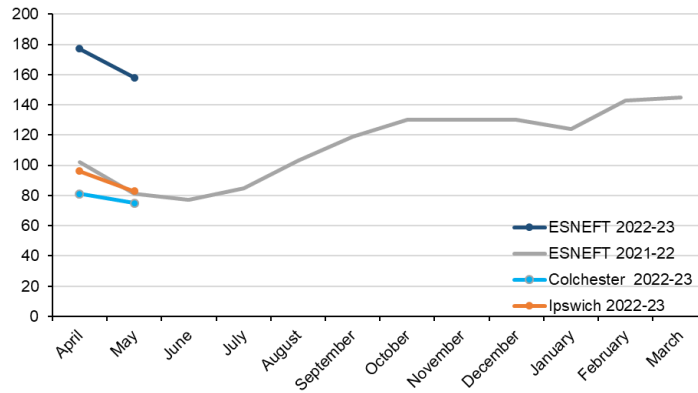
21+ day patients - Colchester
75

↓ vs 81 last month

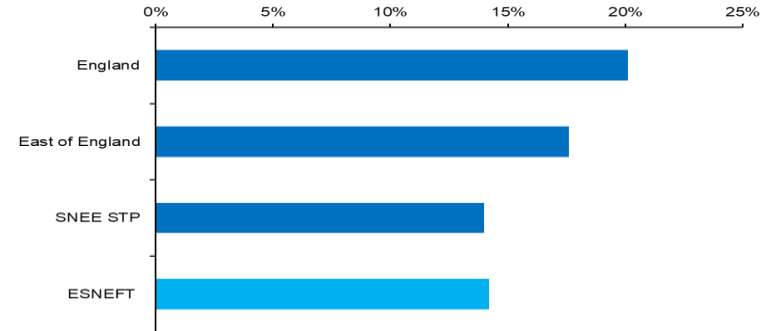
21+ day patients - Ipswich
83

↓ vs 96 last month

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



% beds occupied by 21+ day patients (4 week average). Snapshot at 13 Jun



Ipswich

The team are reviewing all processes within PW1, PW2, PW3 and the Transfer of Care Hub, to help support and improve the LLOS of patients within the acute and community settings. We have introduced the case management role and are reviewing roles and responsibilities within all pathways to help streamline, be more efficient and stop duplication and wastage on unnecessary steps.

There has been a reduction in patients waiting PW2 with the support of the Trusted Assessor role. In the upcoming months the team will be working with Attain who will supporting this programme, by looking at current processes and helping to develop and introduce a true and successful D2A model.

Colchester

Focused work continues on reducing hospital acquired functional decline and all wards are promoting supporting discharge from day 1 admission.

Currently exploring Family Liaison Officers to support a much more inclusive approach with the patient and their family in achieving right place first time discharges.

In month two week wait performance increased by 0.3% with 62 day wait performance decreasing by 2.5% both below the national standard. 28 day faster diagnosis decreased by 3.4% in month. All metrics fell short of the set trajectories. Patients treated after 104 days and the 62 day 1st PTL both increased

Two week wait performance

75.5%

↑ vs 75.2% last month

62 day wait performance

72.3%

↓ vs 74.8% last month

28 day faster day diagnosis performance

59.0%

↓ vs 62.5% last month

Patients treated after 104 days

24

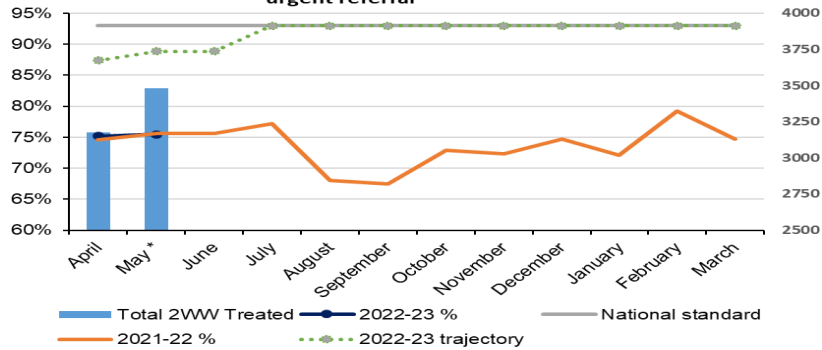
↑ vs 13 last month

Total patients on 62 day 1st PTL

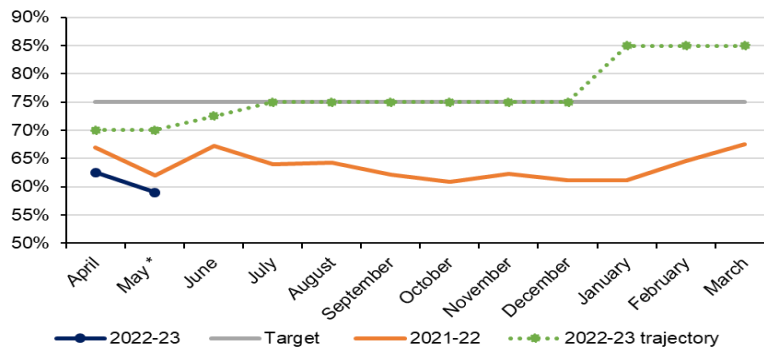
4,379

↑ vs 3,868 last month

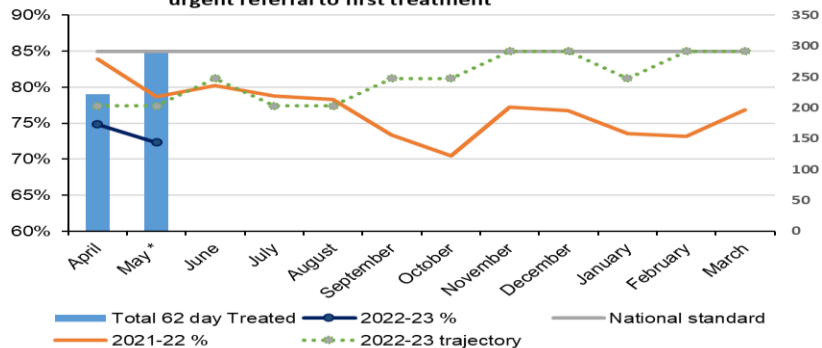
Cancer Performance: % patients seen within 2 weeks from GP urgent referral



Cancer Performance: % 28 day faster diagnosis



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



2ww performance is currently being affected by Breast & Dermatology (CH) and UGI & LGI (IH).

Average number of 2ww referrals received per week has increased from 730 > 940 in last 3 months.

North Essex Primary Care have been advised to refer Dermatology & Breast to Ipswich to support with capacity.

Endoscopy booking at both sites has been an issue but is improving heading into June.

28 FDS is being affected by PTL management in large tumour sites on both sites such as LGI,UGI & Gynae. Diagnostic capacity & reporting are also contributing to delays.

Challenges with 31 day compliance include long delays for POA following a DTT for surgery.

General themes for non-compliance on the 62 day standards are diagnostic capacity and complexity of patients.

