



Performance report

East Suffolk and North Essex NHS Foundation Trust
Board of Directors

	Page
Introduction	2
Single Oversight Framework	3 - 4
Accountability Framework and DAMs	5
Spotlight Reports	6 – 32
32Performance Report	33 – 46
Finance and Use of Resources	47 – 50
Well-led	51 – 56
Glossary	57



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

1 NHSE/I monitoring of operational performance - Oversight Frameworks

NHS Improvement (NHSE) 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*; (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 August's performance were held in October.

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	Jul-22	Aug-22	Sep-22	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	94	122	127	↑		Overall complaints numbers for ESNEFT in September were 127 (122). There was 1 high level complaint recorded in month. Colchester reported 75 (74) complaints and Ipswich reported 52 (48).
Occurrence of any Never Event	Safe	M	0	0	0	1	↑		In September there was a wrong site surgery within the Podiatry Department at Ipswich Hospital.
Mixed sex accommodation breaches	Caring	M	0	153	96	125	↑		The high number recorded has been added to divisional risk registers.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	92.4%	91.6%	91.3%	↓		
A&E scores from Friends and Family Test – % positive	Caring	M	90%	79.8%	83.5%	80.9%	↓		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	100.0%	50.0%	100.0%	↑		
- % Recommending - postnatal	Caring	M	90%	94.1%	100.0%	95.6%	↓		
VTE Risk Assessment	Safe	M	95%	91.4%	N/R	N/R	→		VTE Risk Assessments were not reported in August or September 22. A review of the methodology is underway.
Incidences of Clostridium Difficile infection	Safe	M	9	11	12	15	↑		There were 15 C.difficile cases reported in September. 4 of these were in Ipswich (4 HOHA, 0 COHA) and 11 cases were at Colchester hospital (8 HOHA, 3 COHA). There are a total of 57 cases against the threshold of 102 for 22/23
MRSA bacteraemias	Safe	M	0	0	0	0	→		
HSMR (DFI Published - By Month Data Available)	Effective	Q	100	N/R	106.7	108.1			
HSMR Weekend (By Month Data Available)	Effective	Q	100	N/R	109.8	108.9			
Summary Hospital Mortality Indicator	Effective	Q	1.00	1.09	1.08	1.07	↓		12 mths to April 2022. This is 'as expected' when compared to the previous annual position (March 2022 data) of 1.078.

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Jul-22	Aug-22	Sep-22	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	77.2%	75.9%	75.0%	↓		A&E waiting time performance based on economy. Performance for September 2022 was 77.2% for NEE, and 71.0% for IES.
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Responsive	M	92.0%	64.0%	63.3%	62.0%	↓		

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Jul-22	Aug-22	Sep-22	Mov't	Trend	Comments
<i>All cancers – maximum 62-day wait for first treatment from:</i>									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	71.4%	73.2%	68.0%	↓		Screening service performance snapshot as reported in Accountability Framework taken at 22nd September 2022. The August position has now been validated, the September data will be validated for the October data release.
- NHS cancer screening service referral	Responsive	M	90.0%	91.3%	70.0%	78.4%	↑		
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	20.7%	21.8%	17.6%	↓		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Jul-22	Aug-22	Sep-22	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	5.4%	4.2%	4.5%	↑		Short term sickness 2.66%, long term sickness 1.82%
Staff turnover	Well-led	M	<i>tbc</i>	9.1%	9.0%	9.2%	↑		Voluntary turnover.
Executive team turnover	Well-led	M	<i>tbc</i>	0	0	0	→		
Proportion of temporary staff	Well-led	Q	<i>tbc</i>	3.4%	3.6%	2.9%	↓		Agency staff 2.9%. Bank & Agency staff 13.2%.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(6,858)	(6,297)	(6,548)	↑		
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Jul-22	Aug-22	Sep-22	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	1	2	2			From M3 the Trust plan has reflected the revised plan submitted to NHSI/E on the 28th June: a breakeven revenue position. In September, the Trust delivered a small deficit (£5k), maintaining the cumulative surplus of £0.3m. For the year to date, there is also a favourable variance of £0.3m against control total. Because of this, the overall use of resources rating has remained at a 2 (where 1 is best). Indeed, all finance metrics have remained unchanged from August. 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	3	3			
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	0	2	2	2			
I&E MARGIN : Variance from Plan	Finance	M	0	1	1	1			
Agency Spend : Remain within agency ceiling	Finance	M	0	2	2	2			
Overall: Use of Resources Rating	Finance	M	0	2	2	2			
Overall : NHS system oversight framework segmentation									
Indicator	Domain	Frequency	Target / Standard	Jul-22	Aug-22	Sep-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.

Changes to the AF are agreed on a monthly basis through the Informatics Programme Board and actioned the following month. The AF policy has just been updated and agreed through the Executive Management Committee in October 2022.

2022/23 reporting – Month 5 (August performance)

Clinical divisions performance

DAM meetings were held on, Tuesday 4th, Wednesday 5th and Friday 7th of October, reviewing August 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	3	→		3	2	↓		2	3	↑		3	3	→		3	2	↓		3	2	↓		3	3	→		3	3	→	
Responsive	3	3	→		4	3	↓		2	2	→		2	2	→		2	1	↓		4	4	→		1	1	→		2	2	→	
Safe	3	3	→		3	3	→		2	3	↑		2	3	↑		3	3	→		2	2	→		3	3	→		3	3	→	
Effective	3	1	↓		2	2	→		2	3	↑		3	3	→		2	1	↓		2	2	→		1	1	→		2	2	→	
Well-Led	2	2	→		2	2	→		2	2	→		2	2	→		2	2	→		2	2	→		2	1	↓		1	2	↑	
Use of Resources	2	1	↓		2	2	→		2	1	↓		3	3	→		2	2	→		2	2	→		1	1	→		2	1	↓	
Aggregated AF Score	3	1	↓		2	2	→		2	2	→		2	3	↑		2	1	↓		2	2	→		1	1	→		2	2	→	

Performance was mixed in month. The AF aggregated score remained static for 5 of the 8 Clinical Divisions. The aggregated score deteriorated to a 1 for Cancer and Diagnostics and for MSK and Specialist Surgery. Medicine (Ipswich) was the only division that achieved an aggregated score of 3.

Corporate performance

The meetings to review M5 Corporate Services performance were held on Month 10th October.

- ICT, Medical Director and Research & Innovation are the only directorates that achieved appraisal compliance in month.
- Mandatory training performance improved for the majority of the corporate directorates apart from Operations where performance dropped below the Trust target.
- More focus is required on FYE CIP for Estates & Facilities, Faculty of Education, Finance & Information Services, Nursing and Operations.

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

Aggregated AF Score Classification Explained

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

Score Rating	1 Inadequate	2 Requires Improvement	3 Good	4 Outstanding
---------------------	--------------	------------------------	--------	---------------

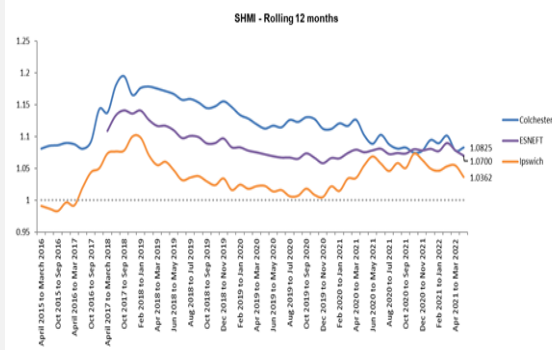
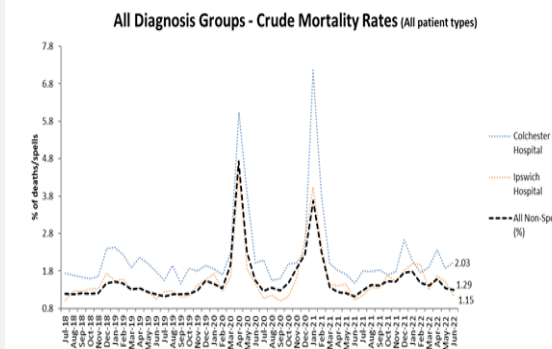
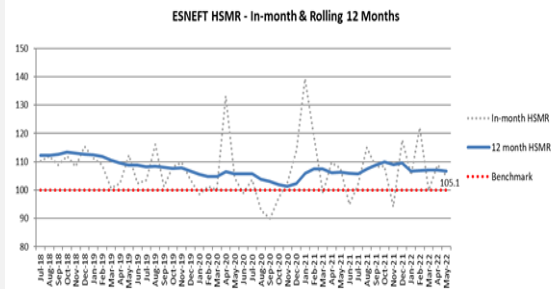
Mortality Ratios - Data Sources DF Intelligence

Summary

ESNEFT 12-mth HSMR to May 2022, 106.8 'higher than expected'.

ESNEFT all-diagnoses (SMR) to May 2022, 106.3 'higher than expected'.

ESNEFT SHMI to April 2022 1.0700 'as expected'.

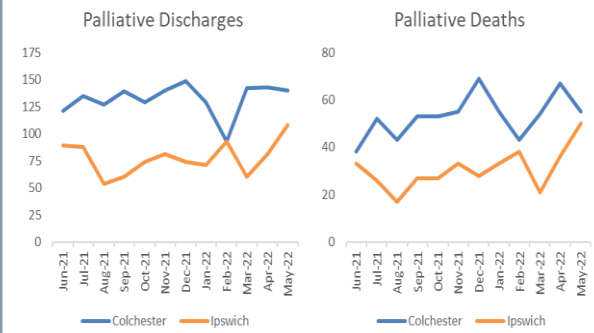


Dr Foster Summary

12 month rolling data except where specified		ESNEFT	IPS	COL
Jun 22	HSMR – incomplete EXCLUDES C-19 ON ADMISSION	↓ 108.3	↑ 116.9	↑ 106.0
May 22	HSMR in-month May22 EXCLUDES C-19 ON ADMISSION	105.1	112.9	110.3
12 mths to April 2022 – complete coding	HSMR EXCLUDES C-19 ON ADMISSION	↓ 106.8	↓ 117.2	↓ 101.9
	HSMR Lower confidence limit EXCLUDES C-19 ON ADMISSION	↓ 102.5 Outlier	↓ 110.5 Outlier	↓ 96.3 As expected
	HSMR NO C-19 PATIENTS	↓ 104.1	↓ 115.0	↓ 98.8
	HSMR Lower confidence limit NO C-19 PATIENTS	↓ 99.8 As expected	↓ 108.2 Outlier	↓ 93.2 As expected
	HSMR Death rate (nat. 3.2%)	→ 3.0%	↓ 2.9%	→ 3.3%
	All diagnosis groups INCLUDES C-19 DURING ADM	↑ 106.3	↑ 114.9	→ 102.2
Lower confidence limit (all)	↑ 102.6 Outlier	↑ 109.0 Outlier	↓ 97.2 As expected	

Reporting is to the penultimate month of publication owing to partial coding. (905 spells/5 deaths Colchester, 318 spells Ipswich with 4 deaths).

Palliative discharges are still lower on the Ipswich site, but there is continuing improvement.



SHMI – 12 months to April 2022

ESNEFT – ↓1.0700 – 'as expected'
Ipswich acute ↓1.0362 – 'as expected'
Colchester acute – ↑1.0825

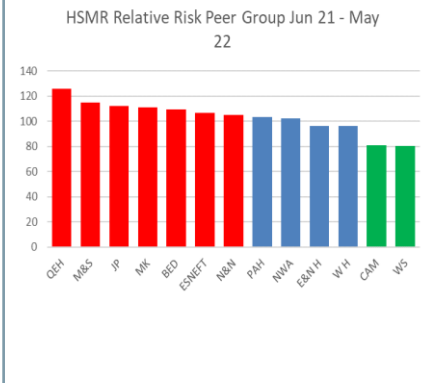
SHMI and HSMR are being impacted by the lack of clinical coding for North Essex Community Hospital admissions. This is under review (the only mortality risk being added is that associated with patient demographics).

Weekend/Weekday HSMR Admissions

In the 12 months to May 2022, both weekday and weekend emergency admissions were higher than expected. Colchester Hospital were both 'as expected' and Ipswich were both 'higher than expected'.

Regional Peer Group

The Trust is 1 of 7 in the regional peer group with a 'higher than expected' relative risk; 4 are 'as expected' and 2 are 'better than expected'.

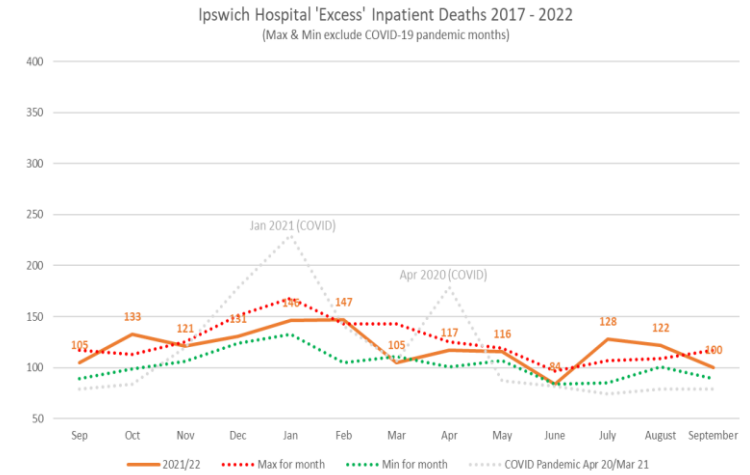
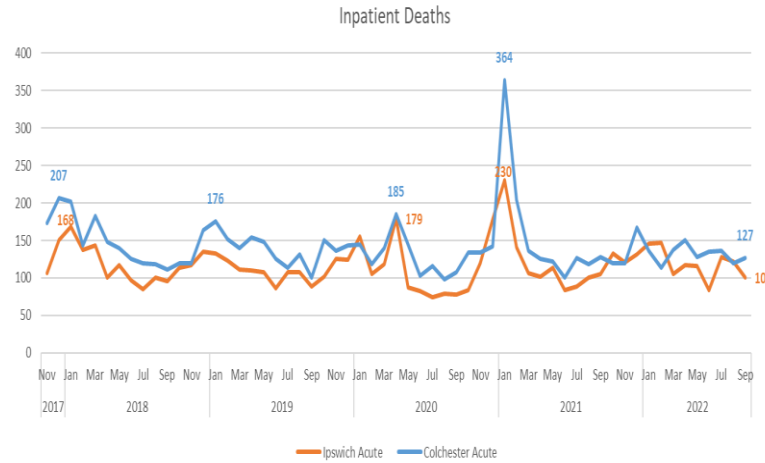


Mortality Trend Data – All Inpatients

September 2022

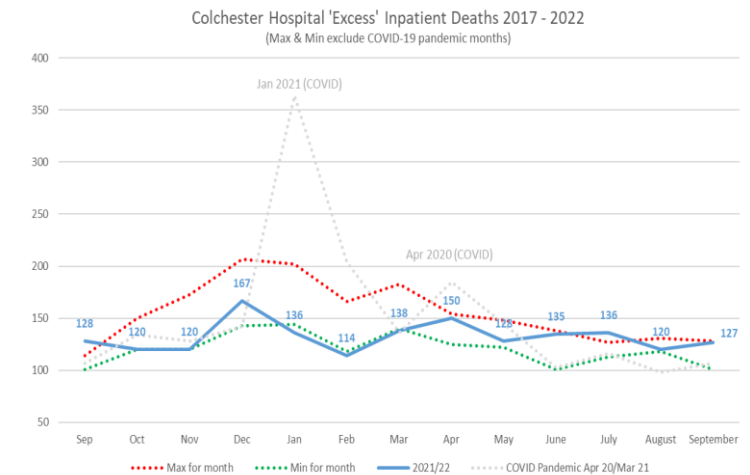
- 227 inpatient deaths (242 in August) – within seasonal ‘norm’ for Ipswich & at upper end for Colchester.
- 19 deaths in EDs (22 deaths in August).

NB patients who die in the ED may be palliative on arrival and not moved on compassionate grounds.



(IP = inpatient)	Sep 22 No. Deaths	Sep 21 No. deaths	Rolling 12 mths avg
Ips acute IP	100 (122)	104	120
Col acute IP	127 (120)	128	132
Ips ED	5 (9)	6	9
Col ED	14 (13)	8	13

Figure in brackets = previous month

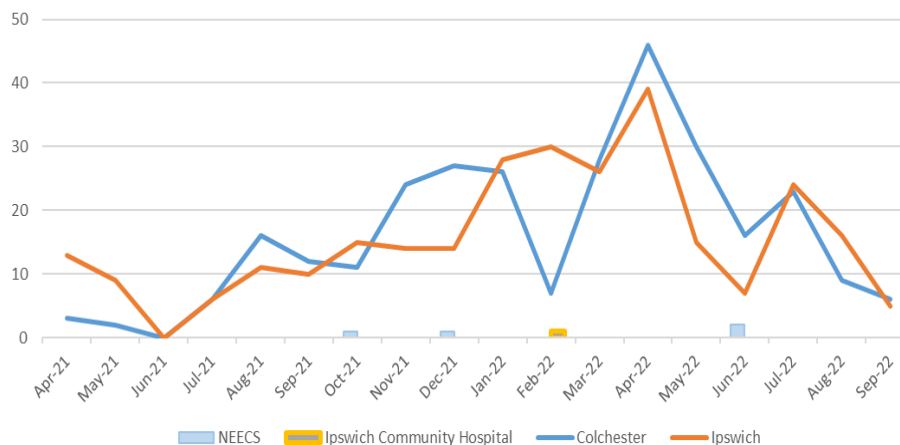


Mortality: COVID-19 & *Nosocomial COVID-19

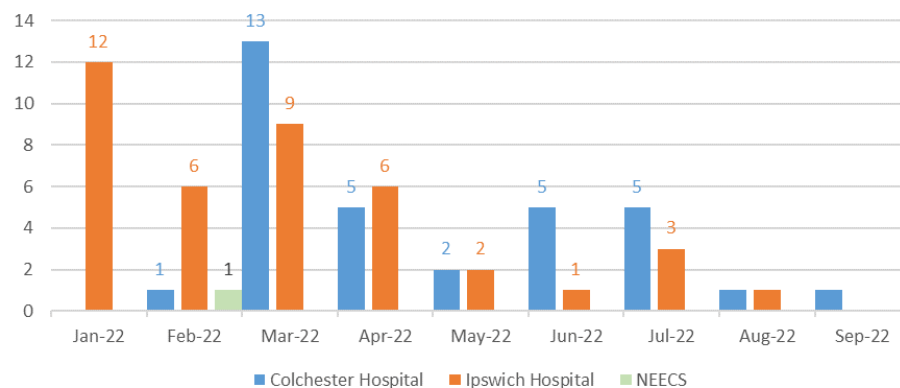
September 2022

11 patients died in September with a COVID-19+ Swab/ COVID-19 on the MCCD

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



Nosocomial Deaths by Swab Date - 2022



Deaths with COVID+ Swab/MCCD

Mth	Col	Ips	Acute
Jan-22	26	28	54
Feb-22	7	30	37
Mar-22	28	26	54
Apr-22	46	39	85
May-22	30	15	45
Jun-22	16	7	23
Jul-22	23	24	47
Aug-22	9	16	25
Sep-22	6	5	11

Nosocomial Deaths – By Death Date

Mth	Col	Ips	Acute
Jan-22	0	6	6
Feb-22	0	10	10
Mar-22	6	6	12
Apr-22	11	10	21
May-22	4	1	5
Jun-22	5	3	8
Jul-22	3	2	5
Aug-22	2	1	3
Sep-22	2	1	3

For the 3 patients who died in September, COVID-19 was contributory rather than being a direct cause of death.

Mortality: Stillbirths

September 2022

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

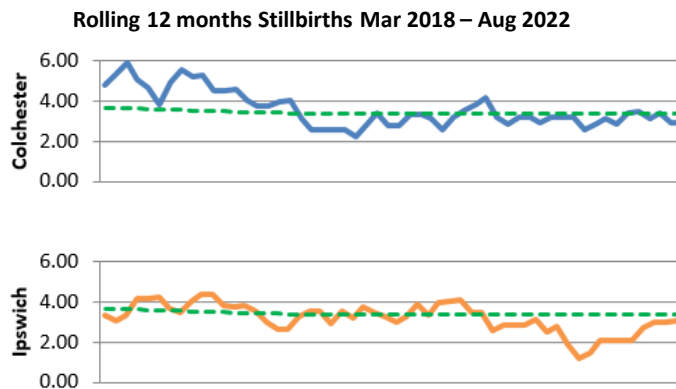
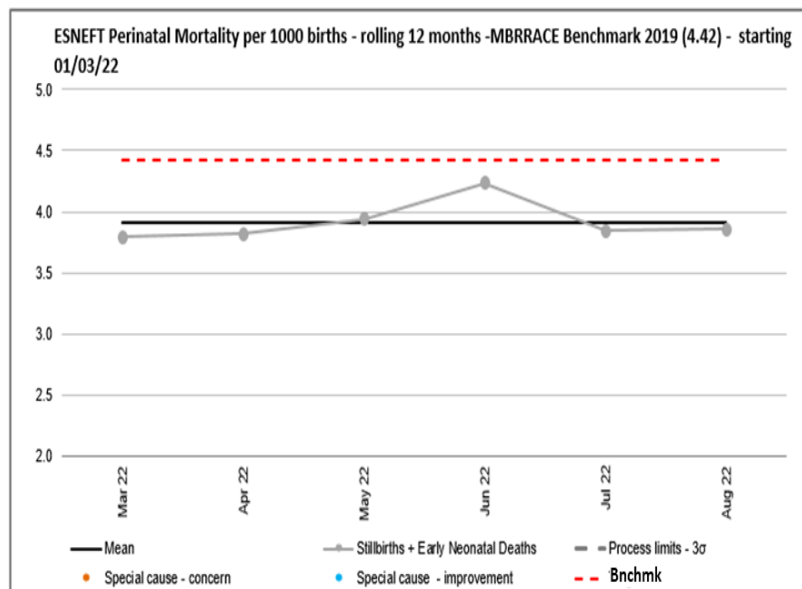
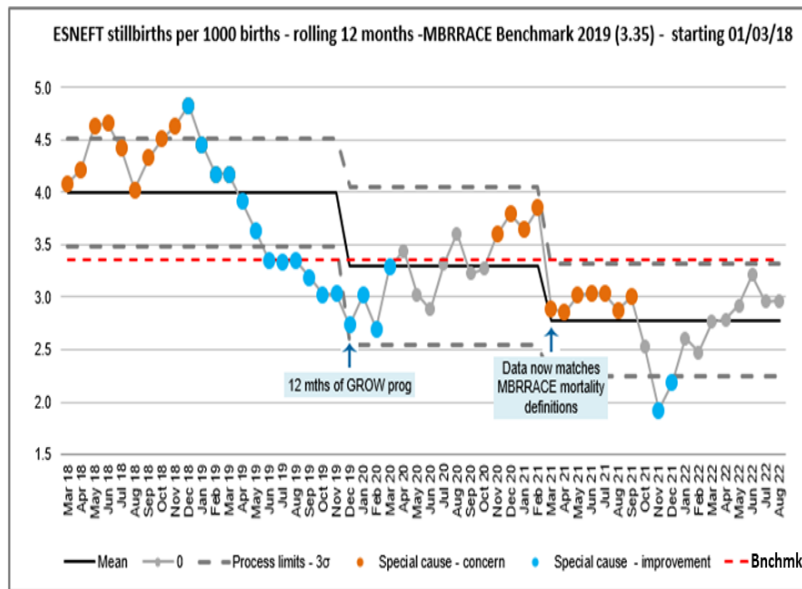
Provisional Data

Summary 12 months to August 2022

- Stillbirths/1,000 births \bar{x} 2.97 – 2019 MBRRACE* 2019 benchmark 3.35
- Perinatal mortality 3.86/1,000 births \bar{x} – MBRRACE* 2019 benchmark 4.4 (4.27-4.57)

**Mothers and Babies: reducing risks through audits and confidential enquiries*

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



The learning from perinatal mortality review tools is being shared across the service. One area that teams are working on is consistent response to women reporting with reduced fetal movement.

The service is currently assessing the opportunities for improved communication offered by Cardmedic, an app that supplies a database of common clinical situations using a variety of languages/images including sign language and easy-read. There is also a live interactive translation element.

