



Performance report

East Suffolk and North Essex NHS Foundation Trust
Board of Directors

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

1 NHSE/I monitoring of operational performance - Oversight Frameworks

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

A revised NHS Oversight Framework has been published for 2022/23, however further guidance is awaited on the 'data definition' and detail of many of the indicators included. 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).


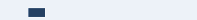





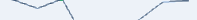





Following consideration by the NHSE/I regional support group, it has been agreed that Suffolk and North East Essex ICS should be placed into SOF segment 2 which is defined as an ICS on a development journey, demonstrating many of the characteristics of an effective, self-standing ICS. The regional team 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 June's performance were held in August.

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	May-22	Jun-22	Jul-22	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	108	120	94	↓		Overall complaints numbers for ESNEFT in July were 94 (120). There was 1 high level complaint recorded in month. Colchester reported 47 (72) complaints and Ipswich reported 47 (48).
Occurrence of any Never Event	Safe	M	0	0	0	0	→		
Mixed sex accommodation breaches	Caring	M	0	46	102	153	↑		The increase in breaches 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%	91.8%	92.3%	92.4%	↑		
A&E scores from Friends and Family Test – % positive	Caring	M	90%	81.5%	77.9%	79.8%	↑		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	100.0%	100.0%	100.0%	→		
- % Recommending - postnatal	Caring	M	90%	96.6%	100.0%	94.1%	↓		
VTE Risk Assessment	Safe	M	95%	90.4%	91.4%	91.4%	↑		
Incidences of Clostridium Difficile infection	Safe	M	9	4	7	11	↑		There were 11 C.difficile cases reported in July. 3 of these were in Ipswich (2 HOHA, 1 COHA) and 8 cases were at Colchester hospital (5 HOHA, 3 COHA). All C.diff cases that occurred in 2021/22 have been signed off from our ICB colleagues relating to the Ipswich & East Suffolk cases.
MRSA bacteraemias	Safe	M	0	0	0	0	→		
HSMR (DFI Published - By Month Data Available)	Effective	Q	0	101.4	102.9	N/R			Dr Foster are not reporting in July. 2 months will be reported in August.
HSMR Weekend (By Month Data Available)	Effective	Q	100	108.2	108.8	N/R			
Summary Hospital Mortality Indicator	Effective	Q	1.000	1.050	1.077	1.090	↑		12 mths to February 2022. This is 'as expected' when compared to the previous annual position (January 2022 data) of 1.0772.
Operational Performance									
Indicator	Domain	Frequency	Target / Standard	May-22	Jun-22	Jul-22	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	80.3%	75.0%	77.2%	↑		A&E waiting time performance based on economy. ED Economy performance for July 2022 was 79.7% for CGH, and 72.7% for IH.
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Responsive	M	92.0%	65.9%	65.2%	64.0%	↓		

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	May-22	Jun-22	Jul-22	Mov't	Trend	Comments
All cancers – maximum 62-day wait for first treatment from:									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	73.2%	76.0%	72.4%	↓		Screening service performance snapshot as reported in Accountability Framework taken at 26th August 2022.
- NHS cancer screening service referral	Responsive	M	90.0%	80.3%	76.2%	85.4%	↑		
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	19.4%	19.9%	20.7%	↑		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	May-22	Jun-22	Jul-22	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	4.1%	4.5%	5.4%	↑		Short term sickness 3.5%, long term sickness 1.93%
Staff turnover	Well-led	M	tbc	9.4%	9.0%	9.1%	↑		Voluntary turnover.
Executive team turnover	Well-led	M	tbc	0	0	0	→		
Proportion of temporary staff	Well-led	Q	tbc	3.9%	3.0%	3.4%	↑		Agency staff 3.4%. Bank & Agency staff 12.8%.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(7,761)	(7,706)	(6,858)	↓		
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	May-22	Jun-22	Jul-22	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	2	1	1			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 was assessed against the plan submission made on 28th April (Stage 2), which projected a deficit of £16.1m. From M3, the Trust plan reflects the revised plan submitted to NHSE/I on the 28th June: a breakeven revenue position. In July, the Trust delivered a surplus of £0.1m, contributing to a cumulative surplus of £0.2m. For the year to date, there is also a favourable variance of £0.2m against control total. Because of this, the overall use of resources rating has remained at a 2 (where 1 is best). Liquidity has deteriorated to a 3 linked to the fact that working capital has remained consistent with June, whilst cumulative operating expenses have increased. It is important to note that agency spend performance is now being measured against the notified ceiling for 22/23 of £15.9m (the 21/22 ceiling was £24m). Although the Trust is currently exceeding this target on a year-to-date basis, as total agency spend is less than 25% of the total pay bill a score of 2 is still being achieved.
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	0	3	2	3			
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	0	3	2	2			
I&E MARGIN : Variance from Plan	Finance	M	0	1	1	1			
Agency Spend : Remain within agency ceiling	Finance	M	0	3	2	2			
Overall: Use of Resources Rating	Finance	M	0	2	2	2			
Overall : NHS system oversight framework segmentation									
Indicator	Domain	Frequency	Target / Standard	May-22	Jun-22	Jul-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 3 (June performance)

Clinical divisions performance

DAM meetings were held on, Tuesday 2nd, Wednesday 3rd and Friday 5th of August, reviewing June 22 data and performance.

	Cancer and Diagnostics				Integrated Pathways				Medicine (Colchester)				Medicine (Ipswich)				MSK and Specialist Surgery				NEE Community Services				Surgery and Anaesthetics				Women's and Children's			
Caring	3	4	↑	↗	2	3	↑	↗	2	2	→	↗	3	2	↓	↗	2	2	→	↗	3	2	↓	↗	3	2	↓	↗	3	3	→	↗
Responsive	2	2	→	↗	3	4	↑	↗	2	2	→	↗	3	3	→	↗	2	2	→	↗	4	4	→	↗	1	2	↑	↗	2	2	→	↗
Safe	3	2	↓	↗	3	3	→	↗	2	2	→	↗	3	3	→	↗	2	2	→	↗	2	2	→	↗	3	3	→	↗	3	3	→	↗
Effective	2	2	→	↗	2	1	↓	↗	2	3	↑	↗	3	3	→	↗	3	2	↓	↗	2	2	→	↗	1	1	→	↗	1	2	↑	↗
Well-Led	3	2	↓	↗	1	1	→	↗	1	1	→	↗	2	2	→	↗	2	2	→	↗	2	2	→	↗	2	2	→	↗	2	2	→	↗
Use of Resources	2	2	→	↗	3	3	→	↗	3	2	↓	↗	3	3	→	↗	3	2	↓	↗	2	2	→	↗	2	2	→	↗	2	3	↑	↗
Aggregated AF Score	2	2	→	↗	2	1	↓	↗	2	2	→	↗	3	3	→	↗	2	2	→	↗	2	2	→	↗	1	2	↑	↗	2	2	→	↗

Overall performance remains static for all Divisions apart from Integrated Pathways where performance deteriorated from a 2 to a 1; and Surgery and Anaesthetics improved from a 1 to a 2.

Corporate performance

The meetings to review M3 Corporate Services performance were held in the w/c 8th August.

- Appraisal performance continues to be a challenge for most Corporate services. ICT, Medical Director and Research & Innovation were the only CDGs compliant in month.
- Estates and Facilities and Operations are the only CDGs not meeting the 'Total absence' Trust target.
- FYE CIP continues to be a challenge for Faculty of Education, Finance & Information Services, Nursing and Research & Development.

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

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

Score Rating	1 Inadequate	2 Requires Improvement	3 Good	4 Outstanding
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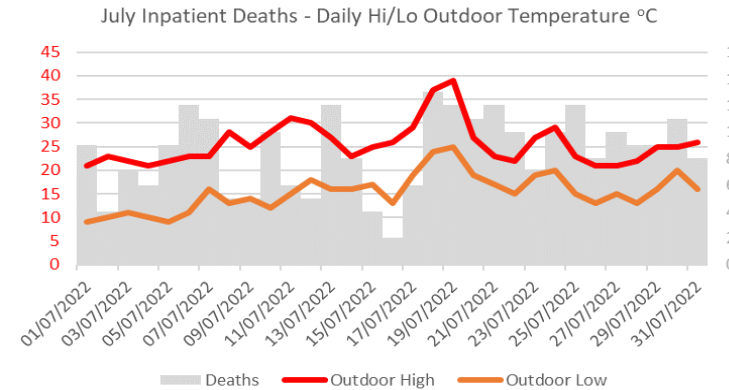
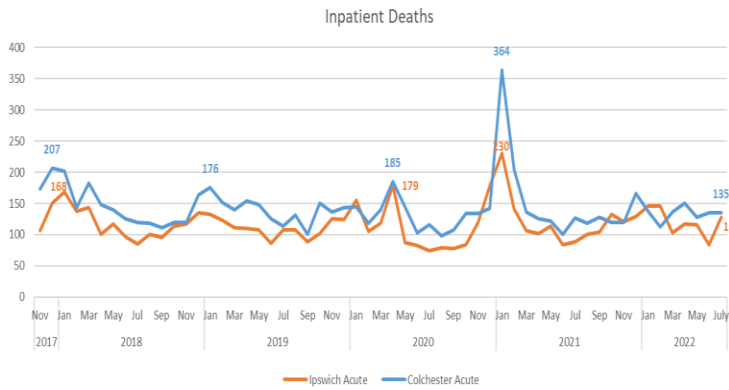
Mortality: Trend Data – All inpatients

July 2022

263 inpatient deaths (219 in June) – above seasonal ‘norm’ for both sites – increased mortality link to high overnight temperatures. Normal average July daily ranges 12/22°C, average daily temp July 2022 15/26°C.

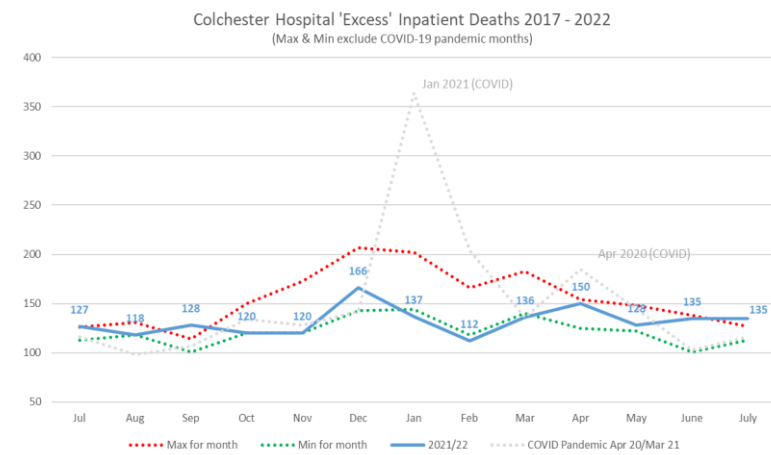
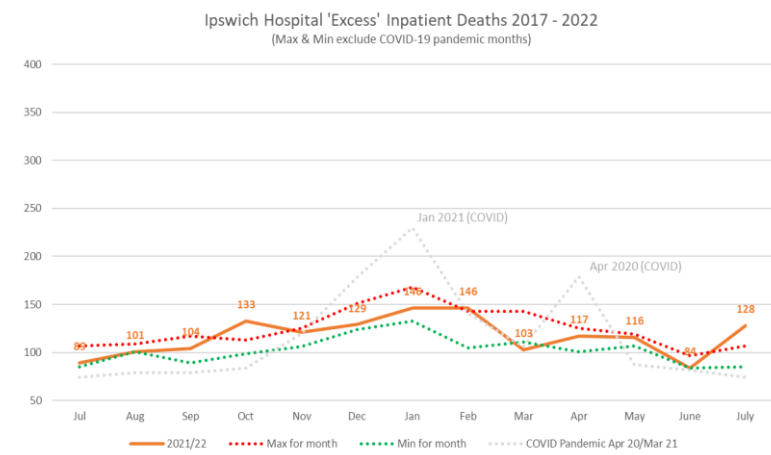
19 deaths in EDs (25 deaths in June).

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.



(IP = inpatient)	July 22 No. Deaths	July 21 No. deaths	Rolling 12 mths avg
Ips acute IP	128 (84)	89	116
Col acute IP	135 (135)	127	131
Ips ED	7 (12)	8	7
Col ED	12 (13)	12	13

Figure in brackets = previous month



Mortality Ratios - Data Sources DF Intelligence

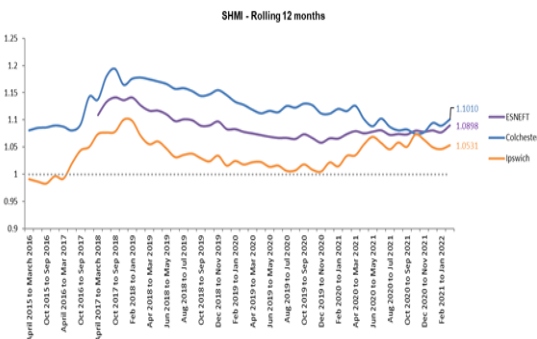
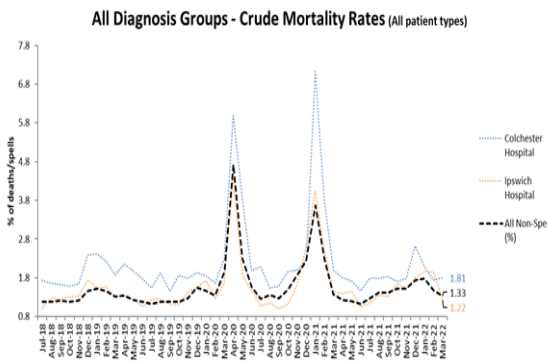
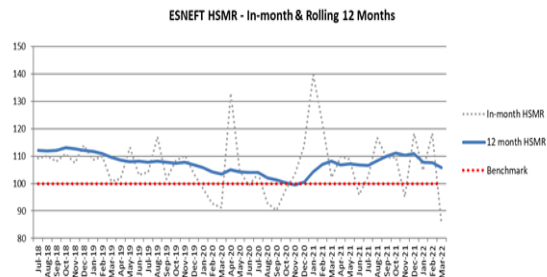
Summary

ESNEFT 12-mth HSMR to March 2022, 105.8 'higher than expected'.

ESNEFT all-diagnoses (SMR) to March 2022, 104.4 'higher than expected' (marginal).

ESNEFT SHMI to February 2022 1.0898 'as expected'.

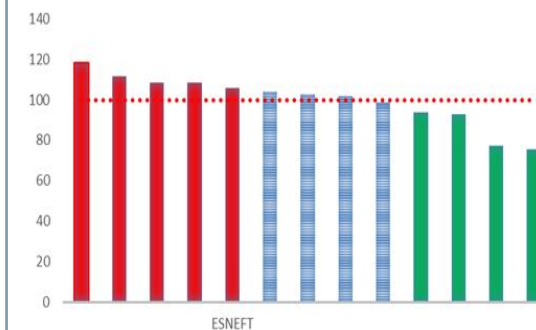
33 patients died in July with a COVID-19+ Swab/ COVID-19 on the MCCD, with 20 deaths still under review- 3 of these deaths were due to nosocomially acquired covid



Dr Foster Summary – draft Year End Position

12 month rolling data except where specified		ESNEFT	IPS	COL
Mar 22	HSMR EXCLUDES C-19 ON ADMISSION	105.8	↓ 114.7	102.4
Mar 22	HSMR in-month EXCLUDES C-19 ON ADMISSION	84.9	78.0	93.4
12 mths to March 2022 – complete coding	HSMR Lower confidence limit EXCLUDES C-19 ON ADMISSION	101.6	↓ 108.1 Outlier	96.8
	HSMR NO C-19 PATIENTS	104.4	→ 113.0	101.3
	HSMR Lower confidence limit NO C-19 PATIENTS	100.2 Marginal Outlier	→ 106.4 Outlier	95.7
	HSMR Death rate (nat. 3.2%)	3.0%	↑ 3.0%	3.3%
	All diagnosis groups INCLUDES C-19 DURING ADM	104.4	↓ 111.3	101.2
	Lower confidence limit (all)	100.7 Marginal Outlier	↓ 105.5 Outlier	96.3 As expected

HSMR 2021/2022 - PEER GROUP



SHMI – 12 months to February 2022

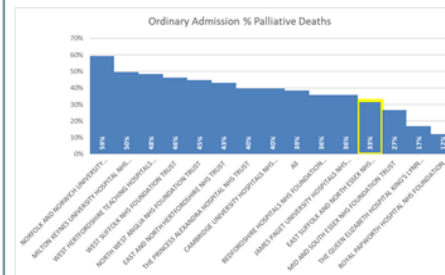
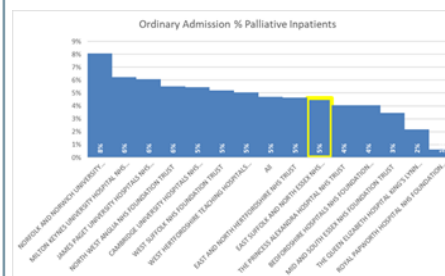
ESNEFT – ↑ 1.0898 – 'as expected'
Ipswich acute ↑ 1.0531 – 'as expected'
Colchester acute – ↑ 1.1010

Scanning backlog update

Delays now being experienced on Ipswich site

Specialist Palliative Care Coding

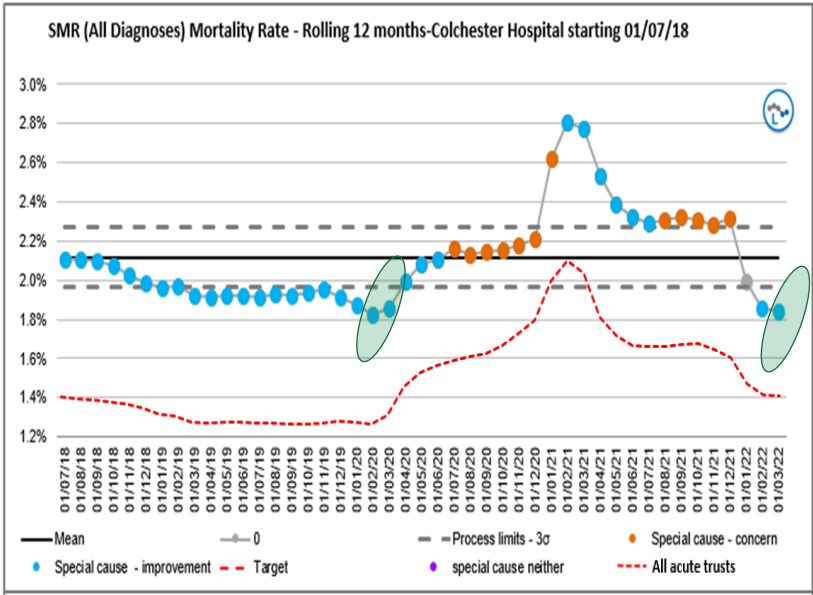
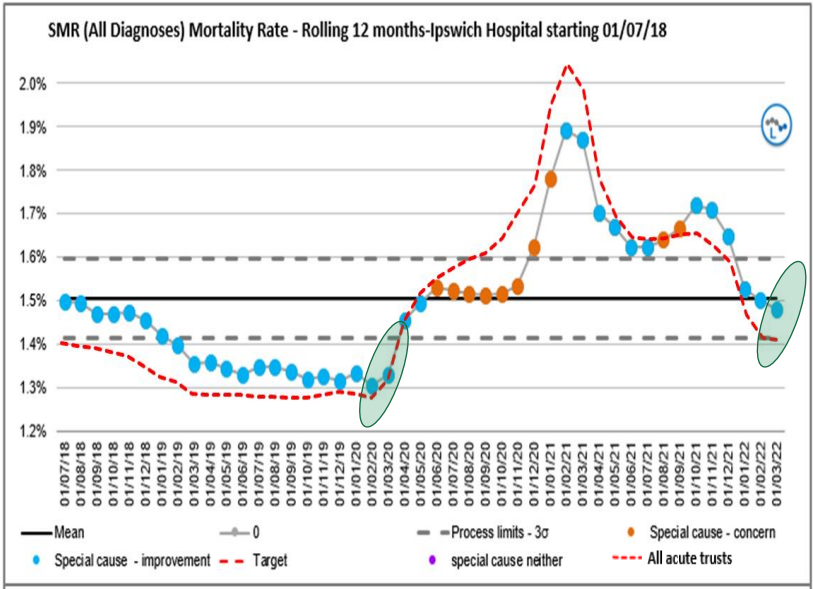
From September 2021, the Trust made the decision to code all contact with the palliative care team as specialist palliative care. Although there were concerns that this would make the Trust an outlier, early figures indicate that ESNEFT will be below average in the peer group, with Ipswich coding fewer spells than Colchester. This is being reviewed.



Mortality rates: source Telstra Health (Dr Foster)

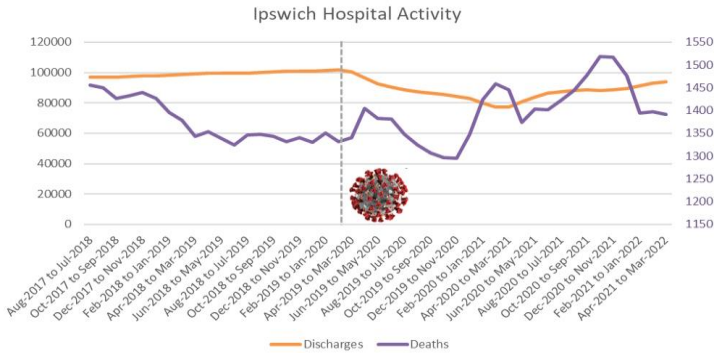
Summary

Mortality rates at Colchester have returned to pre-pandemic levels but remain slightly elevated at Ipswich owing to a slight increase in deaths coupled with a loss of discharges.



The site SPC charts show rolling 12-month mortality rates, based on all patient types (admissions/day case/babies etc.) and all diagnoses. The red dotted line indicates rolling 12-month mortality rates for all non-specialist acute trusts. Between 2018 and 2020, the Trust saw drops on both acute sites in mortality rates – gains made were quickly lost following the start of the COVID-19 pandemic.

Ipswich Hospital has broadly followed the national trend and since the loss of data periods which include January 2021, has returned to rates seen in 2018, but is still around 0.2% higher than the 12 months to March 2020. Pre-pandemic, a slight increase in discharges coupled with a drop in the number of deaths to a rolling 12 month average of around 1,340, resulted in a drop in mortality rates. For the most recent published data, 1,392 deaths were recorded in 8,000 fewer spells.



Colchester Hospital remained around 0.7% higher than the acute trust average until the last few months of 2021/22, at which point, the rate was around 0.4% higher - the year 2021/22 is now back to pre-COVID-19 levels.

Mortality Trend Data - Stillbirths

Summary

The data shown now follows MBRRACE reporting criteria and excludes terminations of pregnancy and very premature births.

Provisional Data

Summary 12 months to June 2022

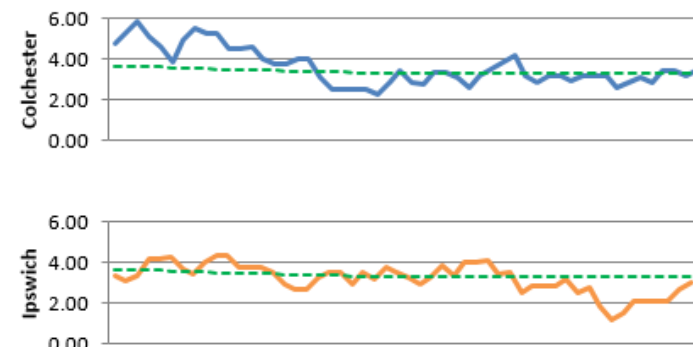
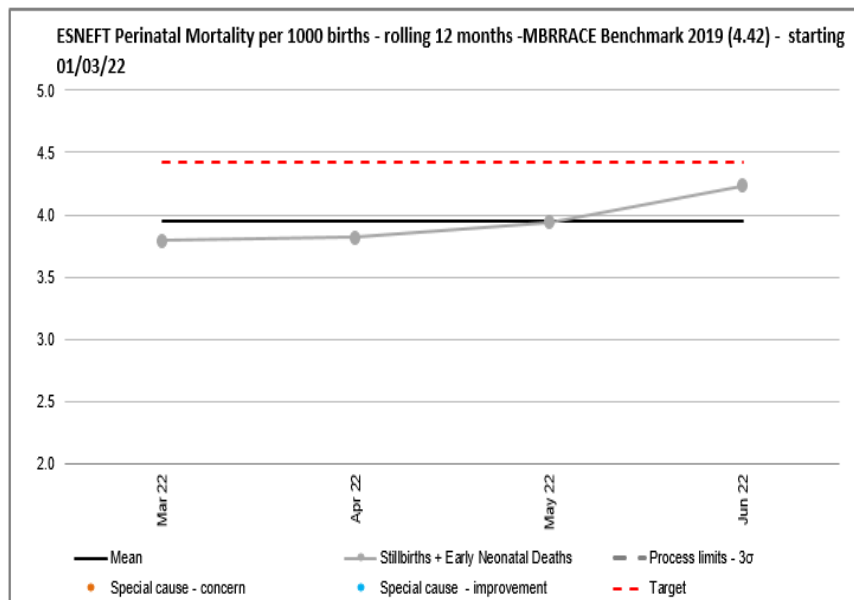
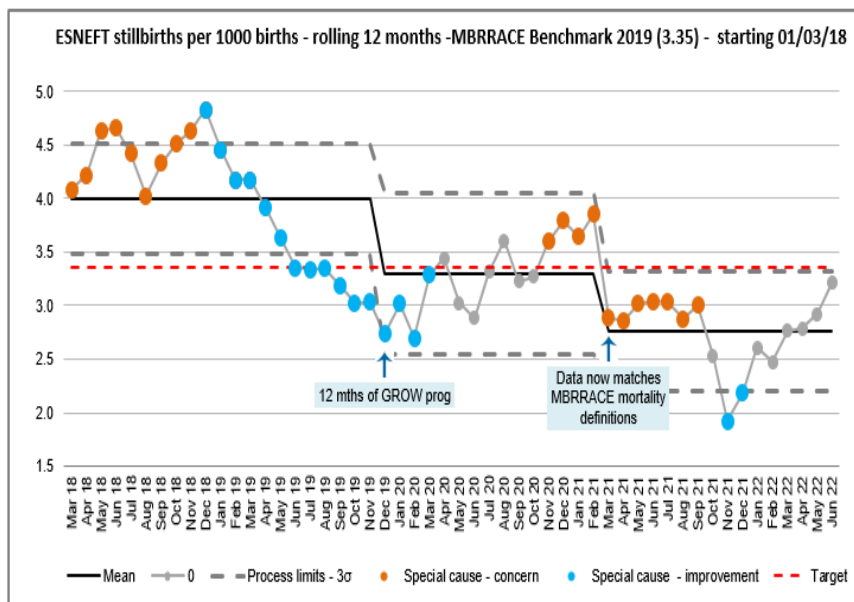
Stillbirths/1,000 births[†] 3.21 – 2019 MBRRACE* 2019 benchmark 3.35.