6 week performance improved by 2.2% in month and is 0.9% under trajectory. 72% of the breaches occur at Ipswich. Echocardiography makes up just over 57% of the breaches for ESNEFT. The waiting list is showing an increase of 2.5%.

% patients waiting > 6 weeks or more

19.8%

↓ vs 22.0% last month

DM01 6 week breaches

2,451

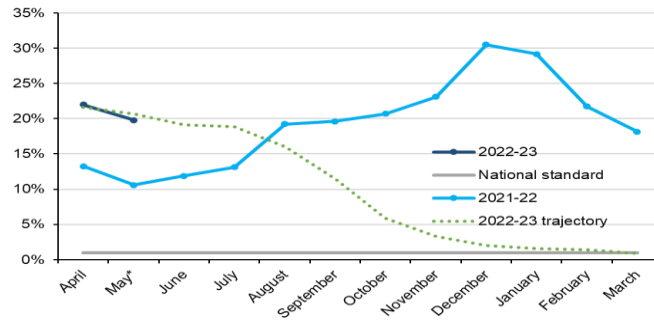
↓ vs 2,657 last month

DM01 Waiting List

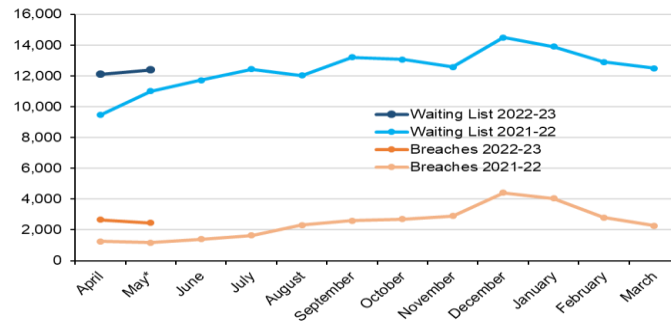
12,399

↑ vs 12,098 last month

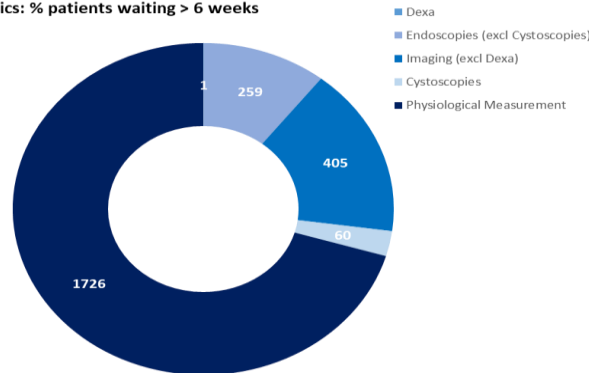
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



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

Imaging

IPS Ultrasound – 150 breaches, ahead of trajectory, due to additional consultant lists.

IPS MRI – 127 breaches, will be cleared in June. Need to address cardiac MRI breaches, working with Cardiology.

COL Ultrasound – 126 breaches, ahead of trajectory. Increase in demand and decrease in capacity causing significant capacity issue moving forward, recovery plan being worked through.

Urology

75 breaches. Staff sickness impacting Colchester Urodynamics, working on plan to address this.

Endoscopy

COL - 164 breaches, above trajectory.

Delivering 3 RMs during the week, 4 at weekend. Current backlog: 16 2ww, 11 urgent, 10 routine & 1470 surveillance. All routine/surveillance being offered appts at Oaks or in-house.

IPS – 95 breaches, above trajectory. The Grove is delivering 5 days PW. 5 days PW in Vanguard where possible, decon breakdowns impacting capacity. Current backlog: 191 2ww, 113 urgent, 95 routine, 441 surveillance

Audiology

IPS – 108 breaches – on trajectory to meet compliance in August.

Med 1 (Echo's & Sleep Studies)

IPS – 1,218 breaches, ahead of trajectory, exploring insourcing to clear backlog. Have locum in place 3 days per week.

Med 2 (Neurophysiology)

IPS – 29 breaches, ahead of trajectory, additional sessions put on and expect to be ahead of trajectory for June.

COL

ECHO – additional capacity at CDC opened last week. Back to under 6-weeks by end-Sept. Currently booking at 10.5wks.

SLEEP - Band 2 role offered, awaiting start date, doubling clinic capacity for 6 months FTC to free up reporting time. Compliance trajectory is September.

EEG – Additional capacity put on to recover position. EEG booking at 3wks. NCS & EMG booking over 6wks. Compliance trajectory – August.

Performance against the 18 week standard has improved in month by 1.9% and is above the national average. The proportion of the list waiting more than 52 weeks deteriorated by 0.1%, however this is lower than the national average.

Incomplete pathways within 18 weeks - ESNEFT

65.9%

↑ vs 64.0% last month

Incomplete pathways within 18 weeks - National

62.4% (March 22)

52+ waiters as % of list - ESNEFT

↑ 3.6%

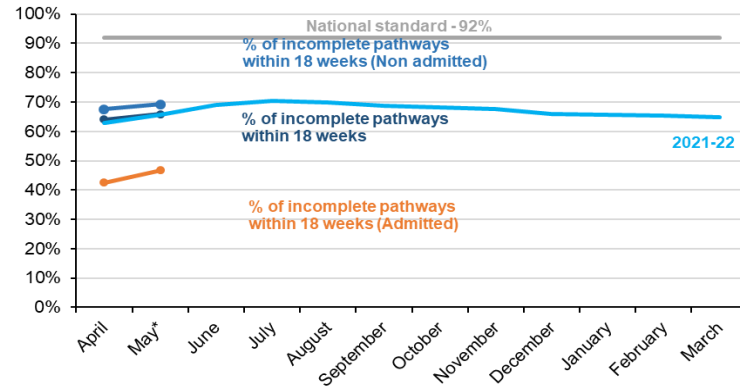
vs 3.4% last month

52+ waiters as % of list - National

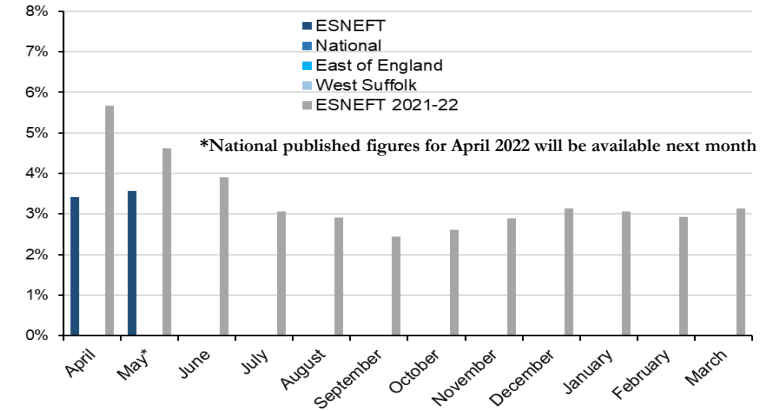
4.8% (March 22)

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

RTT Waiting List: Performance against 92% standard



52+ Incompletes as a % of the Total Waiting List



There continues to be significant focus on recovery plans for RTT which include additional activity, focused validation, recruitment and theatre efficiencies.