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
23	25	22	22	24	25	24	25	19	19	20	20	20	19	20	17	13	15	18	17	19	19	20	22	20	20	20	20	17	15	18	17	19	19	20	22	20	20

Most recent MBRRACE published data (2019):

- ESNEFT 2.89 stillbirths/ 1,000 births, national 3.35
- ESNEFT Extended perinatal mortality 3.81, national 4.96

Mortality: Learning from Deaths meeting 7th October 2022**Summary**

- Multiple bed moves are still causing avoidable harm.
- Health records must indicate if a COVID-19+ patient is asymptomatic.
- Evidence of good governance in W&C.
- Importance of flattened hierarchy in ensuring safe care.
- Communication still the biggest issue in EoL care – staff/patient/family/health economy.

- Discussion about to learning from incidents arising from multiple bed moves which are impacting patient care: risk of increased length of stay with risk of prolonged exposure to infection, increased falls/injuries, difficulty in clinical team ownership with patients sometimes being moved twice in 24 hours, increased complaints from families, loss of continuity of care, patients cared for out-of-specialty. At the time of the meeting, all COVID+ patients on one OPS ward were asymptomatic. Divisional and IPC team have agreed new guidance for reducing bed moves and care of covid 19 patients and contacts
- Staff must document if the patient is COVID-asymptomatic – not only does this inform the MCCD but it means that families are not put through the anguish of being told, in error, that their loved-one died of a hospital-acquired infection. In addition, this means that clinical coders will be looking for an alternative primary diagnosis which impacts national statistics.

Presentation Women's and Children's Services

- There is robust learning from cases which is shared. Deaths are reviewed monthly at Colchester. Staff to be aware of need for senior obstetric involvement in care planning for cases of pre-viable preterm premature rupture of membranes and greater visibility of DNA for follow-up. Team has lower assessment threshold for babies < 27 weeks owing to needing level 3 care if labour starts.
- PMRT action log is being reviewed to ensure that all actions from reports cross site have been recorded in a central and auditable place. Dates and action owners have been followed-up on. Aiming to amalgamate the various M&M action logs across areas and specialities, for some combined divisional learning.

End of Life – Cross-Workstream Update

- Butterfly service has been extended. Updates being done for mandatory training and syringe pumps.
- Complaints thematic review has shown that poor communication is the most common issue, followed by lack of recognition of dying and poor care. They continue to be incorporated into the EoL care and education strategies. Training remains a priority. Staff should 'prepare' families with regular updates where visiting is limited.
- Discussion about ICPLDL documentation compliance on the AF. Issues with small death numbers never reaching compliance of 60% - the weighting of the metric may be changed but the benchmark will remain to encourage reflection on whether EoL care was delivered well.
- A mortality review from the Colchester ED meeting, attended by a member of the EoL team, was presented to the NE Essex Alliance EoL complaints meeting as a system-wide case. An 83 year old gentleman was brought to the ED twice in the space of 5 days around midnight, from residential care, with shortness of breath. On the last attendance, he was palliated on arrival and sadly died 3 hours later. The group identified issues across the system, including missed opportunities for acute care to communicate prognosis with community.

Mortality: Learning from Deaths meeting 7th October 2022**Summary**

- EEAST recruit 4 paramedics for innovative hospice project to support patients in preferred PoC, help symptom relief at EoL and reduce unnecessary conveyance to hospitals.
- CUSUM alert investigation confirms 'known' care issues.
- Constipation project to be discussed.

End of Life – Cross-Workstream Update (continued)

- At a recent webinar, it was confirmed that the East of England ambulance trust were undertaking an innovative project, recruiting 4 paramedics to work across the ambulance trust and St Helena Hospice, starting November. Decreasing unnecessary conveyance is high on the trust's agenda. Staff will spend 2 weeks at the Hospice and will share knowledge working with different crews. The team will work for the Hospice and EEAST.

CUSUM Alert – Sepsis – Ipswich Site (review also included Colchester Patients for assurance)

The Deteriorating Patient Clinical Nurse Specialist (adult inpatients), supported by the AMDs for Patient Safety, undertook a detailed review of the care of low-risk deaths of patients with an admitting diagnosis of sepsis. Findings:

- Mortality ratio drivers were considered, including the 'loss of admitted volume' within this diagnosis group. It is likely that an improved understanding of the diagnostic criteria for Sepsis has reduced the number of patients with an infection being noted as 'septic' in the admission diagnosis. Reduced admission volume has reduced the number of 'expected' deaths, but with the number of observed deaths staying broadly the same. This results in a high relative risk score and a propensity to create a CUSUM Alert. It was felt that this improvement in diagnostic understanding had not been reflected nationally.
- Clinical Frailty is a key predictor of mortality risk for patients with sepsis but this is not included in the Dr Foster risk algorithm, giving a false mortality risk predictor for this diagnosis. The majority of the reviewed patients were low risk statistically but in practice were clinically frail without the physiological reserves to fight infection.
- The in-depth review did not identify any new issues. For some time the Trust has been working towards improvements in identification, screening, medical review, timely treatment and follow-up where failure to respond occurs.

Next steps – continue to: ensure we remain compliant with best practice guidance, monitor performance through local audit, review patients identified by Dr Foster CUSUM Alerts/SHMI VLADs and through SJRs, sample-review the care of patients who die with sepsis as a cause of death.

Learning Disabilities

It was agreed that failure to identify constipation is still a leading cause of avoidable harm and death. This needs to be a cross-health-community programme. The deputy AMD for Patient Safety and the LD&A Nurse Specialists will look into starting a QI project.

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

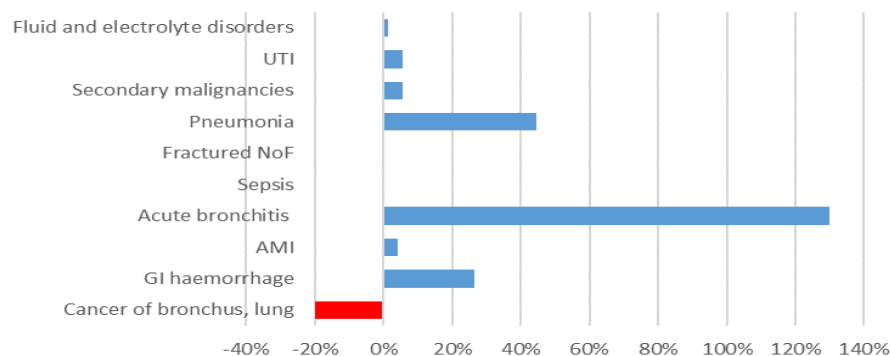
Summary

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

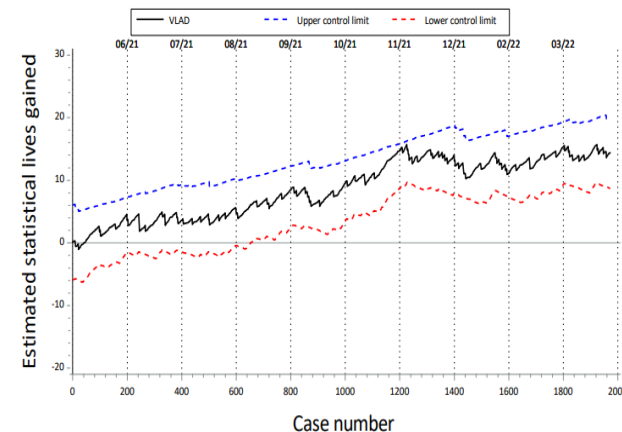
Comparing June 2021 to April 2022, 4 SHMI groups have lost 'lives gained', 1 has improved (UTI) and 5 have stayed broadly similar. The reduction of patients with a COVID-19 diagnosis has added 25% more cases to the VLAD groups, with acute bronchitis more than doubling its 1000 cases (COVID-19 patients are excluded from SHMI). There has been a 20% reduction in cancer of bronchus, lung cases but a 44% increase in pneumonia on admission. Some of this will be down to diagnostic uncertainty on arrival for undifferentiated patients.

SHMI VLAD	12 months data	To Jun 2021	To Apr 2022	%	To Jun 2021	To Apr 2022
Cancer of bronchus, lung	225	180	-20%	Better	Worse	
GI haemorrhage	950	1200	+26%	Better	Expected	
AMI	720	750	+4%	Borderline	Borderline	
Acute bronchitis	1000	2300	+130%	Borderline	Worse	
Sepsis	1200	1200	0%	Better	Expected	
Fractured NoF	1000	1000	0%	Better	Better	
Pneumonia	1800	2600	+44%	Worse	Worse	
Secondary malignancies	540	570	+6%	Borderline	Borderline	
UTI	1800	1900	+6%	Borderline	Better	
Fluid and electrolyte disorders	710	720	+1%	Worse	Worse	
Totals	9945	12420	+25%			

SHMI volume change Jun 2021 v Apr 2022



RDE-EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST
SHMI diagnosis group 101 (Urinary tract infections), May21-Apr22



Better than expected

- Fractured NoF (significantly better)
- UTI

As expected

- GI haemorrhage
- Sepsis (has lost significant ground)

Worse than expected

- Secondary malignancies – borderline
- AMI – borderline
- Cancer of bronchus, lung
- Fluid & electrolyte – training being delivered
- Pneumonia – under investigation
- Acute Bronchitis

Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

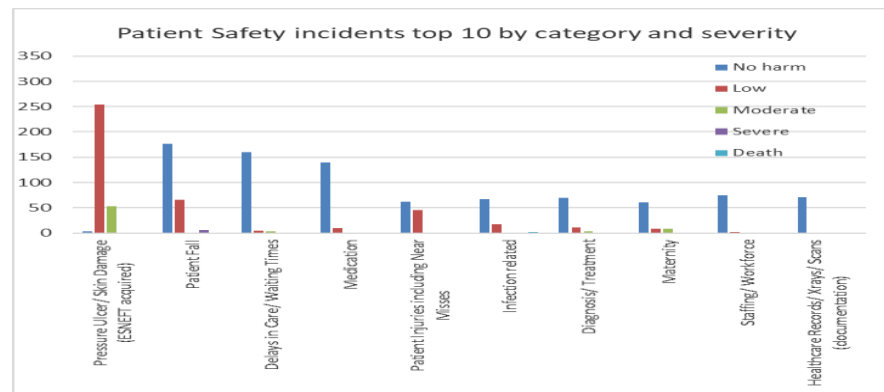
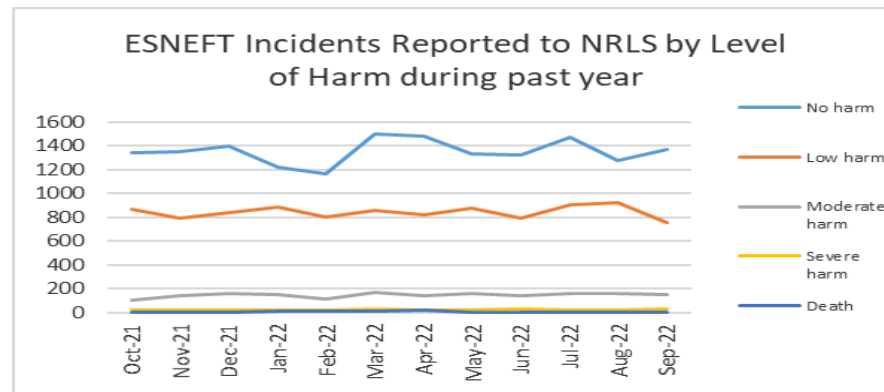
There were a total of 2,755 incidents reported in September. This has decreased slightly from 2,761 reported in August. 2,307 of these incidents were Patient Safety related and 2,307 were reported to the NRLS.

Overdue incidents have shown a slight decrease to 524 (526). Excellent focused work by the divisions continues to be ongoing to reduce this number further.

There were 40,736 admissions resulting in 56.633 incidents per 1,000 bed days across ESNEFT. The highest reported category was pressure ulcer/skin damage: There were 311 (389) incidents reported, 1 severe harm in NEECS (Community Nursing – Colchester 2 North) and 53 moderate harm across the acute and community.

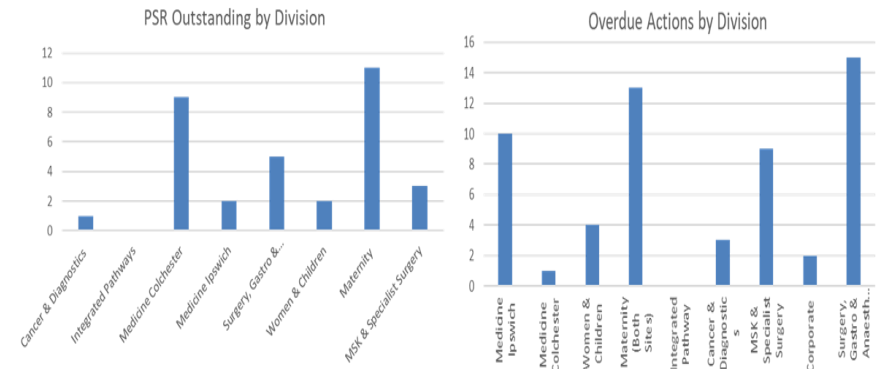
The 2nd highest reported category was Patient Falls with 250 (240) incidents. 7 falls resulted in serious harm (6 fractured neck of femur and 1 exacerbation of an existing ankle fracture), and the remainder low and no harm.

The 3rd highest reported category in the month of September was Delays in care/waiting times. There were 169 (132) incidents reported across the Trust, 1 severe harm within Surgery which is currently being investigated.



Patient Safety Reviews Overdue and with Actions outstanding

- A total of 26 PSRs are overdue. The breakdown of overdue PSR is as follows: Medicine Ipswich (1), Medicine Colchester (4), MSK & Specialist Surgery (3), Surgery, Gastroenterology & Anaesthetics (5), Cancer & Diagnostics (1) and Women & Children (12), which includes 10 for Maternity Services, 1 for Gynaecology and 1 for Paediatrics.
- There are currently 57 (59) actions overdue for September 2022 a decrease from August 2022: Medicine Colchester (1), Medicine Ipswich (10), Corporate (2), Surgery, Gastroenterology & Anaesthetics (15), MSK & Specialist Surgery (9), Women & Children (4), Maternity Services (13), Cancer and Diagnostics (3).



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

Never Events

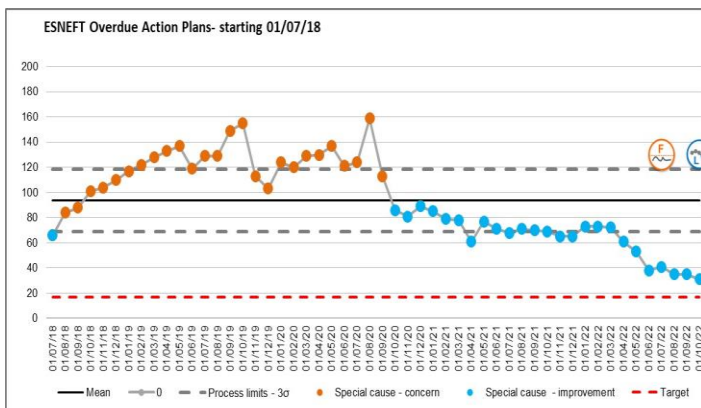
1 (0) PSII was declared during September 2022.

This was a Never Event relating to wrong site surgery within the Podiatry Department at Ipswich Hospital.

Number of Completed Action Plans closed in the Month

4 Action Plans have been closed by the ICB in September 2022. There are currently 31 (35) plans overdue.

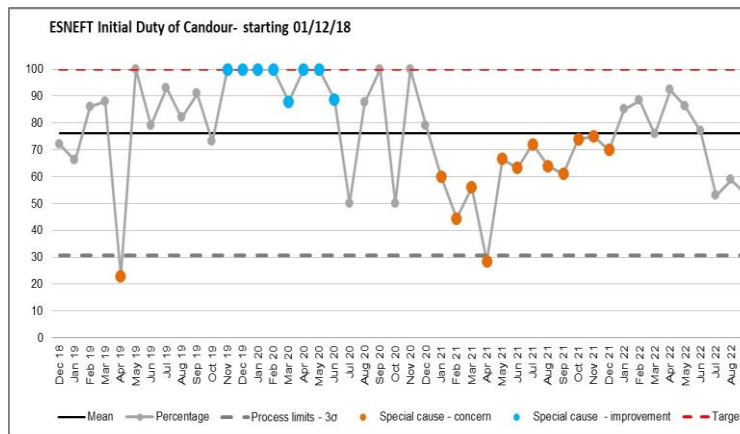
Regular reviews continue with the ICB to close all historic action plans. This is to ensure that evidence required to close these remains appropriate and relevant. Divisions continue to be proactive in providing evidence in order to close actions.



Duty of Candour

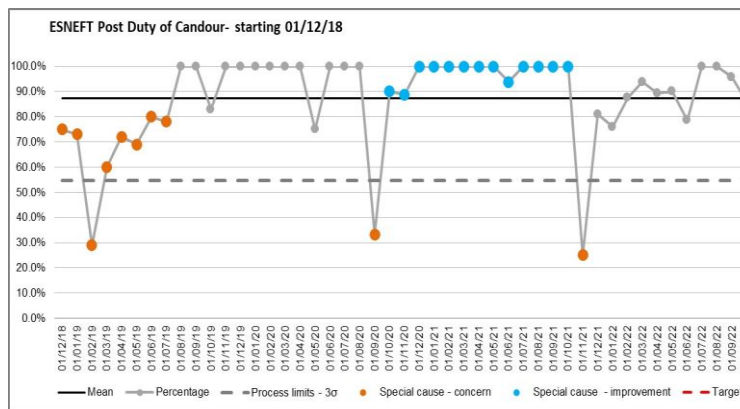
A total of 75 initial DoC for moderate harm were due in the month of September, of which 40 were completed within the timeframe.

The Trust compliance is 53.33% (58.82%).



Division	Total Due	Total Completed
Integrated Pathways	23	11
Medicine Ipswich	1	1
Medicine Colchester	6	5
MSK & Specialist Surgery	3	3
North East Essex Integrated Care Services	24	12
Surgery, Gastroenterology and Anaesthetics	5	0
Women & Children (Maternity Colchester)	3	2
Women & Children (Maternity Ipswich)	7	5
Women & Children	1	1
Cancer & Diagnostics	2	0

There were 14 post DoC due in September 2022, 12 were completed within the timeframe and 2 were completed outside the time-frame. Overall Trust compliance is 85.71% (95.80%)

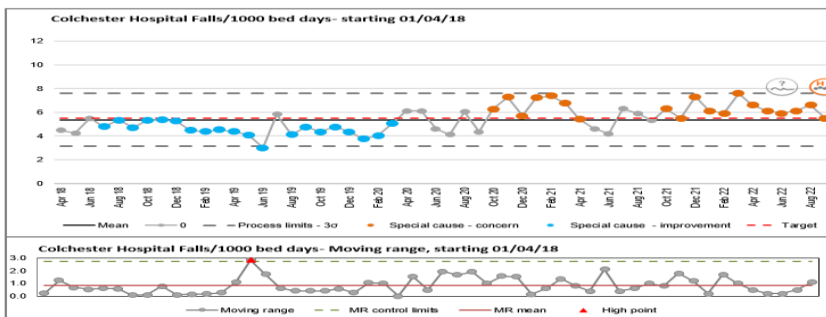


Division	Total Due	Total Completed
Medicine Ipswich	2	2
Medicine Colchester	2	2
MSK & Specialist Surgery	2	0
North East Essex Integrated Care Services	1	1
Surgery, Gastroenterology and Anaesthetics	1	1
Women & Children	5	5
Cancer & Diagnostics	0	0
Integrated Pathways	1	1

Patient Safety – Falls

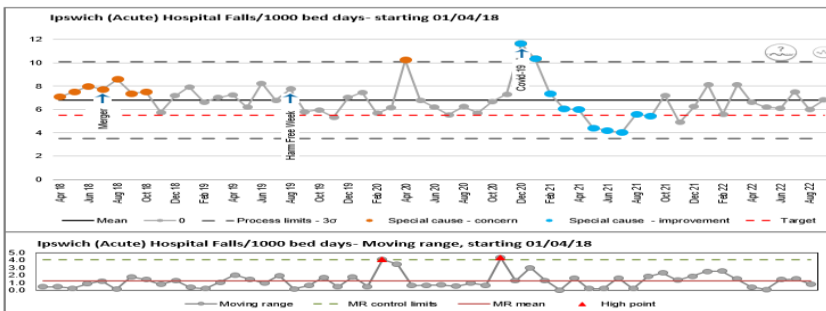
Colchester site

Colchester reported 92 falls in September which is a reduction on August (109). Unfortunately, there were 4 falls resulting in serious harm whereby 3 patients sustained a fractured neck of femur and 1 patient sustained an exacerbation of existing ankle fracture. There were 16 low harm and 72 no harm incidents. This shows 5.5 falls per 1,000 bed days which is a reduction on August (6.6) 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.



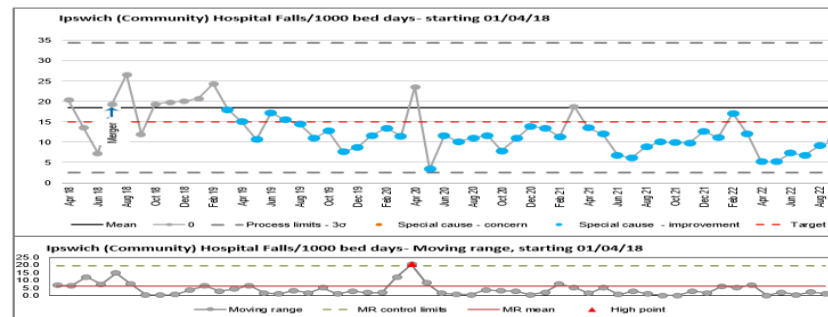
Ipswich site

Ipswich acute site reported 111 falls in September which is an increase on August (95). There were 34 falls with low harm and 74 falls with no harm. Unfortunately, there were 3 falls that resulted in serious harm whereby the patients sustained a fractured neck of femur. This shows 6.8 falls per 1,000 bed days which shows an increase on August (6.0) and is both above the national benchmark of 6.63 and the ESNEFT benchmark of 5.0.



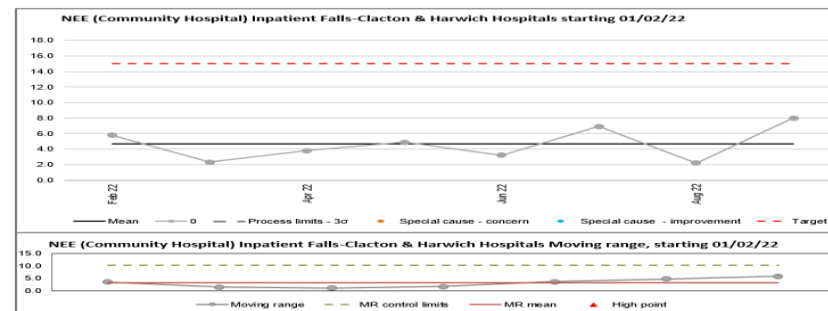
Community Sites (Suffolk)

The Suffolk Community Hospitals collectively reported 20 falls in September which is an increase compared to August (17). Aldeburgh Community Hospital reported 12, Bluebird Lodge reported 6 incidents whilst Felixstowe Community Hospital reported 2 falls. Positively there were no falls that resulted in serious harm. This gives a figure of 10.3 falls per 1,000 bed days which is an increase on August (9.1) however 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):

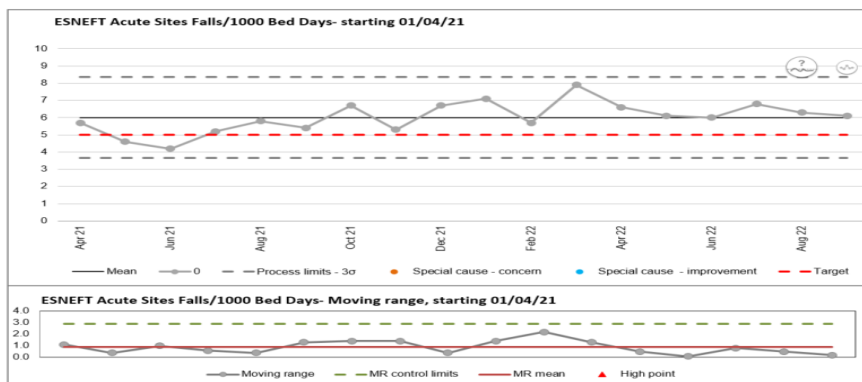
The community hospitals (Clacton – Durban Ward & St Osyth’s Priory Ward, Harwich – Trinity Ward and Waverley Ward) in North East Essex collectively reported 18 inpatient falls in September which is an increase on August (5). Trinity Ward reported 7 falls, Waverley 5 and St Osyth’s Priory 6. Positively there were no falls resulting in serious harm. This gives a figure of 8.0 (August 2.2) falls per 1,000 bed days based on local benchmark for community hospitals of no more than 15 falls per 1,000 bed days.