Perinatal mortality 4.23/1000 births[†] – MBRRACE* 2019 benchmark 4.4 (4.27-4.57).

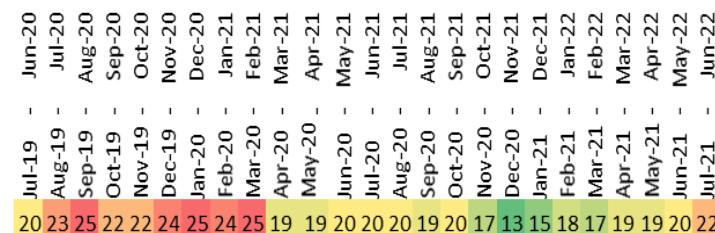
Increase noted by Colchester team in stillbirths – report to be presented August.

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

[†]excludes terminations of pregnancy and births <24+0 weeks gestational age



Colchester maternity services have noticed an increase in stillbirths, particularly over the last 5 months. The draft annual report on ESNEFT stillbirths will be presented at the August Learning from Deaths meeting; this will include all findings and identification of themes.



Most recent MBRRACE published data (2019)
ESNEFT 2.89 stillbirths/ 1000 births, national 3.35
ESNEFT Extended perinatal mortality 3.81, national 4.96

Mortality: Learning from Deaths meeting August 2022

Presentation - Integrated Pathways (Ipswich) – Dr Lim

- October to May 2022 – 100% compliance with mortality reviews – most are rated good to excellent care
- Positive themes include good MDT working, good communication with families and recognition of EoL with shared decision-making.
- Negative themes around identification of/actions around AKI, weekend/bank holiday handover and nursing documentation, specifically nutrition and fluid balance.
- Therapies identified issues with the provision of bariatric equipment and having staff trained to use it safely – under discussion at the bariatric working group.
- Community case presented regarding patient with degenerative neurological disease where family had assembled in the belief that the patient would be given an injection to end their life. Learning included importance of clear communication to ensure expectations are understood and acknowledgement of the excellent work done by the palliative team to support the patient and their family.
- OPS case study – learning points around diagnostic overshadowing, acknowledgement that earlier MRI may have changed management but the most significant factor was that this very ill patient had multiple bed moves, culminating in a move to an inappropriate ward against specific parent-team instructions, leading to lack of ownership/clinical oversight. This culminated in a failure to consider a neurovascular link to rising infection markers – action - Datix raised and patient safety team aware.
- Division is reviewing current format of M&M meetings in OPS to ensure all grades and professions are involved in discussion and to maximise learning.

Presentation – Stillbirth Summary 2021 – Mr Deole

- Impressive summary from Maternity regarding monitoring, benchmarking and changes made to reduce risk. Ipswich hospital had very low recorded stillbirths in 2021.
- Reduction in the number of term stillbirths in 2021 by 50%. It remains to be seen if Covid had an overall impact nationally on the number of term stillbirths for 2020 and 2021. None of the losses were intrapartum and therefore no cases met the criteria for referral to HSIB.

Year	2015	2016	2017	2018	2019	2020	2021
Col-SB	16	17	11	17	7	14	9
Rate	4.59	4.55	2.90	4.75	1.98	4.12	2.55
Ips-SB	9	11	9	11	8	11	5
Rate	2.91	2.97	2.50	3.6	2.8	4.4	1.42

- ESNEFT rates are relatively comparable to those in the MBRRACE report, with only 28 - 31 weeks gestations having a higher number per thousand than nationally (2019 data).

Mortality: Learning from Deaths meeting August 2022

- Work done is ongoing around known risk factors included smoking cessation (more of a Colchester issue), carbon monoxide monitoring, consideration of increased supported in deprived areas (Tendring and postcode IP2) where stillbirth rates are 3 times higher than areas of lower deprivation, and supporting Colchester patients to have a PM to provide diagnostic accuracy in the event of further pregnancies (historically poor uptake). Ethnicity results are affected by very low numbers of total births in each patient group.
- The Saving Babies' Lives Bundle (2) was discussed, particularly reduced fetal movement – education for mothers is good but there have been pathway issues in terms of clinical management on presentation – this is part of ongoing staff education.
- From the PMRT reviews all the causes of death have been reviewed. Suspected cord accident was the most common cause of death in the stillbirth cohort (4 cases) - this unfortunately is a non-preventable cause of death. In 3 cases the cause of death was undetermined. Overall, there were 5/12 cases reviewed (42%) where there were care issues which *may* have made a difference to the outcome for the baby and 2/12 cases (17%) where care *may* have affected the outcome for the mother.

Presentation – Colchester Medicine – Dr Saksena

- Mandatory review compliance has been consistently good for the year until April 2022 with care rated good/excellent in 86% cases.
- Many units continue to implement findings to improve care after review.
- MDT meetings and review as part of 2 at the Top has involved many wards to share learning with wider MDT team and improve safety culture.
- Change in behaviours of reviewing staff to improve care provision and decision-making processes.
- Departmental induction in small groups highlighting needs for high quality documentation –the Stroke Unit has updated induction to reflect this for junior doctors.
- Encourage PTWR presentation to seniors –ongoing in the EAU settings but also done in Stroke unit due to direct admissions from A&E.
- Inter-specialty referral is still patchy and being hindered by the new Colchester automated switchboard.
- Ambulance delays, both following 999 calls and following request for tertiary transfer, mean that NICE time response standards had not been met.
- Major challenges in the review outcome themes include communications with families, DNACPR, fluid and electrolytes imbalances, inter-specialty referral and coordination. Multiple ward transfers/handover issues are also a contributor to poor outcomes in a few cases.
- Excellent support from the palliative care team was noted.

Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,945 incidents reported in July. This increased from 2,629 reported in June. 2,562 of these incidents were Patient Safety related and 2,558 were reported to the NRLS.

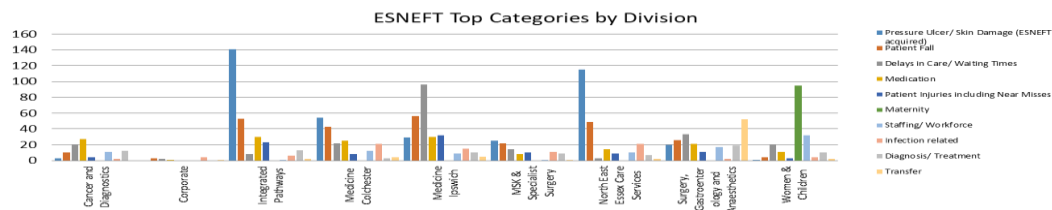
Overdue incidents have shown an increase to 579 (496). Work continues with the Divisions to reduce this number as a key priority.

There were 39,852 admissions resulting in 64.18 incidents per 1,000 bed days across ESNEFT.

The highest reported category was pressure ulcer/skin damage: There were 388 (323) incidents reported, 4 severe harm (1 NEECS, 3 x Integrated Pathways) and 51 moderate harm.

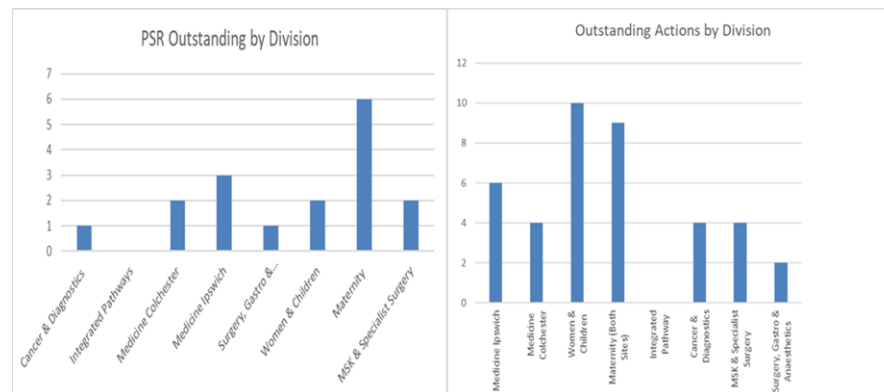
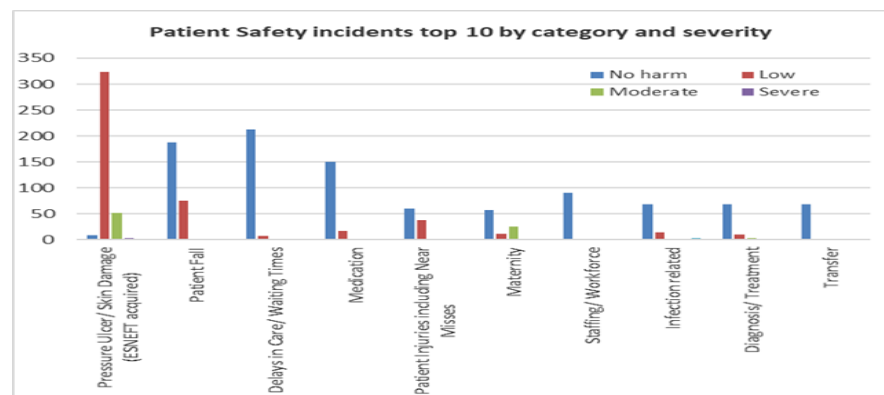
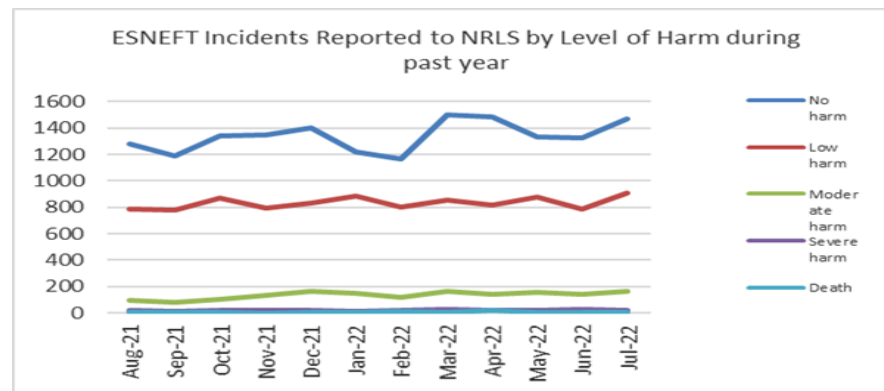
The 2nd highest reported category was Patient Falls with 266 (230) incidents. 1 graded as severe within Medicine Ipswich, 2 moderate, 1 for NEECS and 1 for MSK & Specialist Surgery and the remainder low and no harm.

The 3rd highest reported category in the month of July was Delays in care/waiting times. There were 221 (155) incidents reported across the Trust, all are no or low harm.



Patient Safety Reviews Overdue and with Actions outstanding

- A total of 27 PSRs are overdue. The breakdown is as follows: Medicine Ipswich (4), Medicine Colchester (2), MSK & Specialist Surgery (4), Surgery, Gastroenterology & Anaesthetics (4), Cancer & Diagnostics (1) and Women & Children (12), which includes 10 for Maternity Services and 2 for Gynaecology.
- There are currently 45 (39) actions outstanding for July 2022: Medicine Colchester (3), Medicine Ipswich (16), Corporate (2), Surgery, Gastroenterology & Anaesthetics (8), MSK & Specialist Surgery (4), Women & Children (6), Maternity Services (6).



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

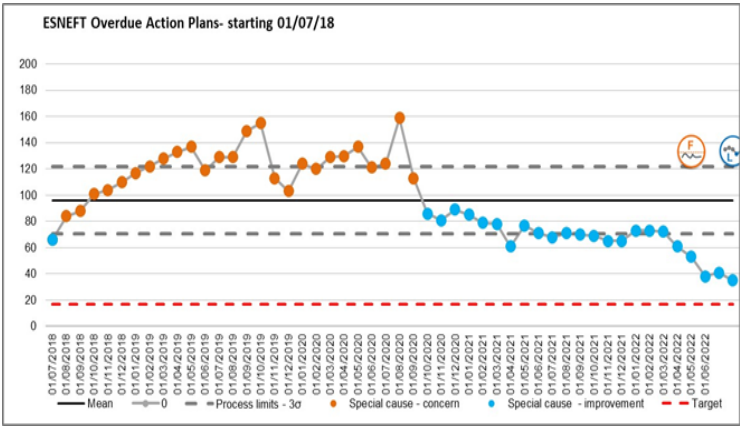
Never Events

There were no never events reported in July.

Number of Completed Action Plans closed in the Month

6 Action Plans have been closed by the ICB in July 2022. There are currently 35(41) plans overdue.

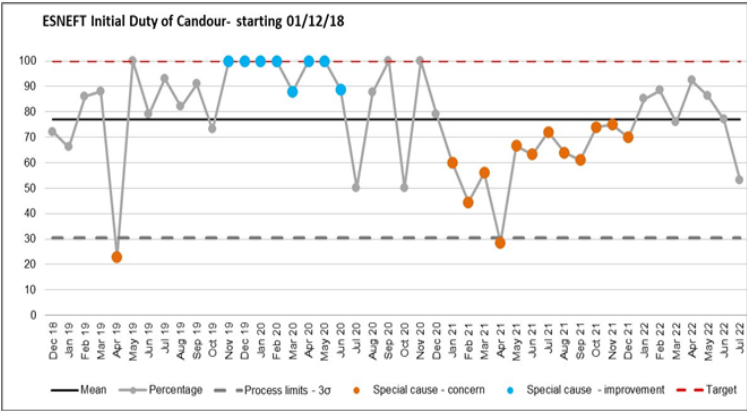
Regular reviews continue with the ICB to close all historic action plans. This is to ensure that evidence required to close these remains appropriate and relevant. Divisions continue to be proactive in providing evidence in order to close actions.



Duty of Candour

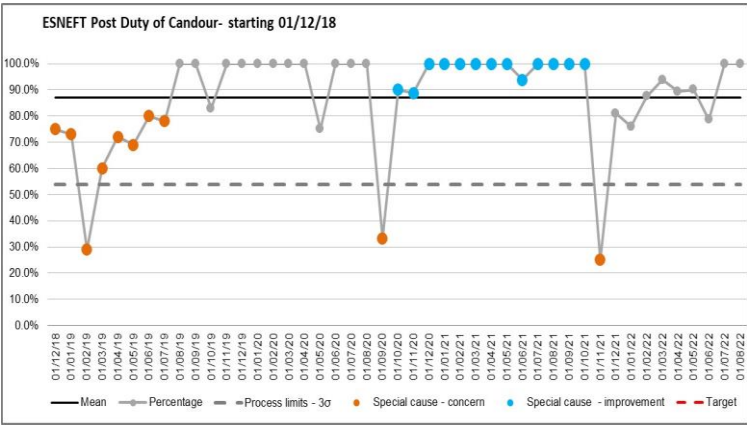
A total of 17 initial DoC for moderate harm were due in the month of July, of which 9 were completed within the timeframe.

The Trust compliance is 52.94% (76.92%)



Division	Total Due	Total Completed
Integrated Pathways	12	7
Medicine Ipswich	0	0
Medicine Colchester	3	2
MSK & Specialist Surgery	4	4
North East Essex Integrated Care Services	12	9
Surgery, Gastroenterology and Anaesthetics	1	1
Women & Children (Maternity Colchester)	2	2
Women & Children (Maternity Ipswich)	4	4
Women & Children	0	0
Cancer & Diagnostics	1	1

There were 14 post DoC due in July 2022, All of which were completed within the timeframe. Overall Trust compliance is 100% (100%).



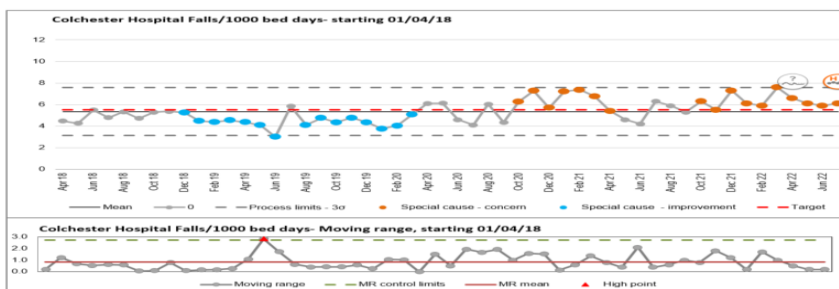
Division	Total Due	Total Completed
Medicine Ipswich	2	2
Medicine Colchester	0	0
MSK & Specialist Surgery	7	7
North East Essex Integrated Care Services	0	0
Surgery, Gastroenterology and Anaesthetics	1	1
Women & Children	10	10
Cancer & Diagnostics	0	0
Integrated Pathways	6	6

Patient Safety – Falls

Colchester site

Colchester reported 102 falls in July which is an increase on June (92). Unfortunately, there was 1 fall resulting in serious harm whereby the patient sustained a subdural haematoma. There were 26 low harm and 75 no harm incidents. The peak time bands for falls incidents are between 0900hrs and between 1100hrs which is consistent with incidents in the previous two months.

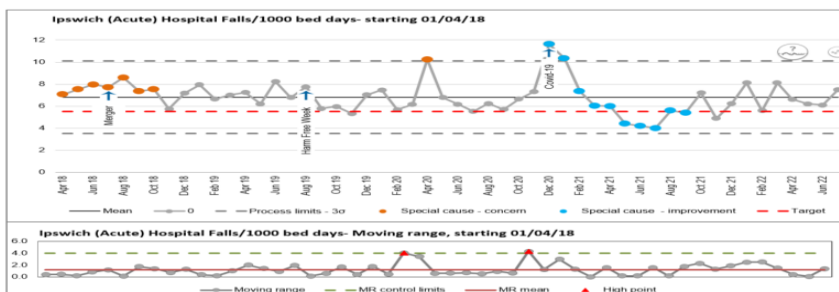
This shows 6.1 falls per 1,000 bed days which is an increase on June (5.9) and is below the national benchmark of 6.63 and above the ESNEFT benchmark of 5.0. The local benchmark has since been revised and is now set at no more than 5 falls per 1,000 occupied bed days for the acute sites.



Ipswich site

Ipswich acute site reported 119 falls in July which is an increase on June (95). There were 29 falls with low harm and 85 falls with no harm. Unfortunately, there were 2 falls that resulted in serious harm – one patient sustained a fractured neck of femur and the other fall resulted in a subdural haematoma. The peak time bands for falls incidents are between 1500hrs and between 1700hrs which is also consistent with the previous two months.

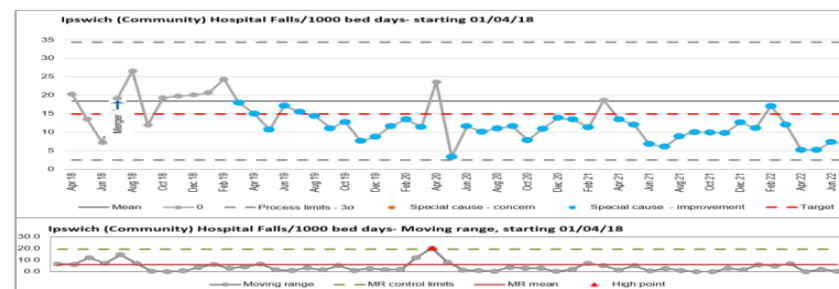
This shows 7.5 falls per 1,000 bed days which shows an increase on June (6.1) and is both above the national benchmark of 6.63 and the ESNEFT benchmark of 5.0.



Community Sites (Suffolk)

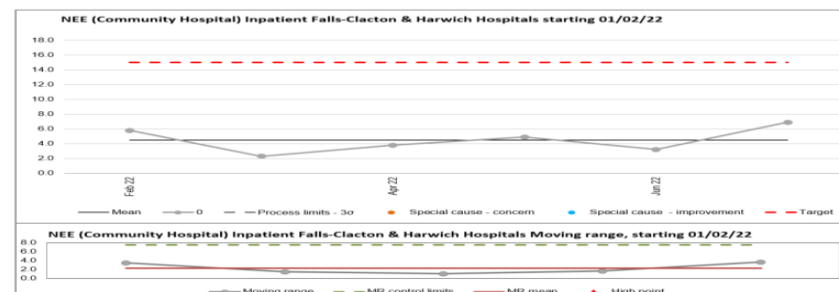
The Suffolk Community Hospitals collectively reported 18 falls in July which is an increase on June (14). Aldeburgh Community Hospital reported 9, Bluebird Lodge reported 7 incidents whilst Felixstowe Community Hospital reported 2 falls.

Positively there were no falls that resulted in serious harm. There were 5 low harm and 13 no harm falls. This gives a figure of 6.8 falls per 1,000 bed days which is a decrease on June (7.3) and is below the ESNEFT local benchmark of no more than 15 falls per 1,000 bed days in the community hospitals.



North East Essex Community (NEECs):

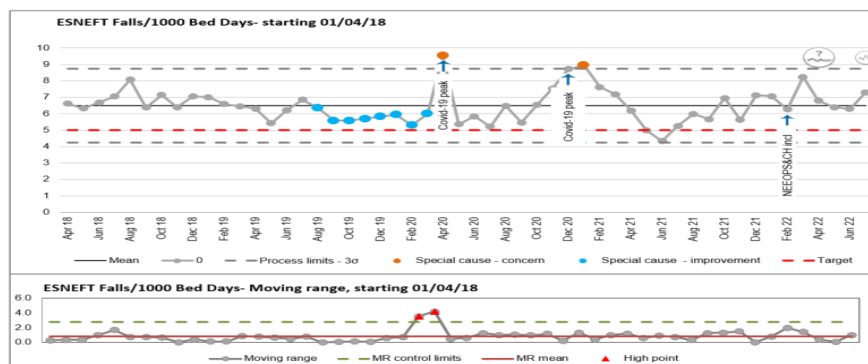
The community hospitals (Clacton – Durban Ward & St Osyth's Priory Ward and Harwich – Trinity Ward and Waverley Ward) in North East Essex collectively reported 16 inpatient falls in July which is an increase on June (7). Trinity Ward reported 7, Waverley 1 and St Osyth's Priory 8. Positively there were no falls resulting in serious harm. The bed days for NEECS in June increased slightly to 2,305 which gives a figure of 6.9 (June 3.2) falls per 1,000 bed days based on local benchmark for community hospitals of no more than 15 falls per 1,000 bed days.



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 and below the ESNEFT local benchmark of 5.0 (15.0 for community hospitals). The overall figure for the acute sites in July is 6.8 falls per 1,000 bed days (June 6.0) which is above the national and above the local benchmarks and 5.3 for the community hospital sites. (June 4.8). The local benchmark has been reviewed via the Falls Operational Group and Clinical Effectiveness Groups to consider the number of inpatient falls incidents during the preceding year – however this will remain at no more than 5.0 falls per 1,000 bed days for the acute sites as a local benchmark against a national benchmark of 6.63 with the community local benchmark remaining at no more than 15.0 falls per 1,000 bed days.



In July, Colchester site saw an increase in bed days (↑ 1,094 days), Ipswich acute site also saw a slight increase (↑233) in bed days in comparison to June. The Trust has seen fluctuating numbers of patients with Covid-19 and 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 which ultimately impacts on the levels of supervision of patients at high risk. Many wards continue to see an increase of patients admitted with complex needs who ultimately require increased levels of supervision with some requiring 1:1 support. 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.