Due to the impact of COVID-19, cancer and urgent demand; there has been a reduction in elective activity in May and pre-operative assessment capacity for routine patients has also been impacted.

Teams continue to work with clinical colleagues to ensure patients are waiting well on the waiting list.

The C2Ai project has commenced and is designed to support the clinical prioritisation of patients. It will also enable clinicians to identify any areas of prehabilitation that can be done to ensure patients are fit well and able at the point of surgery. This project has been piloted in 3 of ESNEFTs largest services, with the highest number of long waiting patients and will run until January 2023. The pilot is being externally evaluated by the Health Economic Unit and Eastern ASHN.

Activity across the board increased in month. All but elective inpatients (only 82.6% reached) exceeding 2021-22 activity levels with. Daycases, outpatient first and follow up appointments were 105.9%, 116.9% and 106.6% respectively.

Elective inpatients

824

↑ vs 741 last month

Daycase inpatients

7,522

↑ vs 6,689 last month

Outpatient First Appt

27,686

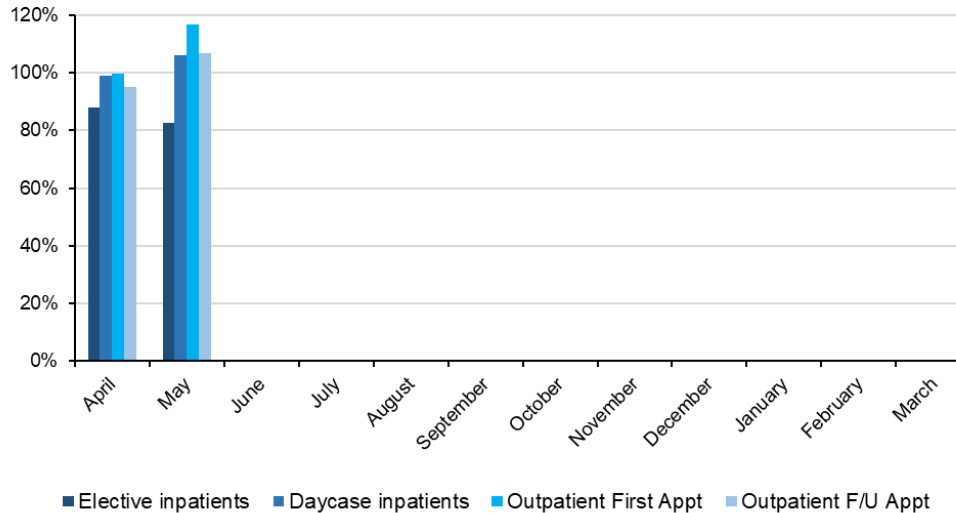
↑ vs 23,349 last month

Outpatient F/U Appt

49,029

↑ vs 43,861 last month

Percentage of 2021-22 activity



There have been month on month improvements in all but elective inpatient activity. This is driven by the significant increase in cancer referrals and urgent demand on theatre capacity. There continues to be theatre cancellations due to COVID-19, although this has improved significantly in month.

The changes in IPC guidance have seen increases in activity where possible with some positive improvements, this has been reflected in daycase numbers this month.

The Oaks continues to support the delivery of elective activity; they have identified all available capacity for ESENFT until the end of September. Teams are working on filling these lists and working with the Oaks to staff them.

Teams are awaiting confirmation from the Nuffield around available capacity.

Diagnostic activity also increased across the board compared to last month. CT, MRI, Ultrasounds exceeding 2021-22 activity levels; by 100.5%, 139.8% and 115.3% respectively. Endoscopy however reached 96.0% of these levels.

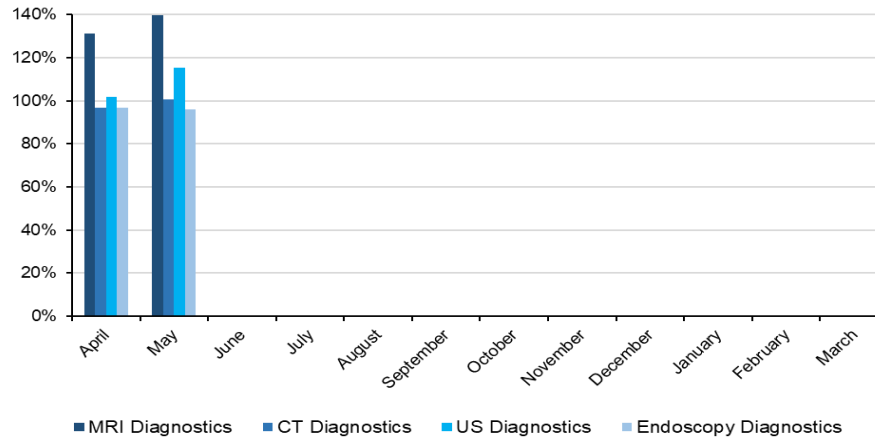
CT
5,952
 ↑ vs 5,836 last month

MRI
4,057
 ↑ vs 3,853 last month

US
10,931
 ↑ vs 9,723 last month

Endoscopy
1,713
 ↑ vs 1,570 last month

Percentage of 2021-22 activity - Diagnostics



Imaging

MRI IPS

Mobile MRI is being removed on 23rd June. Backlog will be cleared by end of June. Issue with cardiac MRI capacity vs demand available which is being addressed with Cardiology. Long term plan to ensure 7-day staffing is in place is in motion – consultation has started and ends on 24th June

US IPS

Five U/S sessions per week moved to Felixstowe which freed up an US room on the acute site to be utilised by radiologists. Decline in breaches can be seen in May with this expected to continue. Capacity and demand has been completed to ensure that capacity is managed more effectively going forward.

US COL

Recovery plan being developed for US to address a week-on-week shortfall in capacity vs demand, this involves:

- Utilisation of recently vacated IR room as additional US room
- Exploring uplift of bank rate for sonographers
- Extra capacity through insourcing/locum

Endoscopy

Clacton CDC activity plan to commence in August/September to mirror The Grove set up.

COL:

Continue to send surveillance & routine patients to The Oaks, validation continues. Exploring additional lists in week utilising Elmstead theatres.

IPS:

Increased Vanguard to 5 days PW in May & June where possible. The Grove back online from w/c 6th June for 5 days PW. Exploring additional weekend lists in South Theatres.

Increases were seen across the board with 52+ week waiters increasing by 7.0% in month. The longest waiting patients within bands 78+, 98+ and 104+ weeks have all increased with the largest increase in 78+ by 61 patients. The waiting list has increased by just over 1,500 patients.