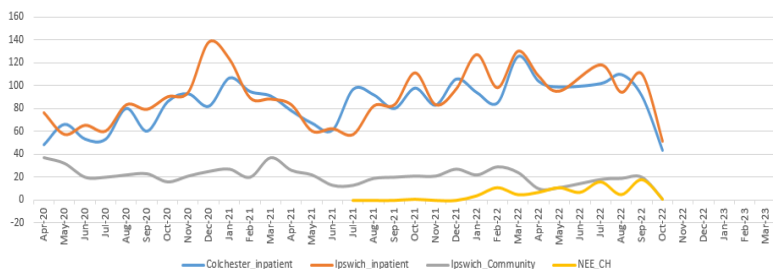
Patient Safety – Falls

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 shows a slight reduction in September is 6.1 falls per 1,000 bed days (August 6.3) which is below the national but above the local benchmarks and 5.5 for the community hospital sites. 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



Inpatient Falls



The current total number of falls recorded for ESNEFT (acute sites & community hospitals) year to date stands at 1,378.

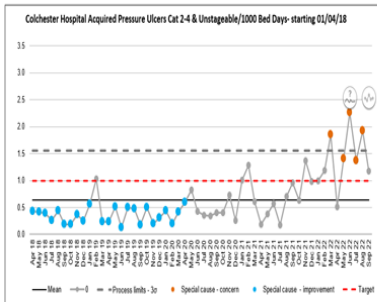
The number of falls resulting in serious harm (based on outcome) year to date stands at 26.

In September, Colchester site saw a minimal increase in occupied bed days (OBD) on previous month (+8 OBD) whilst Ipswich acute site saw more of an increase (+404 OBD). The Trust has continued to see fluctuating numbers of patients with COVID-19 and the risk of COVID-19 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 however Bay Watch has been challenging due to staff remaining outside the bay in bays with COVID-19 positive patients. 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 both complex social and medical needs who ultimately require increased levels of supervision with some requiring 1:1 support. The number of patients who have sustained a fall following a ward move has increased and falls practitioners continue to offer support regarding the moving of high falls risk patients. 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 continence product formulary has been revised in line with national guidance and best practice. Many areas are adapting to new ways of practice which has highlighted some training needs around continence and link to falls risk.

Falls Practitioners continue to attend team days where possible although this is currently challenging due to increased levels of staff absences and ability to maintain safe staffing levels on wards. Ward based support also continues wherever possible.

Following the introduction of the new Patient Safety Incidents Response Framework (PSIRF) and 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 although some incident investigations have been delayed due to availability of ward staff.

Patient Safety – Tissue Viability



Colchester Acute

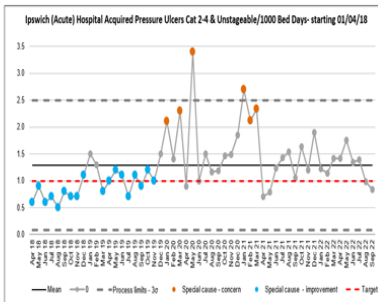
Cat 2	13
Cat 3	0
Cat 4	0
Unstageable	8
Prev. month & in-mth total	25 22
Rate per 1000 bed days	1.18

Summary

Headlines: Overall decrease in pressure related injuries. The biggest decrease has been in unstageable pressure injuries during this month. NHS Productivity Calculator gives a Central Estimated cost of £163k per 1000 bed days a reduction of £138k

Moving forwards:

Aim is to continue to maintain a decrease in all hospital acquired pressure damage



Ipswich Acute

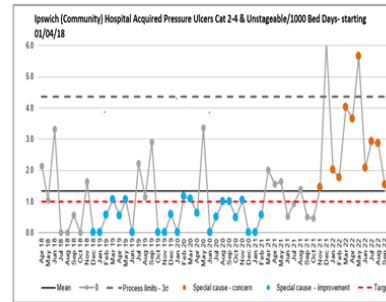
Cat 2	11
Cat 3	0
Cat 4	0
Unstageable	4
Prev. month & in-mth total	24 15
Rate per 1000 bed days	0.84

Summary

Headlines: Overall reduction in pressure related injuries. NHS Productivity Calculator gives a Central Estimated cost of £118k per 1000 bed days

Moving forwards:

Aim is to continue to maintain a decrease in all hospital acquired pressure damage



Ipswich Community Hospital

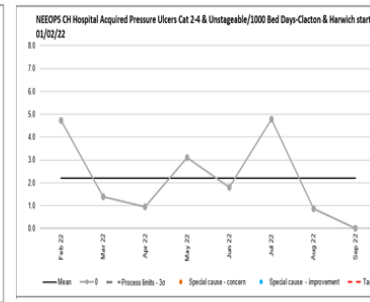
Cat 2	2
Cat 3	1
Cat 4	0
Unstageable	0
Prev. month & in-mth total	6 3
Rate per 1000 bed days	1.54

Summary

Headlines: Overall reduction in pressure related injuries. NHS Productivity Calculator gives a Central Estimated cost of £22k per 1000 bed days

Moving forwards:

Aim is to continue to maintain a decrease in all hospital acquired pressure damage



NEE Community Hospital

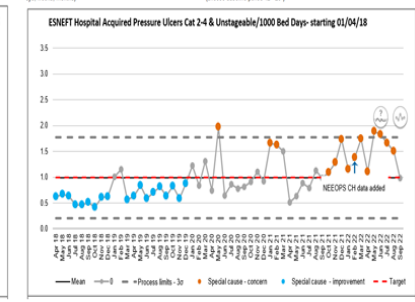
Cat 2	0
Cat 3	0
Cat 4	0
Unstageable	0
Prev. & in-mth total	11 0
Rate per 1000 bed days	0

Summary

Headlines: No reported pressure injuries.

Moving forwards:

Aim is to continue to maintain this no hospital acquired pressure damage



ESNEFT

	Prev.	Mth
Cat 2	35	26
Cat 3	2	1
Cat 4	1	0
Unstageable	23	13
Totals	61	40
Rate per 1000 bed days	1.53	0.98

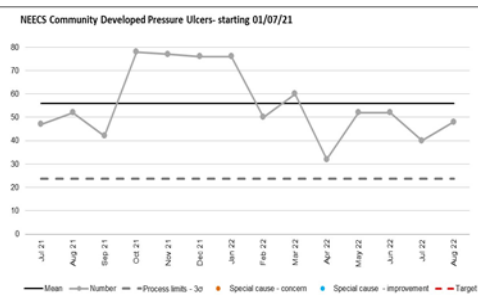
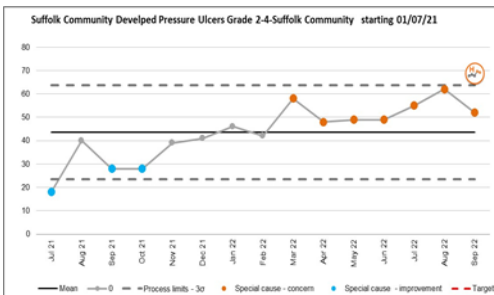
Summary

NHS Productivity Calculator gives a Central Estimated cost of £349k per 1000 bed days, this is reduction of £116k on previous months figures.

Strategy/Long Term Plans

Aim to maintain a downwards trajectory of pressure related injuries across ESNEFT.

Patient Safety – Tissue Viability



Suffolk Community Teams		
Cat 2		34
Cat 3		3
Cat 4		0
Unstageable		18
Prev. & in-mth total	62	55

NE Essex Community Teams		
Cat 2		29
Cat 3		22
Cat 4		1
Unstageable		6
Prev. & in-mth total	40	58

Summary

Headlines:
There has been a decrease in all pressure damage from 62 in August to 55 in September however during this month more unstageables were detected. NHS Productivity Calculator gives a Central Estimated cost of £412k per 1000 bed days

Priority Actions
Aim is to continue to maintain a decrease in all hospital acquired pressure damage and especially in unstageables. All band 7's are now trained to revalidate all CAT 1, 2, MASD and DTI's

Summary

Headlines: This month there appears to be better reporting and therefore the figures have seen a significant increase. NHS Productivity Calculator gives a Central Estimated cost of £465k per 1000 bed days

Priority Actions
Further follow up training and support has been occurring to ensure band 7's are supported and feel confident in categorising their tissue damage within their teams

September Updates

- Across all sites we have seen a reduction in pressure related injuries this month.
- Ongoing education is being planned to equip all Band 7 leads to enable verification of MASD, category 1, 2 and DTI injuries– this will enable learning from incidents to occur in a more timely and meaningful way. This will go live towards the end of October 2022 with ongoing support from the integrated Tissue Viability Team.
- The integrated Tissue Viability Team are having a team development day this month to enable the overall service to be reviewed and to have a vision for 2022/23 to enable the downward trajectory of pressure related damage to continue. Two of our more junior TVNs are attending ARU to undertake a Masters Module in Wound Management.
- We have also welcomed Accelerate Ltd, a tissue viability training academy into the Trust to support with rolling out pressure injury prevention and ASSKING training and developing a more up to date training plan that will be delivered on a planned rolling basis using several different training platforms. The Structure of the integrated Tissue Viability Team is also being reviewed as the current Lead Nurse is leaving the Trust.
- Two of the TVNs at Ipswich are planning supervised learning to enable sharp debridement techniques to be available to the Trust.

Patient Safety – Infection Control

Colchester and North East Essex

C.diff 8 HOHA (West Bergholt, D'arcy, Nayland, EAU, CCU, Aldham, SOP and Fordham)

C.diff 3 COHA (AMSDEC, Wivenhoe and Langham)

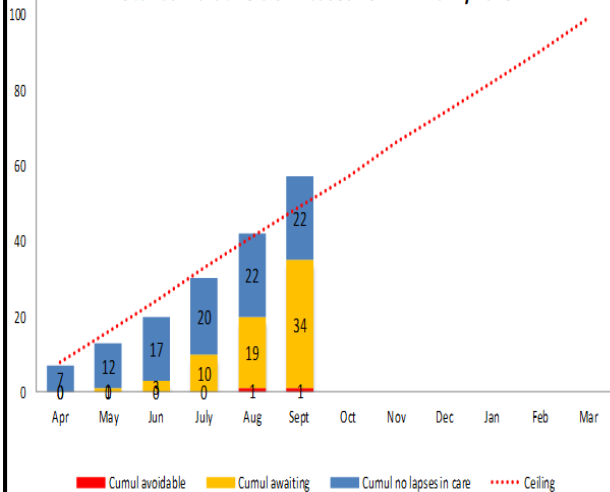
Ipswich & East Suffolk

C.diff 4 HOHA (Washbrook, Kesgrave, Woodbridge and FCH)
No COHA

C.difficile overview

There was a total of 15 Trust attributed *C.diff* cases in August 2022. There are a total of 57 cases against the threshold of 102 for 2022/23.

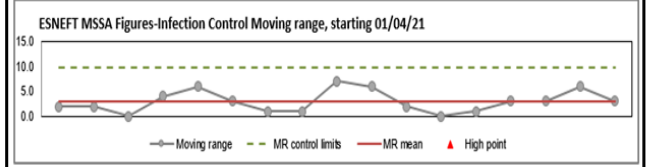
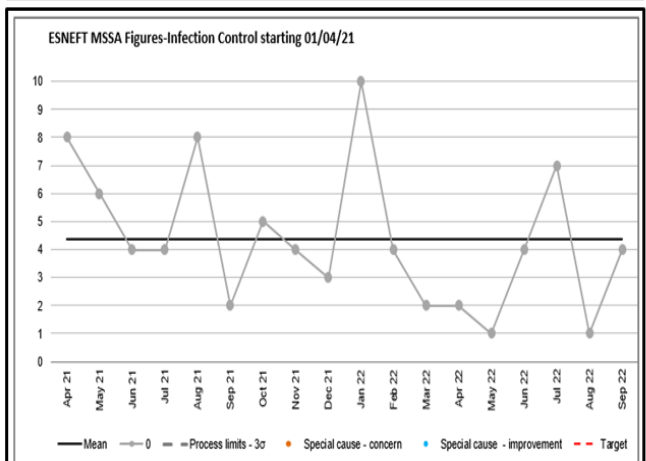
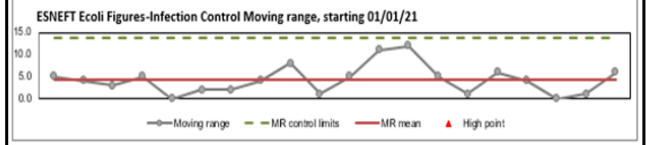
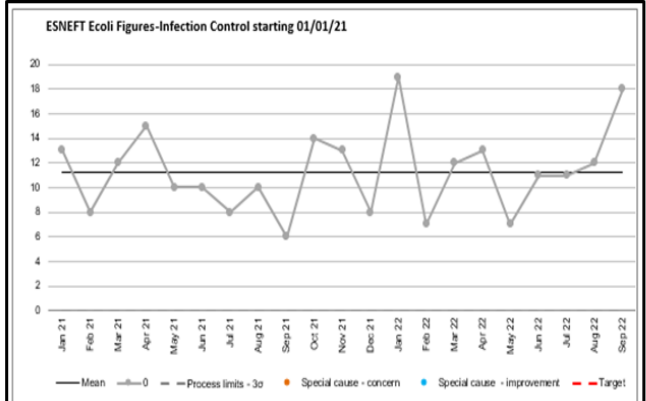
Total Cumulative *C.diff* cases ESNEFT 2022/2023



MSSA

Ipswich HOHA (0) COHA (1) – Martlesham – Spinal abscess

Colchester HOHA: (1)- Aldham Ward - unknown source
COHA (2) – Nayland Ward and EAU



MRSA There were no Healthcare-associated cases of MRSA bacteraemia in September 2022. There were 8 new MRSA isolates (4 at Colchester/NEE and 4 at Ipswich) - see table below.

Ward	Comments
Stroke Unit (Colchester)	MRSA screen not repeated following internal ward transfer. MRSA isolated 31 days after admission during MRSA screening exercise undertaken following identification of MRSA outbreak.
Stroke Unit (Colchester)	MRSA screen obtained on admission, one swab not labelled. MRSA isolated 9 days after admission. during MRSA screening exercise undertaken following identification of MRSA outbreak.
Langham Ward	MRSA isolated clinical sample (sputum) obtained 45 days after admission.
SOP (previously Frailty)	MRSA screen not obtained on admission. MRSA isolated on transfer to SOP.
Levington	D/C swab following Hip replacement elective surgery, neg pre admission MRSA screen
Washbrook	Positive nose day 3 post admission for ward transfer, no MRSA admission screen
Grundisburgh	MRSA nose on ward transfer, MRSA screen neg on admission
Kesgrave	Foot wound swab day 3 post admission (wound caused by fall post admission), neg MRSA screen on admission

E.coli bacteraemia Ipswich
HOHA: (4)
Waveney – UTI, urinary source
Stowupland – Pneumonia, respiratory source
Needham – UTI, urinary source
Kesgrave – LRTI, respiratory source
COHA: (2) Grundisburgh and Washbrook

E.coli bacteraemia Colchester
HOHA: (6)
Wivenhoe Ward - Gastrointestinal source
D'arcy Ward - Upper urinary tract source
Brightlingsea Ward - Hepatobiliary source
West Bergholt Ward - Upper urinary tract source
Peldon Ward - unknown source
Birch Ward - unknown source
COHA: (6) – Layer Marney Ward, Brightlingsea Ward (2), Aldham Ward, AMSDEC, West Bergholt Ward

Patient Safety – Infection Control

COVID -19 position

Month/Site	Number of HOIHA		Number of HOPHA		Number of HODHA		Total ESNEFT attributable (HOPHA and HODHA cases)
	Colchester	Ipswich	Colchester	Ipswich	Colchester	Ipswich	
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 (plus 3 LFT)	24	27 (plus 1 LFT)	105 (plus 4 LFT)
August	11	13	9	12	11	10	42
September	33	8	27	19	33	14 (plus 1 LFT)	93 (plus 1 LFT)

*Numbers correct at date of reporting

Definitions:

- HOIHA - Hospital-onset **Indeterminate** Healthcare-Associated (3-7 days, with no prior hospital admission in previous 14 days).
- HOPHA - Hospital-onset **Probable** Healthcare-Associated (8-14 days, or specimen date 3-14 days after admission, with prior admission in previous 14 days).
- HODHA - Hospital-onset **Definite** Healthcare-Associated (15 or more days after admission).

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

COVID-19 outbreaks identified in September 2022 (18):

Colchester and North East Essex Wards (10), Workforce (1):
 Peldon Ward 01/09/2022
 Acute Cardiac Unit 05/09/2022
 Peldon Ward 20/09/2022
 Fordham Ward 20/09/2022
 Aldham Ward 26/09/2022
 D'Arcy Ward 26/09/2022
 St. Osyth Priory (Clacton Hospital) 26/09/2022
 Birch Ward 28/09/2022
 Patient Safety Workforce 28/09/2022
 West Bergholt Ward 28/09/2022
 Brightlingsea Ward 30/09/2022

Ipswich and East Suffolk (7):
 Aldeburgh Community Hospital 02/09/2022
 Stowupland ward 16/09/2022
 Needham ward 21/09/2022
 Bluebird Lodge Community Hospital 26/09/2022
 Haughley 26/09/2022
 Felixstowe Community Hospital 27/09/2022
 Woodbridge ward 29/09/2022

Patient Safety – Maternity Dashboard – August data

Maternity Dashboard																	
Interventions	Indicator				ESNEFT												
		Green	Amber	Red	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Interventions	Episiotomies performed	No target			75	75	65	58	72	61	52	66	66	64	58	71	60
	Number of Normal Vaginal Deliveries				318	303	369	298	296	312	268	316	272	284	288	292	307
Mode of Delivery	Number of Breech Vaginal Deliveries				2	2	1	0	1	1	1	3	0	2	2	2	2
	Total Non operative vaginal deliveries				320	305	370	298	297	313	269	319	272	286	290	294	309
	% of Non operative vaginal deliveries	>=58%		<58%	53.96%	52.59%	60.36%	53.79%	49.75%	55.50%	55.46%	54.25%	50.00%	50.09%	54.21%	53.26%	54.12%
	Number of Ventouse deliveries				28	23	21	27	24	20	20	17	35	28	17	26	28
	% of Ventouse deliveries	No target			4.72%	3.97%	3.43%	4.87%	4.02%	3.55%	4.12%	2.89%	6.43%	4.90%	3.18%	4.71%	4.90%
	Number of Forcep deliveries				45	42	43	33	55	39	32	41	31	29	40	32	38
	% of Forcep deliveries	No target			7.59%	7.24%	7.01%	5.96%	9.21%	6.91%	6.60%	6.97%	5.70%	5.08%	7.48%	5.80%	6.65%
	Total Instrumental Deliveries				73	65	64	60	79	59	52	58	66	57	57	58	66
	% Instrumental Deliveries	No target			12.31%	11.21%	10.44%	10.83%	12.23%	10.46%	10.72%	9.86%	12.13%	9.98%	10.65%	10.51%	11.56%
	Number of Emergency C-Sections				118	142	104	108	132	111	104	128	124	132	115	118	119
	% of Emergency C-Sections	No target			19.90%	24.48%	16.97%	19.49%	22.11%	19.68%	21.44%	21.77%	22.79%	23.12%	21.50%	21.38%	20.84%
	Number of Elective C-Sections				82	68	75	88	89	81	60	83	82	96	73	82	77
	% of Elective C-Sections	No target			13.83%	11.72%	12.23%	15.88%	14.91%	14.36%	12.37%	14.12%	15.07%	16.81%	13.64%	14.86%	13.49%
	Total C-sections				200	210	179	196	221	192	164	211	206	228	188	200	196
	% C-Sections	No target			33.73%	36.21%	29.20%	35.38%	37.02%	34.04%	33.81%	35.88%	37.87%	39.93%	35.14%	36.23%	34.33%
Unit Diverts	External	No target			6	6	3	2	3	1	0	0	0	2	0	1	
Maternal Morbidity and Mortality	PPH >= 1500mls - All women				22	22	21	17	16	19	19	24	22	17	18	22	20
	% PPH >=1500mls - All women	No target			3.75%	3.86%	3.47%	3.11%	2.74%	3.42%	3.97%	4.16%	4.10%	3.01%	3.42%	4.03%	3.58%
	PPH >= 1500mls - Vaginal (NMPA Criteria)				12	12	16	8	9	11	12	16	9	9	12	12	14
	No. Singleton Term Vaginal Deliveries				374	360	421	346	355	349	301	352	326	321	326	325	351
	% PPH >=1500mls - Vaginal (NMPA Criteria)	<=2.9%	2.9-3%	>=3%	3.21%	3.33%	3.80%	2.31%	2.54%	3.15%	3.99%	4.55%	2.76%	2.80%	3.68%	3.69%	3.99%
	Maternal Death	No target			0	1	0	0	0	0	0	0	0	0	0	0	0
	Maternal Admissions to CCU	No target			1	0	0	0	0	0	0	2	1	1	0	1	0
	Number of 3rd/4th degree tears				8	9	10	6	6	5	9	6	7	5	6	10	11
% of 3rd/4th degree tears	No target			2.04%	2.43%	2.30%	1.68%	1.60%	1.34%	2.80%	1.59%	2.07%	1.46%	1.73%	2.84%	2.93%	
Neonatal Morbidity and Mortality	HIE Grades 2 & 3	0		>=1	1	0	0	1	1	1	1	0	0	0	0	1	
	Babies sent for cooling	No target			0	0	0	1	1	0	1	1	0	1	0	1	
	Term Admissions to NNU	No target			26	28	29	21	31	25	26	23	27	36	25	33	23
	Term Admissions to NNU as a % of babies born	<=6%		>6%	4.38%	4.83%	4.73%	3.79%	5.19%	4.43%	5.36%	3.91%	4.96%	6.30%	4.67%	5.98%	4.03%
	APGAR at 5 min <7 at term (Number)				6	4	5	5	5	3	5	4	6	6	3	6	6
	APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	1.01%	0.69%	0.82%	0.90%	0.84%	0.53%	1.03%	0.68%	1.10%	1.05%	0.56%	1.09%	1.05%
	Number of Stillbirths	0	1-2	>=3	2	1	0	0	4	4	0	2	2	2	4	3	2
	Neonatal Deaths within 28 days	No target			1	0	1	0	2	1	0	2	0	1	0	1	0
Late Fetal Losses (22+0 to 23+6 weeks)	No target																
Demographics	Women <18 years at delivery	No target			5	4	2	5	4	3	3	4	5	4	4	6	2
	Women >= 40 years at delivery	No target			30	26	15	21	19	24	17	23	27	26	21	23	28
	Babies from Ethnic Minority Groups	No target			82	75	84	80	93	89	77	85	95	94	82	88	98

ESNEFT Massive Obstetric Haemorrhage – August 4.0%

In order to exclude anomalies, regional reporting regarding PPH rates are for women meeting NMPA criteria (i.e. singleton term pregnancy with cephalic presentation).