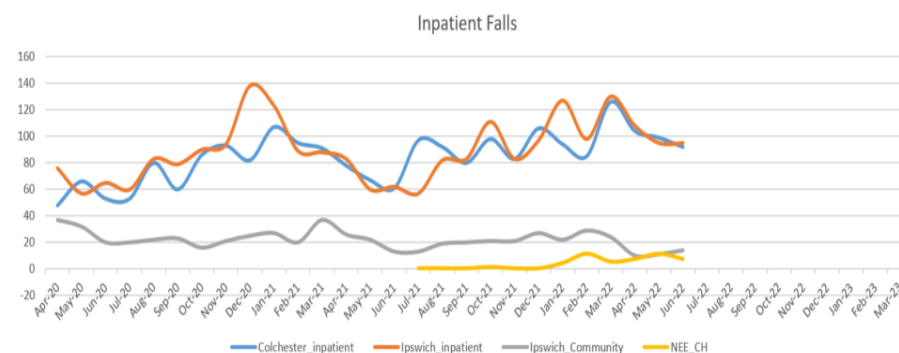
The Trust has taken delivery of new low-rise bed frames and competency training for the new beds is now being implemented.

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.

Following the introduction of After Action Reviews to investigate falls with serious harm, the new process has received some positive feedback in terms of learning at ward level and reduced length of time to investigate incidents. The Harm Free Team have successfully recruited into the new falls practitioner post for Colchester and North East Essex community hospitals.

Falls Prevention Group

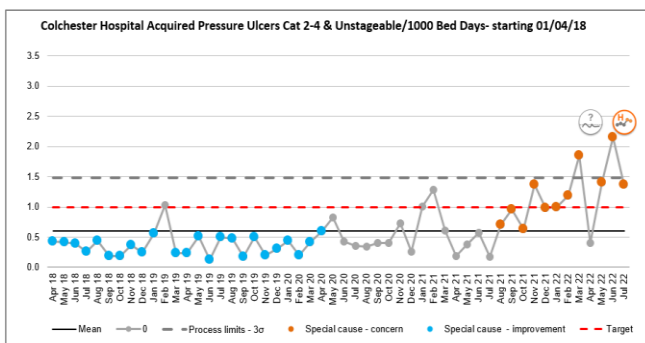
The Falls Prevention Group meetings have been held intermittently during Covid due to clinical demands on attendees. These meetings have now restarted and the new falls strategy, work plans and Terms of Reference have been shared and approved by both site groups. Following approval of both the falls strategy & work plan at site falls group meetings, the falls strategy and work plan is to be shared at PSEG meeting for oversight.



Patient Safety – Tissue Viability

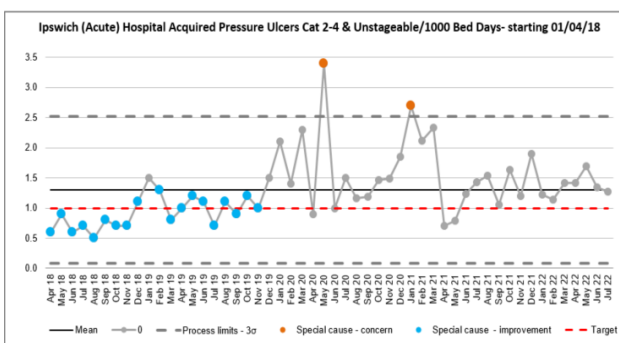
Colchester Site:

There were 19 hospital acquired category 2 pressure injuries recorded this month, 2 of which were medical device related. There were 6 unstageable pressure injuries recorded. This gives a bed days figure of 1.37 per 1,000 bed days, a decrease of 0.8 from the previous month. NHS Productivity Calculator gives a central estimate cost of £174k for a cumulative total of 25 Hospital acquired pressure injuries.



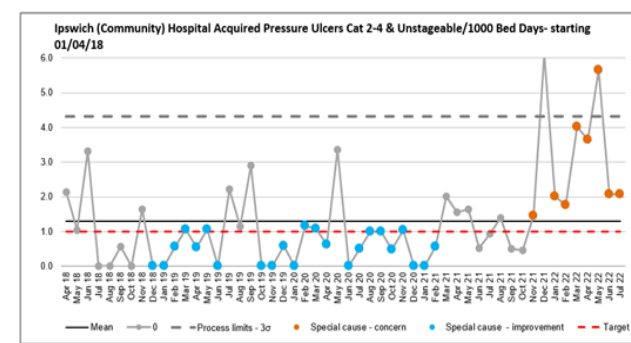
Ipswich Hospital:

There were 20 hospital acquired category 2 pressure injuries recorded this month. There were 3 category 3 pressure injuries and 1 unstageable pressure injury. This gives a bed day figure of 1.39 hospital acquired pressure injuries which is similar to the previous month, NHS Productivity Calculator gives a central estimate cost of £160k for a cumulative total of 24 Hospital acquired pressure injuries..



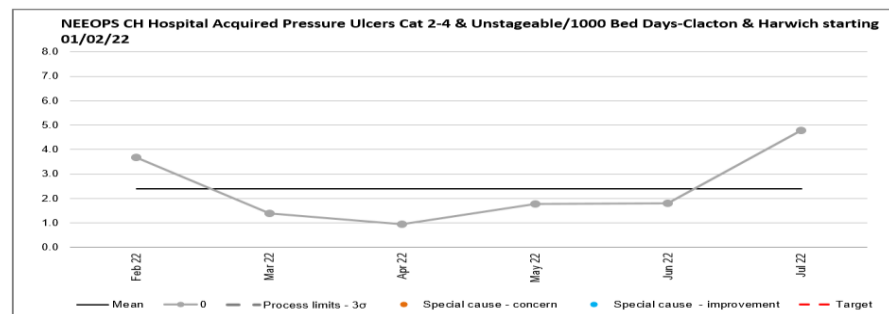
Ipswich Community Hospitals :

There were 5 category 2 pressure injuries and 1 unstageable pressure injury recorded. This gives a bed days figure of 2.13, which is the same from the previous month. NHS productivity calculator gives a central estimate cost of £40k for a cumulative total of 6 ESNEFT acquired pressure injuries.



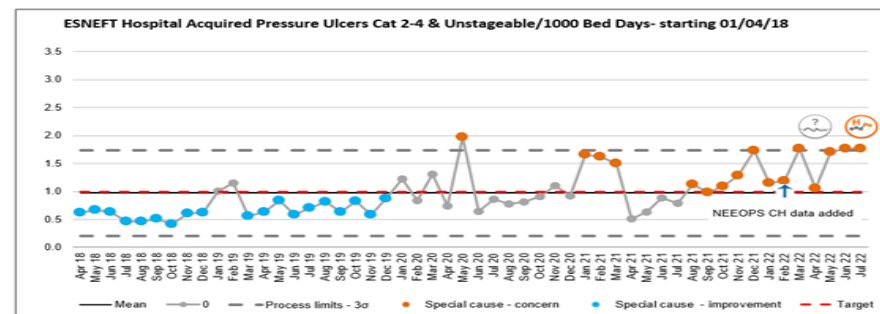
NEECS Community Hospitals:

There were 8 category 2 pressure injuries and 3 category 3 pressure injuries recorded. This gives a bed days figure of 4.77 an increase of 2.9 from previous month. NHS productivity calculator gives a central estimate cost of £78k for a cumulative total of 11 ESNEFT pressure related injuries.



ESNEFT

The month of June shows 1.8 developed pressure ulcers per bed day. There was a cumulative total of 66 pressure related injuries recorded across ESNEFT. This gives a bed days figure of 1.66. NHS productivity gives a central estimate cost of £452k.

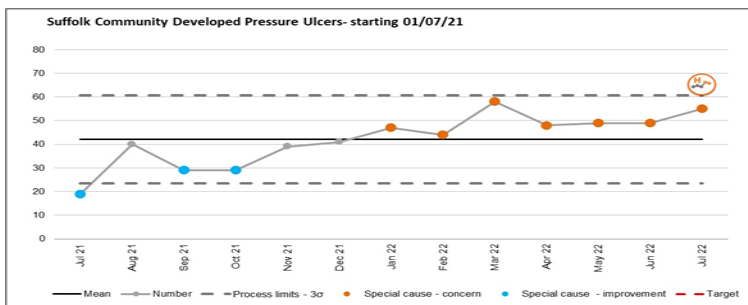


Patient Safety – Tissue Viability

Suffolk Community

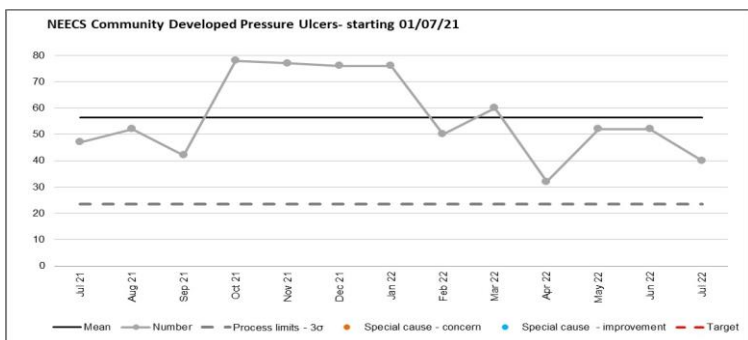
Extraordinary harm free panel held on the 5th of July. This enabled an opportunity to review all outstanding RCAs across the community, highlight running themes and ensure a more timely response moving forwards.

A new format of Integrated Learning Fora commenced 26th of July. This provided an opportunity to begin to discuss and learn from running themes within Datix and RCAs and has instigated the commencement of projects to aid in quality improvement. These will be bi-monthly meetings that include clinical leads from the community nursing, therapy and social care workforce.



NEECS Community Services Patient safety report Pressure ulcer figures July 2022

There were 40 pressure ulcer wounds submitted via Datix in July 2022 at category 2 and above which are currently on Datix as occurring whilst the patient was under the care of NEECS community services as below:



There are also deep tissue injuries (DTIs) which are currently under review which will be updated with their evolution on Datix once the 2 week review period has elapsed for these pressure ulcers.

July updates:

- The new Tissue Viability Specialist Nurse for Ipswich East area has commenced in post and is starting to accept referrals and to get to know the Suffolk Community Teams.
- There are plans across ESNEFT that after a period of focussed education that the Band 7 Nurses will commence review, oversight and verification of Deep tissue injuries, category 1 and category 2 pressure damage. This roll out is planned for the beginning of September 2022 to ensure education has been delivered.
- The Tissue Viability Peer Review has taken place which is currently being reviewed alongside recommendations which will be shared with the quality and patient safety committee in October.
- Education remains a key priority and there are education sessions planned across medicine for the elderly at the Colchester site and NEECS community. More in depth training is also being commenced within the Maternity service at Colchester with plans for this teaching to cascade to the Ipswich site also. The overall tissue viability education plan is under review with a roll out of a new package planned for early October 2022.
- There is work underway to review and revise Pressure Ulcer Prevention care plans, to update the intranet information relating to Tissue Viability and review and relaunch an ESNEFT wide education package.
- There have been some national supply issues with the RENASYS topical negative pressure system used for complex wound management/closure, however with the support of the Procurement team, we have been able to maintain a safe stock level to enable the acute sites to continue to provide this service.

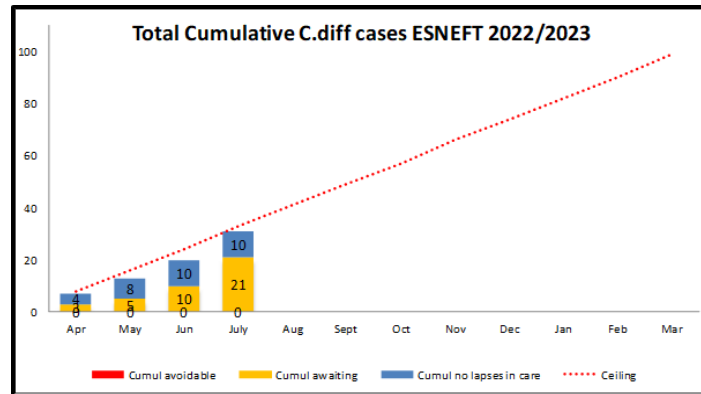
Patient Safety – Infection Control

Clostridium difficile (C.diff)

Colchester reported 8 case of C.diff in July (5 HOHA, 3 COHA). Ipswich & Community reported 3 cases (2 HOHA, 1 COHA).

There were a total of 11 Trust attributed C.diff cases in July 2022.

All C.diff cases that occurred in 2021/22 have been signed off from our ICB colleagues relating to the Ipswich & East Suffolk cases.

**MSSA**

Ipswich HOHA (2) COHA (1)

HOHA – Saxmundham – UTI, COVID-19 positive

Washbrook – PICC line infection, Line tip MSSA positive, poor recordings of VIPs; panel review meeting yet to be held.

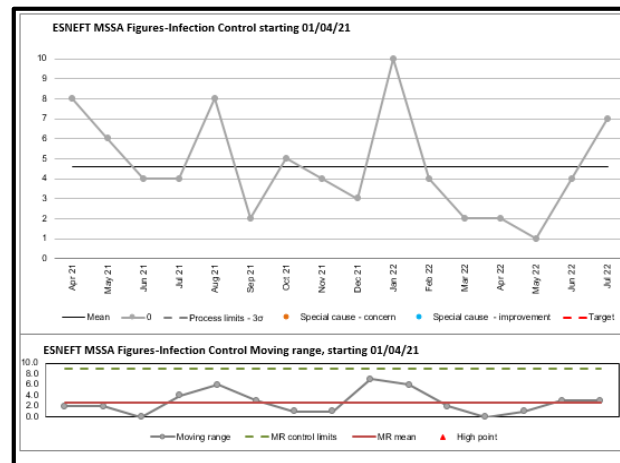
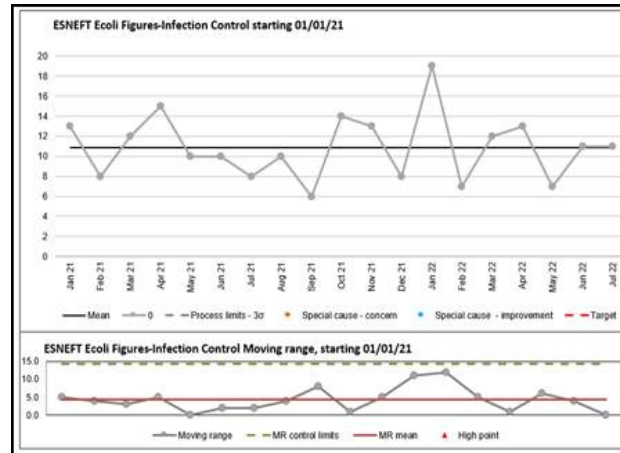
COHA – Bramford was Deben

Colchester HOHA (2) COHA (2)

HOHA – West Bergholt – CVD source, CKD on HD, isolated MSSA on exit site swab, pus coming out from femoral line

Brightlingsea – unknown source, underwent laparotomy, total colectomy & end ileostomy (UC failed medical treatment)

COHA – Copford and Easthorpe

**MRSA**

There were no hospital-apportioned cases in July 2022. There were 6 new MRSA isolates at Colchester hospital

Ward	Comments
Trinity Ward	No admission swab obtained Multiple Ward transfers: MRSA screen repeated day after transfer to Stroke Unit – MRSA NOT isolated MRSA screen NOT repeated after transfer to Tiptree Ward MRSA screen obtained after transfer to D'Arcy Ward – MRSA NOT isolated MRSA screen obtained after transfer to Trinity Ward – MRSA isolated spinal wound (previously Staphylococcus aureus isolated) 96 days after admission (when day of admission is day 1)
Nayland (1)	Incomplete admission screen. Nose & groin swab on admission 20/06/2022 MRSA not isolated. High risk for MRSA (haemodialysis patient with an invasive device) MRSA isolated vascath tip 06/07/2022, Nose 12/07/2022
Nayland (2)	Incomplete admission screen MRSA screen not obtained after transfer to Layer Marney. Incomplete MRSA screen obtained on transfer to Tiptree 25/06/2022. Incomplete MRSA screen obtained on transfer to Easthorpe – MRSA NOT isolated.
HOBS, EAU	Incomplete MRSA screen obtained day after transfer to Nayland MRSA screening exercise 26/07/2022 MRSA isolated nose & groin 53 days after admission (when day of admission is day 1)
Brightlingsea Ward (1)	MRSA screen obtained on admission negative. MRSA screen obtained day after transfer to HOBs from Langham Ward (required thrombolysis). MRSA isolated right forearm 23 days after admission (when day of admission is day 1)
Brightlingsea Ward (2)	Elective admission MRSA NOT isolated pre admission Multiple ward transfers: MRSA screen NOT repeated after transfer to Stanway Ward 08/06/2022. MRSA screen obtained day after transfer to Brightlingsea Ward – MRSA NOT isolated. MRSA isolated 45 days after admission (when day of admission is day 1)
	MRSA screen on admission MRSA NOT isolated MRSA isolated fluid cholecystostomy 8 days after admission

E.coli

Ipswich HOHA (2) COHA (2)

HOHA – Waldringfield – Unknown source, patient has metastatic ependymoma

Washbrook – Gastro – appendicectomy, GI bleed and duodenal ulcer

COHA – Was Somersham, was Saxmundham

Colchester HOHA (2) COHA (5)

HOHA – Peldon – upper urinary tract source, no urinary catheter, urine sample isolated E.coli

Peldon – under investigation, left knee septic arthritis

COHA – EAU, Tiptree, Stroke, Wivenhoe, Brightlingsea

Patient Safety – Infection Control

COVID -19 position

Month/Site	Number of HOIHA		Number of HOPHA		Number of HODHA		Total
	Colchester	Ipswich	Colchester	Ipswich	Colchester	Ipswich	ESNEFT attributable (HOPHA and HODHA cases)
March	63	71	47	40	54	49	190
April	48	40	24	51	24	61	160
May	8	10	9	4	9	9	31
June	17	23	17	13	19	14	63
July	35	19	24	30	24	27	105

*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 (patient) identified in July 2022 (21):

Colchester and North East Essex (11):

ACU 08/07/2022
 Copford 08/07/2022
 Langham 11/07/2022
 Aldham 13/07/2022
 Tiptree 13/07/2022
 Nayland 18/07/2022
 Fordham 18/07/2022
 Peldon 19/07/2022
 Layer Marney 22/07/2022
 D'Arcy 25/07/2022
 Wivenhoe 29/07/2022

Ipswich and East Suffolk (10):

Kirton 01/07/2022
 Washbrook 05/07/2022
 Saxmundham 06/07/2022
 Waveney 13/07/2022
 Shotley 17/07/2022
 Needham 18/07/2022
 Kesgrave 22/07/2022
 Stowupland 23/07/2022
 Debenham 24/07/2022
 Claydon 29/07/2022

Patient Safety – Maternity Dashboard – June data

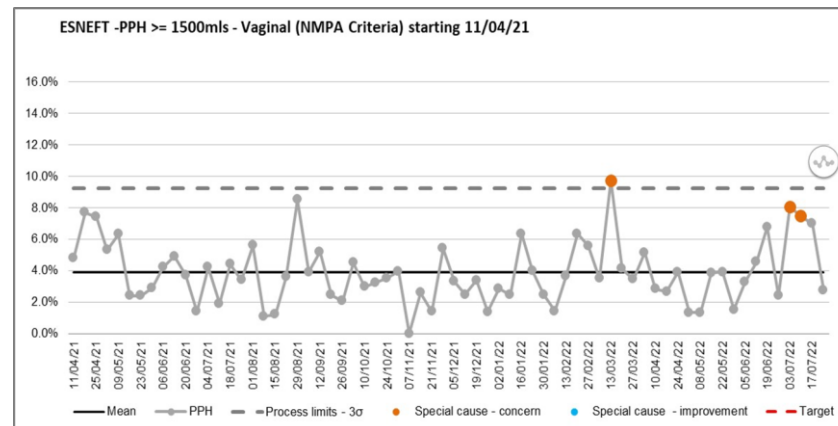
	Indicator	ESNEFT															
		Green	Amber	Red	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Interventions	Episiotomies performed	No target				69	72	75	75	65	58	72	61	52	66	66	58
Mode of Delivery	Number of Normal Vaginal Deliveries					289	361	318	303	369	298	296	312	268	316	272	288
	Number of Breech Vaginal Deliveries					2	1	2	2	1	0	1	1	1	3	0	2
	Total Non operative vaginal deliveries					291	362	320	305	370	298	297	313	269	319	272	290
	% of Non operative vaginal deliveries	>=58%		<58%	54.29%	57.19%	53.96%	52.59%	60.36%	53.79%	49.75%	55.50%	55.46%	54.25%	50.00%	50.09%	54.21%
	Number of Ventouse deliveries					21	29	28	23	21	27	24	20	20	17	35	17
	% of Ventouse deliveries	No target				3.92%	4.58%	4.72%	3.97%	3.43%	4.87%	4.02%	3.55%	4.12%	2.89%	6.43%	3.18%
	Number of Forcep deliveries					45	46	45	42	43	33	55	39	32	41	31	40
	% of Forcep deliveries	No target				8.40%	7.27%	7.59%	7.24%	7.01%	5.96%	9.21%	6.91%	6.60%	6.97%	5.70%	7.48%
	Total Instrumental Deliveries					66	75	73	65	64	60	79	59	52	58	66	57
	% Instrumental Deliveries	No target				12.31%	11.85%	12.31%	11.21%	10.44%	10.83%	13.23%	10.46%	10.72%	9.86%	12.13%	10.65%
	Number of Emergency C-Sections					104	131	118	142	104	108	132	111	104	128	124	115
	% of Emergency C-Sections	No target				19.40%	20.70%	19.90%	24.48%	16.97%	19.49%	22.11%	19.68%	21.44%	21.77%	22.79%	21.50%
	Number of Elective C-Sections					75	65	82	68	75	88	89	81	60	83	82	73
	% of Elective C-Sections	No target				13.99%	10.27%	13.83%	11.72%	12.23%	15.88%	14.91%	14.36%	12.37%	14.12%	15.07%	13.64%
	Total C-sections					179	196	200	210	179	196	221	192	164	211	206	188
	% C-Sections	No target				33.40%	30.96%	33.73%	36.21%	29.20%	35.38%	37.02%	34.04%	33.81%	35.88%	37.87%	35.14%
Unit Diverts	External	No target				3	6	6	6	3	2	3	1	0	0	0	2
Maternal Morbidity and Mortality	PPH >= 1500mls - All women					20	35	22	22	21	17	16	19	19	24	22	18
	% PPH >=1500mls - All women	No target				3.75%	5.58%	3.75%	3.86%	3.47%	3.11%	2.74%	3.42%	3.97%	4.16%	4.10%	3.42%
	PPH >= 1500mls - Vaginal (NMPA Criteria)					12	16	12	12	16	8	9	11	12	16	9	12
	No. Singleton Term Vaginal Deliveries					337	420	374	360	421	346	355	349	301	352	326	326
	% PPH >=1500mls - Vaginal (NMPA Criteria)	<=2.9%	2.9-3%	>=3%	3.56%	3.81%	3.21%	3.33%	3.80%	2.31%	2.54%	3.15%	3.99%	4.55%	2.76%	2.80%	3.68%
	Maternal Death	No target				0	0	0	1	0	0	0	0	0	0	0	0
	Maternal Admissions to CCU	No target				4	1	1	0	0	0	0	0	0	2	1	0
	Number of 3rd/4th degree tears					4	4	8	9	10	6	6	5	9	6	7	6
	% of 3rd/4th degree tears	No target				1.12%	0.92%	2.04%	2.43%	2.30%	1.68%	1.60%	1.34%	2.80%	1.59%	2.07%	1.73%
Neonatal Morbidity and Mortality	HIE Grades 2 & 3	0		>=1	0	1	1	0	0	1	1	1	1	1	0	0	0
	Babies sent for cooling	No target				1	1	0	0	0	1	1	0	1	1	0	0
	Term Admissions to NNU	No target				27	34	26	28	29	21	31	25	26	23	27	25
	Term Admissions to NNU as a % of babies born	<=6%		>6%	5.04%	5.37%	4.38%	4.83%	4.73%	3.79%	5.19%	4.43%	5.36%	3.91%	4.96%	5.08%	4.67%
	APGAR at 5 min <7 at term (Number)					6	3	6	4	5	5	5	3	5	4	6	3
	APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	1.12%	0.47%	1.01%	0.69%	0.82%	0.90%	0.84%	0.53%	1.03%	0.68%	1.10%	1.05%	0.56%
	Number of Stillbirths	0	1-2	>=3	1	5	2	1	0	0	4	4	0	2	2	2	4
	Neonatal Deaths within 28 days	No target				0	2	1	0	1	0	2	1	0	2	0	0
Demographics	Late Fetal Losses (22+0 to 23+6 weeks)	No target															
	Women <18 years at delivery	No target				3	7	5	4	2	5	4	3	3	4	5	4
	Women >= 40 years at delivery	No target				19	28	30	26	15	21	19	24	17	23	27	21
	Babies from Ethnic Minority Groups	No target				85	92	82	75	84	80	93	89	77	85	95	82

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

ESNEFT Massive Obstetric Haemorrhage – June 3.68%

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 July data). The overall ESNEFT June rate for NMPA women having PPH ≥ 1500 mls at vaginal birth is 3.68% (comprised of 2.3% for Colchester and 5.2% for Ipswich), which is an increase following lower rates in April and May, and continues to be above the national target of $\leq 2.5\%$.