Total open RTT pathways
70,861
 ↑ vs 69,338 last month

52+ week waiters
2,535
 ↑ vs 2,378 last month

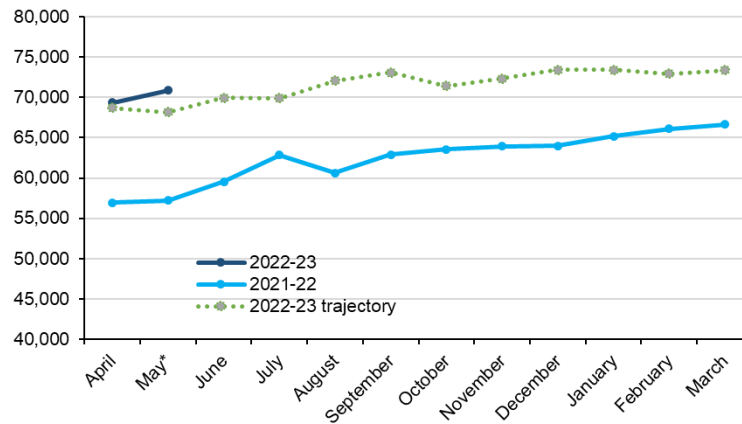
78+ week waiters
228
 ↑ vs 167 last month

98+ week waiters
37
 ↑ vs 27 last month

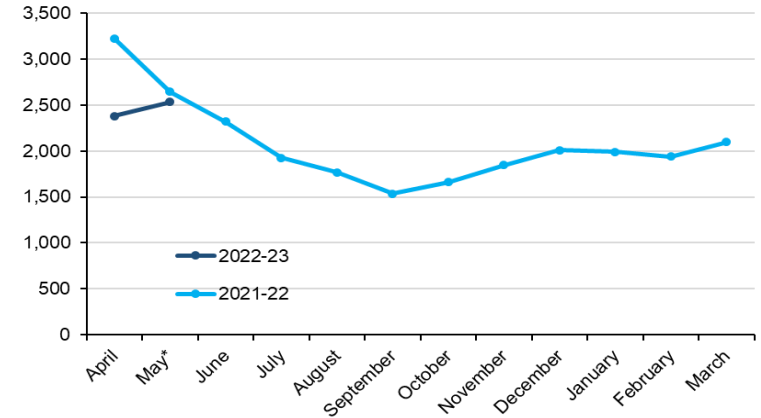
104+ week waiters
30
 ↑ vs 26 last month

*May's Oaks data not received, April 2022 data used for reporting

RTT Waiting List: Total open pathways



RTT Waiting List: Total 52+ week waiters



The 104 and 98 week positions have increased in May. The plans for all patients above 104 weeks have been confirmed. The 52 and 78 week positions continue to increase predominately due to the cancer demand on services that carry the largest cohort of long waiting patients.

There is also an impact on routine activity due to the increased demand on pre-op assessment capacity for urgent patients which then impacts those long waiting PW4 patients. General Surgery remains an area of risk and the CDG are developing additional plans to increase activity including super weekends and insourcing.

All patients above 52 weeks are reviewed and discussed regularly, and the corporate validation team continue to support the services in managing their long waiting position.

Month 2 Performance

Summary Income and Expenditure	May			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Income from Patient Care	71,612	72,198	586	143,224	142,992	(232)
Other Operating Income	4,238	4,157	(81)	8,473	8,450	(23)
Total Income	75,850	76,355	505	151,697	151,442	(255)
Pay	(48,927)	(47,284)	1,643	(97,853)	(93,920)	3,933
Non Pay	(26,557)	(26,222)	335	(53,107)	(51,984)	1,123
Total Expenditure	(75,484)	(73,506)	1,978	(150,960)	(145,904)	5,056
EBITDA	366	2,849	2,483	737	5,538	4,801
Impairments	-	-	-	-	-	-
Other Non Operating	(3,727)	(3,412)	315	(7,453)	(6,799)	654
Surplus / (Deficit)	(3,361)	(563)	2,798	(6,716)	(1,262)	5,454
EBITDA %	0.5%	3.7%		0.5%	3.7%	

Performance Against CT

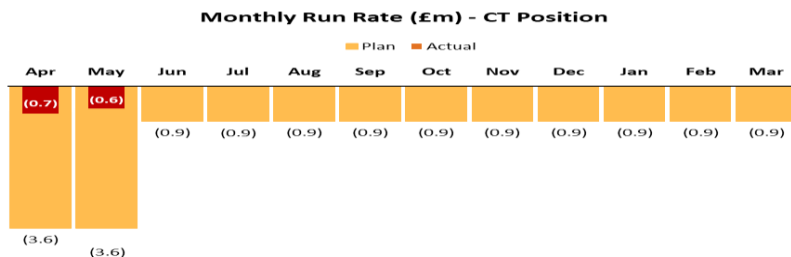
Donated Income/Depreciation	(259)	28	287	(518)	57	575
Total Non CT Items	(259)	28	287	(518)	57	575
Performance Against CT	(3,620)	(534)	3,086	(7,234)	(1,205)	6,029

M2 Revenue Headlines

In May, the Trust incurred a deficit of £0.5m driving the cumulative year to date deficit to £1.2m. For the year to date, there is favourable variance of £6.0m against control total.

Plan profile and actual performance

The graph below shows actual I&E performance by month relative to the plan.



Key Variances

The plan that the Trust will be assessed against by NHSE/I for month 2 will be the submission on 28th April (Stage 2), a deficit of £16.1m. However, as part of the month 2 guidance organisations have been asked to include increased funding linked to inflationary pressures where these price increases have already been suffered. The Trust has actioned this and this therefore largely accounts for the favourable position relative to control total. A revised plan based on breakeven will be reflected from month 3.

The Trust has reported an actual deficit £0.5m in May. This deficit has been primarily driven by non-delivery of CIP and non-pay cost increases linked to inflationary pressures. The challenge of stepping up the elective recovery programme continued in May with the prevalence of COVID-19 restricting productivity.

Whilst this has impacted on the actual deficit reported in month, overall there is a favourable variance to control total as COVID-19 and ERF costs, in particular bank expenditure, have not been as significant as originally modelled.

Temporary Pay

Agency pay expenditure for the year to date is £3.5m and accounts for 3.8% of all pay costs (compared to 2.1% in May 2021). The increase in Consultant agency cover is driven by vacancies and increased activity.

NHSE/I have yet to set an agency ceiling for the Trust in 2022/23 but it is expected that a new ceiling will be set. The ceiling for 2021/22 was £24.5m. Against this ceiling, month 2 agency costs were under the ceiling (£1.8m v £2.0m ceiling). It is important to note that the Trust had 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.

Increased bank costs are driven by operational pressures. The last 3 months have seen a gradual downward trend since a peak to spending in January.

2022/23 CIP programme

Year to Date

All divisions are behind plan for the year to date.

CIP Delivery by Division	May			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	338	189	(148)	676	293	(383)
Integrated Pathways	186	93	(94)	373	109	(264)
Medicine Ipswich	168	156	(12)	331	296	(35)
Medicine Colchester	156	108	(49)	312	198	(114)
MSK and Specialist Surgery	221	67	(154)	441	108	(333)
NEE Community Services	128	-	(128)	256	-	(256)
Surgery, Gastro & Anaesthetics	272	44	(228)	542	46	(496)
Women's and Children's	271	27	(244)	542	71	(470)
Total Operations	1,739	683	(1,056)	3,471	1,121	(2,350)
Corporate Services	437	169	(268)	944	240	(704)
Non Divisional	-	-	-	-	-	-
Total Trust	2,177	853	(1,324)	4,415	1,361	(3,054)

May position

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

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

A technical issue with the QIA process has delayed the processing of some savings (YTD savings declared are only those that have been processed in the ledger). However this does not account for the full variance

Key variances

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

- Corporate services - £704k, of which £609k relates to Estates & Facilities
- Surgery, Gastro & Anaesthetics - £496k
- Women & Children - £479k

Quality Impact Assessments

Currently 28% of the full year effect value of CIP has been fully quality impact assessed.