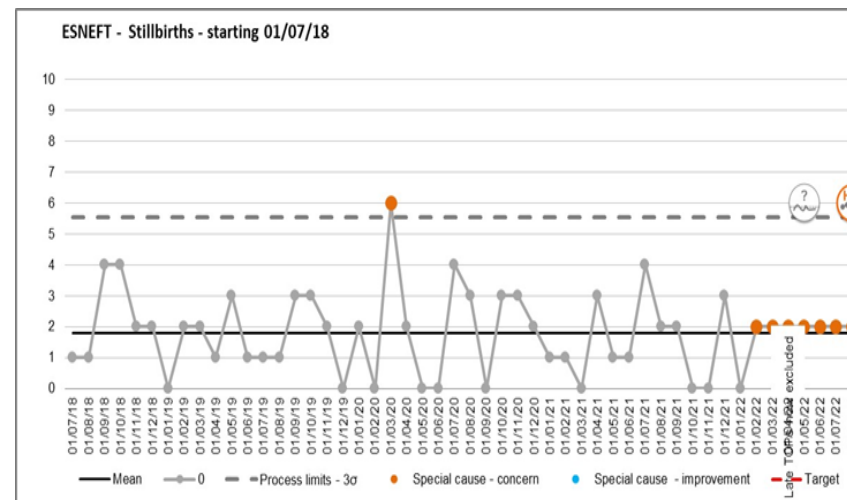
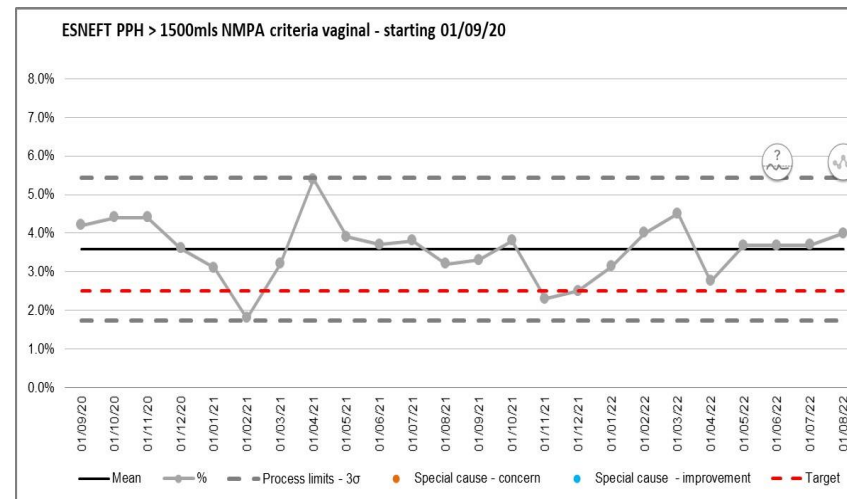
The overall ESNEFT August rate for NMPA women having PPH ≥ 1500 mls at vaginal birth is 4.0%, which shows a small increase since the preceding month, and is comprised of similar rates across both sites (4.0% for Colchester and 3.9% for Ipswich). This follows lower rates seen in April and May this year, and continues to be above the national target of $\leq 2.5\%$. Both sites, but Ipswich in particular have had higher rates in some of the recent weeks, and an MDT meeting has been held to discuss this, identify potential themes and plan improvements accordingly. All PPH ≥ 1500 ml continue to be subject to MDT review, and findings from these reviews is shared, and informing the QI project planning.

QI work continues with the merged PPH guideline for ESNEFT with streamlined pharmacological interventions and antenatal and intrapartum risk assessments has now been approved through governance processes in late September, having taken a considerable time to get across-site agreement on the changes required. Launch with comprehensive communications and training package is being planned currently, with a launch date planned for November 1st. Progress is also being made on an ESNEFT anaemia in pregnancy guideline. For NMPA criteria women having PPH ≥ 1500 mls at Caesarean birth the KPI target has been set at $\leq 4.3\%$, and aside from an unusually higher rate of 6.8% in April, ESNEFT has been within this target for Caesarean births since October 2021, with the August rate being 3.7% (2.7% for Ipswich and 4.4% for Colchester).

Still Births – August - 2

Colchester: 2 IUDs, at 25+3 and 32+5

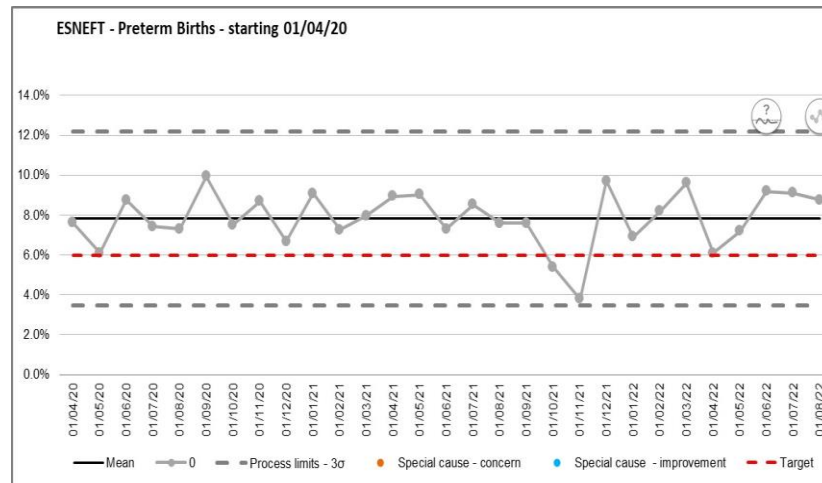
Ipswich: 0 stillbirths



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

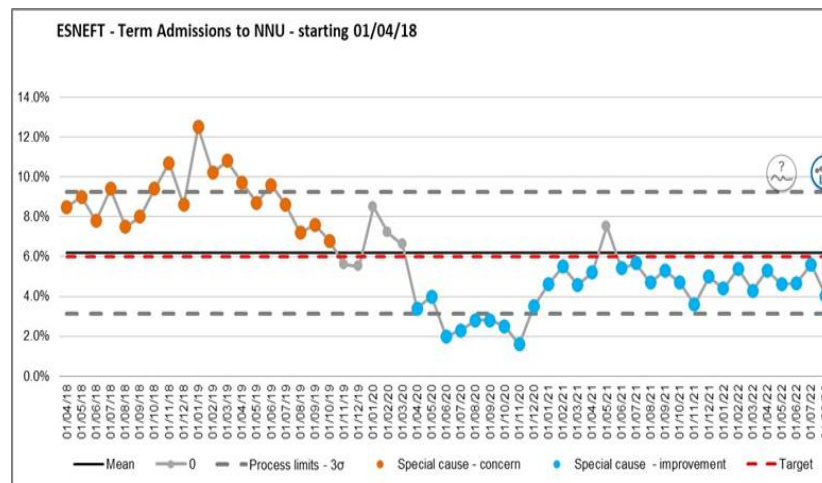
ESNEFT Preterm birth rates <36+6 weeks – August 8.8%

The ESNEFT preterm birth rate for August is slightly lower than last month at 8.8% (9.0% for Colchester and 8.4% for 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%, with the annual rolling rate for ESNEFT being 7.9%, comprised of similar rates on both sites. 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 in-utero transfer of extreme preterms < 27 weeks to a tertiary unit with NICU. There were no births < 27 weeks at ESNEFT in August. A new neonatal QI lead has been appointed within the LMNS who will be working closely with the ESNEFT teams, and on-site in Ipswich and Colchester one day per week.



ESNEFT Term Admissions to NNU – August 4.0%

ESNEFT Term admissions to NNU are 4% for August, which is lower than recent months and remains 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 had been above the 6% target for the preceding four consecutive months before August. The August rate has shown improvement at 4.8%. The Colchester rate is fairly consistently lower than Ipswich, and Colchester has been within the target range for a considerable time, with a 3.4% term admission rate in August. 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. Monthly meetings at each site consider thematic reviews and action plans.



Patient Safety – Maternity Assurance Report – CNST Year 4 update – August data

CNST Maternity Incentive Scheme Assessed compliance with 10 Steps-to-Safety - update 04.10.2022				
		Colchester	Ipswich	Commentary
1	Perinatal Mortality Review Tool			a) ii. We are now aware of 2 breaches (August 2022 & Sept 22) We are currently sitting at 78% compliance.. This standard is 95%, period 6th May - 5th Dec 22 inclusive. It is unlikely that we will achieve this standard. All other parts of this standard are compliant
2	MSDS			We have received confirmation from BI that both sites are compliant with all aspects of this standard. However, we will need to await official confirmation once the Scorecard is produced by NHSR. The Digital Strategy was presented LMNSB 7.9.22
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 plans 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 and LMNSB September 2022 This standard is at risk as I am awaiting confirmation that element b. has been embedded on both sites and that an action plan is in place to support b.
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. This standard is remaining amber until we demonstrate reporting compliance with element 2 and have sufficient plans in place for c&d. 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. From 29th July this is also discussed at the MDT 'Safety Huddle' which takes place on both sites. First report due Sept. 22 (MatNeo safety Champions) 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. Neonatal Medical Workforce: Compliant on the Colchester site. Non-compliant on the Ipswich site. Workforce review is being undertaken Jan-Jun 22, and Action Plans submitted for MIS Year 3 will be updated and amended.
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 Mar - Aug 2022.
6	SBLCB V2			The Trust has met the compliance for 36 week CO monitoring for the months May, June Jul and is currently showing 73% for August. This has posed a significant challenge but is now looking 'do-able'. Data is currently being very closely monitored with amendments ongoing. 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. Element 4 - 'Trust board sign off that staff training on their local CTG machines ... is conducted annually' This was not included in the mandatory training days and is being addressed separately. A plan is in place for compliance. 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, and in the absence of a response we are in the process of completing the audit/assessment as outlined within this standard. This standard will remain Amber in light of the recording CO monitoring at 36 weeks. Once this is confirmed later this month, this standard will move from amber to green.
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 - currently awaiting conformation of LMNSB approval.
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. The influx of new trainees will negatively impact compliance figures within this group with very little time to ensure compliance. The reporting period for this standard must be completed by early November to allow evidence to be presented through Trust and LMNS reporting process. 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 and anaesthetists for both sites is of particular concern and has been escalated in order to address. This is being very closely monitored - and in particular the Ipswich anaesthetic team and their attendance on PROMPT. This has been chased and escalated on several occasions.
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. The required reporting is in place for Trust Board sub-committee oversight. This standard has moved to amber whilst clarity is sought on d).
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.

The Quality Improvement Midwife holds monthly cross-site MDT SBLCBv2 meetings in order to work collaboratively and streamline efforts towards compliance with SBLCBv2. We continue to gather evidence and evaluate our compliance with MIS year 4 requirements; the submission date for this is 5th January 2023. 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. We are also closely monitoring the MDT training compliance required for element 4 as per 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. Women booked at the Colchester site have a significantly higher rate of smoking at time of delivery than those booked at Ipswich site. Having secured funding for an enhanced pathway for smoking cessation services, Colchester will shortly begin this extended service once the additional smoking cessation midwife and a team of support staff are all in post. It has also recently been agreed for Ipswich site to have funding for this enhanced pathway also, and recruitment for additional staffing for this will begin soon.

Under the revised CNST criteria we are required to submit evidence of ≥80% compliance with CO monitoring at booking and 36 weeks gestation via MIS for four consecutive months. Undertaking and recording of CO Monitoring at 36 weeks has presented a significant challenge, particularly on the paper-based Ipswich site, and this item has been filed on the risk register since late 2021. A comprehensive action plan including retrospective data entry into Lorenzo from paper handheld notes has been undertaken at Ipswich, as well as other measures to improve compliance including offering CO monitoring at every antenatal appointment for all women. These measures have improved compliance but due to the retrospective nature of the data entry it is challenging to monitor real-time compliance. We are required to evidence four consecutive months of meeting an 80% threshold with CO monitoring at booking and 36 weeks. We are now consistently meeting this threshold for booking on both sites. At 36 weeks, Colchester have now met 4 consecutive months above the threshold, and Ipswich have 2 non-consecutive months above the threshold, with other recent months close to the threshold. This means the overall combined ESNEFT position currently is 3 consecutive months above the threshold (May, June and July). Retrospective data entry for the month of August continues at Ipswich, with the hope being that once this data has been entered we will be able to evidence a 4th consecutive month of compliance.

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR) Both sites continue to undertake a risk assessment for FGR at booking. At Colchester all pregnancies identified as high risk at booking have uterine artery Doppler flow velocimetry performed by 24 weeks completed gestation as per SBLCBv2. Ipswich site have an alternative care pathway agreed by the CCG previously whereby all high risk women receive serial ultrasound scans during pregnancy. Both sites utilise the Growth Assessment Protocol (GAP) programme, and undertake quarterly audits into any cases of missed FGR. 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, issues with data entry have been identified and rectified and extra efforts have been made to improve compliance with GAP e-learning on the Colchester site, and compliance has much improved since, now currently 87%. Ipswich site are planning on upgrading to electronic GAP GROW 2.0, however this is currently awaiting a review of the connectivity issues at community hubs before it can be implemented. Colchester site already use electronic GROW programme via Maternity Medway. In addition to the quarterly audits into missed cases of FGR, CNST also require us to review 40 case notes to ascertain the percentage of women having a risk assessment for FGR at booking and 20 weeks. We have not received a formal response to our earlier request for further guidance from NHS R and regional NHSE/I team regarding what constitutes a risk assessment pathway at the 20 week scan. However we, like other Trusts who have also raised the same query, have followed the guidance from Matthew Jolly in the Saving Babies Lives national team in undertaking this audit, to assess compliance with referring women who have additional risk factors for FGR at 20 weeks, rather than introducing a new midwife-led risk assessment at this time. This audit is now completed to the required standard on both sites.

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, and used for women presenting with reduced fetal movements as per best practice. The audits required for MIS year 4 have been undertaken to the required standard; Ipswich site requires an action plan as although all women are given the information, the documented evidence of this requires improvement. When re-audited by asking women if they had received the information on the pregnancy wallet, 100% replied that they had.

Element 4: Effective fetal monitoring during labour Both sites have a dedicated Lead Fetal Monitoring Midwife, and an Obstetric Fetal Monitoring Lead. Fetal monitoring training sessions consistent with the Ockenden Report recommendations including intermittent auscultation, electronic fetal monitoring with system level issues e.g. human factors, escalation and situational awareness are already in place. Staff training on 'using their local CTG machines' was not previously included within the mandatory in-house training, and a programme to include training for all relevant staff has now been developed, along with a CTG competency document. The fetal monitoring leads are rolling this out with high priority now as this is a CNST requirement. Projected training compliance is being tracked for all staff groups to ensure that this training is attended by 90% of eligible multi disciplinary staff. The new rotation of doctors has adversely affected our training compliance and extra efforts are being taken to facilitate training for all new members of staff along with an additional push to improve online K2 CTG training compliance. Funding has been secured for a central CTG monitoring system for the Ipswich site (Colchester site already has this facility), as well as new CTG monitors for both sites. The CNST audit requirements for this element have been completed.

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 required audits for CNST have been completed on both sites and an action plan is required in order to improve compliance with the elements of steroid administration and right place of birth for preterm births. 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. Right Place of Birth has now been registered as a separate QI project, and the intention is to register steroid compliance as a separate QI project also in order to improve compliance.

Patient Safety – Maternity Assurance Report – ESNEFT Ockenden 2022 & Risks, Concern & Assurance – August data

Section	Number of actions	RAG rating at visit (Red)	Number of Red ratings 25.08.2022	Current On-target actions (Amber)	Current Completed actions (Green)	Actions completed and evidence signed off (Blue)		%age compliance as at 25 th August 2022
Section 1: Enhanced safety	18	4	0	4	14	14		
Section 2: Listening to women and families	21	3	0	4	17	17	Red	5%
Section 3: Staff training and working together	23	6	6	3	14	14	Amber	27%
Section 4: Managing complex pregnancy	18	0	0	10	8	8	Green	68%
Section 5: Risk assessment throughout pregnancy	14	0	0	6	8	8	Blue	68%
Section 6: Monitoring fetal wellbeing	12	1	1	0	11	11		
Section 7: Informed consent	17	0	0	7	10	10		
Section 8: Workforce planning guidelines	13	2	0	3	10	10		
Total	136	(16)	7	37	92	92		

Blue	Action complete and signed off
Green	Status updated and on track within timescale
Amber	Work ongoing
Red	Item outstanding and requires attention

Task & Finish group under development to ensure multi professional ownership and contribution to all outstanding actions – aim is for completion and sign off end Oct 2022.

Risk Register

- 16 Open risks on the Risk Register
- No new risks added or approved in the month
- 5 risks in the process of being added and/or being approved.
- There are no risks scoring >12 on the ESNEFT Maternity Risk Register.

Policies and Guidelines

We are currently reporting 21 (26) overdue guidelines across all areas, and this continues to be a manageable number, but something that we are striving to reduce.

We have managed to provide a large number of updates and actions during a DMT led meeting and this has helped to shape this improved position.

We continue to work with the FOI team to try and reduce the number of overdue guidelines, and have a trajectory and forecast that supports those aims.

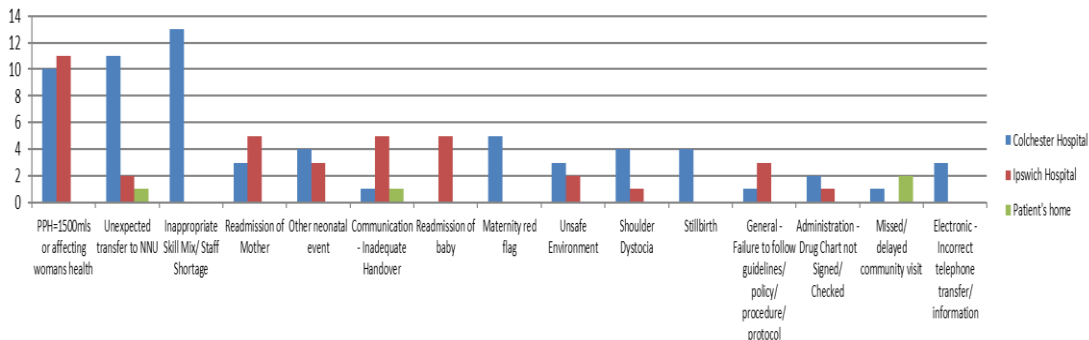
Policy Improvements and Action taken:-

- We have a new process for guideline updating, which has been started and uses support from our admin colleagues to gather comments - this should help to ensure more timely updates.
- All guidelines are being considered for merging at the time when they are updated.
- Individual review meetings are being established.
- Compliance aims are now being included within some governance team members objectives – based around reducing overdue numbers.

Horizon scanning/added in draft awaiting approval:

- Management of reduced fetal movements will be a contributor to fetal loss.
- Community unable to guarantee connection to programmes to view women's records.
- Col: Single point of failure for the running of Maternity Medway.
- Col: Inability to gain findings from perinatal pathologists in cases where PM is declined.
- IPH: Insufficient administrative support for the Maternity team at Ipswich.

Top 15 Maternity Incidents



ESNEFT top three incidents:

1. PPH >1500mls
2. Unexpected transfer to NNU
3. Inappropriate skill mix/staff shortage

PSII and HSIB investigations:

No new HSIB or PSII investigations raised.

ITU Admissions:

No admissions to CCU for Maternity

Unit Diverts

Ipswich were on divert 24/08/2022 07.00hrs until 11.00hrs (4hours) due to Neonatal Unit being on Black. 1 woman was diverted externally to another Trust.

Moderate HARM

- 7 Incidents
- 5 x PPH >1500mls
 - Shoulder Dystocia
 - Clinical compromise of patient due to blood loss <1500mls

Better Births – Midwifery Continuity of Carer (MCO) Update

Plans have now been reviewed in response to IEAs in the Ockenden Review. National and regional guidance has been received from NHSE stating that the decision as to where is best for preceptors to complete their preceptorship can be made a local level, which means we can continue with the plan to include one preceptor in each team with a reduced caseload and extra support from Team Leads and the PDM team.

Further communication had been received from NHSE that there are now no deadlines to meet in the way of timelines and that the most important aspect is to ensure safe staffing and sustainability before implementation. Further guidance will be received at the end of the year to help guide the long term ambition for MCoC. This way of working will remain on the curriculum for student midwives and continues to be the long term goal for Maternity Services.

The NHSE workforce tool has been completed using the most up to date BR+ data. This will need reviewing in December after the new report is available. Data for this will be collected in September 2022.

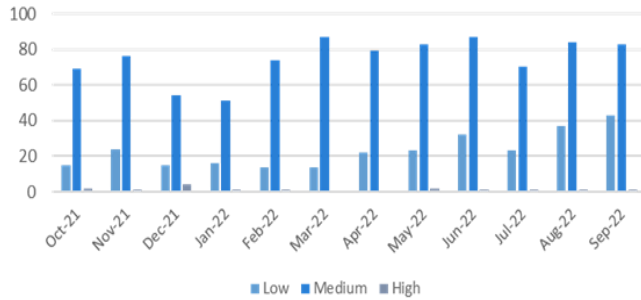
Open staff Q&A sessions are now fortnightly and all staff are welcome join. Updates as they are available will be shared via this forum. The Q&A sessions have brought some staff concerns to the forefront, predominantly around pay protection, use of cars for work, off duty patterns and work/life balance. The first meeting with the newly appointed HRBP has now occurred to begin the preparation of a consultation document to address these issues.

In view of the need for consultation, and the time this may take, ESNEFT are exploring the option of voluntary teams to go out whilst the consultation takes place as some staff are keen to progress to this model of care. When full establishment is reached this option will be explored further. Both sites expect to be recruited to their funded establishment by December 2022 on their current trajectories.

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

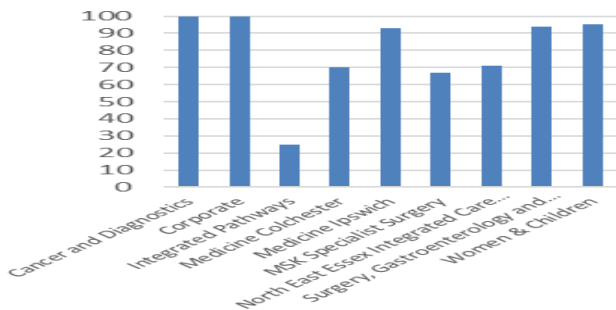
Patient Experience - Complaints

Total number of Complaints by Level



Overall complaints numbers for ESNEFT in September were 127 (122). There was 1 high level complaint recorded in month. Colchester reported 75 (74) complaints and Ipswich reported 52 (48).

Complaint Response Compliance %

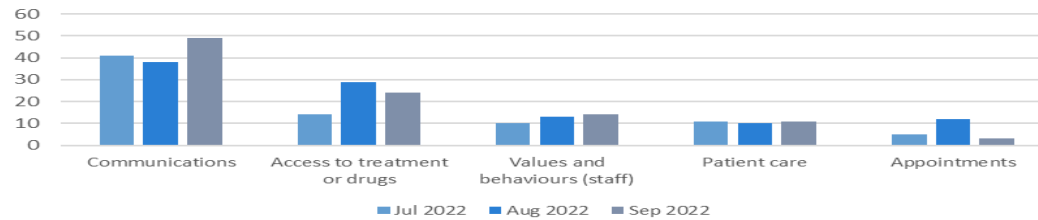


Overall response rate compliance decreased to 81% (87%). There were 111 (129) complaints closed in the month of September. Overdue complaints increased to 15 (9).

Complaint themes

The two most common themes for complaints in September 2022 remain '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.

Top 5 Complaint Themes



Top themes from PALS:

There were 442 PALS enquiries logged in September 2022: 241(205 August) for Colchester 201 (226 August) for Ipswich

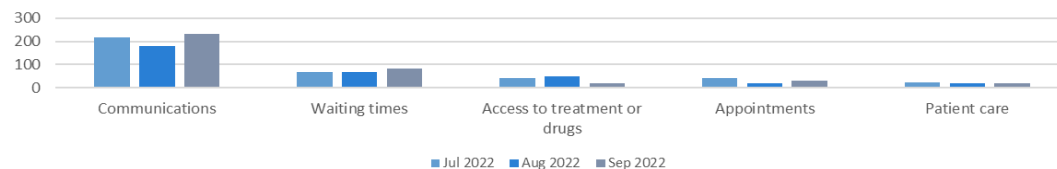
The top theme for PALS enquiries in September remained 'Communication'. Followed by 'waiting times' and 'access to treatment or drugs' – but in much lower numbers.

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 6 PALS cases converted into formal complaints for September 2022: 1 for Cancer & Diagnostics, 1 for Corporate, 2 for Medicine Ipswich, 1 for MSK & Specialist Surgery and 1 for Women's & Children's

During the month of September 2022 the PALS team received and dealt with 28 interpreter requests

Top PALS Themes - last 3 months



Engagement Activity/Events/Workshops/Opportunities/News

ESNEFT is changing the way it contacts patients via telephone. Currently when a patient is telephoned by the hospital a no caller ID is displayed. The Trust is looking to introduce the system that is currently used at Ipswich Hospital, Netcall. When a patient is telephoned from Ipswich Hospital it displays the main switchboard number so the patient is more likely to answer the call rather than ignoring a no caller ID number and subsequently resulting in a missed call and further communication issues when the patient doesn't know who has called them.