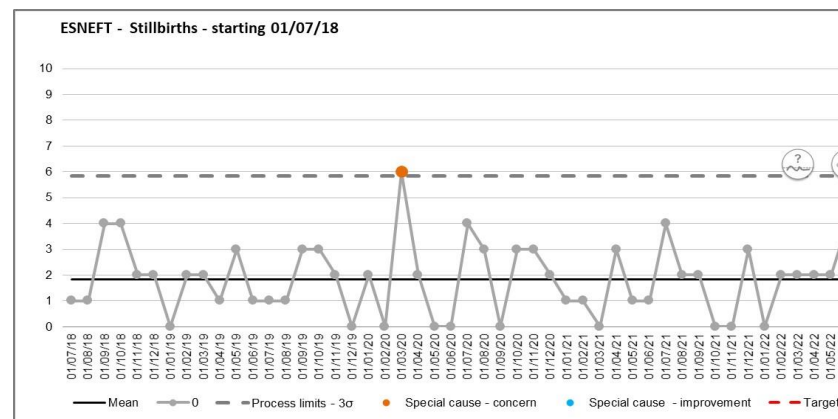
There has not been a statistically significant change in rates over the last year, although Ipswich site has seen an astronomical data point in a recent week, representing an unusually high number of PPHs. All PPH ≥ 1500 ml continue to be subject to MDT review, and findings from these reviews is shared, and informing the QI project planning. The QI midwife and obstetric QI lead have formulated a new driver diagram and SMART aim for a renewed PPH QI plan moving forwards. Work on the merged PPH guideline for ESNEFT with streamlined pharmacological interventions and antenatal and intrapartum risk assessments across both sites has progressed, and the aim is for this to proceed through governance approval early in September. Launch with comprehensive communications and training package is being planned currently. For NMPA criteria women having PPH ≥ 1500 mls at Caesarean birth the KPI target has been set at $\leq 4.3\%$, and ESNEFT overall rate is within this at 2.53% for May (2.4% Colchester and 2.7% Ipswich). Aside from an unusually higher rate of 6.8% in April, ESNEFT has been within this target for Caesarean births since October 2021.



Still Births – June 4 (including 2 TOP)

Colchester: 1 stillbirth 36+3 one twin diagnosed IUD

Ipswich: 1+2 Stillbirths: 1 x 28 weeks concealed pregnancy, partially birthed at home with no signs of life. 2 x TOP for fetal abnormalities (30+5, 33+2



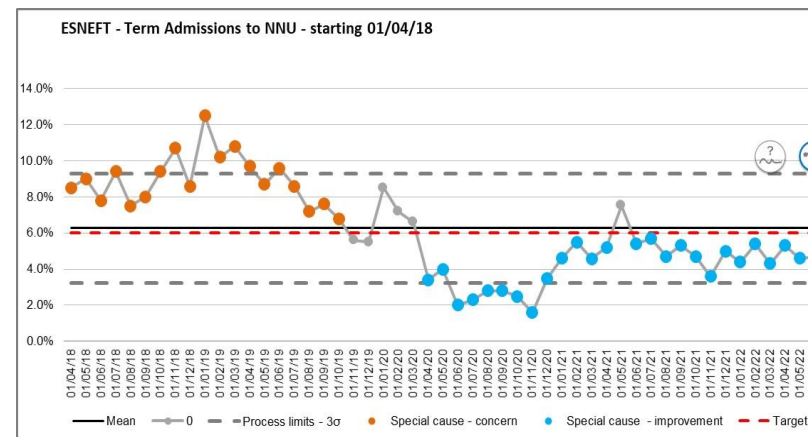
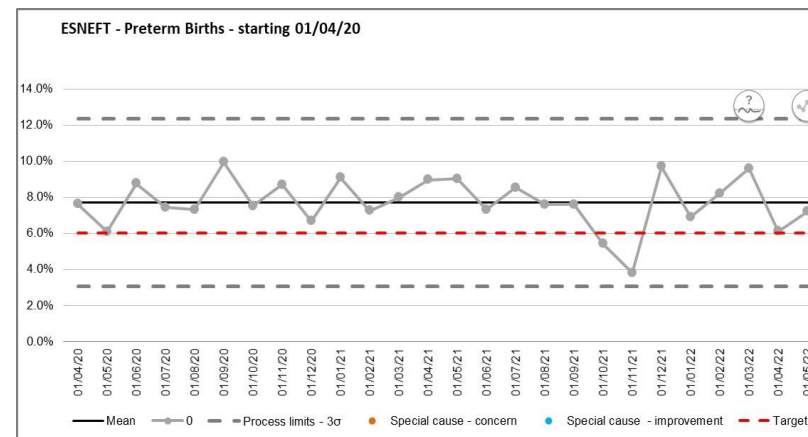
Patient Safety – Maternity Assurance Report: Dashboard Outliers – **June data****ESNEFT Preterm birth rates <36+6 weeks – June 9.2%**

The ESNEFT preterm birth rate for June is 9.2% (9.2% for Colchester and 9.1% Ipswich respectively). Aside from November and December where there were unusually low rates of preterm births, the preterm birth rate for both sites and ESNEFT overall is fairly consistently above the national rolling target of 6%. This rate includes iatrogenic preterm births where labour has been induced or Caesareans performed pre-term where there is a clear clinical indication to do so, including fetal growth or placental function concerns, pre-eclampsia, twin pregnancies etc. Work continues to reduce spontaneous preterm births with preterm prevention clinics continuing in both sites, alongside fetal fibronectin for early diagnosis of threatened preterm labour. The regional QI work stream of perinatal Optimisation continues at both sites to improve outcomes for babies born pre-term including administration of corticosteroids, magnesium sulphate and intravenous antibiotics before birth, delayed cord clamping and efforts to support normothermia, as well as transfer of extreme preterms < 27 weeks to a tertiary unit with NICU. One birth took place at the Ipswich site < 27 weeks in June; twins born at 23+5. The first twin was born en-route to delivery suite with paramedics, therefore there was no opportunity for IUT. There had been no recent attendances within the preceding 2 weeks before admission and magnesium sulphate, first dose steroids and antibiotics administered before 2nd twin born. Both twins transferred to NNUH after birth. Twin 1 NND. Exception report completed.

ESNEFT Term Admissions to NNU – June 4.7%

ESNEFT Term admissions to NNU are 4.7% for June, which is within the target of 6%. For ESNEFT 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. However, despite sustained improvement at Ipswich rates since October 2019, and a further improvement since the Kaiser sepsis calculator was successfully implemented there on 1st November 2021, Ipswich site has been above the 6% target for the last three consecutive months, with the Ipswich June rate being 7.9%. The Colchester rate is fairly consistently lower than Ipswich, and Colchester has been within the target range for a considerable time, with a 1.8% term admission rate in June. 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.

**Due to technical difficulties with system access at the time of report writing, the business informatics team are unable to finalise the term admission numbers. If these numbers require amendment once access is restored, this will be noted in next months report.*



Patient Safety – Maternity Assurance Report – CNST Year 4 update 22.7.22 – June data

CNST Maternity Incentive Scheme Assessed compliance With NHSR 10 Steps-to-Safety: Update 2.8.2022				
		Colchester	Ipswich	Commentary
1	Perinatal Mortality Review Tool			The next quarterly report on PMRT usage will cover 16th March - 15th June 2022 and will be submitted to QPS for discussion on 25th August 2022. We are not aware of any breaches to the requirements within the reporting period (6th May 2022 onward).
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, and we have implemented a new data entry process to support this, with additional resource. Whilst the new process will capture information for all bookings from April, a newly flagged and urgent issue is the capture of the same information for those women who birth in July (i.e. booked prior to implementation). A process is now in place for this data to be recorded on Lorenzo in retrospect and is underway. This is being closely monitored. Colchester site is currently closely monitoring 'BMI recorded by 15+ weeks': Colchester is showing as compliant for the data going 'in' however there is an issue with this being pulled 'out' by NHSR. This is being closely monitored and plans put in place to support compliance. The IT Specialist Midwife is currently developing the Maternity Digital Strategy as requested within standard, supported by David Grannell. This standard is currently amber on both sites. 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			A new Colchester Transitional Care guideline, setting out the pathway, was approved by the required timeframe of 16th June 2022. Quarterly audits of the pathways on both sites have been implemented beginning with Q1 22/23 data. Bi-weekly meetings are in place at Colchester and Ipswich respectively to review term admissions. A secondary data collection process for late term admissions was set up on both sites by the 16th June 2022 deadline, to capture all babies meeting the criteria set out in the scheme, to inform potential future transitional care activity and includes those babies who attend the NNU for NG feeding. Monthly ATAIN meetings are embedded on both sites, findings of all reviews and audits are discussed and ATAIN action plan are updated. Quarterly reporting to Maternity and Neonatal Champions and to the LMNS/ICS quality surveillance meetings are in place. ATAIN action plans were submitted and approved by Trust Board 7th July 2022. Transitional Care (TC) data is being collated and reported as per Standard. All milestones to date have been met, Leads have been identified, and progress being very closely monitored.
4	Medical Workforce			We are assured that we have met the requirement for the obstetric consultant team and maternity senior management team to acknowledge and include within Guidance, the principles outlined in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service. The principles have been discussed at audit days and consultant meetings. Guidance was in place by 29th July 2022, together with a process for both audit of attendance and triangulation. Clinical leads on both sites are finalising a competence sign off framework for trainee doctors. Clinical scenarios which require attendance either by a consultant or by a junior doctor whose competence in the specific scenarios will be signed off formally and recorded. It is intended that for locums, a self certification will be requested. The aim is for the framework to be in place for the new intake of doctors in August 2022. The requirements for Anaesthetics, Neonatal medical and Neonatal nursing workforces are a continuation of the requirements from the previous year, and will be approached in the same way. In terms of neonatal medical staffing, we are assured that the action plan put in place last year has been fully implemented, in order to meet the BAPM standards of junior medical staffing, and should be reflected in the data when collated. Once this assurance is evidenced (meetings in place w/b 15.8.22) this standard will move from Amber to Green.
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 for the requisite report is currently being collated, reporting on the period May 22 - Oct 22
6	SBLCB V2			Undertaking and recording of CO Monitoring at 36 weeks has improved at Colchester, and for May, June & July 2022 the Colchester service has met the 80% compliance threshold. This element continues to present a significant challenge at Ipswich, where we are still significantly below the threshold despite constant reminders and additional failsafe recording measures put in place. Since we will need to evidence an average compliance of 80% across four consecutive months of data, we are running out of time to see improved results. Results are improving but we remain vigilant. This standard is currently 'at risk', as we can only assess compliance in retrospect. The 36 week CO data will be recorded on Lorenzo once the birth has taken place and this may be 6 weeks later. This is being very closely monitored by the BI team and the QI Specialist midwife. We continue to await a response from NHSR about our query as to what will meet the requirement for a "risk assessment pathway" at the 20 week scan (which we understand has been raised by many other Trusts across the country). We have sent a follow up email to try and elicit confirmation. Whilst we await clarity from NHSR this standard will remain Amber.
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, Colchester is meeting the required 90% 'rolling' compliance in all staff groups however the anaesthetic and obstetric MDT training is proving a challenge. Ipswich is just under the 90% threshold for MDT training. Several of the statutory training sessions scheduled were cancelled due to operational and staffing pressures over winter and spring. Given the new timeframes within the relaunched scheme, the position is recoverable and is showing significant improvement. 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 – Saving Babies Lives V2 Updates – June data

The Quality Improvement Midwife holds regular MDT SBLCBv2 meetings. Whereas these were previously held separately for Ipswich and Colchester sites, they have now been merged into one ESNEFT meeting with Terms of Reference developed in order to work collaboratively and streamline efforts towards compliance with SBLCBv2 across sites. 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 have been relatively few changes. The current non-compliant elements of SBLCBv2 relate to information on the MIS transferring to the MSDS, and CO monitoring. Other areas requiring improvement are where the guidelines and framework is in place in line with SBLCBv2 but improvements with the provision or evidencing of this care are required, including elements 1 and 2 as per update below.

Evidence of SBLCB V2 Compliance			
	Please identify unit	Colchester	Ipswich
1	Reducing smoking		
2	Fetal Growth Restriction		
3	Reduced Fetal Movements		
4	Fetal monitoring during labour		
5	Reducing pre-term birth		

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. The ability to perform and record CO monitoring continues to be a challenge, particularly at the paper-based Ipswich site, where an action plan is in place to improve compliance with this, including retrospective data entry from paper hand-held pregnancy records onto the Lorenzo system. This remains on the risk register, as although we are now consistently compliant at booking across both sites, Colchester has only recently reached a state of compliance with ≥80% CO monitoring requirement at 36 weeks (for the months of May and June), and Ipswich site are still non-compliant with this, so we are running out of time to demonstrate the 4 consecutive months compliance required for this CNST year. Both sites continue working hard towards improving CO monitoring and recording rates, which are improving, and have recently introduced CO monitoring at all antenatal appointments in line with NICE guidance. It is hoped this will increase compliance with CNST standards, which we continue to monitor 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 the recruitment process for the extended team is now underway.

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. This query was first raised several months ago, and has been followed up since, however, we have yet to receive a response. MDT discussions are being held locally to consider how this could be implemented once further guidance has been received. At Colchester the pathway is for all pregnancies identified as high risk at booking to 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. Recent capacity issues with performing UADs on the Colchester site have now been mitigated against and capacity has increased. Both sites utilise the Growth Assessment Protocol (GAP) programme, and undertake quarterly audits into any cases of missed FGR. A recent audit at the Colchester site has revealed a lower than national average detection rate for FGR, which is on the risk register, and continues under review. In response to this, extra efforts have been made to improve compliance with GAP e-learning on the Colchester site, and compliance has much improved since, now currently 85%. Ipswich site are planning on 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. A re-audit has been undertaken asking women if they have received information via the pregnancy wallet and 100% of women confirmed they had been given this information.

Element 4: Effective fetal monitoring during labour Both Ipswich and Colchester sites have a dedicated Lead Fetal Monitoring Midwife (0.4 WTE) and obstetric fetal monitoring lead (0.1 WTE) in post. 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. Weekly CTG teaching sessions have also recently been introduced on both sites, and these have been well received. 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, and although part of the order has been delayed, several new monitors have now been received this month. A central CTG monitoring system for the Ipswich site has also been ordered (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 work streams 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 are now being registered as separate QI projects in order to improve compliance with these requirements. The QI midwife undertook a review of all births < 27 weeks for the 21-22 year, and has presented the learning from this in several forums; this learning will inform the QI project. Some of the required audits for CNST have been completed for this element, others are underway.

Patient Safety – Maternity Assurance Report – ESNEFT Ockenden 2022, Summary of EIAs – June data

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	0	5	0	0.0%		
Section 9: Preterm Birth	4	0	0	4	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	46	30	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								

N.B. 8 Red rated actions 'Obstetric anaesthesia' – this has been chased, and will be updated at next meeting.

Patient Safety – Maternity Assurance Report – Ockenden Assurance visit (June 22), summary of feedback - RAG rating of actions – **June data**

Section	Number of actions	Awaiting further information	RAG rating at visit (Red)	On-target actions (Amber)	Completed actions (Green)	Actions completed and evidence signed off (Blue)	% complete with evidence signed off	July 22 Evidence submitted
Section 1: Enhanced safety	18		4	4	10	0	0.0%	4
Section 2: Listening to women and families	21		3	4	14	0	0.0%	3
Section 3: Staff training and working together	23		6	3	14	0	0.0%	6
Section 4: Managing complex pregnancy	18		0	10	8	0	0.0%	
Section 5: Risk assessment throughout pregnancy	15		0	6	9	0	0.0%	
Section 6: Monitoring fetal wellbeing	12		1	0	11	0	0.0%	1
Section 7: Informed consent	17	5	0	2	10	0	0.0%	
Section 8: Workforce planning guidelines	13		2	7	4	0	0.0%	2
Total	137	5	16	36	80	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

Feedback received 9th July. Meet with Regional Maternity Quality Lead East of England NHS England on 29th July, to submit evidence and discuss Red rated elements, now only 2 reds which are being addressed presently.

Update at next meeting.

Patient Safety – Maternity Assurance Report – Quarterly reporting to Trust Board (CNST) – June data

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

Maternity Safety Support Programme (MSSP)

ESNEFT continues to receive support from our designated maternity improvement advisor as part of this programme. Feedback tracker for May/Jun 2022:

- Development cross site Clinical Guidelines – Good
- Improved Triage Facilities and pathways – Good
- Obstetric MIA support to be identified

Requests/concerns raised by external bodies

Ockenden Assurance visits took place in June, feedback received and being actioned. Main areas for concern: Progress with cross site Guidelines (trajectory now in place), Grading of incidents (must be from patient perspective). Checking of emergency equipment – Colchester site.

Coroner Regulation 28 reports made directly to the Trust

None received in the reporting period

Midwifery staffing

The BirthRate Plus acuity tool is used on both sites to monitor safe staffing levels within the unit at four-hourly intervals. The tool provides a RAG rating according to staff numbers, acuity and any “red flags”, to highlight when mitigating actions are required. Alongside its usage in real-time, the tool does have reporting functions for identification of themes, ongoing areas of concern etc. These reports will be used to triangulate evidence for 10 Steps to Safety SA#5. BR+ Staffing Requirement Assessment (cross site) commissioned to commence Autumn 2022. May to June staffing has remained a concern with staff sickness averaging 10%. Top 2 reasons: Covid & Stress and Anxiety. LTS significantly reduced following much ongoing work & support by Matrons and dHoM’s on both sites. Current vacancy to date:

Colchester				Ipswich			
Vacancies RM	New Starters RM	Vacancy MSW	New starters MSW	Vacancies RM	New Starters RM	Vacancy MSW	New Starters MSW
13.77	2.2	7.51	0	6.46	1.0	0	0

Medical staffing

Staffing remains a concern at CGH due to sickness and MAT leave- Rotation from August is full however we have shadowing for ST3.

ERF approved to support 1x SPR for 3 months

Job planning- Majority signed off.

2x Consultant vacancies at IHT- 1x appointed pending start date.

Patient Safety – Maternity Assurance Report – Quarterly reporting to Trust Board (CNST) – June data

Training compliance

The components of our maternity core competency framework which are reportable under the CNST maternity incentive scheme are delivered via the three day “statutory training programme” on each site. The aligned statutory training programme commenced in April 2022, however, there are local elements remaining. The training update is now reported as a rolling record of staff members whose mandatory training is up to date (i.e. completion within the last 18 months, as required by the CNST maternity incentive scheme, with a compliance threshold of 90% in each staff group). Operational pressures in relation to staffing and acuity continue to have an impact on attendance, with staff being requested to work clinically at short notice, although this has improved. Ipswich remains challenged for space and both sites are experiencing difficulty with encouraging anaesthetic and obstetric attendance. Colchester site will be ensuring all new starters (obstetric & midwifery) will attend mandatory training and complete all eLearning during their Induction period. This is currently being discussed on the Ipswich site.

Where compliance in staff groups is currently below the 90% expectation, discussions are underway about how to recover the position, and better facilitate attendance. On the Colchester site, an adjustment to dates will enable all new obstetric starters to attend 2 of the 3 statutory dates during their induction week. Neonatal nurses now attend PROMPT on the Colchester site, with early discussions being held on the Ipswich site.

Colchester**Colchester - 18 month Rolling Compliance**

Saving Babies Lives and Audit			Maternity Statutory Training			PROMPT		
Overall			Overall			Overall		
95.03%			92.76%			94.02%		
Midwives	134	97.81%	Midwives	126	91.97%	Midwives	134	97.81%
Consultants	13	92.86%	Nurses	3	100.00%	Nurses	3	100.00%
Doctors	6	60.00%	Support Workers	54	94.74%	Support Workers	56	98.25%
			Consultants & Doct	13	92.86%	Consultants	13	92.86%
			Doctors	9	90.01%	Doctors	8	80.00%
						Neonatal Nurse	7	18.92%
						Anaesthetist's	22	73.33%

Service user feedback

In partnership with our MVPs and the LMNS we are currently seeking feedback ‘Did We Listen?’ This is a frequent theme from Complaints and Incidents, so this is an important piece of work to understand how we can improve. Results will be due in the Autumn. MVP ‘15 Steps’ was completed in July on both sites – with feedback due in the Autumn. The Maternity Vision and Strategy has been sent out for service user feedback and has now been collated and will inform progress.

Staff feedback from frontline champions and walkabouts

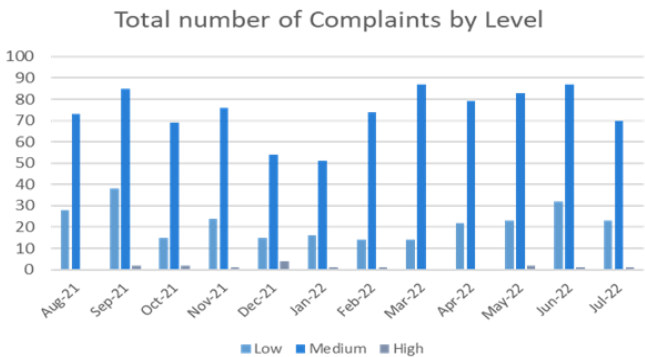
Midwifery and Board level safety champions undertake regular walkabouts in addition to monthly “safety counts” feedback sessions for all maternity and neonatal staff. Recent feedback has included a positive response to the Maternity Triage telephone line now in place on the Colchester site. Implementing this on the Ipswich site is now being explored. IT and CTG equipment were raised as causes for concern, together with new couches for Ipswich Maternity Triage, and each has been resolved.

Planned ‘focused’ walkabouts will continue as business as usual.

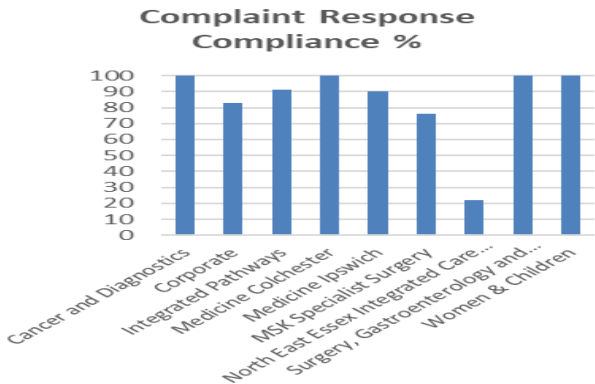
Ipswich**Ipswich - 18 month Rolling Compliance**

Saving Babies Lives and Audit			Maternity Statutory Training			PROMPT		
Overall			Overall			Overall		
92.13%			86.94%			89.20%		
Midwives	145	95.39%	Midwives	144	94.74%	Midwives	148	97.37%
Consultants	9	81.82%	Nurses	4	66.67%	Nurses	5	83.33%
Doctors	10	66.67%	Support Workers	27	71.05%	Support Workers	33	86.84%
			Consultants & Doc	9	81.82%	Consultants	10	90.91%
			Doctors	9	60.00%	Doctors	12	80.00%
						Neonatal Nurse	0	100.00%
						Anaesthetist's	15	53.57%

Patient Experience - Complaints



Overall complaints numbers for ESNEFT in July were 94 (120). There was 1 high level complaint recorded in month. Colchester reported 47 (72) complaints and Ipswich reported 47 (48).

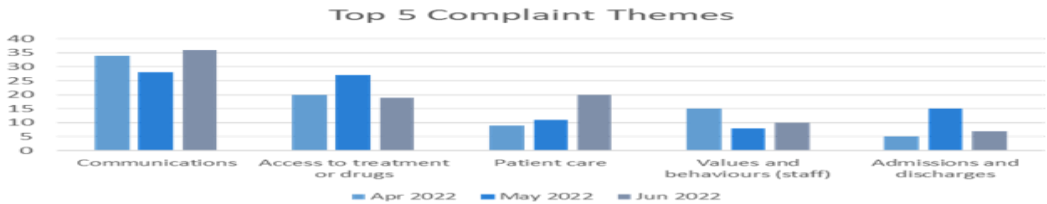


Overall response rate compliance increased to 89% (84%). There were 112 (115) complaints closed in the month of July. Overdue complaints decreased to 8 (16).

Complaint themes

The two most common themes for complaints in July 2022 were ‘communications’ and ‘access to treatment or drugs’. The main concerns are around poor communications with the patient regarding appointments and/or treatment management, as well as delays in appointments being offered. Common concerns were also around families not being able to speak with teams looking after patients to get updates on care.

A complaints workshop is arranged for September, led by the Chief Nurse and Chief Executive in order to support a more robust process for learning and sharing from complaints. Following the internal auditors review of complaints, a formal report is awaited and any subsequent action plan will be shared. Verbal feedback indicates good results, with further work required by the Divisions in order to ensure a timely response to complaints.