£000s	FYE QIA				
	No PID	PID	DMT	QIA	%
Corporate Services	651	228	0	993	53%
Cancer and Diagnostics	951	599	525	707	25%
Medicine Colchester	483	119	83	0	0%
Medicine Ipswich	153	0	0	945	86%
MSK and Specialist Surgery	185	1,025	14	873	42%
Surgery, Gastro & Anaesthetics	663	2,189	607	448	11%
Women's and Children's	713	226	100	332	24%
Integrated Pathways	520	412	0	585	39%
NEE Community Services	1,625	308	0	0	0%
	5,945	5,107	1,328	4,884	28%

22/23 Cash position & Capital

Cash Position

The Trust held cash of £75.4m at the end of May. This was £1.8m lower than plan. Additional cash from the better than planned deficit has been offset by increased creditor payments and by an increase in receivables due.

Prompt Payment Performance

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 May was 84.5% compared to 89.8% for the same period last year.

There are a number of drivers for this shortfall which are being reviewed in an effort to improve performance. Examples which had a particular impact on PSPP performance include:

- Catering have staffing issues and are struggling to approve invoices,
- HP charging incorrectly so not possible to match invoices to orders,
- NHS Properties changing charges requiring significantly more checking than would be expected,
- Agency staff booked directly with a new company, invoices put on hold until governance issues resolved, now will go through NHSP,
- Pharmacy Colchester at 84% performance for Pharmacy invoices

In addition to the examples provided, there were around 600 invoices in the month which were paid over 30 days (all single invoices from a supplier) where there had been a specific query to resolve.

Capital Expenditure

At the end of May there was an underspend of £5.8m, of which £3.5m was in month 2. The driver of the underspend was the STP funded developments (Elective reconfiguration (Dame Clare Marx) (£4.2m) and emergency reconfiguration (£1m).

In particular, the elective reconfiguration has been delayed due to external supply issues on modular builds (driven by the prevailing international economic situation). The Trust is in negotiations with the supplier, MTX, currently. This may lead to a cost pressure and re-profiling of this scheme.

As part of the financial plan resubmission on 20th June, the Trust has taken the opportunity to reprofile capital spend related to Dame Clare Marx, projecting a higher level of spend later in the year.

Capital Programme	Year to date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	50	262	(212)	1,008	1,008	(0)
Non-Medical Equipment	-	-	-	-	-	-
ICT	70	71	(1)	2,198	2,198	(0)
Estates & Facilities	100	111	(11)	2,905	2,905	(0)
STP Funded Development	6,076	547	5,529	60,769	60,769	(0)
Schemes	1,489	1,118	371	32,773	32,773	(0)
DCMB Enabling	-	3	(3)	1,400	1,399	1
Right of Use Assets	268	147	121	3,117	3,117	0
PFI Lifecycle Costs	-	-	-	1,161	1,161	-
Total Capital Programme	8,053	2,260	5,793	105,331	105,331	(0)
Note: CDEL						
Disposals	-	-	-	(2,048)	(2,048)	-
Donated	-	-	-	(3,369)	(3,369)	-
Net CDEL	8,053	2,260	5,793	99,914	99,914	(0)

Workforce Dashboard

May 2022

Trust Level

Key Metrics

Performance

Target	Budget 10588wte
Achieved	Contracted 10018wte
Vs Prior Month	↑ 4.8%
Prior Month	4.8%

Vacancy (Ex Agency)

5.4%

Pay (YTD)

£1.6m

Budget £92.4m
Spend £93.9m

↓ £0.66m

Sickness

4.1%

3.5%
4.1%

↓ 6.2%

Mandatory Training

87.4%

90%

View portal for detail

↑ 87.3%

Appraisal

85.3%

90%

85.3 out of 100 staff

↑ 83.9%

Voluntary Turnover

9.4%

12%

↑ 9.3%

Ceiling

£0.56m

(£4.09m)
(£3.53m)

↑ £0.36m

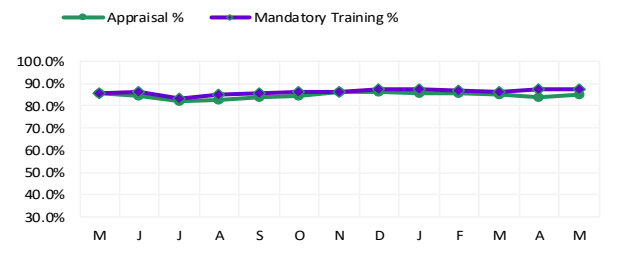
Ward Fill Rate

93.5%

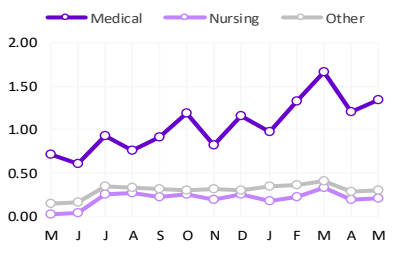
95%

↑ 89.3%

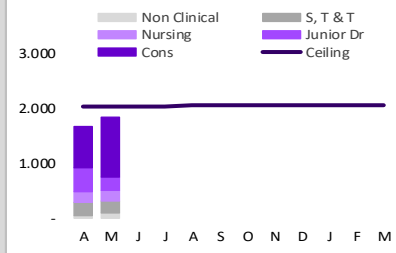
Appraisals & Mandatory Training Compliance %



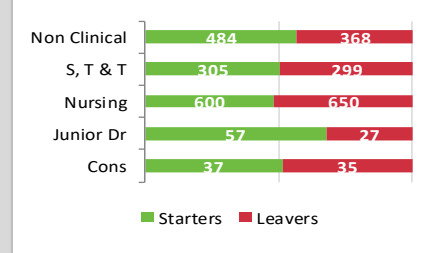
Agency Trends (ex Locum) £m



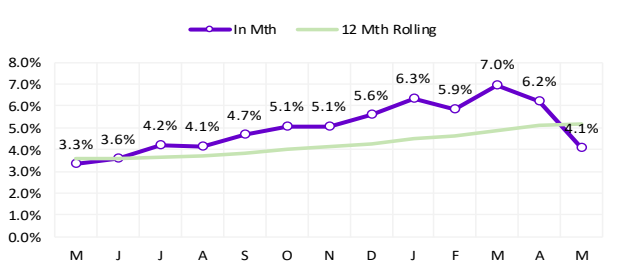
Agency Ceiling £m



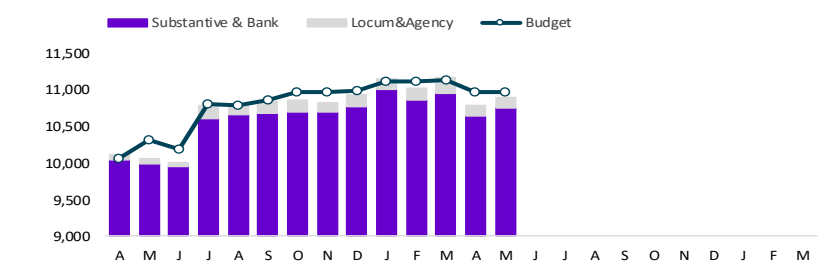
Starter - Leavers (12Mth Rolling) Headcount