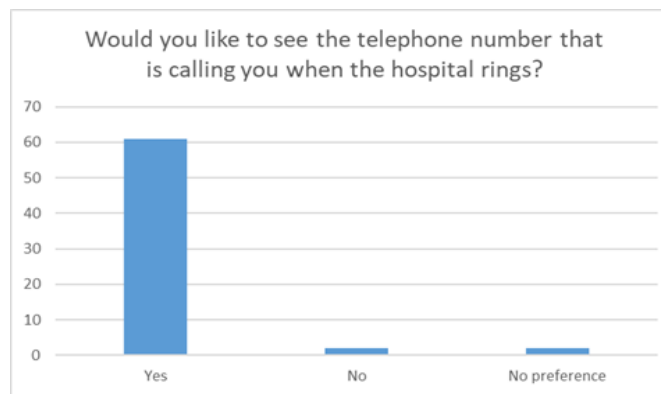
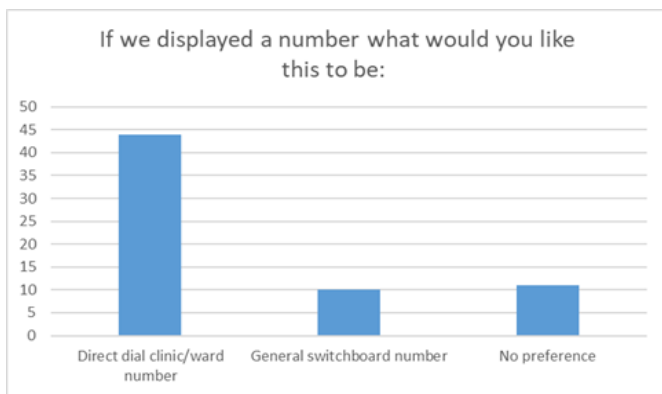
The system currently used at Colchester Hospital can have a detrimental impact on patients not answering calls, especially if it is a booked consultation appointment and can result in the patient missing their appointment and then having the stress of trying to rebook a convenient time for both the patient and consultant. It can also upset the patient if they miss a call and are not sure who contacted them resulting in frustrating calls to the main switchboard or PALS and complaints who will obviously not be aware who has called the patient and not be in a position to signpost them to the relevant ward or department.

The Patient Experience Team undertook a survey across both sites in Outpatients, main reception, ED / UTC and throughout the main sites asking patients two questions. This will ensure that patients are involved and part of any service change or improvement suggested by the Trust.

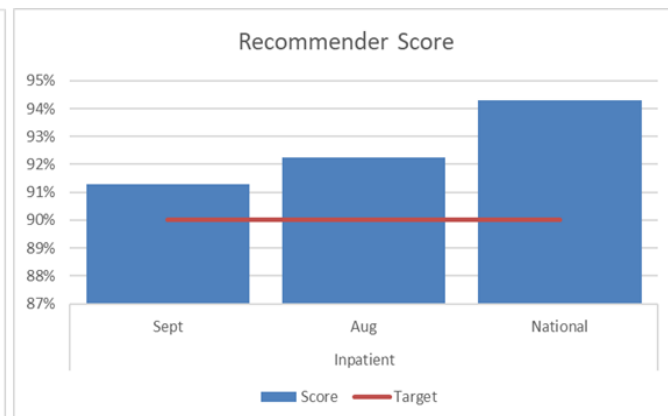
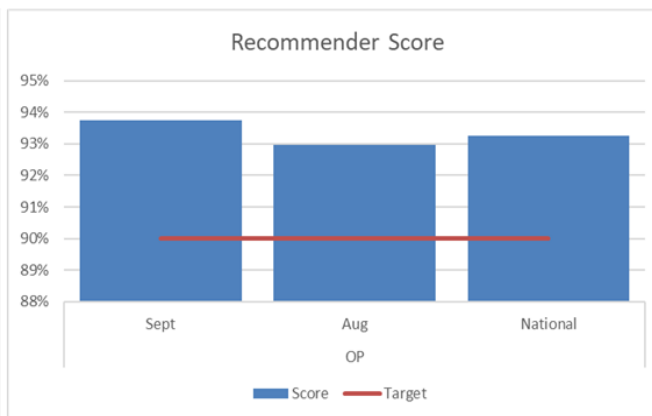
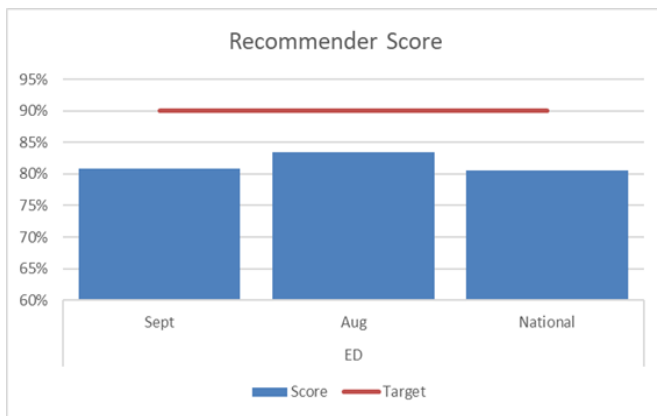
The questions presented to the patients were as follows:

1. **Would you like to see the telephone number that is calling you when the hospital makes contact with you instead of a no caller ID?**
2. **If the Trust displayed a number what would you like this to be?**
 - a) **Direct Dial Clinic / Ward number**
 - b) **General Switchboard Number**

Below is the outcome of the survey undertaken and the results. This gives a very clear indication that our patients would rather have the number displayed rather than no caller ID and to be the ward / clinic or department number so they can call them back. There was also a suggestion from the patients that a voicemail be left informing them who called them and when they would be returning the missed call. This information will be shared with our communications team and IT colleagues to in order them being able to progress further and improve the experience of our patients, relatives and carers.

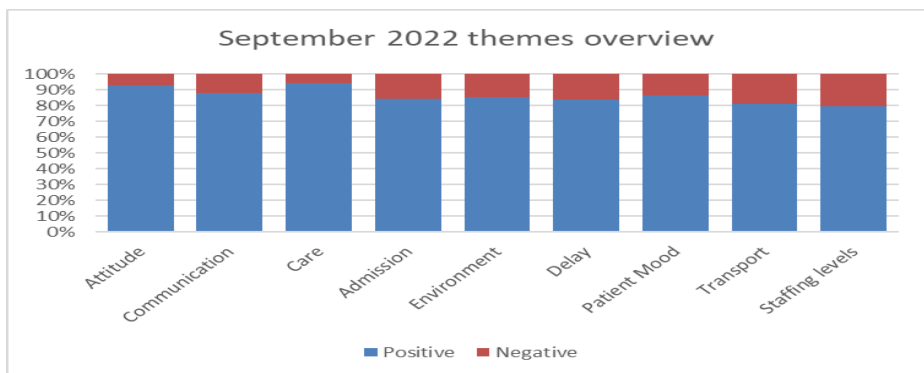


Patient Experience – Friends and Family Test



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 July 2022.

	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	5934	2282	7272	1196	1857	2792	1243	118	306	1830
Negative	469	320	451	220	322	540	197	28	78	248
% Negative	7%	12%	6%	16%	15%	16%	14%	19%	20%	12%
Change	Down 2%	Down 1%	No change	Up 2%	No change	No change	Down 1%	Down 4%	Down 2%	Down 2%



ED		June	July	August	September
ESNEFT	Recommended	77.87%	79.77%	83.52%	80.89%
	Responded	17.00%	17.00%	18.00%	17.00%
National	Recommended	74.34%	74.51%	0.00%	0.00%

Inpatient		June	July	August	September
ESNEFT	Recommended	92.26%	92.43%	91.56%	91.28%
	Responded	22.00%	23.00%	23.00%	22.00%
National	Recommended	94.08%	94.03%	0.00%	0.00%

Birth		June	July	August	September
ESNEFT	Recommended	100.00%	100.00%	50.00%	100.00%
National	Recommended	0.00%	0.00%	0.00%	0.00%

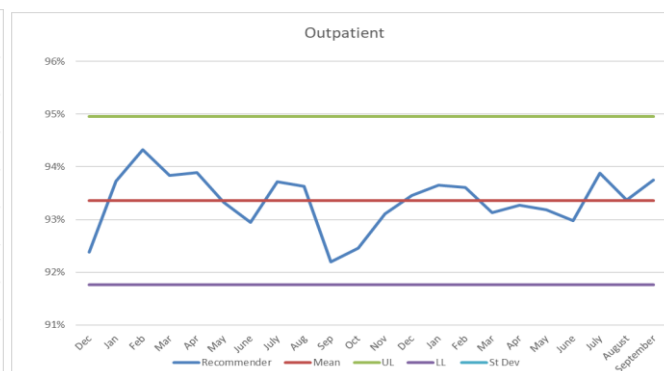
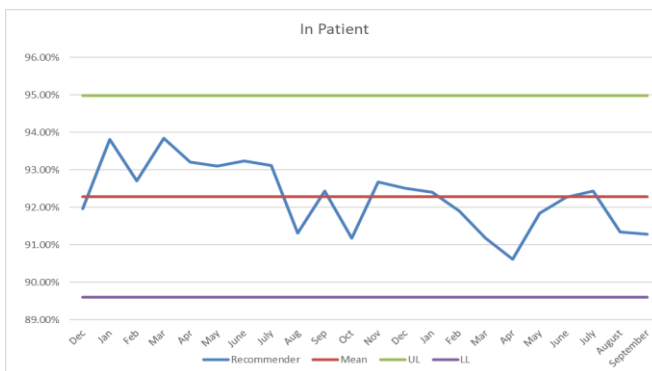
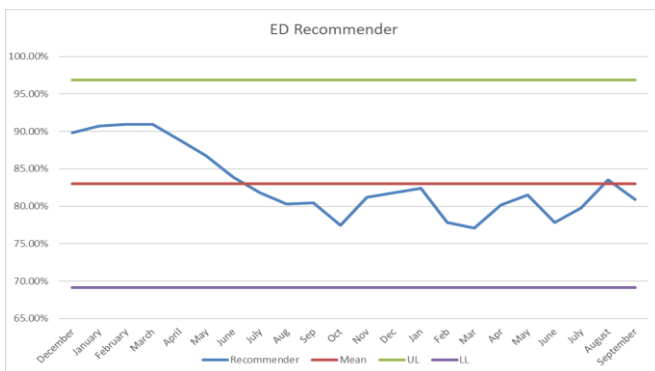
Outpatient		June	July	August	September
ESNEFT	Recommended	92.98%	93.88%	93.51%	93.75%
National	Recommended	93.14%	93.33%	0.00%	0.00%

Antenatal		June	July	August	September
ESNEFT	Recommended	100.00%	88.89%	90.91%	88.89%
National	Recommended	88.63%	88.03%	0.00%	0.00%

Post Ward		June	July	August	September
ESNEFT	Recommended	100.00%	94.12%	100.00%	95.56%
National	Recommended	92.42%	91.26%	0.00%	0.00%

Post Com		June	July	August	September
ESNEFT	Recommended	100.00%	100.00%	100.00%	100.00%
National	Recommended	91.14%	89.58%	0.00%	0.00%

Patient Experience – Friends and Family Test



ED score has dipped below the mean average dropping 2.5% for September. Outpatients score has increased by 0.75% keeping it above the average. Inpatient score fell by .28% keeping the score below the mean average.

Felixstowe – Nursing staff very good. Food is terrible, especially as I cannot eat pork or onion/onion powder and catering staff had no idea which foods had these in. Lived on potato and cheese or salad for whole time in hospital. No fruit available as part of meal or extras either. This needs addressing.

Cardiac rehab East – The care and personal attention given me by all members of the team made a positive difference

Pul rehab – A very well & organised course. Instructors very friendly. Improvements – slightly more time to recuperate between some exercises

Adle Physio – Care – The answers to most of your questions about outpatients is that we are lucky to have you. You are doing a find job and you shouldn't be concerned about the niceties of whether it is a bit better or a bit worse. It is very good what you are doing and we are all very lucky to have you there, so it should be appreciated. It is a great job that you are doing, so thank you all very much.

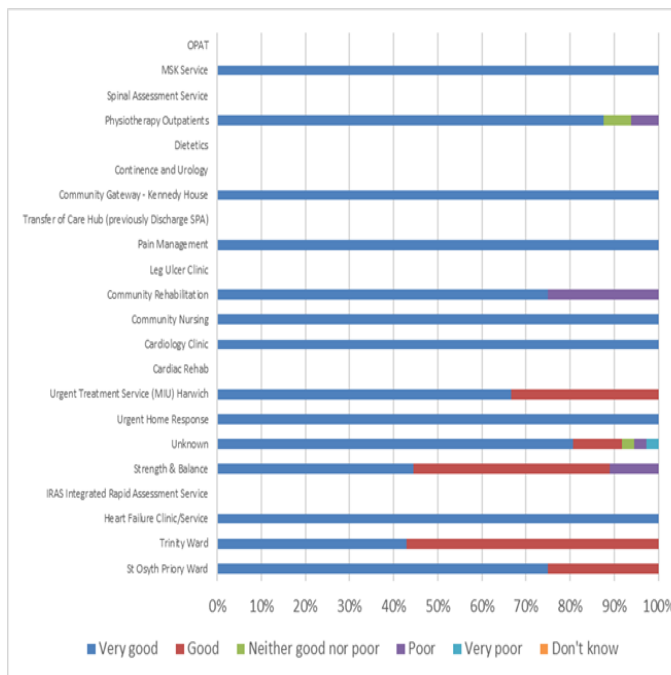
FFT Feedback/Comments

Community Nursing – The nurse was caring yet professional making sure I was alright before she left me with a really good feeling of being cared for overall it was a very good experience with a very good nurse who cared and done her job with excellence.

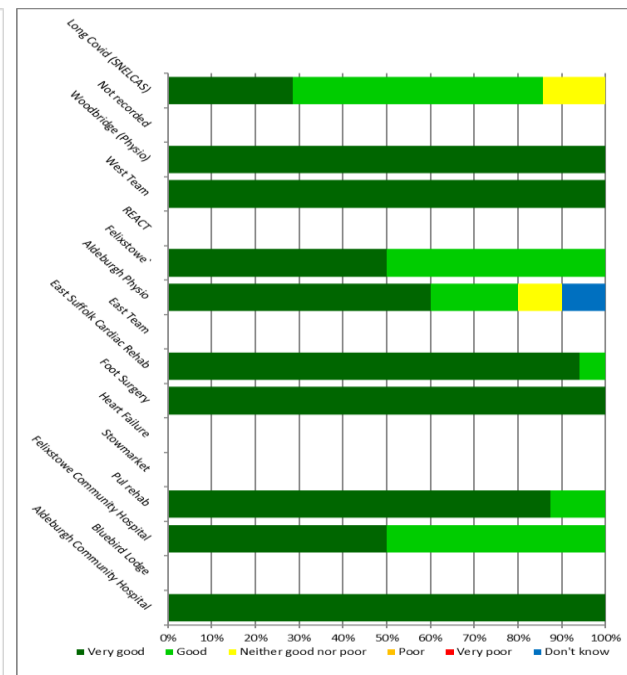
St Osyths Priory Ward – I couldn't have had better treatment the nurses have been so good

Phsyio Outpatients – The physio staff were very knowledgeable and confident in there treatment plans for each individual.

Community - Essex



Community - Suffolk



Performance Area	Performance measure	Target	Latest Month			Trend		
			ESNEFT	COL	IPH	ESNEFT	COL	IPH
Emergency Department	Four hour standard (Whole Economy)	95%	● 75.0%	● 77.2%	● 71.0%	● (0.9%)	● (1.5%)	● 0.4%
	Time to initial assessment - 95th pct	15 mins	● 27	● 22	● 32	● 3	● 3	● 2
	Time to initial assessment- percentage within 15 minutes (new measures)		82.5%	89.2%	74.2%	● (3.7%)	● (2.6%)	● (4.8%)
	Time to treatment - median time in department	60 mins	● 82	● 59	● 102	● 0	● (8)	● 3
	Average (mean) time in department- non-admitted patients (new measure)□		247	336	186	● 7	● 17	● 0
	Average (mean) time in department- admitted patients (new measure)		449	553	326	● 38	● 81	● (10)
	Patients spending more than 12 hours in A&E		933	869	64	● 371	● 372	● (1)
	Proportion of ambulance handovers within 15 minutes (new measure)		19.2%	13.2%	26.1%	● (0.7%)	● (1.5%)	● (0.5%)
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 51.5%			● (15.9%)		
	% patients 28 day faster diagnosis		● 52.9%			● 2.0%		
Diagnostics	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 68.1%			● (5.1%)		
	% patients waiting 6 weeks or more for a diagnostic test	1%	● 22.1%			● 0.0%		
RTT	% of incomplete pathways within 18 weeks	92%	● 62.0%			● (1.3%)		
	Total RTT waiting list (open pathways)		77,358			● 1,395		

UEC: A COVID-19 surge seen across the organisation has compromised flow. In October, infection prevention & control changes have enabled the use of closed and empty beds; however P1-3 have seen an increase as a result of increased red and red-contact patients.

Cancer: 3 colorectal surgeons are starting, and skin outsourcing is in place. This will give confidence that performance will improve albeit slowly within lower GI. This will be driven by clinics becoming embedded and backlogs to be addressed.

Elective: There was a slight improvement in activity levels but the BMA rate card issue remains a significant risk to elective performance recovery.

ESNEFT Whole Economy performance decreased by 0.9% in month although is still sitting above the national/regional averages but falling short of this month's trajectory by 13.0%. Colchester's performance decreased by 1.5% with Ipswich reporting an increase of 0.4%. Attendances in month increased by 117 patients.

4 hour standard- ESNEFT whole economy*
75.0%
 ↓ vs 75.9% last month

4 hour standard- Colchester
77.2%
 ↓ vs 78.7% last month

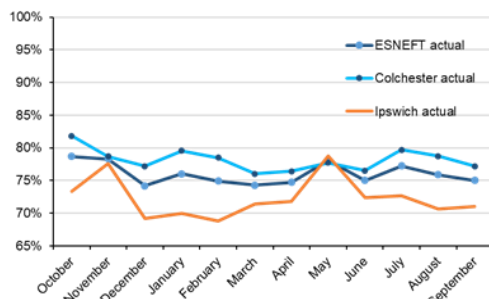
4 hour standard- Ipswich
71.0%
 ↑ vs 70.6% last month

Attendances - ESNEFT
24,521
 ↑ vs 24,404 last month

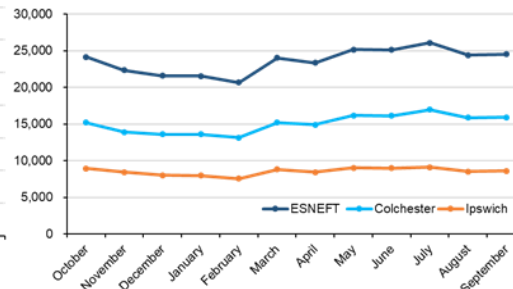
*includes Clacton and Harwich

Performance and trajectory				
September		ESNEFT	NEE	IES
	Actual	75.0%	77.2%	71.0%
	Trajectory	88.0%	88.0%	88.0%
	Position	✘	✘	✘

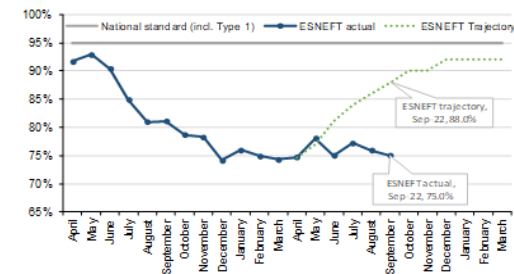
ED Performance: Four hour standard



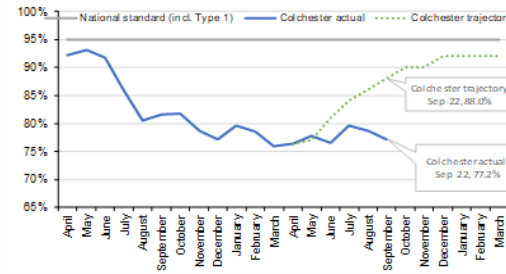
ED Performance: Attendances



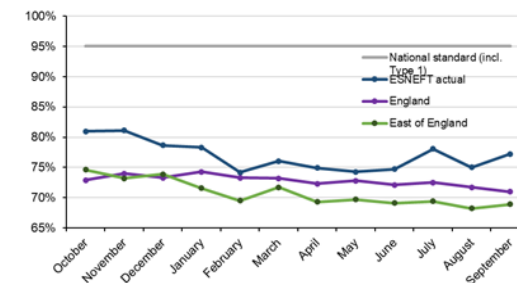
ED Performance: Four hour standard - ESNEFT trajectory



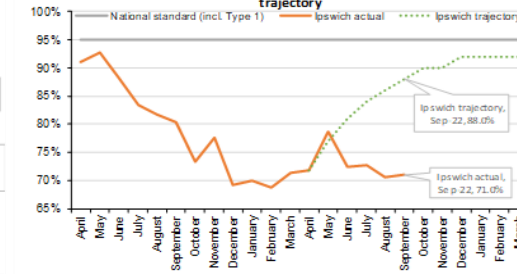
ED Performance: Four hour standard - North East Essex trajectory



ED Performance: Four hour standard - benchmarking



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



Ipswich

Ipswich has seen a marginal improvement to the 4-hour standard but remains below trajectory. Management of the wait to be seen balanced with physical capacity to see patients has been challenging, exacerbated by constraints with flow out of the Department. Teams are continuing with the processes and management of ambulatory majors' patients – with use of fit to sit. Prompt boarding across the medicine wards at 8am is supporting early flow into medicine.

Colchester

Performance at Colchester continues to be below trajectory; and the ED Performance meetings continue. The department continues to work closely with EEAST and ensure that all admission avoidance pathways are followed. Diagnostics requests still remain high with a deep dive taking place. Overcrowding continues to be a concern; and all risk assessments take place as well as deployment of cohort nurses and corridor safety nurses. Building work continues in the department with mitigations agreed and to be implemented. A review of patients at 2 hours in their journey is to commence.

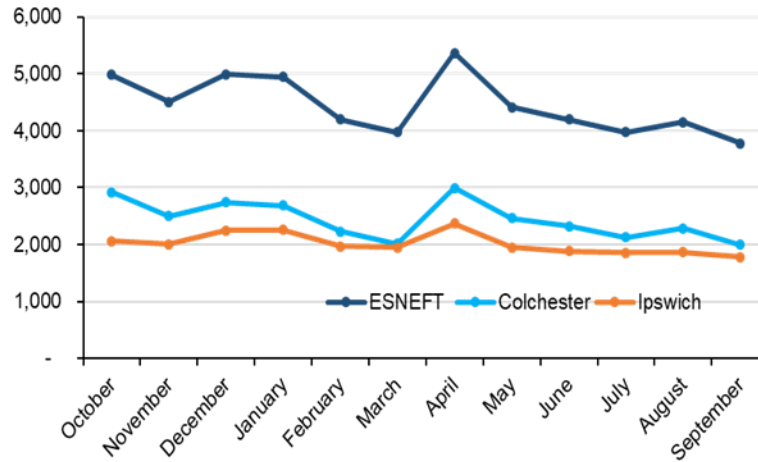
The number of ambulance handovers decreased in month for ESNEFT by 8.9%. This was reflected at both sites with Colchester decreasing by 12.6% and Ipswich by 4.4%.

Number of handovers - ESNEFT
3,781
 ↓ vs 4,151 last month

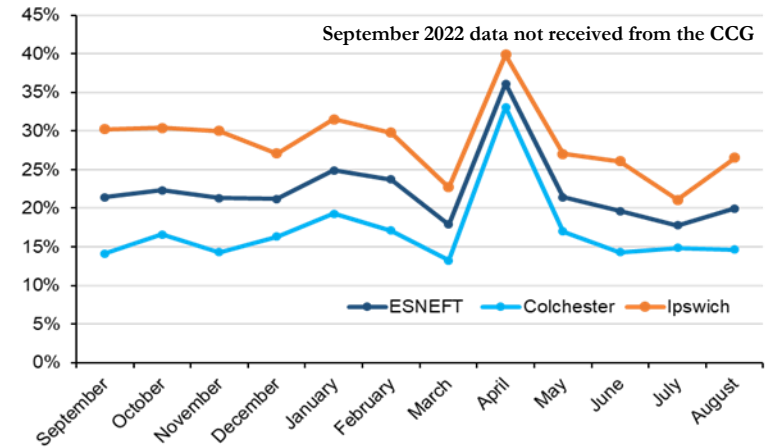
Number of handovers - Colchester
2,000
 ↓ vs 2,288 last month

Number of handovers - Ipswich
1,781
 ↓ vs 1,863 last month

Ambulances: Number of handovers



Ambulances: Percentage of handovers within 15 minutes



Ipswich

Ambulance handovers have been the focus for the teams to improve arrival to handover and prevent delays. This has been constrained due to lack of cubicle capacity, driven by exit flow from the department. A significant improvement of the assessment of patients arriving by ambulances triaged within 15mins has increased from 68% to 83%, and all patients waiting on ambulances are having Early Intervention Reviews to ensure safety. There is continued focus on the conveyance avoidance helpline to maximise utilisation.