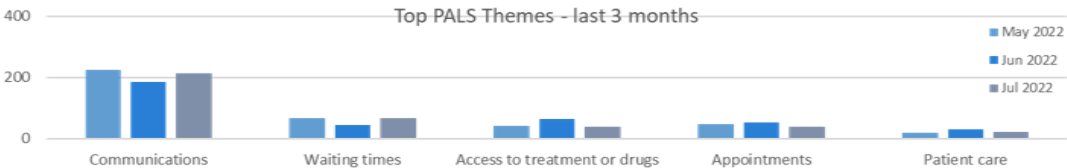
Top themes from PALS:

There were 441 PALS enquiries logged in July 2022:
233 (203) for Colchester
208 (244) for Ipswich

The top theme for PALS enquiries in June remained ‘Communication’, followed by ‘waiting times’ and ‘access to treatment or drugs’ – 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 12 PALS cases converted into formal complaints for July 2022: 2 for Cancer & Diagnostics, 1 for Integrated Pathways, 3 for Medicine Colchester, 1 for MSK & Specialist Surgery, 1 for NEECS, 3 for Surgery, Gastro & Anaesthetics & 1 for Women & Children.





Letters to Loved ones

Since the start of the project in May 2020 Colchester had received 940, Ipswich 1,316 letters and 210 for community sites (2,466).

During July Ipswich received 17 and Colchester 7 and community sites 15.

39 letters sent across the Trust to 13 individual patients.

Accessible Information Standard (AIS) meeting with Thomas Pocklington Trust

NHSE/I are revising the guidance and this will come into effect on 1 April 2023 - a gap analysis will be undertaken on publication of the guidance. Governors and patient representatives will be asked to support when the new act is released. A meeting took place with Healthwatch, Royal National Institute of Blind People (RNIB), local hospitals and GP Federation discussing ways to work together collaboratively to ensure compliance with the new act.

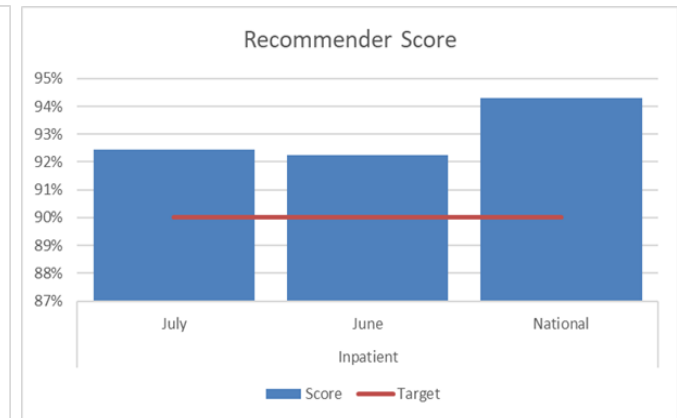
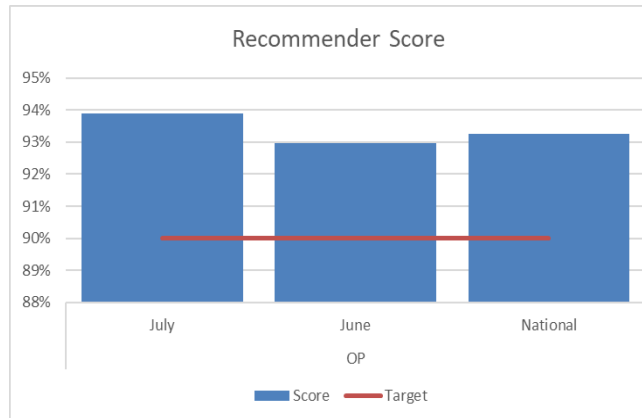
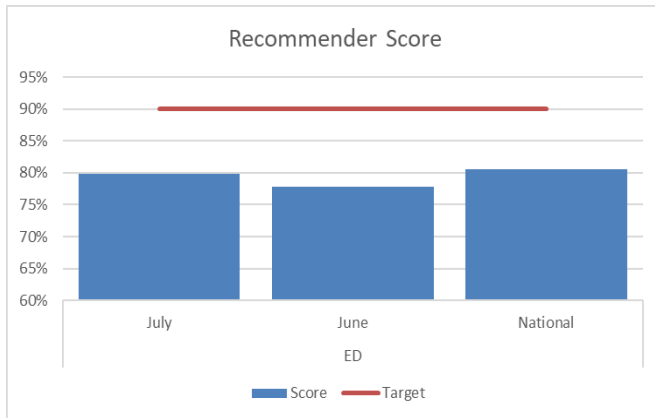
15 Step Programme

The 15 Steps Programme will commence in September. The patient experience team are undertaking with the support from a Non-Executive Director the pilot 15 Steps programme prior to it commencing at the end of September. This will ensure that it is ready for patient representatives, complainants and governors. A full programme for the rest of the year and next year is currently being worked up and will be shared with patient experience group for their information and involvement.

Complaints workshop

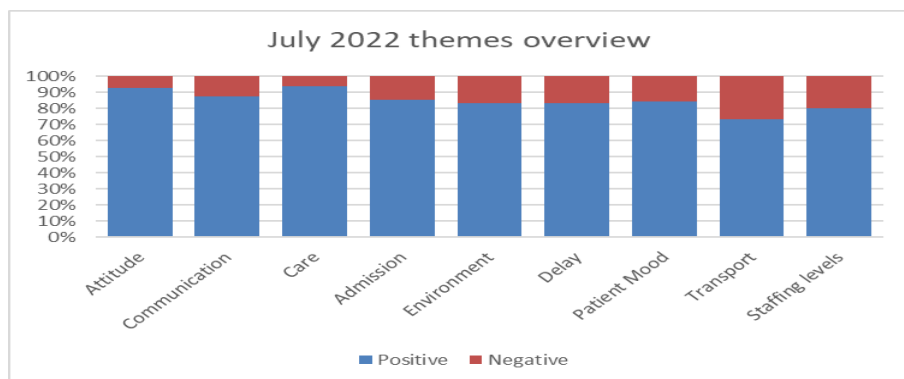
A complaints workshop will be held with the Divisions and Complaints Team in September, chaired by the Chief Executive and Chief Nurse. The purpose of the meeting is to look at current ways of working and how to ensure learning and actions taken from complaints are shared and embedded across the organisation.

Patient Experience – Friends and Family Test



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

	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	5821	2234	7082	1146	1776	2701	1277	101	307	1899
Negative	466	323	478	201	363	550	237	37	76	263
% Negative	7%	13%	6%	15%	17%	17%	16%	27%	20%	12%
Change	Down 1%	Down 1%	Down 1%	Down 2%	Down 1%	Down 3%	Down 2%	Up 2%	Down 8%	Down 3%



ED		April	May	June	July
ESNEFT	Recommended	82.35%	81.48%	77.87%	79.77%
	Responded	12.43%	12.60%	17.00%	17.00%
National	Recommended	74.92%	75.12%	0.00%	0.00%

Inpatient		April	May	June	July
ESNEFT	Recommended	90.61%	91.84%	92.26%	92.43%
	Responded	22.00%	24.00%	22.00%	23.00%
National	Recommended	93.55%	94.30%	0.00%	0.00%

Birth		April	May	June	July
ESNEFT	Recommended	100.00%	100.00%	100.00%	100.00%
	Responded	0.00%	0.00%	0.00%	0.00%
National	Recommended	0.00%	0.00%	0.00%	0.00%

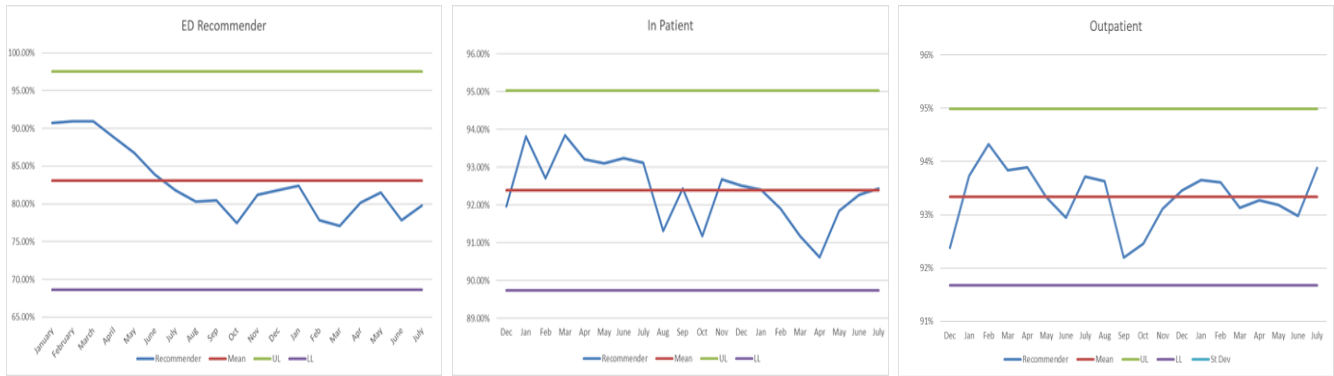
Outpatient		April	May	June	July
ESNEFT	Recommended	93.27%	93.18%	92.98%	93.88%
	Responded	0.00%	0.00%	0.00%	0.00%
National	Recommended	92.99%	92.90%	0.00%	0.00%

Antenatal		April	May	June	July
ESNEFT	Recommended	88.89%	100.00%	100.00%	88.89%
	Responded	0.00%	0.00%	0.00%	0.00%
National	Recommended	91.30%	90.21%	0.00%	0.00%

Post Ward		April	May	June	July
ESNEFT	Recommended	81.25%	96.55%	100.00%	94.12%
	Responded	0.00%	0.00%	0.00%	0.00%
National	Recommended	92.25%	93.08%	0.00%	0.00%

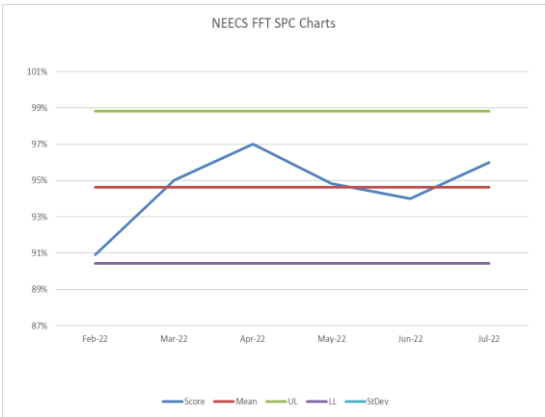
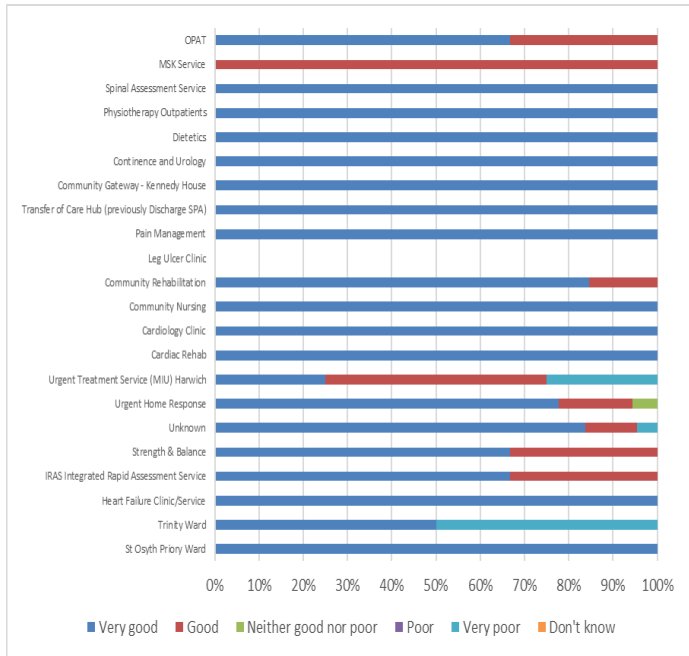
Post Com		April	May	June	July
ESNEFT	Recommended	100.00%	100.00%	100.00%	100.00%
	Responded	0.00%	0.00%	0.00%	0.00%
National	Recommended	90.09%	91.81%	0.00%	0.00%

Patient Experience – Friends and Family Test

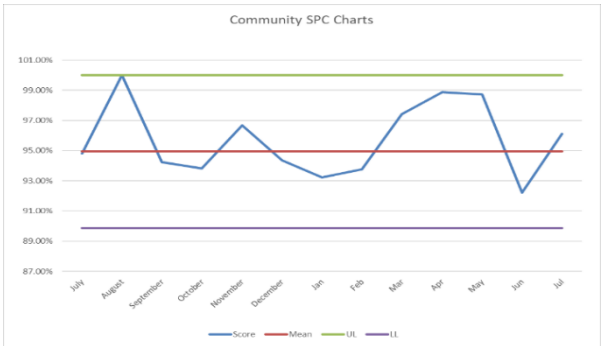
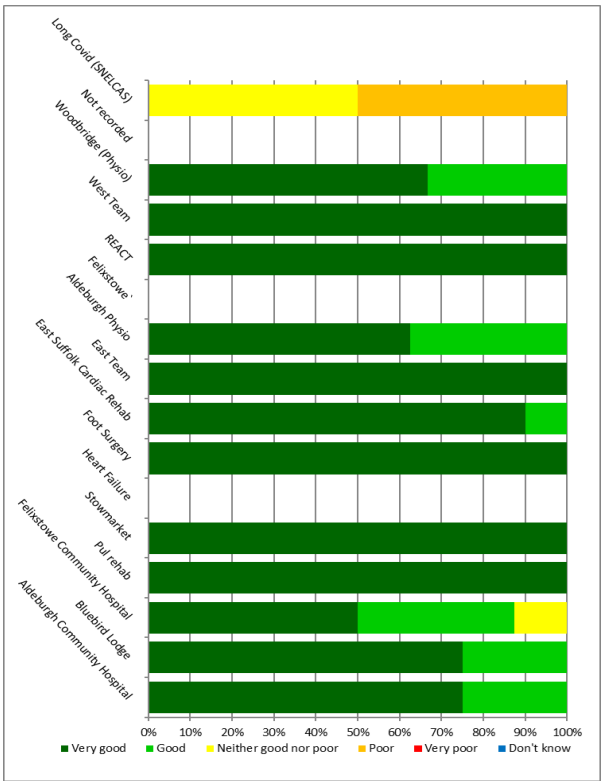


IP national FFT score has increased over the last four months. Even with the increase the Trust is still 1.87% below the national average.

Outpatient score has increased, taking the Trust to 0.98% above the national average.



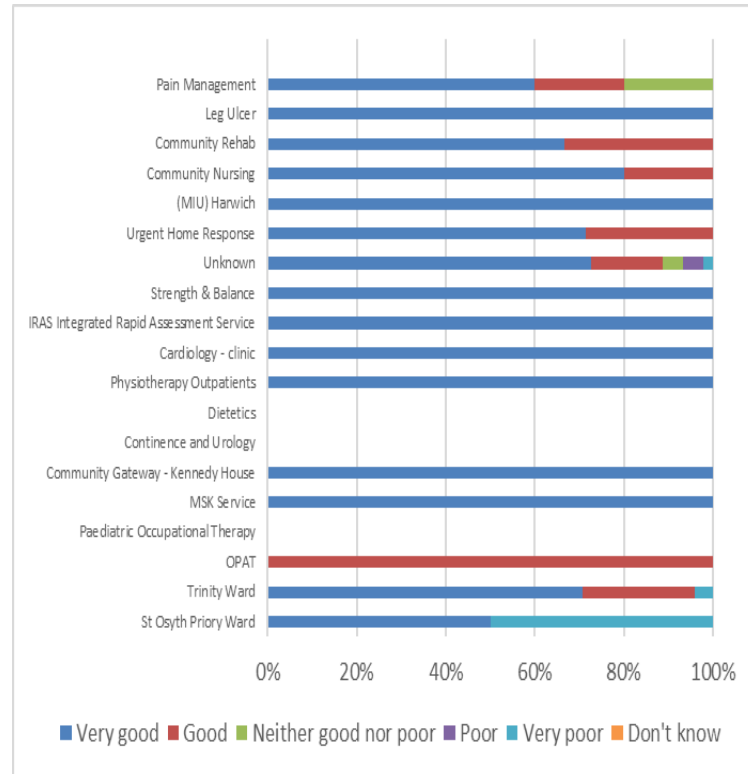
Community - Suffolk



Patient Experience – Friends and Family Test

Community - Essex

	Number of patients who would recommend	% of patients who would recommend*	Number of survey responses received
Combined Scores	119	94%	127
Community Health Teams - combined			
OPAT	1	100%	1
Paediatric Occupational Therapy	0	0%	0
MSK Service	1	100%	1
Community Gateway -	3	100%	3
Continence and Urology	0	0%	0
Dietetics	0	0%	0
Physiotherapy Outpatients	18	100%	18
Cardiology - clinic	1	100%	1
St Osyth Priory Ward	1	50%	2
Trinity Ward	23	96%	24
IRAS Integrated Rapid Assessment Service	2	100%	2
Strength & Balance	1	100%	1
Unknown	39	89%	44
Urgent Home Response	7	100%	7
(MIU) Harwich	1	100%	1
Community Nursing	10	100%	10
Community Rehab	6	100%	6
Leg Ulcer	1	100%	1
Pain Management	4	80%	5



94% of survey respondents would recommend the Trust's services 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 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%	● 77.2%	● 79.7%	● 72.7%	● 2.2%	● 3.2%	● 0.3%
	Time to initial assessment - 95th pct	15 mins	● 27	● 17	● 37	● 0	● (3)	● 4
	Time to initial assessment- percentage within 15 minutes (new measures)		85.7%	93.5%	74.9%	● 5.7%	● 8.6%	● 1.6%
	Time to treatment - median time in department	60 mins	● 95	● 65	● 126	● (6)	● (11)	● 7
	Average (mean) time in department- non-admitted patients (new measure)□		240	295	202	● (3)	● (14)	● 6
	Average (mean) time in department- admitted patients (new measure)		442	505	362	● 42	● 36	● 43
	Patients spending more than 12 hours in A&E		729	662	67	● 153	● 128	● 25
	Proportion of ambulance handovers within 15 minutes (new measure)		17.8%	14.9%	21.1%	● (1.8%)	● 0.6%	● (5.0%)
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 61.1%			● 2.5%		
	% patients 28 day faster diagnosis		● 60.8%			● 0.2%		
	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 72.4%			● (3.7%)		
Diagnostics	% patients waiting 6 weeks or more for a diagnostic test*	1%	● 20.9%			● 0.8%		
	% of incomplete pathways within 18 weeks*	92%	● 64.0%			● (1.2%)		
RTT	Total RTT waiting list (open pathways)*		75,222			● 1,829		

*July's Oaks data not received June 2022 data used for reporting

UEC: An executive led UEC programme has started at Ipswich, linked to the approach at Colchester with weekly oversight of key workstreams. Colchester recovery programme is still running with good engagement resulting in a slight improvement on last month's performance. All organisations are focussing on improving flow initiatives driven primarily by a visit from Ian Sturgess and his recommendations.

Cancer: An executive led Cancer Recovery Programme is now in place. The focus is on reducing the backlog and addressing the four key non-compliant tumour sites. Primary care discussions have been positive with a plan in place for reducing and redirecting the increase in referrals to the most appropriate place for the patient.

Elective: Several planned initiatives are underway - "Right patient, right procedure, right place" focusses on maximising capacity. Kaizen weeks in Theatres is starting in September, and a roll out of text reminders to reduce cancellations is due in late August.

ESNEFT Whole Economy performance increased by 2.2% in month and is sitting above the national/regional averages but falling short of this month's trajectory by 6.8%. Both sites performance increased at Colchester by 3.2% and Ipswich by 0.3%. Attendances in month increased by nearly 1,000 patients

4 hour standard- ESNEFT whole economy*

77.2%

↑ vs 75.0% last month

4 hour standard- Colchester

79.7

↑ vs 76.5% last month

4 hour standard- Ipswich

72.7%

↑ vs 72.4% last month

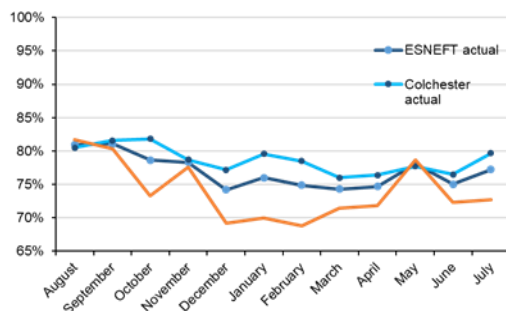
Attendances - ESNEFT

26,076

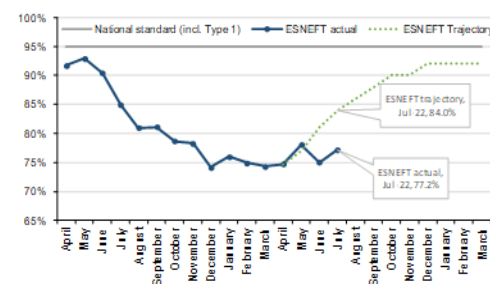
↑ vs 25,119 last month

*includes Clacton and Harwich

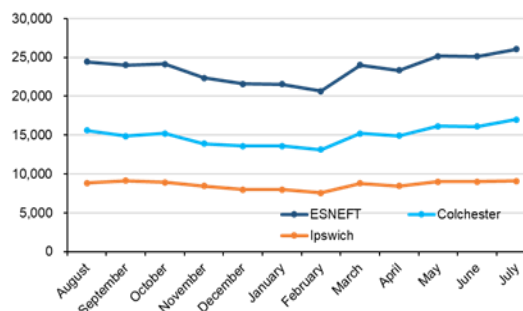
ED Performance: Four hour standard



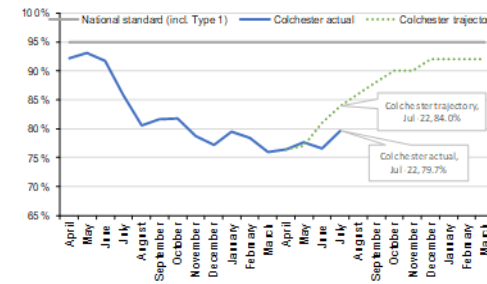
ED Performance: Four hour standard - ESNEFT trajectory



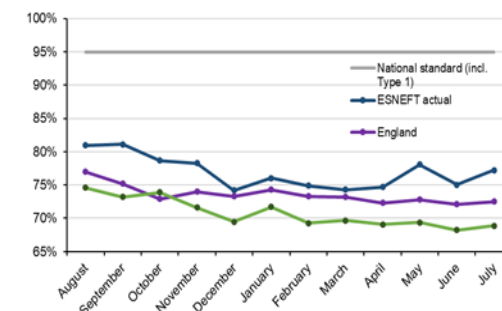
ED Performance: Attendances



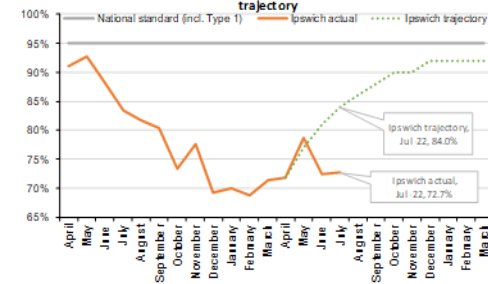
ED Performance: Four hour standard - North East Essex trajectory



ED Performance: Four hour standard - benchmarking



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



Ipswich

Lack of flow has been a significant contributor to performance remaining static in July. Teams are currently trialling an additional Senior Junior/Registrar dedicated to the Ambulatory Care area with the aim to minimise the wait to be seen and reduce avoidable 4 hour breaches. A Kaizen project is underway currently looking at Emergency Care Re-Calibration & Sustainability to look at 'Lean processes' and focus the Trust on actions to improve patient emergency care & flow. Recommendations following a visit from Ian Sturgess are included in this and centre around use of AMSDEC, flow and discharge processes.

Colchester

July's performance has benefited from the on-going Executive led performance improvement initiatives focussing on delivery driving performance up. The programme has been split into two phases to ensure teams are able to resource each workstream appropriately.

The team continue to be constrained by flow out of the department and reduced capacity due to bedding of assessment areas and ward closures as a result of COVID-19.

Performance and trajectory				
July		ESNEFT	NEE	IES
	Actual	77.2%	79.7%	72.7%
	Trajectory	84.0%	84.0%	84.0%
	Position	✗	✗	✗

The number of ambulance handovers decreased in month for ESNEFT by 5.3%. This was reflected at both sites with Colchester reducing by 8.4% and Ipswich by 1.5%

Number of handovers - ESNEFT

3,978

↓ vs 4,201 last month

Number of handovers - Colchester

2,125

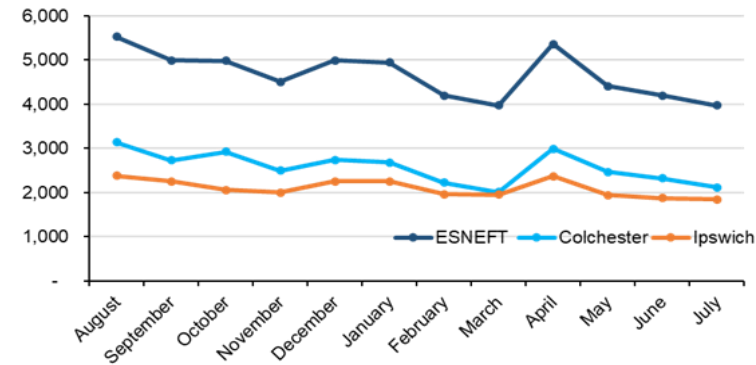
↓ vs 2,320 last month

Number of handovers - Ipswich

1,853

↓ vs 1,881 last month

Ambulances: Number of handovers



Ipswich

REACT Community services along with targeted clinical support/engagement is underway to reduce conveyances to the ED and seek to utilise alternative care pathways. There is a reinvigoration of the use of the non-conveyancing line via GP Fed as the uptake throughout the day is reduced compared to overnight.