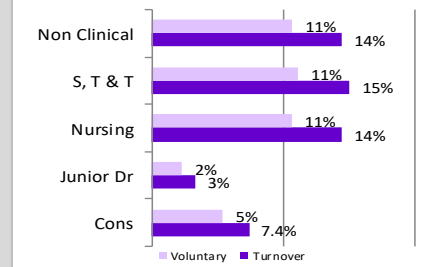
Sickness %



Workforce Trends wte

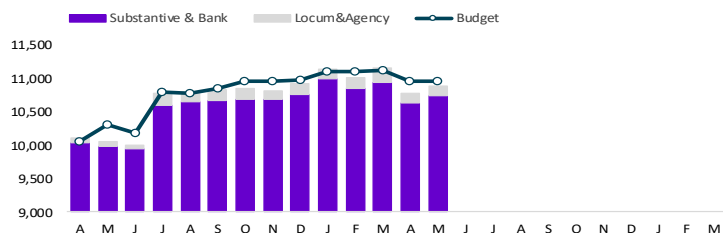


Turnover by Staff Group Headcount



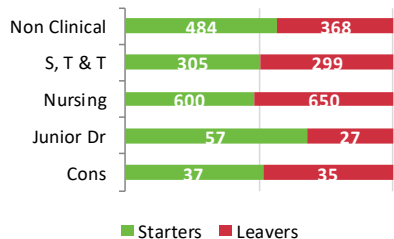
Workforce Trends

wte



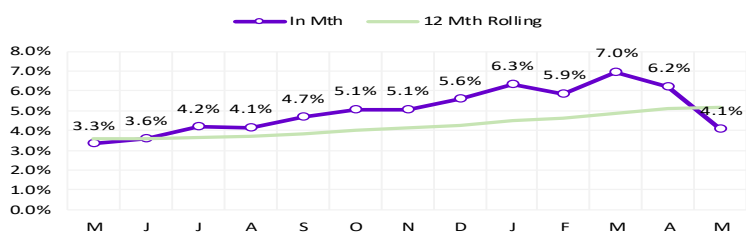
Starter - Leavers (12Mth Rolling)

Headcount



Sickness

%



Commentary

Recruitment

In May, the number of staff in post decreased slightly to 10,018 WTE (April 10,028). The Trust continues to have more starters than leavers overall in the majority of clinical groups. The Trust's rolling voluntary turnover for May was 9.2% (April 9.3%).

84.56 WTE (97 headcount) new external starters commenced in month with a further 207.9 WTE (235 headcount) offers made.

19 International nurses arrived during May 2022 with a further 16 scheduled to arrive in June.

2 International Midwives are due to commence in Aug & September with a further 12 offers in the pipeline and dependant upon NMC registration.

There are 67.1 Consultant vacancies of which 46.50 are actively being recruited to and 20 Consultants are going through on-boarding.

Sickness

Sickness absence decreased in May to 4.1%, from 6.2% in April but remains above the target of 3.5%. Cough, colds, flu is the most common reason for sickness. The number of FTE days lost due to sickness remains higher for short term sickness (56.72%) than long term sickness (43.28%) however the gap has lessened which is likely to be due to the reduction in Covid related absences.

This month has seen an increase in absence related to Stress, Anxiety and Depression. This may be driven by financial hardship following cost of living rises and could also be connected to the aftermath of the pandemic.

Risks & Mitigating Actions

Recruitment, Resourcing and Planning

There has been an increase in the number of vacancies to 5.4% (from 4.8% in April). Budgeted establishment saw an increase of 59.3 WTE.

International recruitment: Apr 22 – December 22 120 RNs planned to commence.

International AHP recruitment: One Occupational Therapist commenced in post within our Community setting with two Physiotherapists also scheduled to join our community teams in June / July.

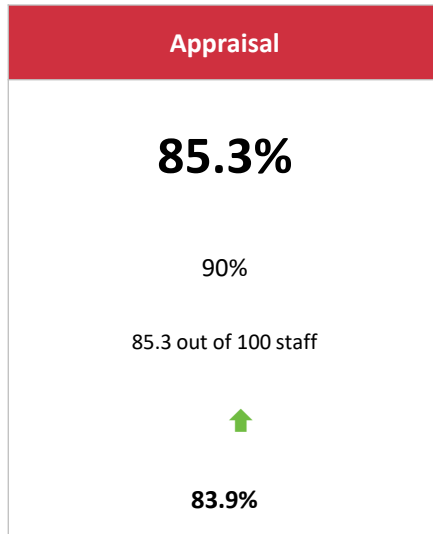
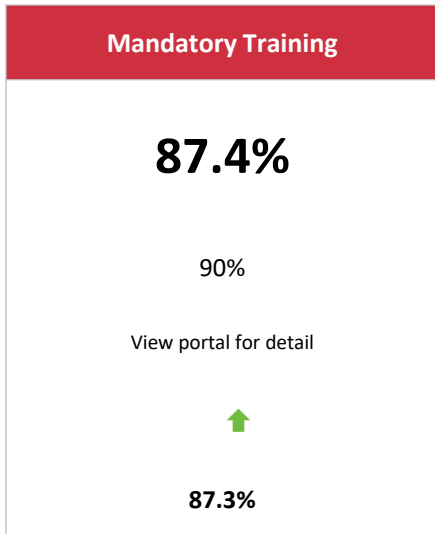
Agency spend M02 @ £1.8m of which £1.3m was spent on Medical Locums. Direct engagement VAT savings (Medical) for the month were @ £73k with an EoE Regional pay rate adherence 46% (Regional average @ 33%).

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

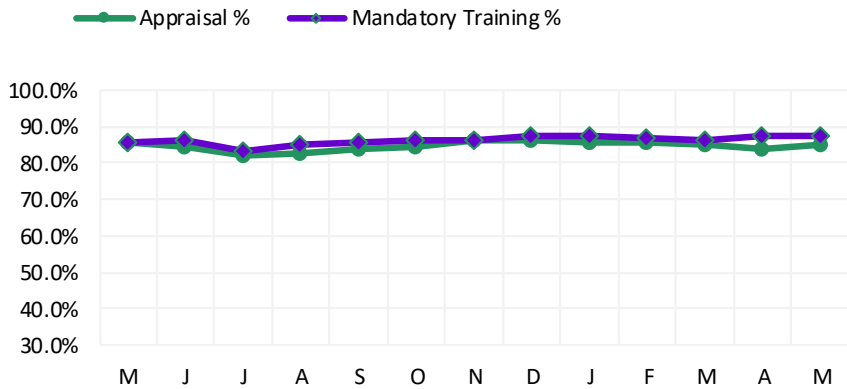
Sickness

The sickness review group continues to meet on a monthly basis and whilst to date the focus has been on sickness cases over 6 months the plan is to extend the focus to those who have been absent over 3 months. This months groups will also focus on how we are managing Stress, anxiety and Depression in light of the increase in this type of absence.