Colchester

Colchester has experienced some challenges with ambulance hand over delays; due to lack of capacity out of the department. The Department has worked with EEAST on their recent “perfect day”; and continue to stream patients away from ED who do not need to be conveyed. Cohort agency nurses are used during periods of surge and cohorting takes place by EEAST crews; however, is not consistent.

ESNEFT performance has seen deterioration across the board in month; for 15 minute handovers by 0.7%, this is reflected at both Colchester and Ipswich by 1.5% and 0.5% respectively. The proportion of handovers that occurred within 15-30 minutes, 30-60 minutes and over 60 minutes all have deteriorated for ESNEFT and at both sites.

Handovers within 15 minutes - ESNEFT

19.2%

↓ vs 20.0% last month

Handovers within 15 minutes - Colchester

13.2%

↓ vs 14.6% last month

Handovers within 15 minutes - Ipswich

26.1%

↓ vs 26.5% last month

Handovers within 15 – 30 minutes - ESNEFT

50.9%

↓ vs 55.3% last month

Handovers within 30 – 60 minutes - ESNEFT

15.9%

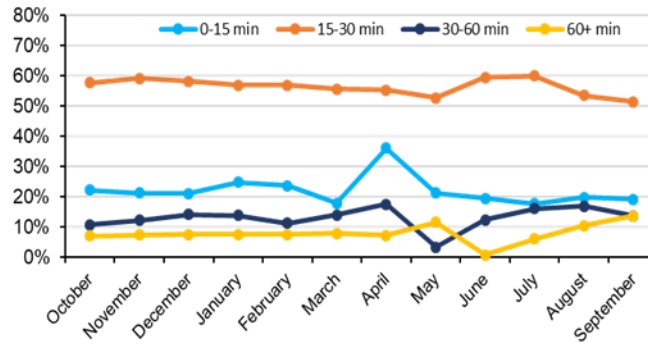
↑ vs 13.7% last month

Handovers over 60 minutes - ESNEFT

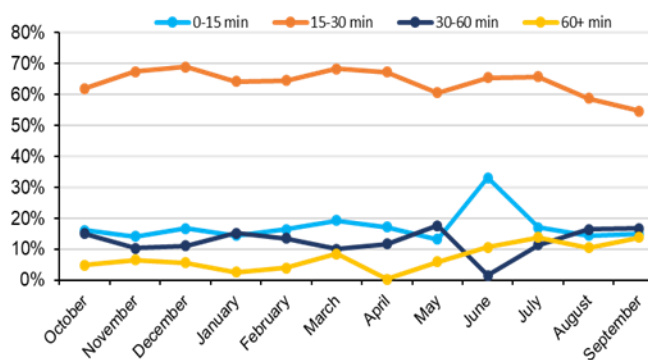
14.0%

↑ vs 11.0% last month

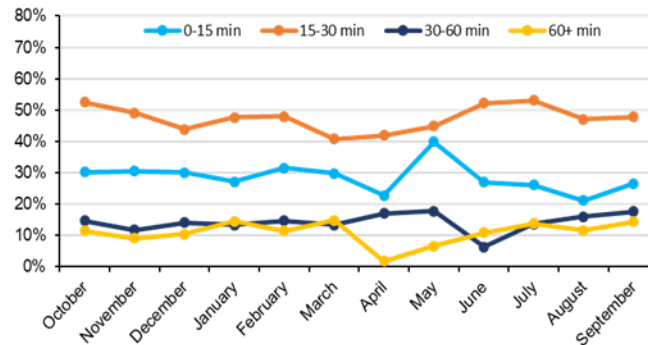
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Ipswich

In response to the national and regional concerns to reduce the delays in offloading ambulances the department has sought agency staff as a provision to assist providing care to patients awaiting onward beds in corridors to enable capacity. In addition, the team have reached out to St John's Ambulance to provide wrap around support to enhance the care quality & presence within the department.

As part of winter plans; there is focus on exit blockers to ensure that patients can flow out of ED into the deeper wards. Agency staff have been deployed and corridor nurses are in place to ensure safety, however they are not consistently utilised. The department continues to work closely with the HALO. The front door works closely with EPIC, ED NIC and EAU NIC to ensure beds are used efficiently; and boarding is now BAU.

Colchester

To support efforts in reducing ambulance delays the department has commissioned external cohort nurses to increase capacity to offload EEAST crews and get them back on the road as quickly as possible.

Teams continue to reinforce the new boarding policy across the Trust to support with improved flow, but have experienced some challenges with this change. These challenges will continue to be worked through to embed the new boarding policy.

Time to initial assessment within 15 minutes decreased in month by 3.7% for ESNEFT; Colchester decreasing by 2.6%, Ipswich decreasing by 4.8%. Both average time in department for non-admitted and admitted patients declined in month by 7 and 38 minutes respectively. The number of 12 hour patients has increased by 66% for ESNEFT in month; Colchester increased by 74.8%

Time to initial assessment (% patients within 15 mins)
82.5%

↓ vs 86.2% last month

Time to initial assessment (95pct)

27 min

↑ vs 24 last month

Average time in dept – non-admitted

247 min

↑ vs 240 last month

Average time in dept – admitted

449 min

↑ vs 411 last month

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

82 min

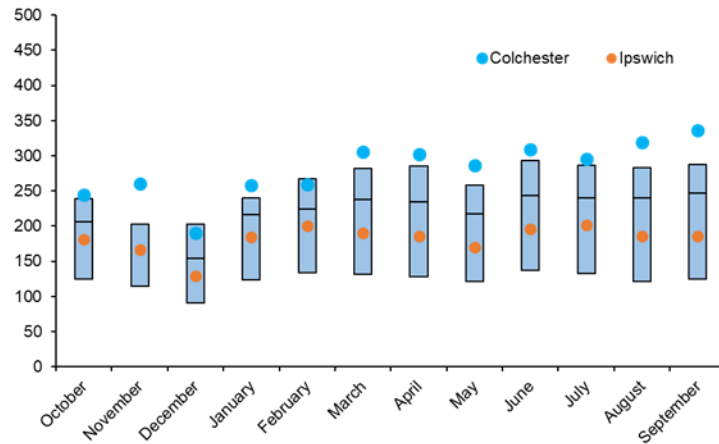
→ vs 82 last month

12 hour patients

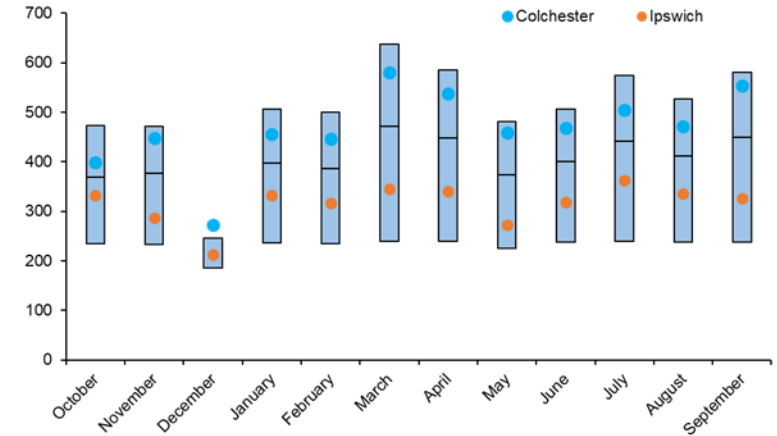
933

↑ vs 562 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

25% patients seen within the ED were admitted out of the total of 8,389 patients. LoS in ED increased due to increased demand on flow and a rise in infection prevention and control related closures of wards & decreased discharges compromised flow overall. Non-admitted patients LoS in ED remained static within Ipswich with minimal change.

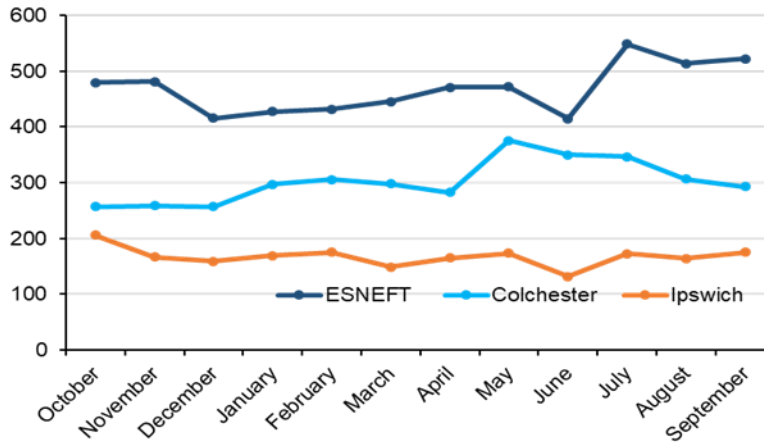
Colchester

LoS within the ED has been a challenge. The department continue to work with site and specialities to ensure the new boarding policy is being followed so that patients leave ED in a timely manner.

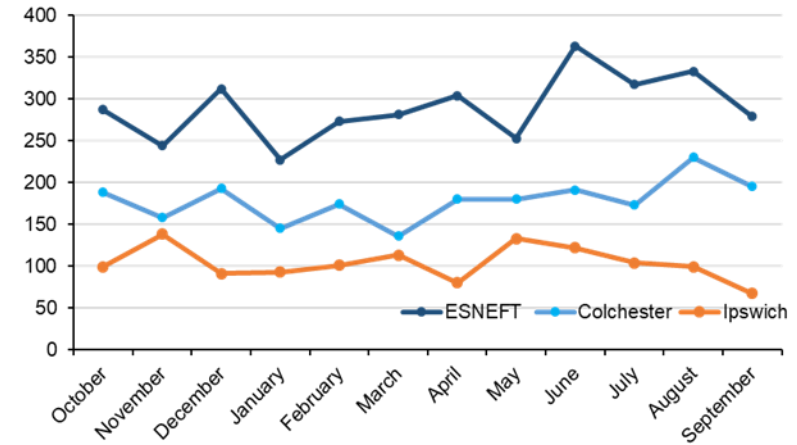
CR2P data is now being shared with specialities in CGH to provide structure and governance around patients that are residing in ED, although ED data entry needs to be cleansed to ensure accurate and rich data is being recorded.

MH ED attendances have decreased by 27.9% across ESNEFT in month; both sites decreasing with Colchester by 4.6% and Ipswich by 77.8%. MH referrals decreased in month by 13.6% across ESNEFT; both sites decreasing with Colchester by 3.3% and Ipswich by 32.3%

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



MH attendances - Colchester
293

↓ vs 307 last month

MH attendances - Ipswich
32

↓ vs 144 last month

MHLT referrals - Colchester
174

↓ vs 180 last month

MHLT referrals - Ipswich
67

↓ vs 99 last month

Commentary

The number of people detained under the MHA was 6 in September (3 in August). There have been increased occurrences of medical recommendations being put in place for people awaiting mental health beds, usually when waiting in ED and therefore not admitted to ESNEFT. There have also been increased delays in discharge.

The increased pressure across the system has continued leading to patients with a need for MH admission remaining in ESNEFT beds for longer than appropriate due to being unable to access a MH inpatient provision.

Teams continues to work closely with MH partners to support timely actions being undertaken in order to support patient safety and reduce impact on overall patient flow.

Total admissions increased in month by 0.1%. Elective admissions decreased by 1.8% with emergency and non-elective admissions increasing by 2.3% and 0.3% respectively. Compared to 2021-22 for September, all admissions types were down on activity levels; emergency by 5.4% and elective admissions by 1.1%.

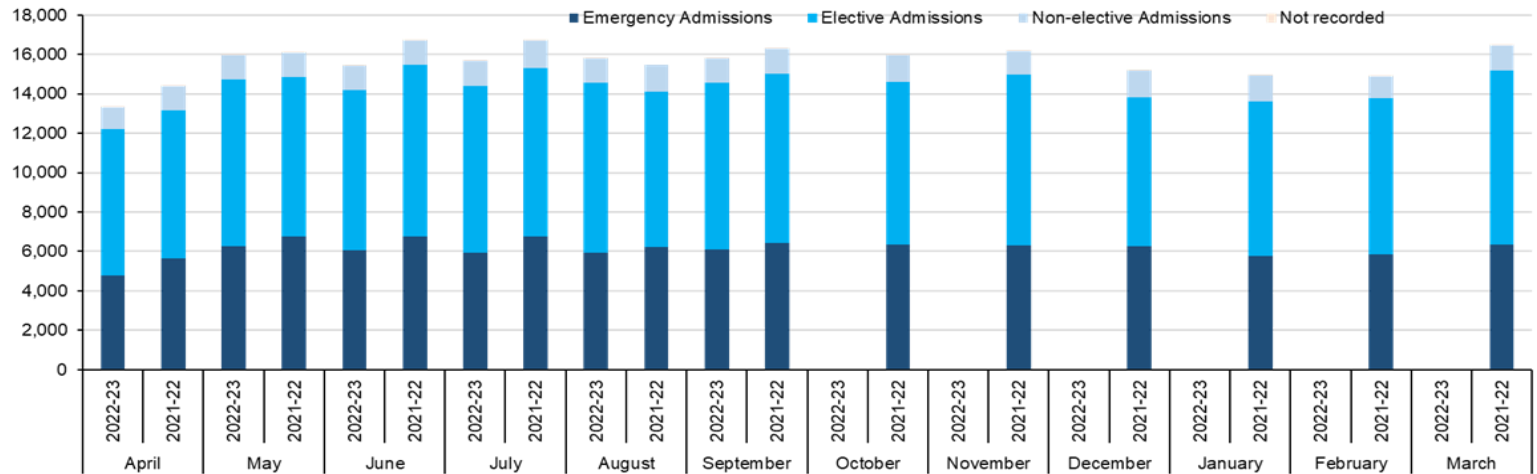
Emergency admissions
6,096
 ↑ vs 5,932 last month

Elective admissions
8,467
 ↓ vs 8,620 last month

Non-elective admissions
1,238
 ↑ vs 1,234 last month

Total admissions
15,806
 ↑ vs 15,821 last month

Admissions: Inpatient spells by admission type



Ipswich

There continue to be challenges in supporting timely emergency admissions into all specialities. A variety of initiatives have been implemented over the last 4 weeks to support timely discharges working with the 'hours not days' philosophy which has demonstrated an increase in discharges by 8%.

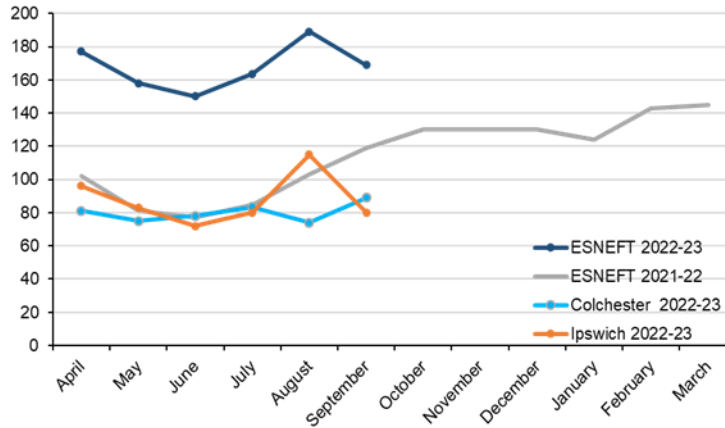
Early boarding across medicine wards has been embedded.

Colchester

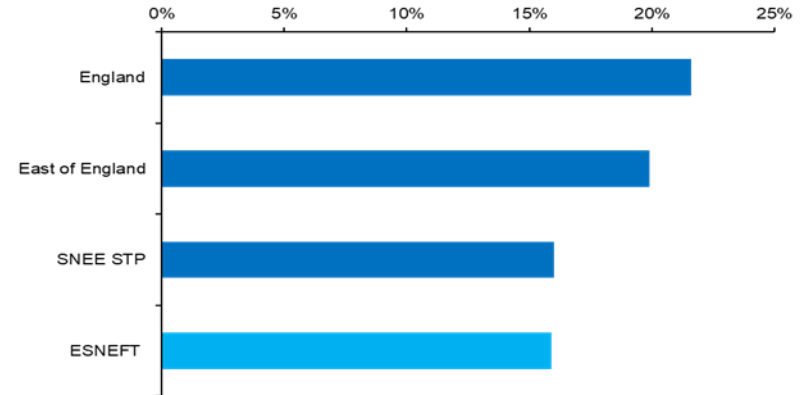
Colchester continues to ensure that front door processes are robust; and patients are transferred to speciality as effectively as possible. The Flo for flow initiative has commenced in month; and boarding against potential discharges as BAU. A lot of focus has been placed on having discharge conversations on admission, and timely planning.

Inpatients: Average number of long length of stay patients across ESNEFT decreased in month: Colchester increased by 15 patients and Ipswich decreased by 35 patients. The percentage of beds occupied by 21+ patients increased by 0.3% in month but remains lower than the national and regional levels.

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



% beds occupied by 21+ day patients (4 week average). Snapshot at 17 Oct



21+ day patients - ESNEFT
169

↓ vs 189 last month

21+ day patients - Colchester
89

↑ vs 74 last month

21+ day patients - Ipswich
80

↓ vs 115 last month

Ipswich

Monitoring LLOS continues to be a focus at Ipswich, with representatives attending allocated wards daily to ensure delays are kept at a minimum and delays are being flagged and escalated in a timely manner. Departments are putting extra focus on the use of the red day tracker. There has been an increase in pickup of cases for PW1 patients which continues with good flow. This is being supported by a daily system wide approached huddle. There has been a reintroduction of a weekly system wide MDT which also discusses all complex cases and discharges to help with blockages. The TOCH is working hard to introduce the discharge case worker role with support from Attain and hopeful for a launch for the beginning of November.

Colchester

Monitoring LLOS continues to be managed across all Divisions to ensure flow out of ED and that patients do not remain in an acute bed any longer than they need to.

Flow for flow team now in place in medicine with a launch day of 20th October 2022. Initial focus is on long length of stay review, tracking of short stay patients and processing time between wards and the transfer of care hub. Teams have started bringing in community nurse input into the LLOS review meetings twice weekly in COTE. System MDTs are back in place daily to review and unblock discharge delays for complex cases. LOS in community hospitals has decreased as part of the ongoing work on reducing hospital acquired patient functional decline.

ESNEFT 62 day wait performance deteriorated in month by 5.1% and fell short of the trajectory by 13.1%. 28 day faster diagnosis improved in September by 2.0% but remains 22.1% below trajectory and the National standard. Two week wait performance declined by 15.9%. The number of patients on the 62 day 1st PTL which are 63 days or more increased by a further 52 patients.

Two week wait performance **51.5%**

↓ vs 67.4% last month

62 day wait performance **68.1%**

↓ vs 73.2% last month

28 day faster day diagnosis performance **52.9%**

↑ vs 50.9% last month

Patients treated after 104 days **28**

↑ vs 21 last month

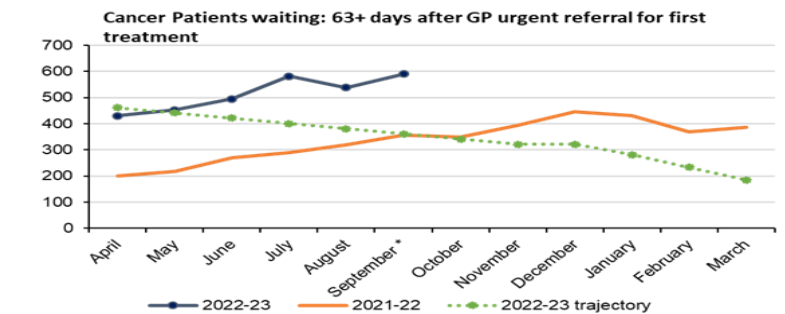
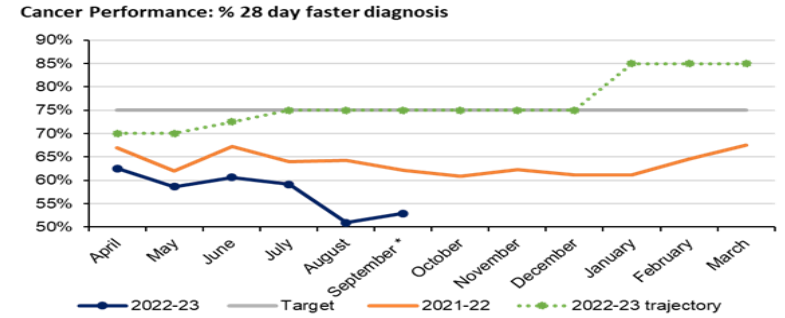
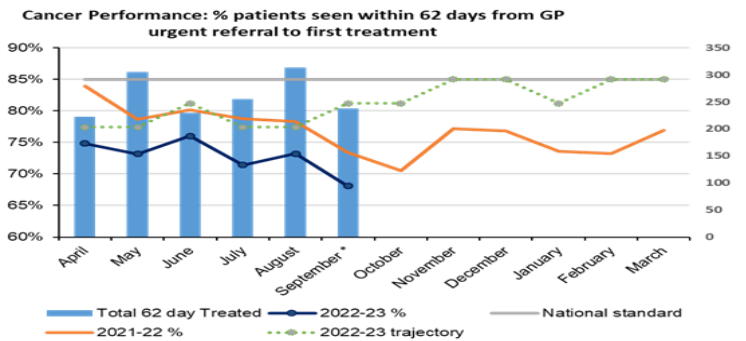
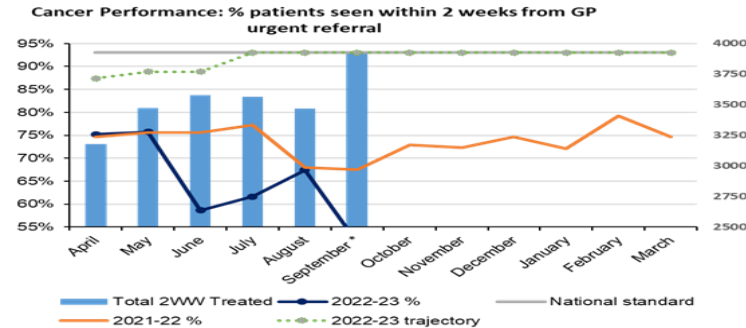
Total patients on 62 day 1st PTL **4,598**

↓ vs 4,904 last month

62 day 1st patients 63+ days **590**

↑ vs 538 last month

**Unvalidated figures as of the 14/10/22. Final figures for August 2022 will be available in November 2022 after submission*



2WW performance was the lowest recorded for ESNEFT in September, with only lung and urology achieving compliance from the main tumour sites. The lowest performing tumour groups, which also affected FDS performance, were colorectal, skin and upper GI. The average polling time for all 3 specialties across the month was 40 days.

A weekend outsourcing solution for skin commenced on the 10th and over a 5 week period has reduced waiting times back within 7 days. 3 new locums started in colorectal at the end of the month, however, due the number of patients awaiting appointments, no improvement in performance is expected until November.

Colorectal, UGI and Urology - mainly due to delays to first OPA - account for two thirds of total 62 day breaches. Urology will recover quicker than gastroenterology as MRI reporting delays now resolved.

The backlog increase is due mainly to admin delays in skin. Sickness within the medical secretariat caused a delay in the typing of clinic letters. Once completed (staff have been pulled in from other areas) improvement will be seen quickly.

A revised backlog recovery trajectory has been submitted to NHSE. Recovery remains for March 2023 however progress will be slow until Q4 and this is reflected in the new plan.

6 week performance showed no change in month and is 10.6% over trajectory. Three quarters of the breaches occur at Ipswich with echocardiography accounting for 72.2% of the Ipswich breaches. For Colchester Sleep studies are 34.7% of all the breaches. The waiting list is showing a decrease of 2.5%.