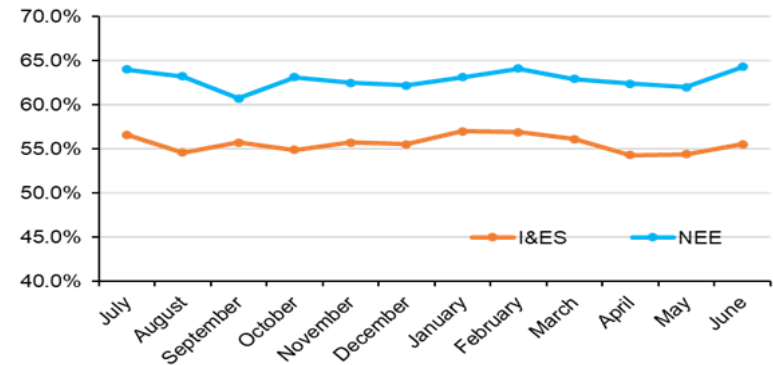
EEAST engagement meetings in conjunction with Colchester - led by Transformation - will bridge the gap further for collaborative working with HALOs.

Colchester

Performance data indicates that the workstream to reduce conveyancing is delivering. More work is needed to establish and embed alternative pathways directly to assessment areas, which will further drive performance at reducing conveyancing rates into ED.

A meeting has taken place between ED, Transformation and EEAST to review the HALO job specification to bring it in line with ESNEFT needs. 2 HALO vacancies have been filled, 4 remaining are aimed to be filled within 6 weeks.

Ambulances: Conveyancing rate



ESNEFT performance has deteriorated across the board; for 15 minute handovers by 1.8%. This is reflected at Ipswich decreasing by 5.0% with Colchester increasing by 0.6%. The proportion of handovers that occurred within 30-60 and over 60 minutes also both declined in month for both Colchester and Ipswich

Handovers within 15 minutes - ESNEFT

17.8%

↓ vs 19.6% last month

Handovers within 15 minutes - Colchester

14.9%

↑ vs 14.3% last month

Handovers within 15 minutes - Ipswich

21.1%

↓ vs 26.1% last month

Handovers within 15 – 30 minutes - ESNEFT

51.5%

↓ vs 53.6% last month

Handovers within 30 – 60 minutes - ESNEFT

17.0%

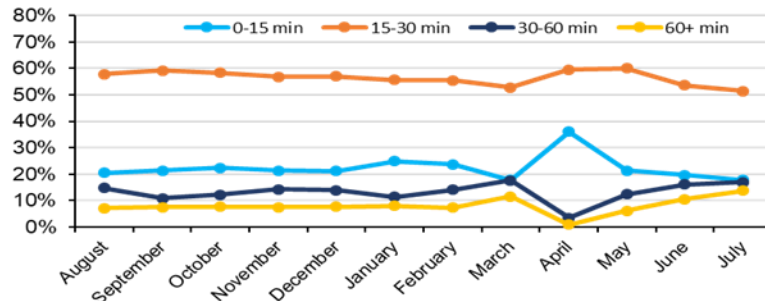
↑ vs 16.2% last month

Handovers over 60 minutes - ESNEFT

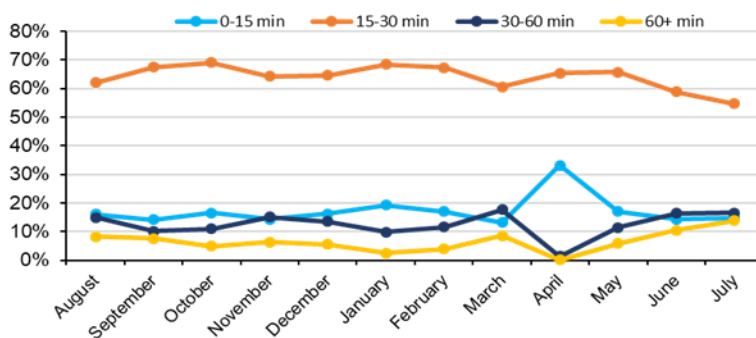
13.8%

↑ vs 10.6% last month

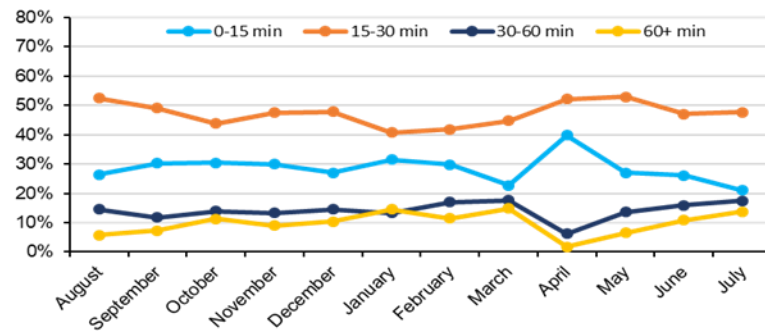
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Ipswich

The national priority on reducing ambulance offload delays is an ongoing priority, but due to physical capacity being a constraint, performance has declined.

The Kaizen work seeks to embed the Transfer of Care policy (revised) in line with the Clinically Ready to Proceed (CRTP) to enhance the flow/discharge of patients and teams are looking at opportunities to increase flow out of ED by maximising the use of 'boarding' patients and utilisation of the Discharge Lounge.

Work is also ongoing looking at new approaches adopted by other hospitals and how these could be replicated at ESNEFT and spread the risk across the organisation.

Colchester

Handovers within 15 minutes in Colchester are improving but require significant work to continuously sustain performance.

Executive led meetings with specialities are ongoing, to agree and embed pathways to assessment areas and AMSDEC, which will reduce direct admissions increasing capacity to off-load and see/treat appropriate ED patients.

A CR2P dashboard is being designed for the Site office to support the pulling of patients out of ED and enable site to assign actions to specialities to support early flow out of ED.

Patients are risk assessed and the safety corridor nurse is deployed at peak times.

Time to initial assessment within 15 minutes improved in month by 5.7% for ESNEFT; reflected on both sites - Colchester 8.6%, Ipswich 1.6%. In month admitted average waiting times in department performance deteriorated. The number of 12 hour patients for ESNEFT increased by 153 in month of which Colchester attributed 128; 90.8% of the total are due to Colchester.

Time to initial assessment
(% patients within 15 mins)

85.7%

↑ vs 80.0% last month

Time to initial assessment
(95pct)

27 min

→ vs 27 last month

Average time in dept – non-
admitted

240 min

↓ vs 243 last month

Average time in dept –
admitted

442 min

↑ vs 400 last month

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

95 min

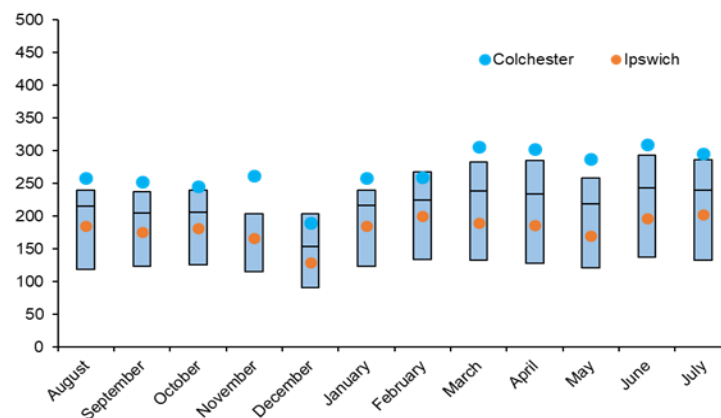
↓ vs 101 last month

12 hour patients

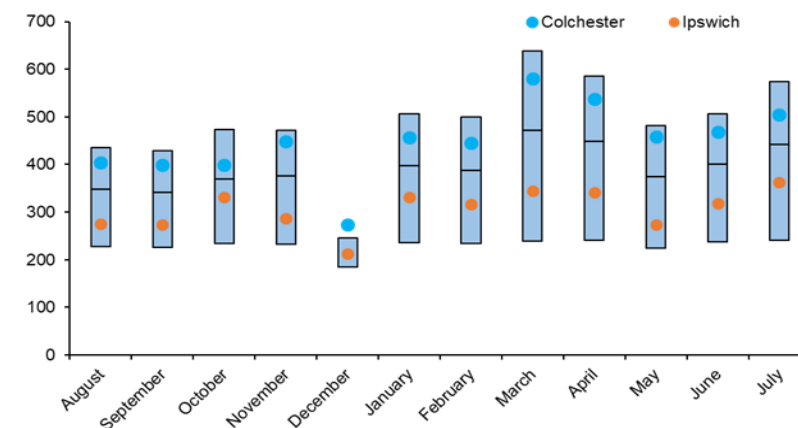
729

↑ vs 576 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

Admitted patients length of stay (LoS) increased which corroborates the number of bed delays leaving the department and included the increase in 12hour LoS breaches.

A SOP is in place to maintain patient safety whereby 12hour LoS breaches have access to a physical bed to mitigate concerns regarding clinical care

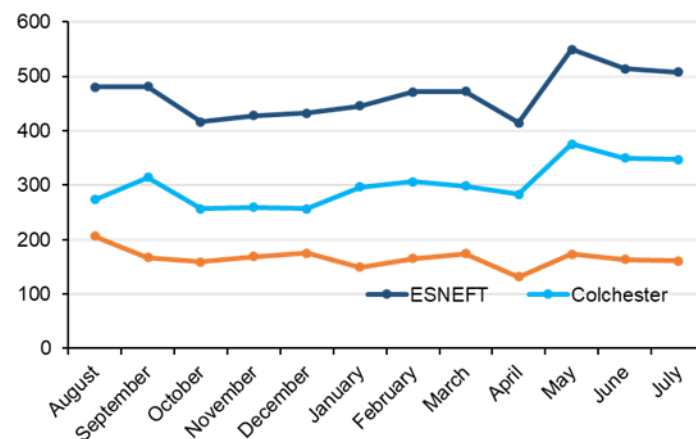
Colchester

Teams are continuing to review boarding in the bed meetings to ensure patients are leaving ED in a timely manner.

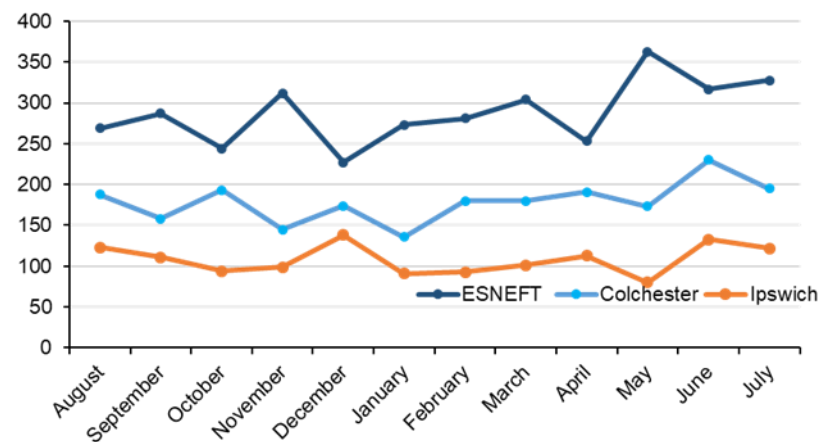
A dashboard is still being developed in order to provide structure and governance around patients that are residing in ED.

MH ED attendances have decreased by 1.2% across ESNEFT in month - both sites decreasing with Colchester by 0.9% and Ipswich by 1.8%. MH referrals increased in month by 3.5% for ESNEFT, with Colchester reporting a 17.4% increase and Ipswich a 18.9% decrease.

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



MH attendances - Colchester
347

↓ vs 350 last month

MH attendances - Ipswich
161

↓ vs 164 last month

MHLT referrals - Colchester
229

↑ vs 195 last month

MHLT referrals - Ipswich
99

↓ vs 122 last month

As a result of the high attendances at Colchester Hospital ED by patients with mental health needs a daily huddle has been set up including representatives from ESNEFT, EPUT, NELFT and SNEE ICB. This has enabled a daily review of actions required to ensure that action is taken as quickly as possible to support patients in attaining the safest and most appropriate outcome.

Given pressures for MH beds across the whole system this does not necessarily enable faster access where these are required but ensures there is clearer communication and shared accountability for managing safety. It has been positively received by all involved.

Further work is under way to develop a clear trigger point for when patients are best placed out of the Emergency Department whilst still awaiting their assessment.

Total admissions increased in month by 1.5%. Elective and non-elective admissions increasing by 4.2% and 2.7% respectively with emergency admissions decreasing by 2.2%. Compared to 2021-22 for July, emergency admissions were 12.4% lower and elective admissions 1.2% lower

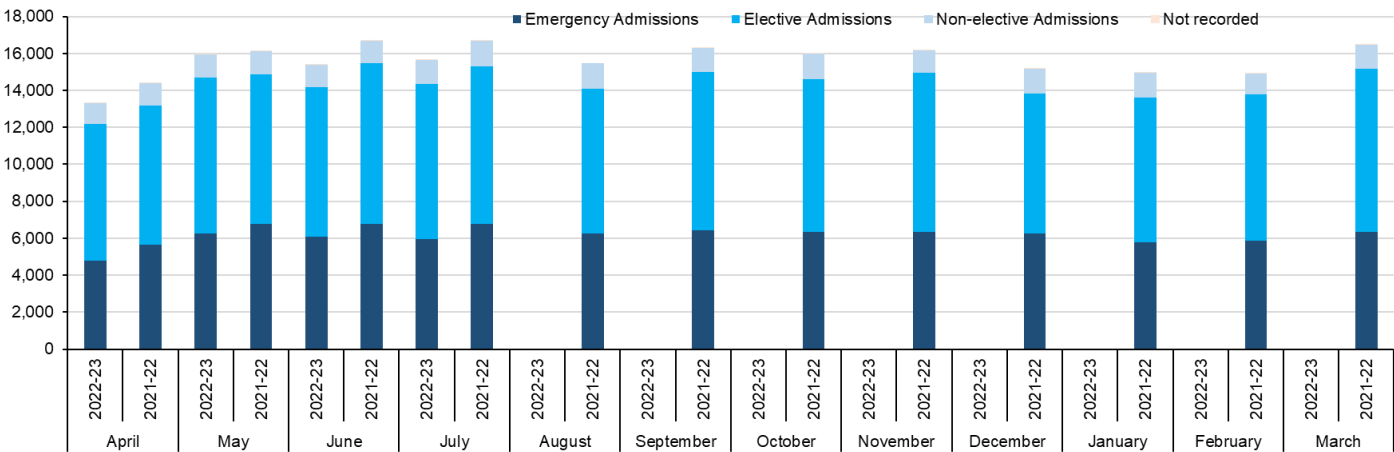
Emergency admissions
5,930
↓ vs 6,065 last month

Elective admissions
8,431
↑ vs 8,095 last month

Non-elective admissions
1,265
↑ vs 1,232 last month

Total admissions
15,632
↓ vs 15,395 last month

Admissions: Inpatient spells by admission type



Ipswich

Due to flow constraints the Emergency Department ensures all alternative pathways are used to avoid admissions. There is a good success rate in turning patients around at the front door.

The seasonal variation plan has been agreed which includes extended funding for REACT and other admission avoidance schemes.

Colchester

Colchester continues to focus on turning patients around at the front door where possible; and have embedded an early morning review of all patients in ED that can be sent to AMSDEC/Frailty rather than EAU to ensure they receive same day care. This is working really well, and teams will continue early morning reviews.

The acute medical team at times of pressure attend ED to see, treat and discharge and pull to speciality.

Inpatients: Average number of long length of stay patients across ESNEFT increased in month. Colchester increased by 6 patients and Ipswich by 8 patients. The percentage of beds occupied by 21+ patients increased by 1.0% in month but remains lower than the national and regional levels

21+ day patients - ESNEFT
164

↑ vs 150 last month

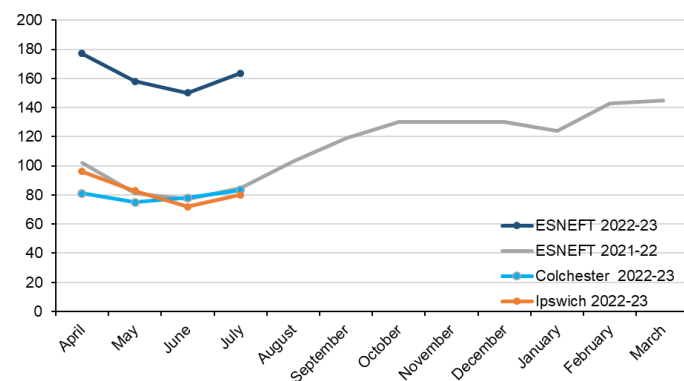
21+ day patients - Colchester
84

↑ vs 76 last month

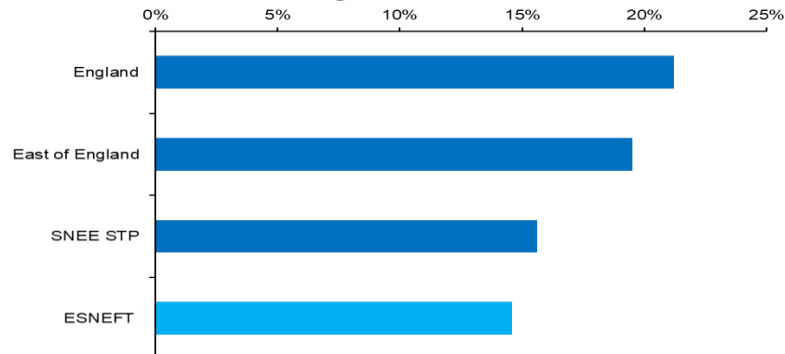
21+ day patients - Ipswich
80

↑ vs 72 last month

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



% beds occupied by 21+ day patients (4 week average). Snapshot at 15 Aug



Ipswich

The Attain work continues for all D2A with the aim of streamlining working practices, by promoting a Multi-agency approach to all discharge processes.

The Therapy teams are continuing to assess the patients earlier in their admission and by setting therapy goals earlier in the pathway the aim is to reduce the demand on pathway 1 and ensure that the patient remains re-abled throughout their inpatient stay; therefore improving our patient outcomes.

Colchester

Whilst challenges remain regarding sourcing care for those on pathway 1 particularly in relation to CO4/15 postcodes, teams are now beginning to see the impact of focusing on mobilisation of all patients whilst on all the wards, reducing the effects of functional decline and thus reducing the requirements for follow up care.

In relation to patients who have more complex needs, teams are undertaking "best interest" meetings supported by a panel of senior colleagues from across the ICS, and beyond to focus on what is possible.

62 day wait performance in month decreased by 3.7% and falls short of the trajectory by 5.0%. Two week wait performance improved by 2.5% in month. 28 day faster diagnosis increased for July 2022 by 0.2% but remains 14.2% below trajectory and the National standard. The number of patients treated after 104 days increased by 9 as did the 62 day 1st PTL by nearly 400 patients

Two week wait performance
61.1%
↑ vs 58.6% last month

62 day wait performance
72.4%
↓ vs 76.0% last month

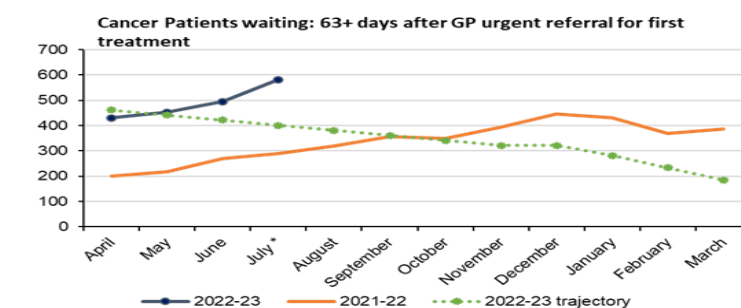
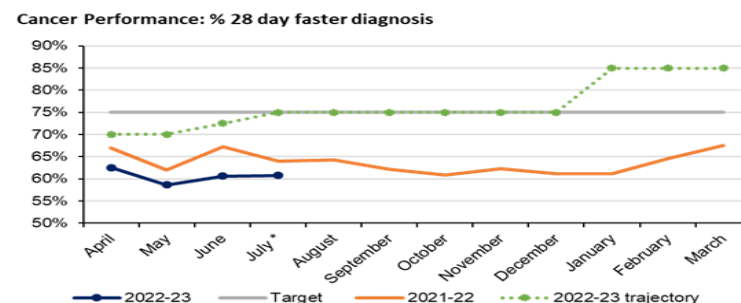
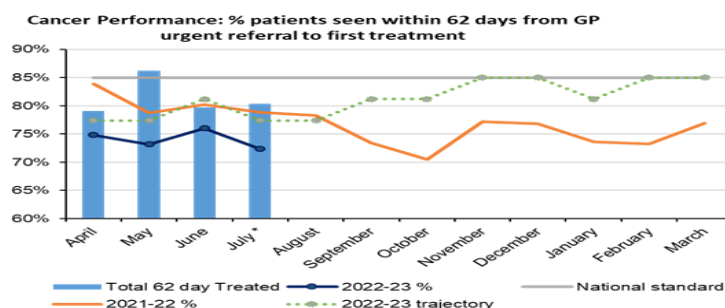
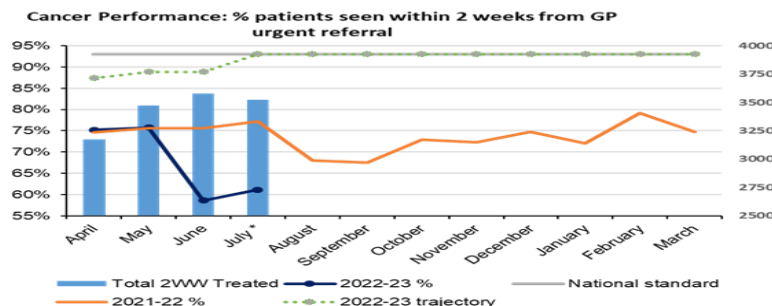
28 day faster day diagnosis performance
60.8%
↑ vs 60.6% last month

Patients treated after 104 days
28
↑ vs 19 last month

Total patients on 62 day 1st PTL
5,089
↑ vs 4,691 last month

62 day 1st patients 63+ days
581
↑ vs 495 last month

**Unvalidated figures as of the 11/08/22. Final figures for July 2022 will be available in September 2022 after submission*



Breast, Haematology, Head & Neck and Urology were all compliant with 2ww standard however performance remains particularly challenged for colorectal and skin where waiting times now exceed five weeks. All options have been explored and all available additional capacity has been filled. Plans (additional workforce) that are due to commence in early September, will address the backlog but the full effect will not be seen until October. New referral guidance for colorectal and roll out of teledermoscopy in Colchester will enable sustainable improvement in performance.

The impact of the largest (by volume of referrals) specialties seeing delays for first appointments has also impacted 28FDS performance. Delays in reporting times for diagnostics are also having a direct impact on achieving compliance with the 75% standard. A recovery trajectory and sustainability plan is awaited from the division.

62 day performance has been steady although is not showing the improvement against trajectory as planned. In July the impact of the delays within skin has meant that they have dropped to their lowest performance in more than 2 years, impacting overall trust performance.

Colorectal referrals increased significantly, likely to be the effect of a high profile bowel cancer news story – this further impacted the colorectal pathway adding further delays.

The PTL increase has had an effect on the backlog however, progress has since been made and numbers are now reducing across all tumour sites. Referrals are also coming down which has helped the overall PTL position.

To note Breast is compliant with ALL standards for July.

6 week performance deteriorated by 0.8% in month and is 2.0% over trajectory. 66% of the breaches occur at Ipswich with echocardiography accounting for 87.2% of the Ipswich breaches. For Colchester non-obstetric ultrasounds are 49% of all their breaches. The waiting list is showing a decrease of 4.5%.