A range of measures to support staff in financial hardship is being implemented and the Staff Helpline are continuing to work with the Clinical Psychology service to offer staff psychological support on day 1 of sickness.



Appraisals & Mandatory Training Compliance %



Commentary

Mandatory Training

May's compliance rate increased to 87.4%, from 87.3% in April.

For taught sessions (life support, CRT level 2, patient handling & safeguarding level 3) we are working with the SME's on recovery plans to increase compliance and to ensure capacity for all that are out of date. We are introducing a QI led project to deliver compliance targets across all subjects. Mandatory training is a standard agenda item for the DAM meetings, divisional governance meetings and ward to board discussions. All NHS core content is available via my ESR and additional programme support for OLM optimisation commenced June 2022.

Appraisal

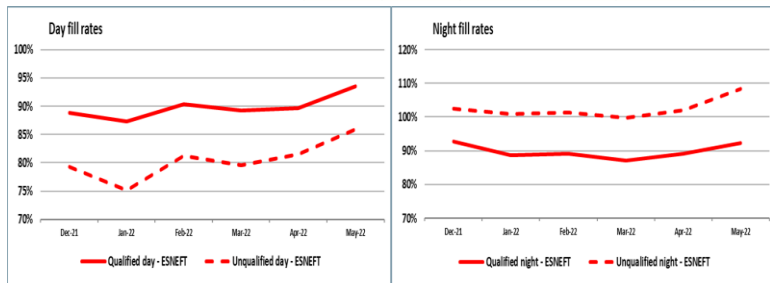
May's compliance rate increased to 85.3%, from 83.9% in April.

All 8a and above are in the process of receiving annual appraisal between May and June 2022. Multi-source feedback carried out for Executives and NEDs and in the progress for associate Operational Directors. Plan to roll out to general managers and service leads. Appraisal audit to commence July 2022 to check quality of appraisals and whether the required 121 conversations have taken place.

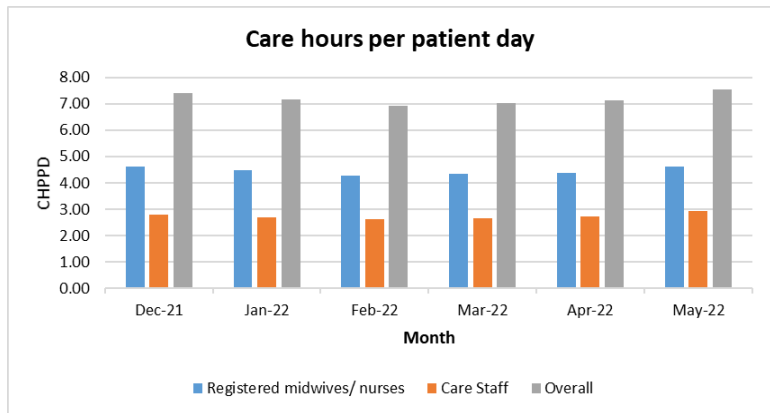
Nursing Workforce Update

Fill Rates (including care hours per patient day)

	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Qualified day - ESNEFT	88.9%	87.3%	90.4%	89.3%	89.6%	93.5%
Qualified night - ESNEFT	92.7%	88.6%	89.1%	87.2%	89.2%	92.4%
Unqualified day - ESNEFT	79.3%	75.2%	81.3%	79.5%	81.6%	86.0%
Unqualified night - ESNEFT	102.4%	101.0%	101.3%	99.8%	102.1%	108.4%
Overall (average) fill - ESNEFT	89.5%	86.7%	89.4%	87.8%	89.3%	93.5%



Care hours per patient day	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Registered midwives/ nurses	4.62	4.49	4.28	4.36	4.39	4.62
Care Staff	2.79	2.69	2.63	2.67	2.73	2.92
Overall	7.42	7.18	6.91	7.03	7.12	7.55



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 with an agreement to NHSE/I to on board 120 nurses between March and December 2022.

The Trust will be submitting an application for the NHSE/I pastoral award for international recruitment by 30th June.

International Midwifery Recruitment:

ESNEFT has welcomed 4 EU (with PIN) and 1 international (who will require OSCE) to the trust since January with a regular pipeline in place. An additional NHSE/I funded Practice Development Midwife has commenced in post to provide OSCE preparation, training and pastoral support to these midwives. The regional pipeline project has experienced delays with the 4 midwives allocated to ESNEFT not likely arrive in the trust until August/September 2022.

MoD 16 Medical Regiment Programme:

The Trust will support the 16 Medical Regiment to ensure their personnel have valuable, effective and meaningful clinical placements across the organisation, while welcoming the support from all personnel in the care of our patients across ESNEFT and sharing experience and expertise with ESNEFT staff. The process is currently being tested now the MoU has been signed and deployment has commenced.

ESNEFT Nursing Associate Apprenticeships

Two departments in the trust ED Colchester and East Suffolk Community teams are working collaboratively with the University of Suffolk in a project to train a large cohort of Nursing Associates as part of a skill mix transformation project. The first cohorts are expected to commence their apprenticeships in January 2023.

Risks & Mitigating Actions

It is recognised that there is a significant improvement in the Trusts fill rate following the challenges of the Omicron variant.

As per NQB (2016) recommendations and strengthened by the developing workforce safeguards document (NHSE, 2018), acute providers are expected to formally review nursing establishments biannually.

The inpatient biannual acuity and dependency audits have been completed and will continue to capture seasonal variations. Staffing review meetings have commenced with the 79 departments participating in the review this year is underway and the overall adherence of data submissions remain positive. Temporary escalation areas are not included in this process.

Following participation in a national pilot for a Community specific SNCT, planning has commenced to roll out this patient acuity tool across all ESNEFT community services.

Colchester ED has commenced census collection using the new ED SNCT tool with Ipswich ED soon to follow

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 – this paper was approved in SWG on 23rd May.

Professional Nurse Advocates (PNA):

A regional programme is being approached to support the rationale for the development of an ICS level framework for Nurses, Midwives and AHP's. This was presented at the ICS programme Board week commencing 21 February and was approved and is now being discussed in a wider IC group in regards to next steps.

HCA retention programme:

A draft Standard Operating Procedure for Bands 2-4 local induction has been shared with clinical staff to improve the on boarding experience of this staff group when they commence employment at ESNEFT and will cover the first 12 weeks of their employment. This is part of a wider piece of work to improve retention as the trust is participating in regional work to improve opportunities for Bands 2-4 staff.