% patients waiting > 6 weeks or more

22.1%

→ vs 22.1% last month

DM01 6 week breaches **1,981**

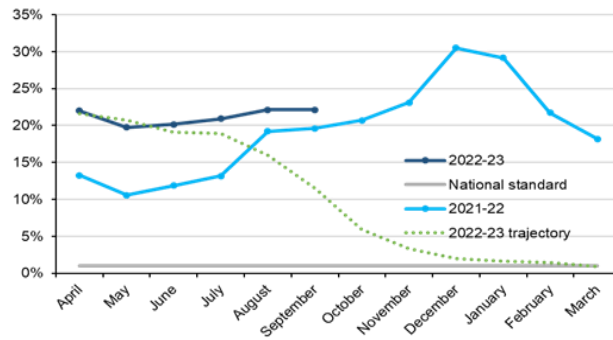
↓ vs 2,520 last month

DM01 Waiting List

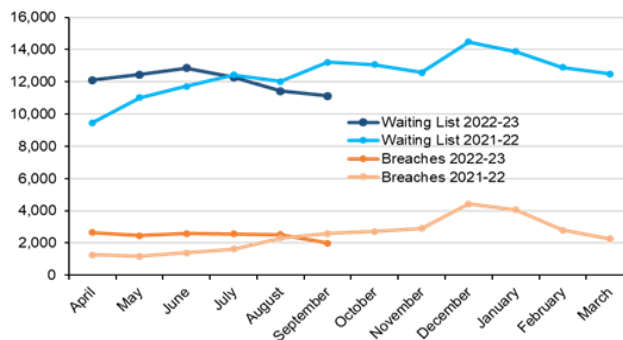
11,132

↓ vs 11,415 last month

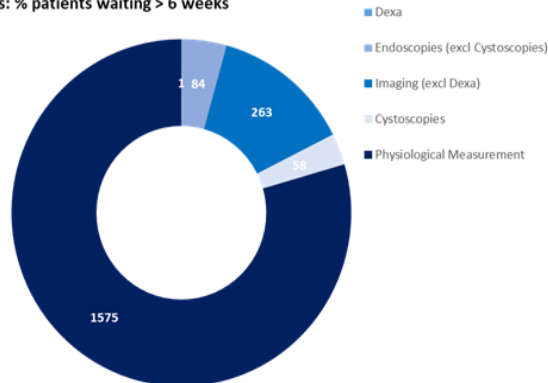
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



Imaging

IPS

MRI – 100 breaches – above trajectory – there is an ongoing issue with cardiac MRI and unplanned scanner breakdown coupled with planned downtime due to software upgrades.

CT and US well below trajectory so overall Imaging IPS is below trajectory.

COL

US – 121 breaches – below trajectory

CT – 18 breaches – above trajectory – cardiac CT, lost lists due to planned service, there are no concerns with MRI. Overall Imaging Colchester is below trajectory.

Urology

76 breaches – over trajectory for both sites – a lot of unfit/COVID-19 patients this month which have rolled over, The department is not confident on compliance for GA Cysto ESNEFT or UD for IPS. There will be compliance for flexis & COL UD. UD for IPS in November will be cleared but expect ongoing issues with Cystos.

Endoscopy

IPS – 34 breaches – below trajectory

COL – 13 breaches – below trajectory

Overall Endoscopy is ahead of trajectory

Special Surgery

96 breaches (mostly IPS) – above trajectory

Med 1 (Echos/Sleep Studies)

IPS – 1,147 breaches (virtually all echos) - above trajectory – insourcing company delayed in starting, further capacity lost due to leave within the insourcing company. There was also a need to cancel patients due to the additional B/H

COL – Echos – 48 breaches – above trajectory – booked locum who had to be dismissed and lost capacity – another locum has been sourced.

Sleep Studies – 174 breaches – above trajectory.

Med 2 (Neurophysiology)

IPS – 49 breaches – above trajectory – expecting compliance end of Oct following validation & increase of physiologist hours.

COL – 30 breaches – above trajectory.

Performance against the 18 week standard has deteriorated in month by 1.3% however is above the national/regional averages. The proportion of the list waiting more than 52 weeks also deteriorated in month, but also continues to be lower than the national/regional averages.

Incomplete pathways within 18 weeks - ESNEFT

62.0%

↓ vs 63.3% last month

Incomplete pathways within 18 weeks - National

60.8% (August 22)

52+ waiters as % of list - ESNEFT

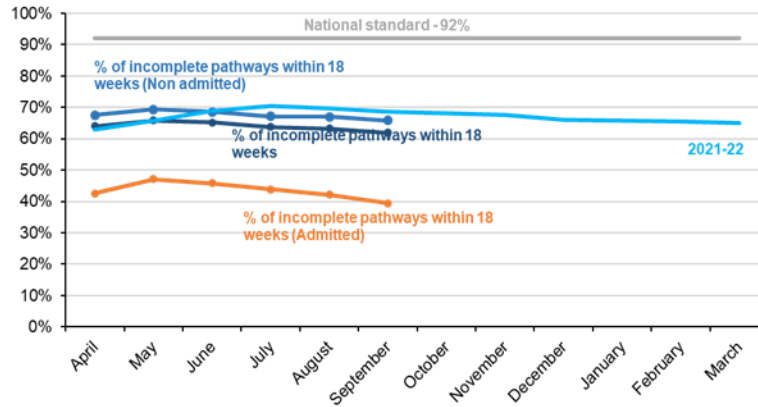
↑ 4.4%

vs 4.1% last month

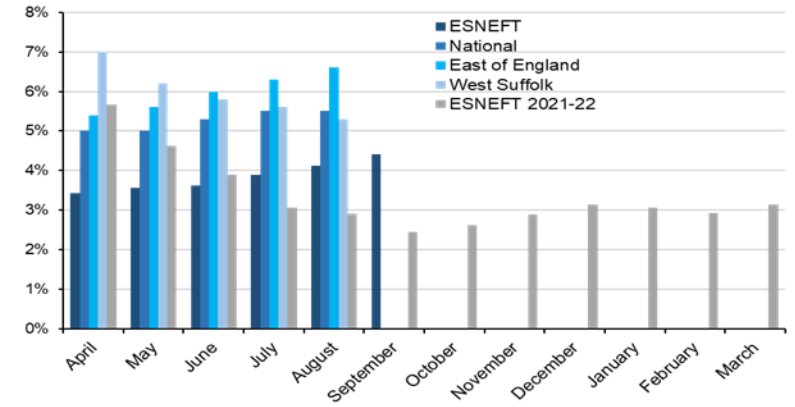
52+ waiters as % of list - National

5.5% (August 22)

RTT Waiting List: Performance against 92% standard



52+ Incompletes as a % of the Total Waiting List



*National published figures for September 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.

There are consistent reviews being done of all data quality reports to ensure that any validation errors are identified quickly and managed appropriately.

There continues to be a focus on General surgery and Gastroenterology recovery. The Trusts overall 52-week wait position has declined however, in most areas are ahead of the 78-week trajectory.

In Gastroenterology there are backlogs in reviewing results post diagnostics. A locum consultant started on 12th October and those awaiting results review have been prioritised.

Reviews continue to be able to make improvements in the prospective tracking of patients on RTT pathways to minimise administrative delays.

Activity increased across the board in month with the exception of daycases which decreased by 1.4%. Elective inpatients increased by 1.6%. Combined outpatient activity for firsts and follow ups increased by 3.3%. Activity levels were all lower than 2021-22 levels except outpatient first appointments which were at 100.9%. Elective inpatients, daycases and outpatient follow ups were 92.8%, 99.7% and 89.8% respectively

Elective inpatients
874

↑ vs 860 last month

Daycase inpatients
7,592

↓ vs 7,696 last month

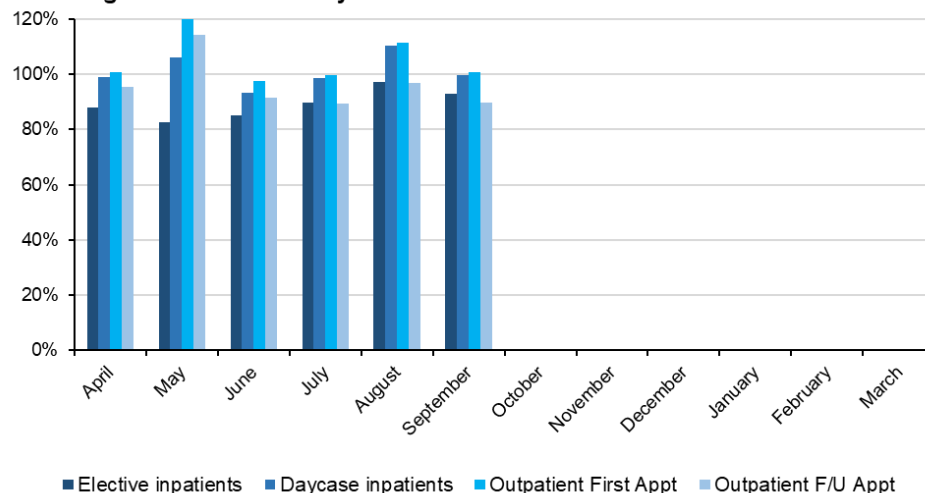
Outpatient First Appt
27,519

↑ vs 26,593 last month

Outpatient F/U Appt
47,314

↑ vs 45,823 last month

Percentage of 2021-22 activity



CT

Departments delivered 123% activity compared to 19/20 in September across ESNEFT – 121.31% in Colchester due to CDC and 15 mins slots - Ipswich at 125% due to use of independent sector and insourcing.

7 day working consultation has gone live and will boost capacity and reduce the need for independent sector/insourcing. Funding agreed for additional CT scanner for Ipswich which will be in place by the end of the year.

MRI

Teams delivered 112% activity compared to 19/20 in September across ESNEFT. 128.86% in Colchester due to CDC and mobile in place. Ipswich at 95.59% due to scanner breakdown and planned downtime for software upgrades.

US

107% of activity was delivered compared to 19/20 in September across ESNEFT. 115.07% in Colchester due to US recovery plan in place – Ipswich at 99.28% - still overperforming against trajectory

Endoscopy

The team delivered 96.53% activity compared to 19/20 across ESNEFT. Funding remains under discussion for endoscopy this FY. Insourcing remains in situ, especially for weekends. Clacton CDC paused due to the ward area now being considered as an escalation ward. 20 additional points being outsourced to the Oaks to mitigate this.

COL – continue to send surveillance and routine patients to the Oaks to clear backlog, validation continues

IPS – Continue utilising the Grove 5 days per week and outsourcing appropriate patients to Ravenswood.

MRI and Ultrasound activity increased in month by 0.2% and 2.0% respectively whereas decreases were seen in CTs by 4.9% and Endoscopies by 5.5%. Across the board activity exceeded 2021-22 activity levels; CT, MRI, Ultrasounds and Endoscopies were 112.1%, 111.1%, 102.9% and 106.5% respectively.

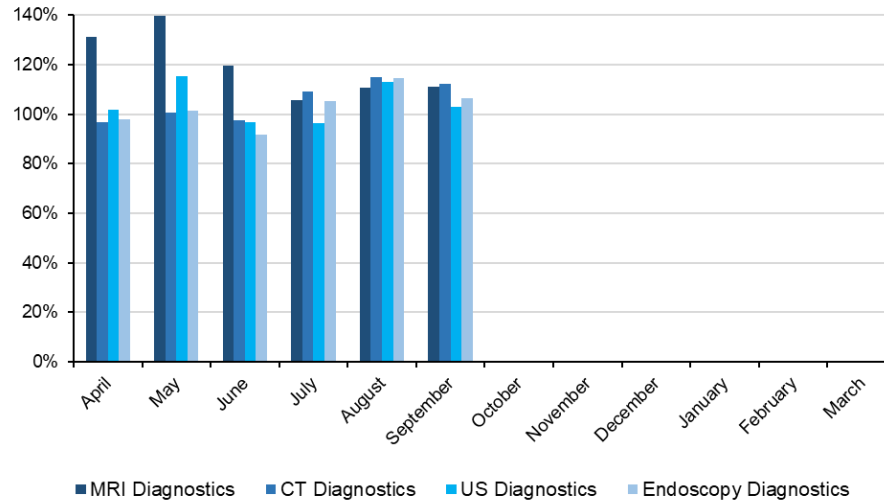
CT
6,628
 ↓ vs 6,968 last month

MRI
3,383
 ↑ vs 3,375 last month

US
11,107
 ↑ vs 10,890 last month

Endoscopy
1,803
 ↓ vs 1,907 last month

Percentage of 2021-22 activity - Diagnostics



Commentary

There has been an increase in the number of patients who will have waited more than 104 weeks at the end of October. These patients are as follows:

- 2 x COVID-19+ therefore clinically unfit to proceed
- 1 x Patient choice
- 1 x clinically complex

No other 104-week breaches are expected at the end of October.

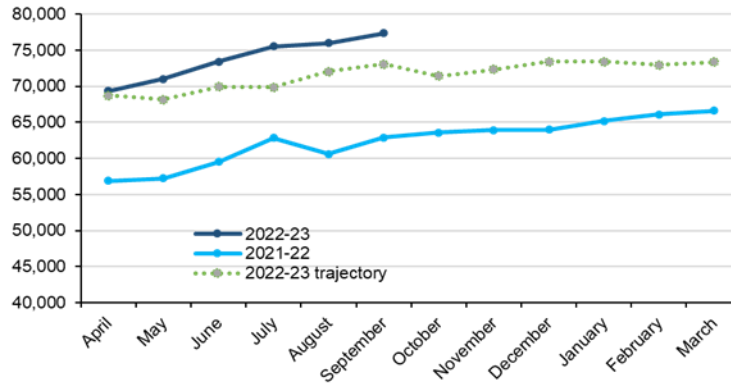
Patient level detail is reviewed in the PTL meetings with the service and any areas of concerns identified are escalated to the appropriate place effectively and efficiently.

There continues to be a high level of cancer demand and urgent activity coupled with an increase in COVID-19 sickness. This is affecting ESNEFT's longest waiting P4 patients.

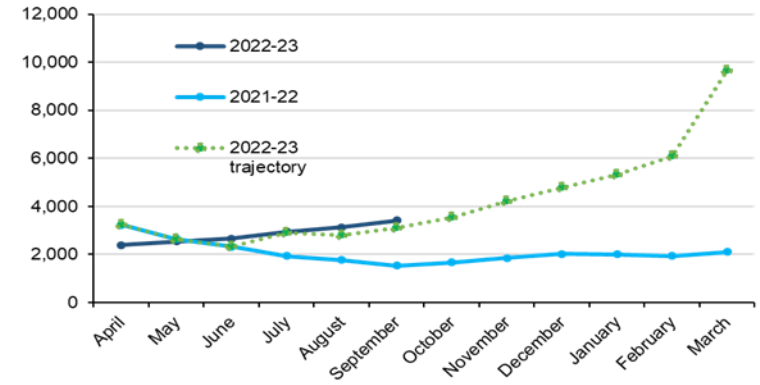
The corporate validation team are working with the services to ensure good oversight of their 52/78-week position, ensuring that validation support is given to those services with the largest cohort of challenged patients, i.e. General surgery and Gynaecology.

The waiting list increased in month by a further 1.8% and was over trajectory by 4,299 patients. 52+ week waiters increased by a further 9% and is 315 patients above trajectory; increases were reflected at site level with Colchester and Ipswich both increasing by 71 patients and 213 patients respectively. 104+ week waiters has reduced by 1 patient in month.

RTT Waiting List: Total open pathways



RTT Waiting List: Total 52+ week waiters



There has been a slight improvement in elective inpatient activity this month however day cases have decreased. This is due to the increase in COVID-19 cases in staff and patients and the consequent cancelling of lists.

There has been some notable developments in the transformation workstreams to support the 120% activity ambitions:

- **Theatres:** Utilisation has plateaued, however opportunities highlighted during Kaizen will be implemented to move the project back on track to meet KPIs. Discussions were held with the regional theatre lead, and teams have established workforce requirements for full day lists without breaks and theatre downtime.
- **PIFU:** The team is working with NNUH on the Patient Initiated Follow-Up (PIFU) pathway for Gynae, which is currently achieving 10%; to assess opportunities ESNEFT can adopt to improve performance.
- **Advice and Guidance:** Teams are working with ICB Transformation colleagues to identify any GP practices that are not using A&G as a referral method. There will be continuing work with specialities to establish whether there are any further procedures where A&G would be appropriate.
- **GIRFT:** Work is ongoing reviewing pathway changes previously implemented to ensure they are embedded as BAU.

Total open RTT pathways
77,358

↑ vs 75,963 last month

52+ week waiters

3,408

↑ vs 3,124 last month

78 + week waiters

278

↑ vs 267 last month

98 + week waiters

18

↑ vs 15 last month

104+ week waiters

8

↓ vs 7 last month

Month 6 Performance

Summary Income and Expenditure	September			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Income from Patient Care	72,258	79,794	7,536	437,888	442,274	4,386
Other Operating Income	4,483	7,058	2,575	26,176	29,123	2,947
Total Income	76,741	86,852	10,111	464,064	471,397	7,333
Pay	(46,529)	(52,860)	(6,331)	(284,779)	(288,219)	(3,440)
Non Pay	(26,225)	(30,369)	(4,144)	(155,367)	(161,972)	(6,605)
Total Expenditure	(72,754)	(83,229)	(10,475)	(440,146)	(450,191)	(10,045)
EBITDA	3,987	3,623	(364)	23,918	21,206	(2,712)
Other Non Operating	(3,726)	(3,628)	98	(22,360)	(20,893)	1,467
Surplus / (Deficit)	261	(5)	(266)	1,558	313	(1,245)
EBITDA %	5.2%	4.2%		5.2%	4.5%	
Performance Against CT						
Capital donations I&E impact	(261)	30	291	(1,558)	147	1,705
DHSC Donated Consumables	-	-	-	-	(120)	(120)
Total Non CT Items	(261)	30	291	(1,558)	27	1,585
Performance Against CT	-	25	25	-	339	339
Less gains on disposal of assets	-	(1)	(1)	-	(26)	(26)
Performance for System Purposes	-	24	24	-	313	313

M6 Revenue Headlines

In September, the Trust delivered a small deficit sustaining a cumulative year to date surplus of £0.3m. For the year to date, there is favourable variance of £0.3m against control total.

Key Variances

Whilst the Trust continues to report a favourable position against the breakeven plan, there are a number of key variances

Income reported a significant over delivery in September of £10.1m, £7.3m year to date. The Trust received an additional £14.4m for the year in respect of the pay award (the additional uplift agreed in July), which amounted to £7.2m profiled into the September position. The remaining additional income reported in month related to HEE and R&D monies. As reported in previous months, there is still believed to be a risk related to actual performance in respect of ERF including that of sub-contracted activities (RES); coupled with the fact that baselines are still to be agreed.

On this basis, this risk continues to be factored into the income position along with other risks such as the potential challenge of pass through drug billing.

The adverse variance reported within the pay category predominately relates to the back payment of the pay award for A4C staff. The additional uplift announced in July (roughly 5.5% compared to 3% projected) is not reflected in the Trust's external plan submitted in June. The underlying cost pressures reported in previous months continued in September with the associated premium cost related to the use of agency and the continuation of increased staffing due to the operational pressures and reliance on contingency beds. The plan expected there to be a reduction in COVID-19 with low prevalence through the summer months.

Within non-pay, an adverse variance of £4.1m was reported in September, with a number of key areas impacting. The Trust incurred an additional £1.1m costs in relation to education with a year to date catch up and an annual charge from the ICB for HEE monies. Purchase of healthcare continued and increased with one off agreed costs in Dermatology to support cancer care. There was a year to date adjustment made in respect of the Clacton CDC and lease charges. CIP shortfall continues to contribute £0.7m in month and £4.8m year to date.

Temporary Pay

September reported a reduction in agency spend, relative to August. It accounts for 3.4% of all pay costs (compared to 2.6% in September 2021). Whilst the majority of staff groups' spend remains static, consultants reported the main reduction in spend across a number of divisions most notably in Medicine Colchester due to consultant recruitment.

The Trust continued to exceed the revised agency expenditure limit in September. The graph below details the revised ceiling limits and current spend which highlights an adverse £0.3m in month and £2m YTD. Whilst a number of divisions reported small reductions in spend S,G&A increased in month within consultants and junior doctors.

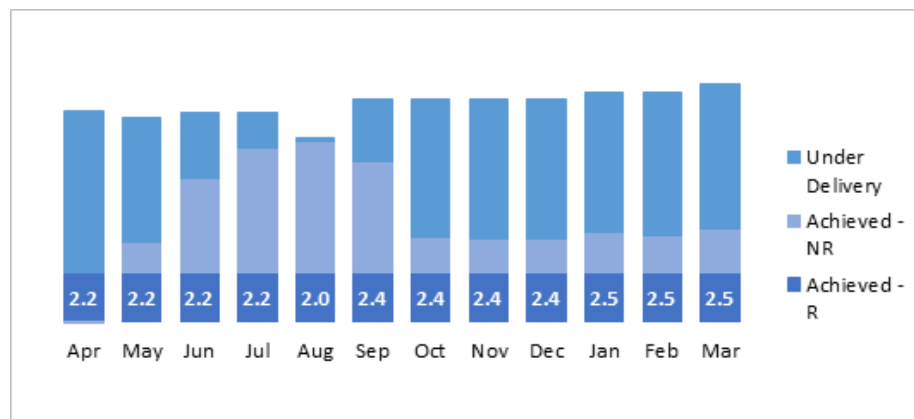
September continued to report an increase in bank spend - this has been an upward trend since May, with £5.4m reported in September of which £0.8m related to the A4C pay award for bank staff and the backdated payment to April. The underlying steady increase continued (£100k per month) with the main area of support within the nursing and midwifery staff group. Key divisions reporting these increases are S,G&A and Medicine Ipswich. With the seasonal variation plans now in place, this is due to continue in the coming months.

2022/23 CIP programme

In-month position

Integrated Pathways and MSK & Specialist Surgery continued to exceed current CIP plans in September, with Cancer & Diagnostics, Surgery & Anaesthetics and Women's & Children's reporting the largest adverse variances in month.

CIP Delivery by Division	September			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	338	222	(116)	2,027	1,375	(652)
Integrated Pathways	186	233	46	1,118	1,165	47
Medicine Ipswich	209	128	(81)	1,001	841	(159)
Medicine Colchester	156	129	(27)	936	696	(241)
MSK and Specialist Surgery	231	239	8	1,354	1,551	197
NEE Community Services	128	117	(10)	767	309	(458)
Surgery, Gastro & Anaesthetics	312	140	(172)	1,738	420	(1,319)
Women's and Children's	271	175	(96)	1,625	834	(791)
Total Operations	1,831	1,382	(449)	10,565	7,190	(3,376)
Estates & Facilities	393	60	(333)	1,679	178	(1,502)
Corporate Services	149	267	117	963	1,027	63
Non Divisional	-	-	-	-	-	-
Total Trust	2,374	1,710	(664)	13,208	8,394	(4,814)



Year to date position

The CIP programme reports a £4.8m adverse variance to plan YTD.

Key variances

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

- Estates & Facilities - £1.5m
- Surgery, Gastro & Anaesthetics - £1.3m

Quality Impact Assessments

At the end of September, against the full year effect target, 42% of CIP has passed QIA, increasing from 40% in August.

£000s

	FYE QIA					QIA/Target
	Target	Idea	PID	DMT	QIA	
Corporate Services	2,149	29	32	0	1,379	64%
Estates & Facilities	3,803	821	42	31	903	24%
Cancer and Diagnostics	4,053	375	123	0	2,240	55%
Medicine Colchester	1,873	174	0	0	521	28%
Medicine Ipswich	1,955	79	0	0	1,000	51%
MSK and Specialist Surgery	2,769	86	78	53	1,600	58%
Surgery, Gastro & Anaesthetics	3,954	0	898	110	1,305	33%
Women's and Children's	3,249	364	0	26	1,049	32%
Integrated Pathways	2,236	295	0	0	1,041	47%
NEE Community Services	1,534	585	0	121	515	34%
Trust Total	27,576	2,809	1,173	341	11,553	42%

22/23 Cash position & Capital

Cash Position

The Trust held cash of £75m at the end of September.

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 June 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 September was 83.8% compared to 86.9% for the same period last year.

A number of drivers for this shortfall have previously been reported and these are all reviewed and monitored in an effort to improve performance. However, as performance against the target is measured cumulatively, it is not expected that there will be a significant improvements for the remainder of the year as previous under performance cannot readily be regained, and would however require performance in excess of the maximum of 100% which can be achieved in any given period.