% patients waiting > 6 weeks or more

20.9%

↑ vs 20.1% last month

DM01 6 week breaches
2,567

↓ vs 2,591 last month

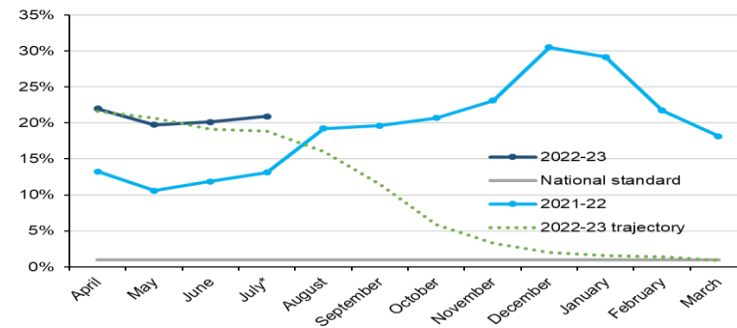
DM01 Waiting List

12,286

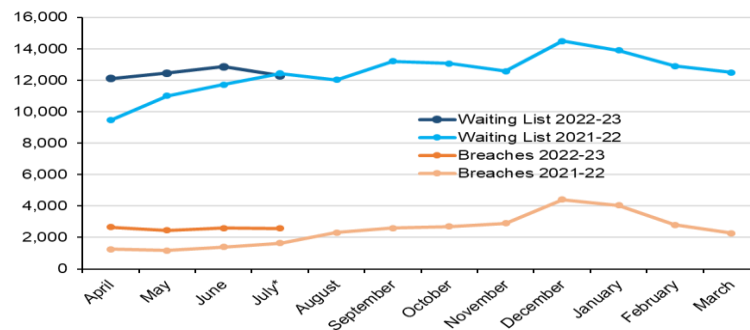
↓ vs 12,864 last month

*July's Oaks data not received June 2022 data used for reporting

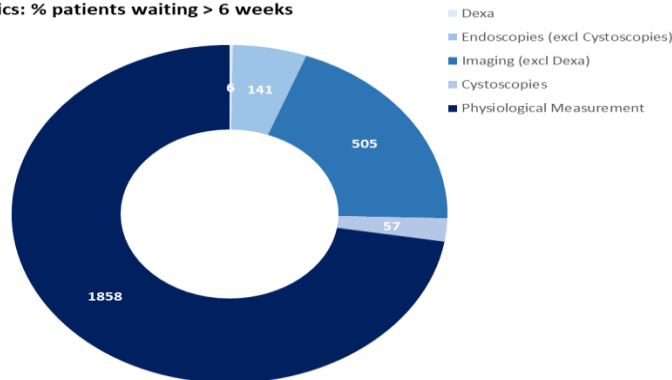
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



Imaging

IPS

MRI – 39 breaches - below trajectory, ongoing issue with cardiac MRI, meeting arranged with Cardiology to discuss

CT – 2 breaches - below trajectory

US – 19 breaches – well below trajectory

COL

US – 426 breaches – well below trajectory, recovery plan in place, more detail on recovery slide

CT – 2 breaches – below trajectory

MRI – 10 breaches – slightly above trajectory - issue around pacemaker patients & paed sedation cases

Urology

79 breaches – over trajectory – issues around unfit patients, staff sickness and patient choice. Putting extra capacity on in Sept, plan to be compliant in October

Endoscopy

IPS – 54 breaches – below trajectory – 3 rooms during the week, 4 at weekend. All routine/surveillance pts being offered Oaks. 2ww referrals high

COL – 38 breaches – below trajectory – delivering pre covid activity, the Grove delivering 5 days PW, Vanguard now finished. 2ww referrals high

Special Surgery

42 breaches – below trajectory – no concerns

Med 1 (Echo's/Sleep Studies)

IPS – 1,475 breaches (all echo) - below revised trajectory – insourcing in place from 4th August, revised trajectory submitted

COL – Echo's - 128 breaches – above trajectory - echo wait times increased to 12 weeks due to A/L & Covid sickness – revised trajectory to be submitted

Sleep studies – 143 breaches – above trajectory - B2 started on 1st Aug which will double capacity. Bid for B6 and B3 for CDC was successful, currently exploring this

Med 2 (Neurophysiology)

IPS – 8 breaches – no concerns

COL – 27 breaches – below trajectory, additional clinics continuing to take place

Performance against the 18 week standard has deteriorated in month by 1.2% however is above the national average. The proportion of the list waiting more than 52 weeks also increased in month but continues to be lower than the national average.

Incomplete pathways within 18 weeks - ESNEFT

64.0%

↓ vs 65.2% last month

Incomplete pathways within 18 weeks - National

62.2% (June 22)

52+ waiters as % of list - ESNEFT

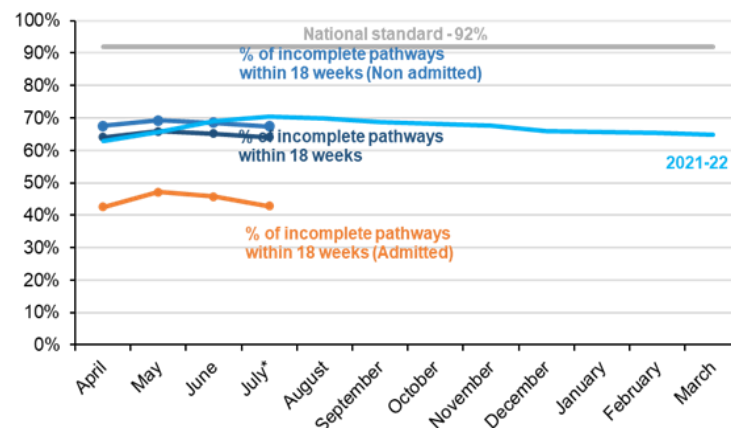
↑ 3.9%

vs 3.6% last month

52+ waiters as % of list - National

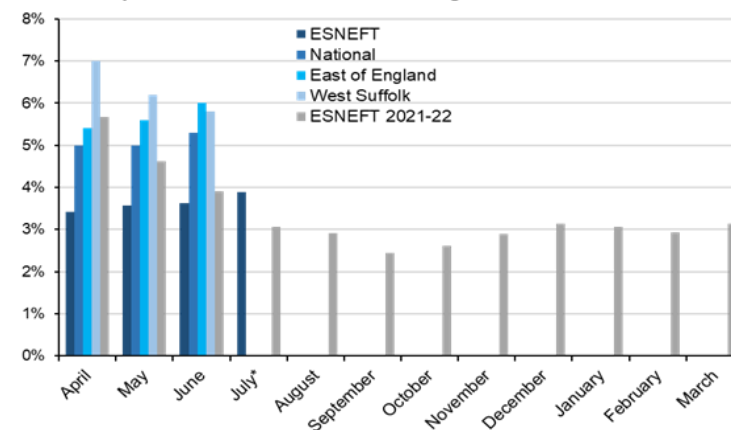
5.3% (June 22)

RTT Waiting List: Performance against 92% standard



*July's Oaks data not received June 2022 data used for reporting

52+ Incompletes as a % of the Total Waiting List



*National published figures for July 2022 will be available next month

The focus on treating the Trust's longest waiting patients continues through weekly PTL meetings with operational teams and escalations to ADOs as appropriate where intervention and mitigations are required.

Specialty hotspots:

- Gastroenterology – backlogs in reviewing results post diagnostics. Locum appointed and imminent start date expected
- Dermatology – increase in cancer 2ww referrals impacting on capacity for routine patients.

Consideration is being given to combine cancer and RTT PTL meetings across all specialties to improve utilisation of capacity.

A review is underway to consider improvements in the prospective tracking of patients on RTT pathways to minimise administrative delays.

There is a planned Kaizen approach for theatres in September and October, this will focus on 6-4-2 processes and pre-op. There will also be a refocus on the Access Policy, national RTT rules and SOPs for operational teams.

Elective activity for both inpatients and daycases has increased in month by 4.4% and 3.9% respectively whereas outpatient appointments have seen decreases: first atts by 3.0% and follow ups by 6.4%. Elective inpatients, daycases, outpatient first and follow up appointments were all lower than 2021-22 activity levels at 89.8%, 98.6%, 99.3% and 86.7% respectively

Elective inpatients

872

↑ vs 835 last month

Daycase inpatients

7,463

↑ vs 7,180 last month

Outpatient First Appt

25,841

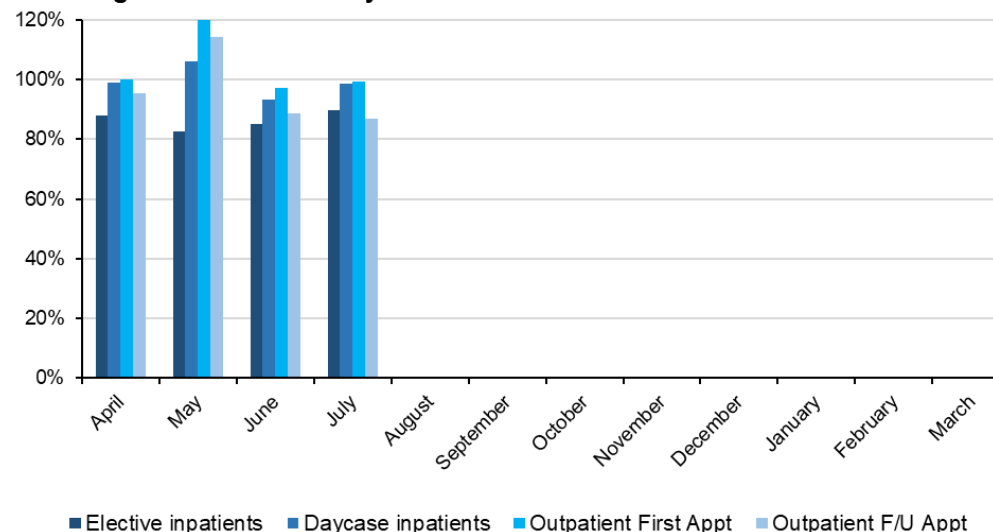
↓ vs 26,644 last month

Outpatient F/U Appt

43,746

↓ vs 46,740 last month

Percentage of 2021-22 activity



Gynaecology have seen 2 extra cases per list for 2 consultants with an opportunity for this to increase further. Plans are in place for 2 extra cases per list in pain services.

There has been a good reduction in cancelled cases which supports activity levels with text messaging reminders going live as of 09/08 and all services from 22/08.

A SOP in T&O is in place to reduce down time and has enabled 10 extra cases per week. There is a proposal from September to increase by 17 cases per week if MSKAU is guaranteed, this will be supported.

A review is underway in OP with clinic template comparisons for pre & post pandemic.

ESNEFT has been accepted onto the “Right patient, right place, right procedure” programme which seeks to maximise theatre capacity and workforce. Consideration is ongoing regarding a ‘Super September’ OP programme that has been put forward by the national team.

The DCMB case to expand to 8 theatres and 3 wards has been approved. 3 x lap theatres above the ED/UTC build has also been approved.

CTs and Endoscopy activity increased in month by 12.4% and 13% respectively whereas decreases were seen in MRIs by 5.6% and Ultrasounds by 4%. All exceeded 2021-22 activity levels with the exception of Ultrasounds which was 96.6%; CT, MRI and Endoscopies were 109.3%, 105.6% and 101.3% respectively.

CT

6,814

↑ vs 6,064 last month

MRI

3,396

↓ vs 3,598 last month

US

10,270

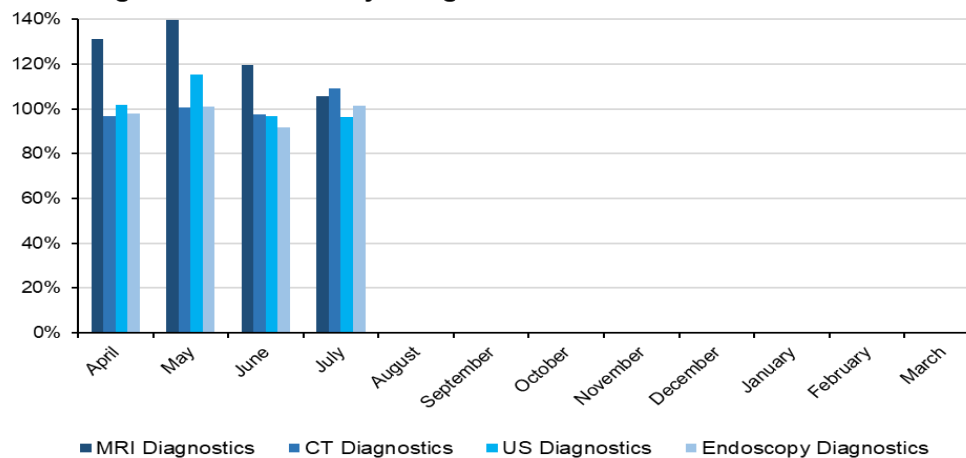
↓ vs 10,703 last month

Endoscopy

1,831

↑ vs 1,620 last month

Percentage of 2021-22 activity - Diagnostics



CT

Delivered over 118% activity compared to 19/20 in July across ESNEFT - Static CT in CDC in Clacton in place with 15 min slots. Ipswich do not have enough capacity to meet demand due to workforce constraints - 7 day working consultation being written. In the short/medium term the Trust is utilising Oaks, Nuffield & insourcing to boost capacity.

MRI

Delivered over 109% activity compared to 19/20 in July across ESNEFT – dip in activity in Ipswich. There is a small backlog of cardiac MRI in IPS which the Trust is putting on additional capacity to reduce.

US

Recovery for IPS remains on track, no concerns.

Plan in place for Colchester to start from 1st Aug. NHSP rate for sonographers uplifted from 1st Aug, insourcing started 13th Aug. Additional US room created and in regular use.

Endoscopy

Funding remains under discussion for endoscopy this FY. Clacton CDC activity plan to commence in Nov/Dec for rectal bleed clinics & low complexity endoscopy to mirror the Grove. Awaiting confirmation.

COL – continue to send surveillance & routine pts to the Oaks to clear the backlog, validation continues.

IPS – Discussions around weekend lists in South Theatres still ongoing.

52+ week waiters increased in month by a further 270 patients and was just over trajectory by 31 patients. The longest waiting patients within bands 98+ and 104+ weeks have both decreased with 78+ week waiters increasing by 2. The waiting list continues to increase by a further 2.5% and is 5,362 patients above the trajectory set for the month

Total open RTT pathways
75,222

↑ vs 73,393 last month

52+ week waiters

2,927

↑ vs 2,657 last month

78 + week waiters

257

↑ vs 255 last month

98 + week waiters

10

↓ vs 20 last month

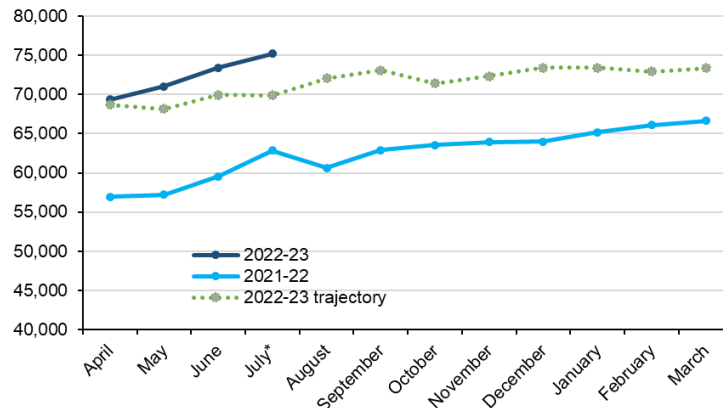
104+ week waiters

6

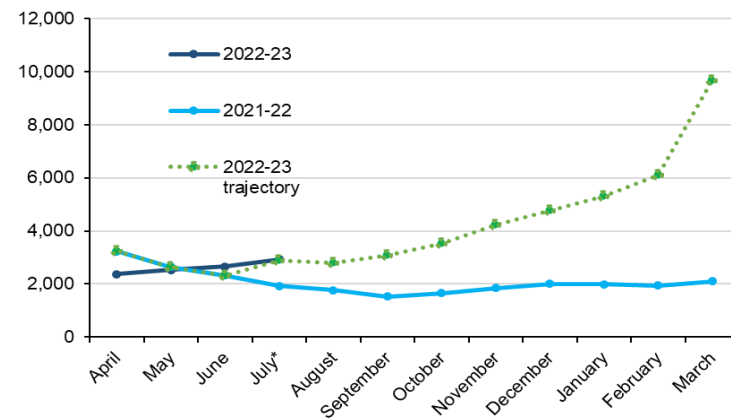
↓ vs 14 last month

**July's Oaks data not received June 2022 data used for reporting*

RTT Waiting List: Total open pathways



RTT Waiting List: Total 52+ week waiters



There are 3 patients on complex pathways who will have waited more than 104 weeks by the end of August. One has a confirmed TCI date and the other 2 are in the process of receiving TCI dates for mid-September.

No 104 week breaches are expected from the end of September.

Patient level detail is reviewed in the PTL meetings with the service and any areas of concern identified are escalated to the appropriate place effectively and efficiently.

There continues to be a high level of cancer demand and urgent activity that is affecting ESNEFT's longest waiting P4 patients.

The corporate validation team are working with the services to ensure good oversight of their 52/78 week position, ensuring that validation support is given to those services with the largest cohort of challenged patients, i.e. General surgery and Gynaecology.

Month 4 Performance

Summary Income and Expenditure	July			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Income from Patient Care	72,328	71,854	(474)	293,183	289,673	(3,510)
Other Operating Income	4,426	4,606	180	17,267	17,341	74
Total Income	76,754	76,460	(294)	310,450	307,014	(3,436)
Pay	(46,385)	(46,309)	76	(191,754)	(187,412)	4,342
Non Pay	(26,382)	(26,616)	(234)	(102,752)	(105,678)	(2,926)
Total Expenditure	(72,767)	(72,925)	(158)	(294,506)	(293,089)	1,417
EBITDA	3,987	3,535	(452)	15,944	13,925	(2,019)
Impairments	-	-	-	-	-	-
Other Non Operating	(3,727)	(3,487)	240	(14,907)	(13,803)	1,104
Surplus / (Deficit)	260	48	(212)	1,037	122	(915)
EBITDA %	5.2%	4.6%		5.1%	4.5%	
Performance Against CT						
Donated Income/Depreciation	(260)	15	275	(1,037)	100	1,137
Total Non CT Items	(260)	15	275	(1,037)	100	1,137
Performance Against CT	-	63	63	-	222	222

M4 Revenue Headlines

In July, the Trust delivered a surplus of £0.1m; driving a cumulative year to date surplus of £0.2m. For the year to date, there is favourable variance of £0.2m against control total.

Key Variances

The month 4 plan reports the revised plan submitted to NHSI/E on the 28th June, with a breakeven position each month for the Trust. Whilst the Trust continues to report a favourable position against plan there are a number of key variances.

Income continues to report an under recovery in July albeit at a reduced rate. Whilst the national/regional arrangements in relation to ERF are now fixed for H1 there is still a level of risk regarding sub contracted activities (RES contract) which have been factored into the financial position. The variance YTD predominately relates to “out of envelope” funding streams which support the vaccine programme and COVID-19 testing.

The favourable variance reported within the pay category reduced in July; with a planned budget reduction relating to COVID-19 of £1.2m in month. Actuals also reduced in July as the Trust reported a benefit with a refund from the Pension agency relating to a prior year cost £731k. This had been disputed by the finance department, and the case was ruled in the Trust’s favour.

Within non-pay the CIP program continues to be the main driver of the adverse variance; although an improvement is reported in July. A shortfall of £369k occurred in month, £4.1m YTD.

Temporary Pay

July reported an increase in agency spend and accounts for 3.5% of all pay costs (compared to 3.4% in July 2021). Nursing and midwifery continued their downward trend on agency spend with increased bank usage whilst substantive costs remained static.

As detailed in month 3, NHSE/I have now set agency expenditure limits for 2022/23 at system level. This is based on 2021/22 actual spending levels which amounts to (£17.7m) for the Trust reduced by 10%, set the limit at £15.9m for the Trust. The revised ceiling limit and current spend highlights an adverse £0.2m in month and £1.2m YTD. High areas of spend continue within the C&D and MSK & Specialist Surgery divisions.

There had been a downward trend in bank spend until June when the Trust reported an 8% increase against May (£4.3m v £4m). This has continued into July with spend at £4.4m and registered nursing and midwifery the main user.

Formal confirmation of controls has now been received and stipulates delivery of a 10% reduction to actual 21/22 agency spend as a minimum. Controls will operate at a system level. A number of operational divisions report an adverse variance to the revised ceiling limits; C&D, MSK & Specialist Surgery and S,G&A.

The medical workforce, in particular at consultant level continue to be the key driver of agency spend across the Trust, £0.9m in month and £3.5m year to date accounting for 54% of the total spend. There are currently a number of consultant vacancies in hard to recruit specialties with shortages reported nationally; Dermatology, Histopathology and Microbiology.

Reliance on agency to support vacancy cover at junior doctor level is expected to reduce after the August changeover, £0.2m in month and £1.2m year to date.

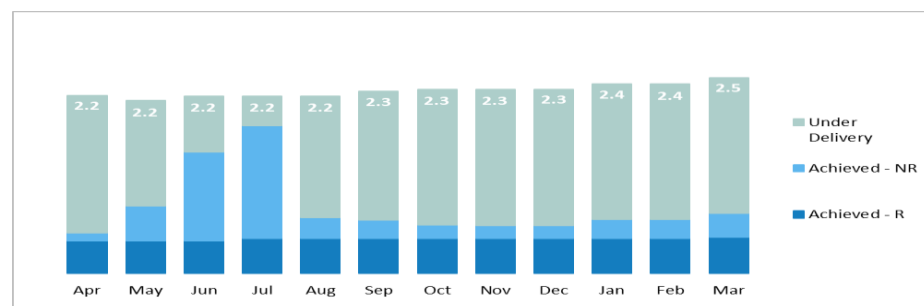
A review is to be completed starting with consultant agency spend to triangulate with vacancies, ERF support etc. with findings reported back as part of the month 5 position.

2022/23 CIP programme

In-month position

IP, MSK & Specialist Surgery and W&C achieved their CIP target in July.

CIP Delivery by Division	July			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	338	224	(114)	1,351	816	(535)
Integrated Pathways	186	251	65	745	410	(335)
Medicine Ipswich	151	137	(14)	641	581	(60)
Medicine Colchester	156	106	(50)	624	416	(208)
MSK and Specialist Surgery	231	518	287	892	1,065	173
NEE Community Services	128	51	(77)	511	115	(396)
Surgery, Gastro & Anaesthetics	306	23	(283)	1,120	92	(1,028)
Women's and Children's	271	355	84	1,083	535	(548)
Total Operations	1,766	1,664	(102)	6,968	4,030	(2,938)
Estates & Facilities	318	60	(258)	1,273	99	(1,174)
Corporate Services	144	136	(9)	631	622	(9)
Non Divisional	-	-	-	-	-	-
Total Trust	2,229	1,860	(369)	8,872	4,751	(4,121)



Year to date position

The CIP programme reports a £4.1m adverse variance to plan YTD.

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

Key variances

The following areas are reporting the largest shortfalls against the CIP target on a year to date basis:

- Estates & Facilities - £1.2m
- Surgery, Gastro & Anaesthetics - £1m

Quality Impact Assessments

At the end of July, against the full year effect target, 37% of CIP has passed QIA.

£000s

	FYE QIA					QIA/ Target
	Target	No PID	PID	DMT	QIA	
Corporate Services	5,953	703	140	27	1,328	22%
Cancer and Diagnostics	4,053	389	154	0	2,250	56%
Medicine Colchester	1,873	214	0	260	245	13%
Medicine Ipswich	1,955	79	0	0	1,007	52%
MSK and Specialist Surgery	2,769	124	25	53	1,606	58%
Surgery, Gastro & Anaesthetics	3,954	335	1,060	607	1,772	45%
Women's and Children's	3,249	658	0	67	849	26%
Integrated Pathways	2,236	330	22	284	709	32%
NEE Community Services	1,534	838	0	0	333	22%
Total	27,576	3,670	1,401	1,298	10,100	37%

22/23 Cash position & Capital

Cash Position

The Trust held cash of £70.9m at the end of July.

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 July was 83.9% compared to 88.3% 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 YTD performance at 83% although in month dropped to Colchester 73% and Ipswich 71%.

Capital Expenditure

At the end of July there was an underspend of £13.8m, of which £3.4m was in month. The main driver of YTD underspend is the 'building for better care' STP funded developments: Elective Orthopaedic Centre (£7m) and emergency reconfiguration (£2m).

An updated Castons (the Trust's cost advisors) forecast has not yet been received to reflect the latest MTX position for the orthopaedic centre, which has now been provided. A value engineering (VE) exercise is due to take place to mitigate against the additional costs that have been communicated. The costs reported continue to reflect the delays in the construction timeline. The impact of the delay is expected to extend the time to deliver the development. This is being discussed with EoE NHSE/I to see if the trust can broker the position that is being forecast (especially following the TIF award for the 'Do Max' option for the orthopaedic centre).

Emergency reconfiguration incurred spend equal to plan and whilst the slippage did not increase, the scheme is still underspent against plan YTD.

The Green Surgical Hub at Ipswich is slipping against plan but is linked to the delay in TIF approval and other delays that have occurred for Ipswich UTC.

Other slippage YTD on schemes £2m - most significant being on Breast Care (£1.1m) and Child Health (£0.7m).