Planned educational conferences/appreciation days will commence in September 2022 open to all Bands 2-4 non-medical clinical staff hosted at Trinity Park, Ipswich.

POD Profiles - Trust Level

	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
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All Staff

Headcount	10,712	10,713	11,367	11,388	11,399	11,419	11,400	11,372	11,552	11,589	11,637	11,613	11,606
Establishment (including agency)	10,308	10,185	10,803	10,778	10,858	10,960	10,970	10,990	11,113	11,113	11,132	10,967	10,970
In post	9,323	9,329	9,870	9,875	9,874	9,929	9,925	9,922	9,996	10,020	10,029	10,028	10,018
Vacancy	985	856	933	903	984	1,031	1,046	1,067	1,116	1,094	1,103	939	952
Vacancy %	9.6%	8.4%	8.6%	8.4%	9.1%	9.4%	9.5%	9.7%	10.0%	9.8%	9.9%	8.6%	8.7%
Establishment (excluding agency)	9,943	9,876	10,352	10,467	10,428	10,551	10,582	10,548	10,600	10,613	10,779	10,529	10,588
Vacancy (excluding agency)	620	547	483	592	553	621	658	625	603	593	750	500	570
Vacancy % (excluding agency)	6.2%	5.5%	4.7%	5.7%	5.3%	5.9%	6.2%	5.9%	5.7%	5.6%	7.0%	4.8%	5.4%

Turnover

¹ Turnover (12 Month)	12.8%	13.3%	13.4%	12.8%	12.9%	12.5%	12.7%	12.8%	13.0%	13.0%	13.2%	12.5%	12.4%
¹ Voluntary Turnover (12 Month)	6.9%	7.3%	7.5%	7.7%	8.0%	8.2%	8.5%	8.7%	8.9%	9.0%	9.2%	9.3%	9.4%
¹ Starters (to Trust)	72	83	115	143	152	139	128	84	163	112	137	129	98
¹ Leavers (from Trust)	169	104	116	133	117	125	116	113	107	83	147	116	102

Sickness

% In Mth	3.3%	3.6%	4.2%	4.1%	4.7%	5.1%	5.1%	5.6%	6.3%	5.9%	7.0%	6.2%	4.1%
WTE Days Absent In Mth	9,590	9,923	12,662	12,615	13,775	15,464	14,999	17,039	19,430	16,277	21,537	18,592	12,564

Mandatory Training & Appraisal Compliance

Mandatory Training	85.7%	86.3%	83.5%	85.3%	85.9%	86.1%	86.2%	87.4%	87.6%	87.1%	86.3%	87.3%	87.4%
Appraisal	85.5%	84.2%	81.9%	82.6%	83.9%	84.7%	86.3%	86.0%	85.8%	85.4%	84.8%	83.9%	85.3%

Temporary staffing as a % of spend

Substantive Pay Spend	37,393	37,695	39,858	38,505	39,976	39,383	40,006	39,419	40,414	40,995	42,240	40,712	41,264
Overtime Pay Spend	164	159	132	723	163	150	174	173	174	161	156	221	176
Bank Pay Spend	3,298	3,196	3,763	3,888	4,144	4,404	3,958	3,692	6,005	4,371	4,815	4,024	3,996
Agency Pay Spend	885	802	1,540	1,363	1,447	1,737	1,323	1,703	1,490	1,927	2,410	1,679	1,848
Total Pay Spend	41,740	41,852	45,293	44,479	45,730	45,674	45,461	44,988	48,084	47,454	49,621	46,636	47,284
Agency & Bank %	10.0%	9.6%	11.7%	11.8%	12.2%	13.4%	11.6%	12.0%	15.6%	13.3%	14.6%	12.2%	12.4%
Agency %	2.1%	1.9%	3.4%	3.1%	3.2%	3.8%	2.9%	3.8%	3.1%	4.1%	4.9%	3.6%	3.9%

Nurse staffing fill rate

% Filled	91.4%	95.3%	91.5%	89.7%	91.0%	87.8%	91.0%	89.5%	86.7%	89.4%	87.8%	89.3%	93.5%
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¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	2,976	2,911	3,057	3,100	3,105	3,132	3,168	3,197	3,241	3,223	3,238	3,149	3,122
In post	2,694	2,715	2,883	2,890	2,878	2,919	2,925	2,923	2,919	2,953	2,987	2,967	2,976
Vacancy	282	196	174	210	227	213	243	275	322	270	251	182	145
Vacancy %	9.5%	6.7%	5.7%	6.8%	7.3%	6.8%	7.7%	8.6%	9.9%	8.4%	7.8%	5.8%	4.7%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,429	1,437	1,513	1,507	1,508	1,524	1,523	1,534	1,553	1,529	1,537	1,504	1,504
In post	1,398	1,420	1,464	1,458	1,454	1,481	1,470	1,464	1,441	1,456	1,466	1,478	1,476
Vacancy	31	17	49	49	54	43	54	70	112	73	71	26	29
Vacancy %	2.1%	1.2%	3.3%	3.2%	3.6%	2.8%	3.5%	4.6%	7.2%	4.8%	4.6%	1.7%	1.9%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,265	1,235	1,319	1,316	1,316	1,328	1,332	1,340	1,399	1,358	1,378	1,341	1,351
In post	1,176	1,142	1,232	1,217	1,189	1,163	1,153	1,171	1,192	1,137	1,171	1,158	1,142
Vacancy	89	93	87	99	126	165	179	170	207	221	207	183	209
Vacancy %	7.0%	7.6%	6.6%	7.5%	9.6%	12.4%	13.5%	12.7%	14.8%	16.3%	15.0%	13.7%	15.5%
Consultants													
Establishment (including agency)	520	524	520	525	524	516	521	521	523	512	519	517	-
In post	429	429	429	432	437	438	436	434	433	438	443	448	-
Vacancy	91	95	92	93	87	78	85	88	90	74	75	70	-
Vacancy %	17.5%	18.2%	17.6%	17.7%	16.6%	15.2%	16.3%	16.8%	17.3%	14.5%	14.5%	13.5%	#DIV/0!
Junior Medical													
Establishment (including agency)	720	713	780	714	736	736	731	734	742	744	745	735	739
In post	645	659	726	721	714	708	699	687	700	712	707	695	707
Vacancy	75	54	54	(7)	22	29	32	47	43	32	38	39	32
Vacancy %	10.4%	7.6%	6.9%	-0.9%	3.0%	3.9%	4.3%	6.4%	5.7%	4.3%	5.1%	5.4%	4.3%
Scientific, Technical and Therapeutic													
Establishment (including agency)	1,960	1,932	2,088	2,092	2,111	2,093	2,101	2,115	2,115	2,141	2,156	2,153	2,155
In post	1,740	1,743	1,862	1,872	1,907	1,929	1,934	1,922	1,897	1,959	1,920	1,945	1,938
Vacancy	220	188	226	220	204	163	167	193	218	182	236	208	217
Vacancy %	11.2%	9.7%	10.8%	10.5%	9.6%	7.8%	7.9%	9.1%	10.3%	8.5%	10.9%	9.7%	10.1%

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		