Capital Programme	Year to date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	100	425	(325)	1,008	1,317	(309)
Non-Medical Equipment	-	-	-	-	-	-
ICT	190	(126)	316	2,374	2,374	(0)
Estates & Facilities	300	282	18	2,905	2,905	0
STP Funded Development	13,891	2,860	11,031	60,769	60,769	(0)
Schemes	5,505	3,010	2,495	32,773	32,773	0
DCMB Enabling	-	(27)	27	1,000	1,000	(0)
Right of Use Assets	322	80	242	3,117	3,117	0
PFI Lifecycle Costs	-	-	-	1,161	1,161	-
Total Capital Programme	20,308	6,504	13,804	105,107	105,416	(309)
Note: CDEL						
PFI Lifecycle Costs	-	-	-	(1,161)	(1,161)	-
PFI Residual Interest	246	246	-	738	738	-
Disposals	-	(166)	166	(2,048)	(2,214)	166
Donated	-	(143)	143	(3,369)	(3,512)	143
Net CDEL	20,554	6,441	14,113	99,267	99,267	0

22/23 Capital Plan Slippage:

- Emergency Reconfiguration – Ipswich UTC £3.4m
- Elective Orthopaedic Centre – £TBC

Forthcoming Capital Bids:

- Digital Diagnostic Capability - £3.8m (£0.8m 22/23)
- Endoscopy CDC - £1.9m
- Endoscopy Stack - £1.3m
- Endoscopy scopes & scoping work - £0.8m
- Modular CT Scanner (TIF) - £1m
- Maternity Ockenden and EBED - £TBC
- Cancer Alliance - £TBC

22/23 Elective Recovery Fund

ERF M1-4

ERF provides a cost-weighted activity comparison to baseline (2019/20 elective activities) for services falling within the ERF guidance, largely services which would be funded under the national tariff.

Baseline figures are adjusted for nationally agreed service changes between 2019/20 and 2021/22. Baselines are adjusted for working days between years (M-F, excluding bank holidays)

Final baselines are awaiting national re-costing for final 22/23 tariff.

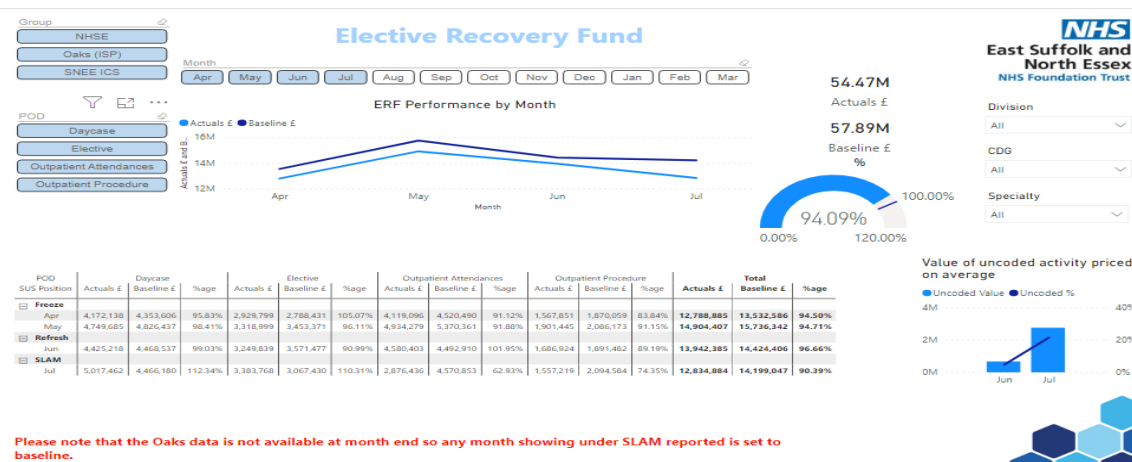
Internally, we have re-costed the baseline using the available tariff, but will adjust to final national baselines if need be when provided (estimated September).

Actuals will be confirmed by national teams, with month 1 due in June, but delayed, again expected in September. Internally we calculate these on a monthly basis on day 1 of the following month. At final position in 21/22, internal calculations were within 1% of national calculations. However, the most recent month will be lower than prior months due to:

- Uncoded patient care – although an ‘average’ tariff is applied to partially mitigate this
- Patient care not recorded on PAS system (IES Community Diabetes for example) – data unavailable on day 1
- Unreconciled clinics – suitable data not available on day 1

These may be partially offset by relatively small uncoded patient care which will fall outside of ERF once coded.

ESNEFT figures include Oaks RES patients



To date, ERF for M1-4 is calculated at 95.5% of cost-weighted 19/20 elective patient care

- April – 94.5%, £0.5m short of baseline, £1.0m short of 104% (95.9% excluding RES)
- May – 94.7%, £0.5m short of baseline, £1.1m short of 104% (96.5% excluding RES)
- June – 96.7%, £0.0m short of baseline, £0.5m short of 104% (99.9% excluding RES)
- July – 90.4%, £1.4m short of baseline, £1.9m short of 104% (89.8% excluding RES)
- Total – 94.1%, £5.7m short of 104% (95.5% excluding RES – set at baseline in month 4 - £4.6m gap excluding RES contract)

If clawback was to occur, this would be at a 75% rate of the above.

National / Regional guidance for ERF to be considered fixed for H1, but to consider it a risk of reduction in income in accounts. As such, a risk is put into the financial position to reflect this.

With a number of upsides pertaining to the most recent month's position, the risk is partially mitigated by an opportunity relating to expected improvement

Current monthly position (excluding RES contract):

		Gap to			%age
Month	Actuals	Baseline	baseline Gap to 104%	Gap to 104%	
Apr	£12,788,885	£13,532,586	(£743,701)	(£1,285,005)	94.5%
May	£14,904,407	£15,736,342	(£831,935)	(£1,461,388)	94.7%
Jun	£13,942,385	£14,424,406	(£482,021)	(£1,058,997)	96.7%
Jul	£12,834,884	£14,199,047	(£1,364,163)	(£1,932,125)	90.4%
YTD	£54,470,561	£57,892,381	(£3,421,820)	(£5,737,515)	94.1%

Workforce Dashboard

July 2022

Trust Level

Key Metrics

Performance

Target

Achieved

Vs Prior Month

Prior Month

Vacancy (Ex Agency)

4.1%

Budget 10632wte

Contracted 10194wte



5.0%

Pay (YTD)

£3.1m

Budget £184.4m

Spend £187.4m



£2.68m

Sickness

5.4%

3.5%

5.4%



4.5%

Mandatory Training

88.4%

90%

View portal for detail



87.2%

Appraisal

83.0%

90%

83 out of 100 staff



82.6%

Voluntary Turnover

9.1%

12%



9.0%

Ceiling

£1.68m

(£8.18m)

(£6.50m)



£1.20m

Ward Fill Rate

84.0%

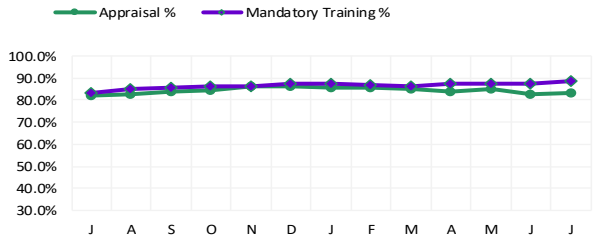
95%



94.6%

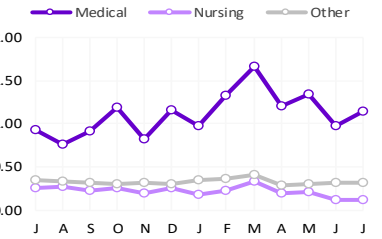
Appraisals & Mandatory Training Compliance

%



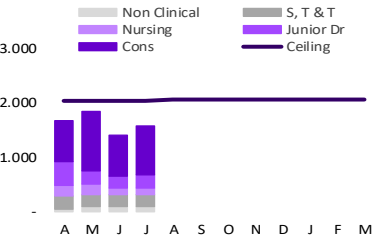
Agency Trends (ex Locum)

£m



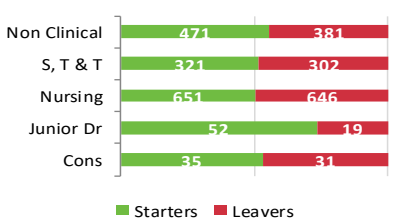
Agency Ceiling

£m



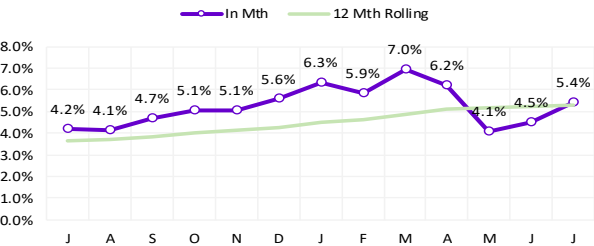
Starter - Leavers (12Mth Rolling)

Headcount



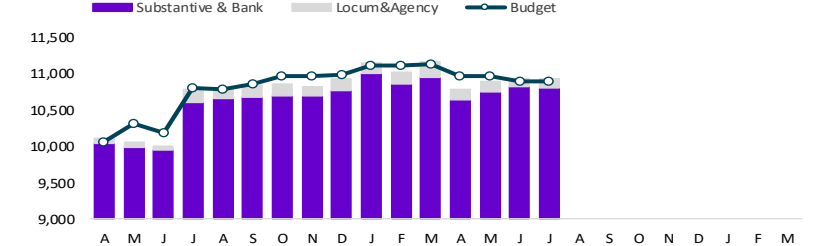
Sickness

%



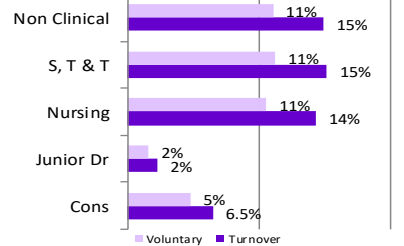
Workforce Trends

wte



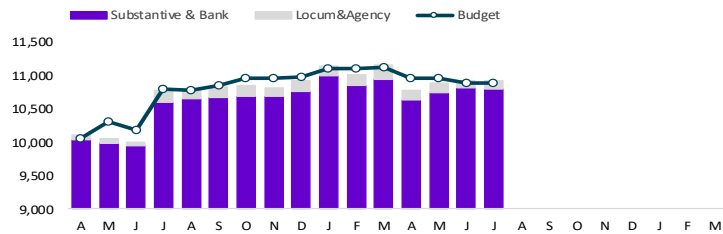
Turnover by Staff Group

Headcount



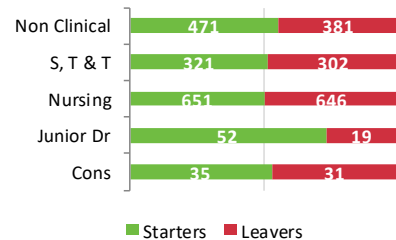
Workforce Trends

wte



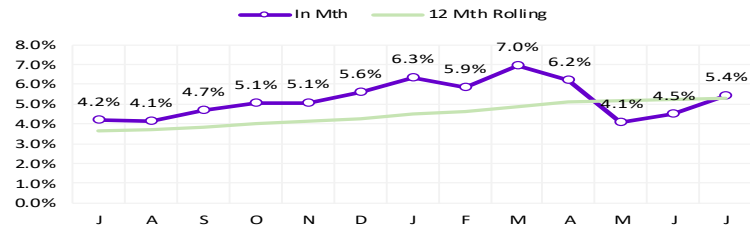
Starter - Leavers (12Mth Rolling)

Headcount



Sickness

%



Commentary

Recruitment

In July, the number of staff in post increased to 10,194 WTE (June 10,053). The Trust continues to have more starters than leavers overall in the majority of clinical groups. The Trust's rolling voluntary turnover for July was 9.1% (June 9.0%).

119.90WTE (132 headcount) new external starters commenced in month with a further 141.9 WTE (161 headcount) offers made.

25 International nurses arrived during July with the next cohort arriving in October - hold on commencement date to facilitate a robust onboarding for the newly qualified. 6 International Community based Nurses have been appointed, estimated arrival date November. 2 International Midwives are due to commence in Aug & September with a further 12 offers in the pipeline and dependant upon NMC registration.

Consultant vacancies have reduced to 35.5 WTE. 25 Consultants are currently progressing through on-boarding. There are 6 SAS vacancies.

Sickness

Sickness absence increased in July to 5.4%, from 4.5% in June and remains above the target of 3.5%. This increase is mainly due to coughs/colds/flu which includes Covid sickness.

The number of FTE days lost due to sickness remains higher for short term sickness (64.43%) than long term sickness (35.58%).

There has also been a 4.4% reduction in sickness due to stress/anxiety and depression since June, which is due to the focussed work being undertaken with the clinical psychology team, OH and the ER teams, including a phone call following notification of sickness.

Risks & Mitigating Actions

Recruitment, Resourcing and Planning

There has been a decrease in the number of vacancies to 4.1% (from 5.0% in June).

International recruitment: Apr 22 – December 22 120 RNs is continuing.

International AHP recruitment: Seven Radiographers in pipeline. Occupational Therapist pipeline being investigated.

Agency spend M04 @ £1.5m of which £1m was spent on Medical Locums. Direct engagement VAT savings (Medical) is £294k YTD. Rate adherence to EoE agreed medical pay rates is at 46% of bookings. Bank spend in M04 was at £3.2m, below the monthly average of £4.1m.

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

Sickness

This month has again seen a decrease in Long Term Sickness absence which is due to focussed work being conducted by the ER team in regards to managing long term absence and where possible bringing cases to conclusion.

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

Mandatory Training

88.4%

90%

[View portal for detail](#)



87.2%

Appraisal

83.0%

90%

83 out of 100 staff



82.6%

Commentary

Mandatory Training

July's compliance rate increased to 88.4%, from 87.2% in June. Some elements have been moved from mandatory and are now classed as role requirements – for example Conflict Resolution Level2. All NHS core content is available via my ESR and the phased process of moving all role requirements over to ESR is underway. It is expected that IBM will have completed the data loads of historical records by the end of August 2022. We will then start the transition to sole use of ESR and the switching off the training compliance tracker. Mandatory training is a standard agenda item for the DAM meetings, divisional governance meetings and ward to board discussion.

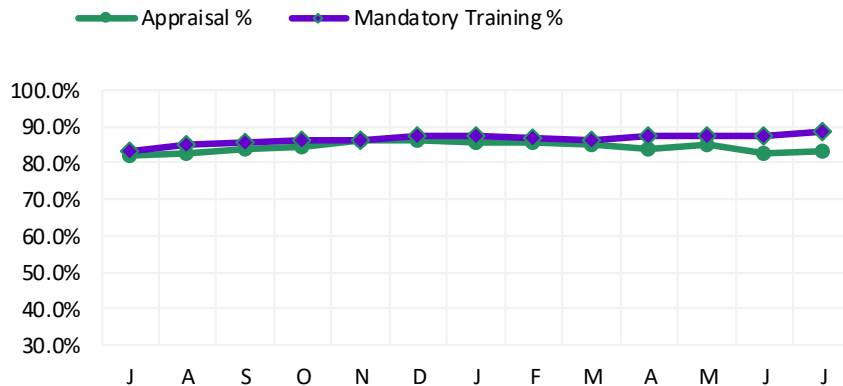
Appraisal

July's compliance rate increased to 83%, from 82.6% in June.

We are expecting that to further increase in August when all activity from the 8a and above appraisal has been input into ESR. The appraisal audit has commenced to check the quality of appraisals and whether the required 121 conversations have taken place. At the time of writing 523 responses have been received. The analysis and recommendations will take place early September.

Appraisals & Mandatory Training Compliance

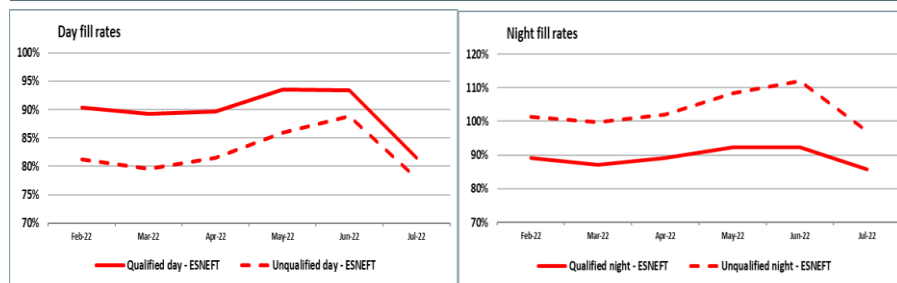
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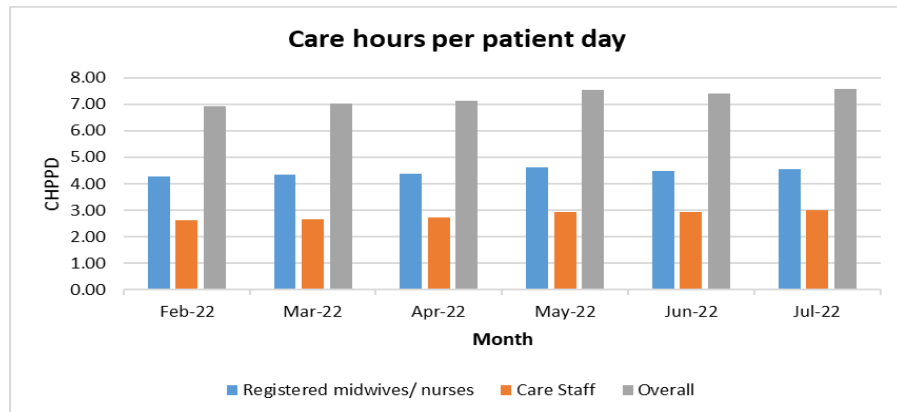
Nursing, Midwifery and AHP Workforce Update

Fill Rates (including care hours per patient day)

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Qualified day - ESNEFT	90.4%	89.3%	89.6%	93.5%	93.4%	81.5%
Qualified night - ESNEFT	89.1%	87.2%	89.2%	92.4%	92.3%	85.7%
Unqualified day - ESNEFT	81.3%	79.5%	81.6%	86.0%	88.8%	77.9%
Unqualified night - ESNEFT	101.3%	99.8%	102.1%	108.4%	112.0%	97.2%
Overall (average) fill - ESNEFT	89.4%	87.8%	89.3%	93.5%	94.6%	84.0%



Care hours per patient day	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Registered midwives/ nurses	4.28	4.36	4.39	4.62	4.47	4.56
Care Staff	2.63	2.67	2.73	2.92	2.95	3.00
Overall	6.91	7.03	7.12	7.55	7.41	7.56



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 are pleased to share that we were awarded the NHS Pastoral Care Quality Award – the first Trust in the East of England to do so. This is evidence of the time and effort taken to support our international colleagues as they join Team ESNEFT.

This is a testament to our commitment in not only increasing our staffing levels, but that we consider it a priority for our new colleagues to feel supported, engaged with, and appreciated for the diversity of experience and skill they bring with them that benefits our patients and staff

International AHP Recruitment:

The Trust has secured funding to support international AHP recruitment, with funding per applicant being sourced from Health Education England. It is expected that approximately 13 international AHPs will join the Trust in the coming months.

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. Staffing review meetings have been finalised with the 79 departments. The acuity review will be shared with the People and Organisational Development Assurance Committee prior to approval at the Board of Directors.

POD Profiles - Trust Level

	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22
All Staff													
Headcount	11,367	11,388	11,399	11,419	11,400	11,372	11,552	11,589	11,637	11,613	11,606	11,630	11,679
Establishment (including agency)	10,803	10,778	10,858	10,960	10,970	10,990	11,113	11,113	11,132	10,967	10,970	10,888	10,891
In post	9,870	9,875	9,874	9,929	9,925	9,922	9,996	10,020	10,029	10,028	10,018	10,053	10,194
Vacancy	933	903	984	1,031	1,046	1,067	1,116	1,094	1,103	939	952	835	697
Vacancy %	8.6%	8.4%	9.1%	9.4%	9.5%	9.7%	10.0%	9.8%	9.9%	8.6%	8.7%	7.7%	6.4%
Establishment (excluding agency)	10,352	10,467	10,428	10,551	10,582	10,548	10,600	10,613	10,779	10,529	10,588	10,578	10,632
Vacancy (excluding agency)	483	592	553	621	658	625	603	593	750	500	570	525	438
Vacancy % (excluding agency)	4.7%	5.7%	5.3%	5.9%	6.2%	5.9%	5.7%	5.6%	7.0%	4.8%	5.4%	5.0%	4.1%
Turnover													
¹ Turnover (12 Month)	13.4%	12.8%	12.9%	12.5%	12.7%	12.8%	13.0%	13.0%	13.2%	12.5%	12.4%	12.0%	12.1%
¹ Voluntary Turnover (12 Month)	7.5%	7.7%	8.0%	8.2%	8.5%	8.7%	8.9%	9.0%	9.2%	9.3%	9.4%	9.0%	9.1%
¹ Starters (to Trust)	115	143	152	139	128	84	163	112	137	129	97	114	132
¹ Leavers (from Trust)	116	133	117	125	116	113	107	83	147	116	102	95	125
Sickness													
% In Mth	4.2%	4.1%	4.7%	5.1%	5.1%	5.6%	6.3%	5.9%	7.0%	6.2%	4.1%	4.5%	5.4%
WTE Days Absent In Mth	12,662	12,615	13,775	15,464	14,999	17,039	19,430	16,277	21,537	18,592	12,564	13,425	16,810
Mandatory Training & Appraisal Compliance													
Mandatory Training	83.5%	85.3%	85.9%	86.1%	86.2%	87.4%	87.6%	87.1%	86.3%	87.3%	87.4%	87.2%	88.4%
Appraisal	81.9%	82.6%	83.9%	84.7%	86.3%	86.0%	85.8%	85.4%	84.8%	83.9%	85.3%	82.6%	83.0%
Temporary staffing as a % of spend													
Substantive Pay Spend	39,858	38,505	39,976	39,383	40,006	39,419	40,414	40,995	42,240	40,712	41,264	41,305	40,232
Overtime Pay Spend	132	723	163	150	174	173	174	161	156	221	176	167	162
Bank Pay Spend	3,763	3,888	4,144	4,404	3,958	3,692	6,005	4,371	4,815	4,024	3,996	4,310	4,343
Agency Pay Spend	1,540	1,363	1,447	1,737	1,323	1,703	1,490	1,927	2,410	1,679	1,848	1,400	1,572
Total Pay Spend	45,293	44,479	45,730	45,674	45,461	44,988	48,084	47,454	49,621	46,636	47,284	47,182	46,309
Agency & Bank %	11.7%	11.8%	12.2%	13.4%	11.6%	12.0%	15.6%	13.3%	14.6%	12.2%	12.4%	12.1%	12.8%
Agency %	3.4%	3.1%	3.2%	3.8%	2.9%	3.8%	3.1%	4.1%	4.9%	3.6%	3.9%	3.0%	3.4%
Nurse staffing fill rate													
% Filled	91.5%	89.7%	91.0%	87.8%	91.0%	89.5%	86.7%	89.4%	87.8%	89.3%	93.5%	94.6%	84.0%

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,057	3,100	3,105	3,132	3,168	3,197	3,241	3,223	3,238	3,149	3,122	3,094	3,105
In post	2,883	2,890	2,878	2,919	2,925	2,923	2,919	2,953	2,987	2,967	2,976	2,979	2,988
Vacancy	174	210	227	213	243	275	322	270	251	182	145	115	117
Vacancy %	5.7%	6.8%	7.3%	6.8%	7.7%	8.6%	9.9%	8.4%	7.8%	5.8%	4.7%	3.7%	3.8%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,513	1,507	1,508	1,524	1,523	1,534	1,553	1,529	1,537	1,504	1,504	1,493	1,497
In post	1,464	1,458	1,454	1,481	1,470	1,464	1,441	1,456	1,466	1,478	1,476	1,472	1,483
Vacancy	49	49	54	43	54	70	112	73	71	26	29	21	15
Vacancy %	3.3%	3.2%	3.6%	2.8%	3.5%	4.6%	7.2%	4.8%	4.6%	1.7%	1.9%	1.4%	1.0%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,319	1,316	1,316	1,328	1,332	1,340	1,399	1,358	1,378	1,341	1,351	1,306	1,294
In post	1,232	1,217	1,189	1,163	1,153	1,171	1,192	1,137	1,171	1,158	1,142	1,146	1,142
Vacancy	87	99	126	165	179	170	207	221	207	183	209	160	152
Vacancy %	6.6%	7.5%	9.6%	12.4%	13.5%	12.7%	14.8%	16.3%	15.0%	13.7%	15.5%	12.2%	11.7%
Consultants													
Establishment (including agency)	520	525	524	516	521	521	523	512	519	517	512	512	512
In post	429	432	437	438	436	434	433	438	443	448	444	445	449
Vacancy	92	93	87	78	85	88	90	74	75	70	67	68	64
Vacancy %	17.6%	17.7%	16.6%	15.2%	16.3%	16.8%	17.3%	14.5%	14.5%	13.5%	13.1%	13.2%	12.4%
Junior Medical													
Establishment (including agency)	780	714	736	736	731	734	742	744	745	735	739	731	730
In post	726	721	714	708	699	687	700	712	707	695	707	703	699
Vacancy	54	(7)	22	29	32	47	43	32	38	39	32	29	32
Vacancy %	6.9%	-0.9%	3.0%	3.9%	4.3%	6.4%	5.7%	4.3%	5.1%	5.4%	4.3%	3.9%	4.3%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,088	2,092	2,111	2,093	2,101	2,115	2,115	2,141	2,156	2,153	2,155	2,191	2,170
In post	1,862	1,872	1,907	1,929	1,934	1,922	1,897	1,959	1,920	1,945	1,938	1,953	1,959
Vacancy	226	220	204	163	167	193	218	182	236	208	217	238	211
Vacancy %	10.8%	10.5%	9.6%	7.8%	7.9%	9.1%	10.3%	8.5%	10.9%	9.7%	10.1%	10.9%	9.7%

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		