Capital Expenditure

At the end of September there was an underspend of £22m, of which £3.4m was in month. Consequently, the trust has been required to revisit the plan and report back to NHSEI with a re-profiled capital plan (other trusts are also in this position).

The main driver of YTD underspend is the 'building for better care' developments: Elective Orthopaedic Centre including do max option and enabling works (£11m), emergency reconfiguration (£2m) and Green Surgical Hub (£4m).

Final received costings from MTX informed a paper that went to Board that detailed the costs of the main build development cost increase after partial mitigation through value engineering. Additional enabling works were also advised. The latest MTX update has revised the final cost to £72m compared to original business case value of £63m, with £4m of this £9m gap to be partially offset by contingency and optimism bias. The enabling works require a total of £5.1m funding (worst case). These enabling works will be subject to a separate business case.

Capital Programme	Year to date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	250	356	(106)	1,008	1,130	(122)
Non-Medical Equipment	-	-	-	-	-	-
ICT	190	(47)	237	2,374	2,374	0
Estates & Facilities	500	658	(158)	2,905	3,000	(95)
Building for Better Care	22,653	5,735	16,918	69,869	33,342	36,527
Schemes	9,137	5,762	3,375	24,673	31,464	(6,791)
Right of Use Assets	1,538	217	1,321	3,117	3,231	(114)
PFI Lifecycle Costs	-	-	-	1,161	1,161	-
Total Capital Programme	34,268	12,681	21,587	105,107	75,702	29,405
Note: CDEL						
PFI Lifecycle Costs	-	-	-	(1,161)	(1,161)	-
PFI Residual Interest	369	369	-	738	738	-
Disposals	-	(231)	231	(2,048)	(2,486)	438
Donated	-	(157)	157	(3,369)	(3,526)	157
Net CDEL	34,637	12,662	21,975	99,267	69,267	30,000

Green Surgical Hub at Ipswich continues to slip against plan linked to delay in TIF decision and other delays that have occurred for Ipswich UTC.

Other slippage YTD on schemes £3m - most significant being on Breast Care (£1.3m), Child Health (£1m) and Ipswich UTC Enabling Works (£1.1m).

In discussion with regional colleagues, it was agreed to report a forecast under spend of £30m in order to progress discussions with the national team.

22/23 Elective Recovery Fund

ERF M1-6

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 2022/23. Baselines are adjusted for working days between years (M-F, excluding bank holidays)

Final baselines are awaiting national re-costing for national confirmation.

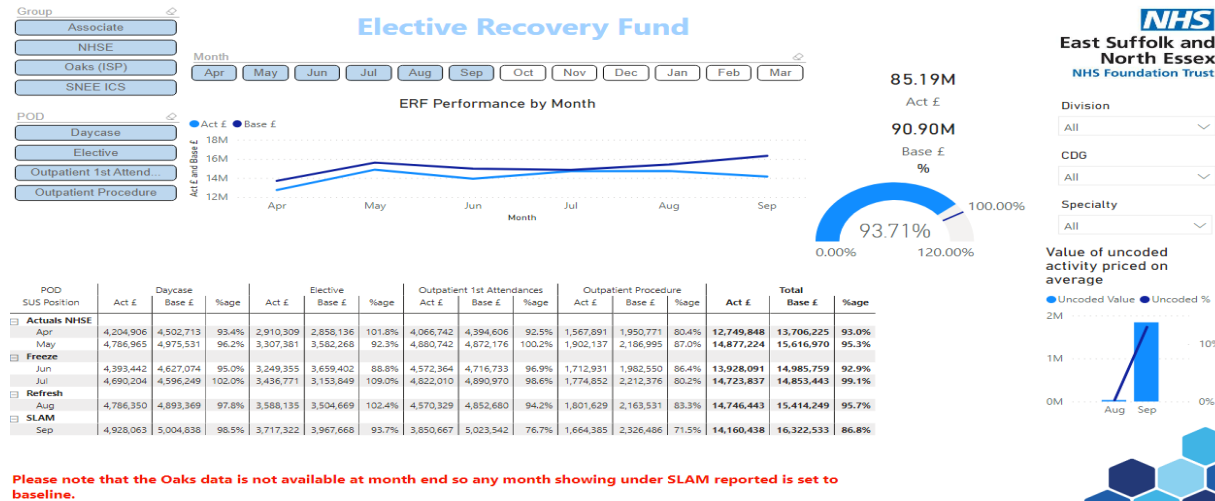
Internally, we have re-costed the baseline using the available tariff, but will adjust to final national baselines if need be when provided (date tbc)

Actuals for Month 1-2 provided in draft from national teams, internal calculations reconciled to these. 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



Please note that the Oaks data is not available at month end so any month showing under SLAM reported is set to baseline.

To date, ERF for M1-6 is calculated at 93.7% of cost-weighted 19/20 elective patient care

- April – July (Fixed) 95.1%, £2.9m short of baseline, £5.2m short of 104%
- Aug – 95.7%, £0.7m short of baseline, £1.3 m short of 104% (98.3% excluding RES)
- Sept – 86.8%, £2.2m short of baseline, £2.8 m short of 104% (86.0% excluding RES)
- Total – 93.7%, £9.3m short of 104% (95.3% excluding RES – set at baseline in month 6 - £4.8m 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 (including RES contract):

Row Labels	Actual	Baseline	Gap to Baseline	Gap to 104%	%
Apr - Jul	£56,279,000	£59,162,398	(£2,883,398)	(£5,249,894)	95.1%
Aug	£14,746,443	£15,414,249	(£667,806)	(£1,284,376)	95.7%
Sep	£14,160,438	£16,322,533	(£2,162,095)	(£2,814,996)	86.8%
Grand Total	£85,185,881	£90,899,180	(£5,713,299)	(£9,349,266)	93.7%

Workforce Dashboard

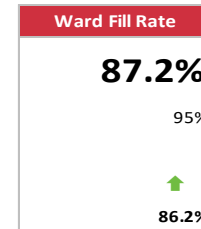
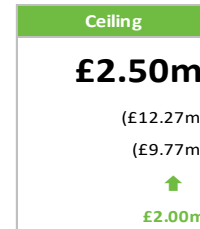
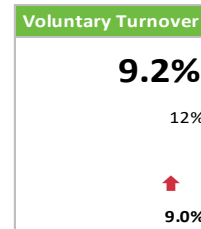
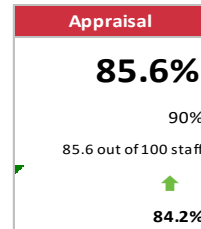
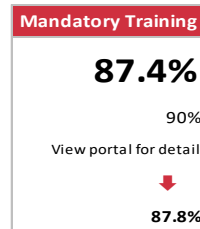
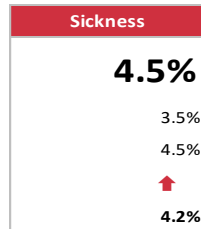
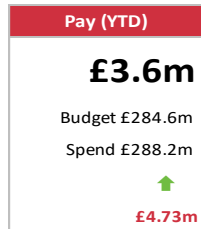
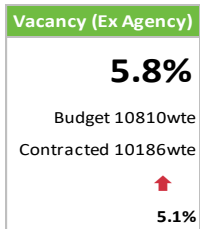
September 2022

Trust Level

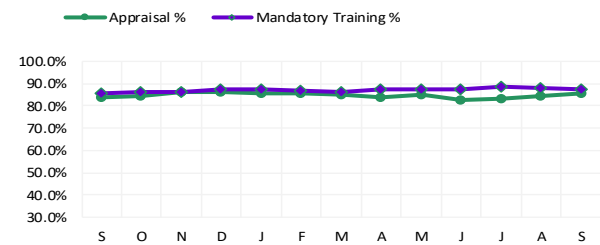
Key Metrics

Performance

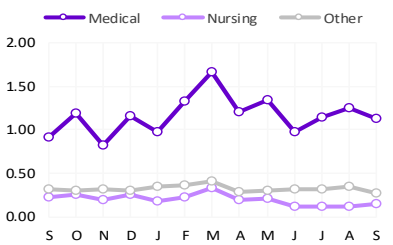
Target
Achieved
Vs Prior Month
Prior Month



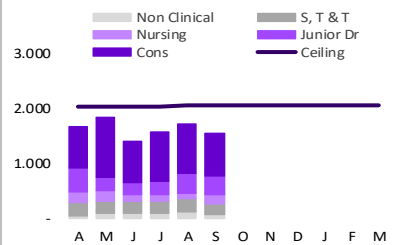
Appraisals & Mandatory Training Compliance %



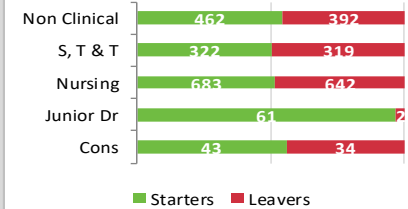
Agency Trends (ex Locum) £m



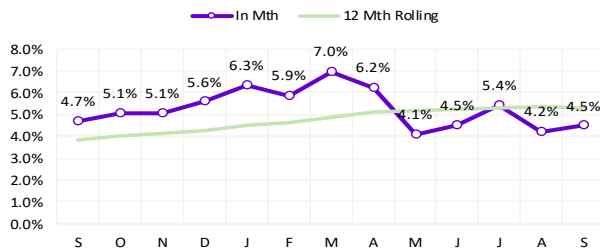
Agency Ceiling £m



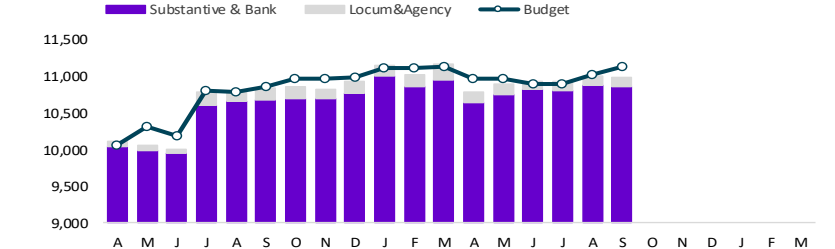
Starter - Leavers (12Mth Rolling) Headcount



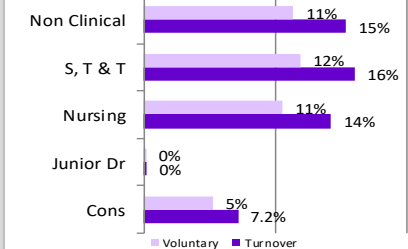
Sickness %



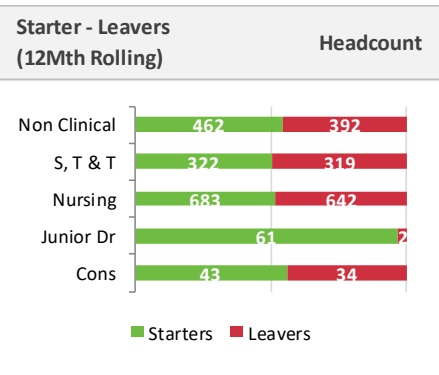
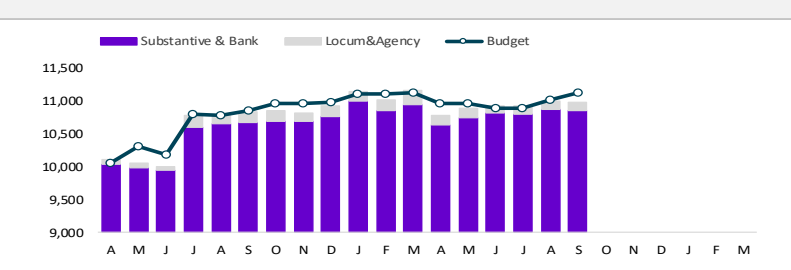
Workforce Trends wte



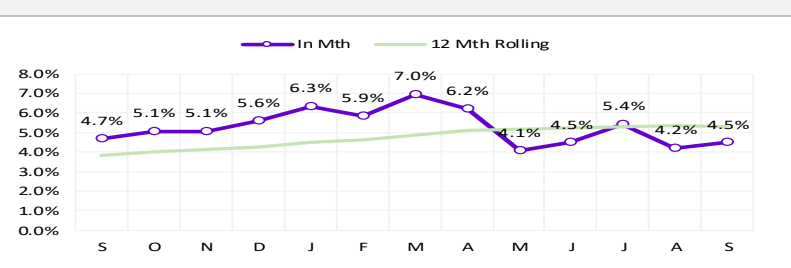
Turnover by Staff Group Headcount



Workforce Trends wte



Sickness %



Commentary

Recruitment

In September, the number of staff in post increased to 10,186 WTE (August 10,128). The Trust continues to have more starters than leavers overall in the majority of clinical groups. The Trust's rolling voluntary turnover for September was 9.2% (August 9.0%)

110.53wte (129 headcount) offers were made (non medical offers)

72 Newly Qualified Nurses , 7 ODP's, 15 Therapists and 7 Radiographers will join ESNEFT substantively during September/ October.

International recruitment: Apr 2022 – March 2023 - 144 RNs to commence. 26 International nurses due to arrive during October. 4 Community based International Nurses have been appointed, 2 estimated to arrive in October. 1 International Midwife arrived in September.

Consultant vacancies have increased to 41 WTE due to leavers and recovery posts. 17 Consultants are currently progressing through on-boarding. There are 4 SAS vacancies.

Sickness

Sickness absence increased in September to 4.5%, from 4.2% in August and remains above the target of 3.5%. This increase is likely due to a increase in coughs/colds/flu which includes COVID-19 sickness.

The number of FTE days lost due to sickness remains higher for short term sickness (25.32%) than long term sickness (45.85%).

There has been a slight increase in sickness due to stress, anxiety and depression which is likely to be due to cost of living increases.

Risks & Mitigating Actions

Recruitment, Resourcing and Planning

There has been an increase in the number of vacancies to 5.8% (from 5.1% in August) due to adding the seasonal variation headcount increase

International AHPs: 4 due to arrive November. Occupational Therapist candidates being sourced.

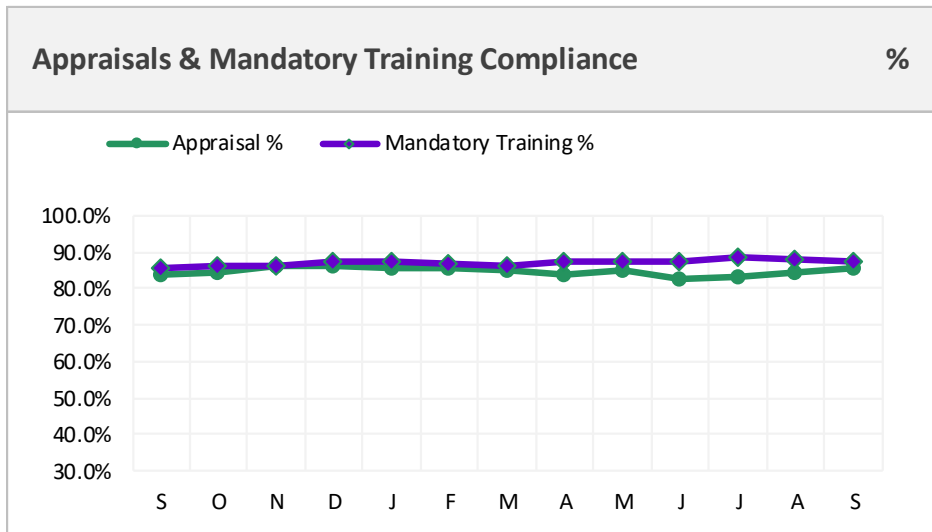
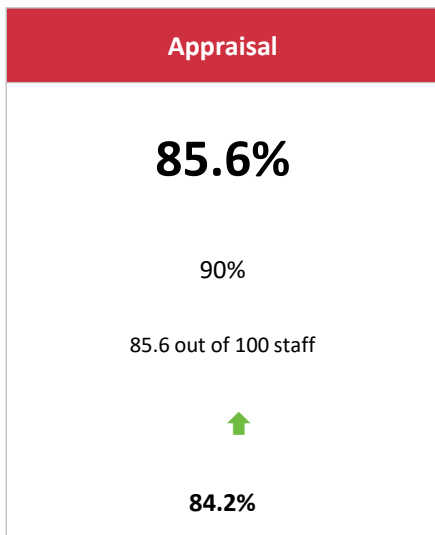
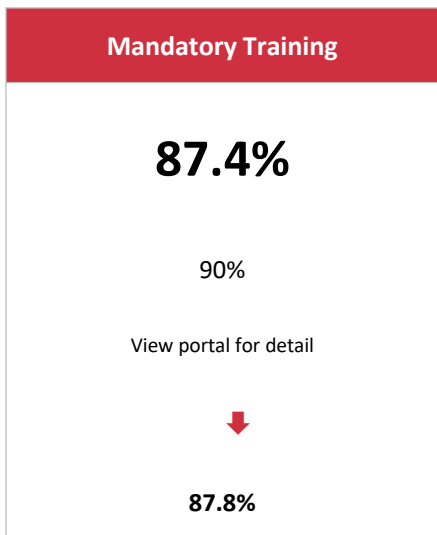
Agency spend M06 @ £1.5m of which £1.1m was spent on Medical Locums. Direct engagement VAT savings (Medical) is £437k YTD (M06 £71k). Rate adherence to EoE agreed medical pay rates is at 42% of bookings (Regional average @ 31%). Bank spend in M06 was at £5.4m, above the monthly average of £4.2m due to AfC back pay being processed.

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

Sickness

The sickness review group continues to meet on a monthly basis and includes a focus to staff who have been absent over 3 months as well as complex cases.

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.



Commentary

Mandatory Training

September’s compliance rate decreased to 87.4%, from 87.8% in August.

Mandatory training is a standard agenda item for the DAM meetings, divisional governance meetings and ward to board discussion. In addition, pilot of RQI life support training – a deep dive and implementation plan requested from the project group; and additional sessions for Conflict Resolution Level 2 combining that training with Clinically Concerning Behaviour agreed and in place.

Face to face delivery is being significantly impacted due to the constructions issues in Villa 8 on the CH site. The Learning and Development team are working with other trust education providers to look at alternative venues. A plan detailing capacity needed for training that must remain onsite is underway.

Appraisal

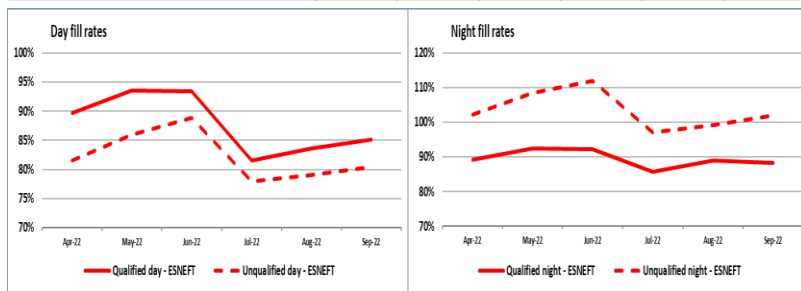
September’s compliance rate increased to 85.6%, from 84.2% in August.

Weekly appraisal bite size training sessions are continuing and the management essential module “121 conversation and appraisal” continues to be run monthly.

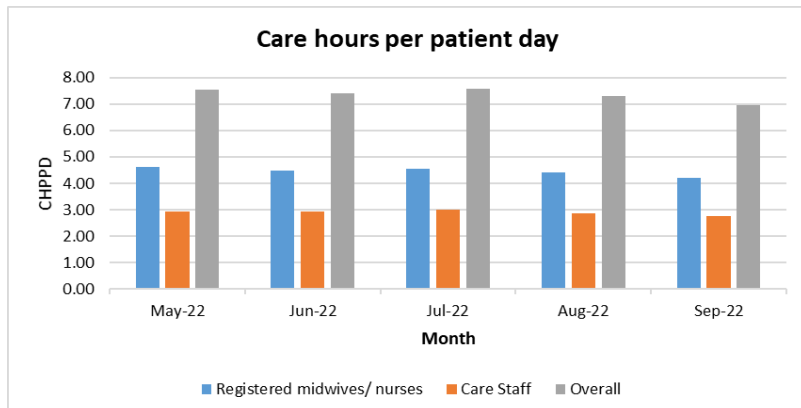
Nursing, Midwifery and AHP Workforce Update

Fill Rates (including care hours per patient day)

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Qualified day - ESNEFT	89.6%	93.5%	93.4%	81.5%	83.6%	85.1%
Qualified night - ESNEFT	89.2%	92.4%	92.3%	85.7%	88.9%	88.1%
Unqualified day - ESNEFT	81.6%	86.0%	88.8%	77.9%	79.0%	80.4%
Unqualified night - ESNEFT	102.1%	108.4%	112.0%	97.2%	99.2%	102.0%
Overall (average) fill - ESNEFT	89.3%	93.5%	94.6%	84.0%	86.2%	87.2%



Care hours per patient day	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Registered midwives/ nurses	4.62	4.47	4.56	4.42	4.20
Care Staff	2.92	2.95	3.00	2.87	2.77
Overall	7.55	7.41	7.56	7.29	6.96



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

ESNEFT are submitted an application to the regional team in relation to INR for January to March 2023. It is proposed that we would host 24 INR for this period.

We are on boarding 24 INR for November and all have been placed.

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.

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.

Risks & Mitigating Actions

Annual Safer staffing review:

The inpatient biannual acuity and dependency audits have been completed. Staffing review meetings have been finalised with the 79 departments. The acuity review has been approved at the People and Organisational Development Assurance Committee prior to approval at the Board of Directors in November.

The senior nursing team have responded to the staffing levels across the organisation and have revised the saferstaffing/ safecare SOP to ensure that 3 times a day censuses are completed to provide greater clarity on the staffing position of the Trust. The team are currently revising the phasing escalation paper in preparation for seasonal pressures.

The senior nursing team are working closely with NHSP and HR to greater understand the number of cancellations and reasons for this to undertake a deep dive to minimise this to support the organisations staffing position.

The Deputy Chief Nurse is undertaking proactive conversations with regional colleagues to understand the roles and responsibilities of a safecare lead and the benefits for the organisation with a view to having a similar role at ESNEFT.

We are working with the Divisions to cascade CNSST to our community services.

HCA retention

ESNEFT are hosting the first HCA taster days in November in response to ensuring potential candidates are provided with a real life experience into the role of the HCA with the provision to undertake numeracy and literacy tests, proceeding to interview where appropriate.

Our first HCSW celebratory event is also being hosted this month.

POD Profiles - Trust Level

	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
All Staff													
Headcount	11,399	11,419	11,400	11,372	11,552	11,589	11,637	11,613	11,606	11,630	11,679	11,851	11,807
Establishment (including agency)	10,858	10,960	10,970	10,990	11,113	11,113	11,132	10,967	10,970	10,888	10,891	11,018	11,127
In post	9,874	9,929	9,925	9,922	9,996	10,020	10,029	10,028	10,018	10,053	10,194	10,128	10,186
Vacancy	984	1,031	1,046	1,067	1,116	1,094	1,103	939	952	835	697	889	941
Vacancy %	9.1%	9.4%	9.5%	9.7%	10.0%	9.8%	9.9%	8.6%	8.7%	7.7%	6.4%	8.1%	8.5%
Establishment (excluding agency)	10,428	10,551	10,582	10,548	10,600	10,613	10,779	10,529	10,588	10,578	10,632	10,671	10,810
Vacancy (excluding agency)	553	621	658	625	603	593	750	500	570	525	438	542	624
Vacancy % (excluding agency)	5.3%	5.9%	6.2%	5.9%	5.7%	5.6%	7.0%	4.8%	5.4%	5.0%	4.1%	5.1%	5.8%
Turnover													
¹ Turnover (12 Month)	12.9%	12.5%	12.7%	12.8%	13.0%	13.0%	13.2%	12.5%	12.4%	12.0%	12.1%	12.0%	12.3%
¹ Voluntary Turnover (12 Month)	8.0%	8.2%	8.5%	8.7%	8.9%	9.0%	9.2%	9.3%	9.4%	9.0%	9.1%	9.0%	9.2%
¹ Starters (to Trust)	152	139	128	84	163	112	137	129	97	114	132	159	177
¹ Leavers (from Trust)	117	125	116	113	107	83	147	116	102	95	125	117	143
Sickness													
% In Mth	4.7%	5.1%	5.1%	5.6%	6.3%	5.9%	7.0%	6.2%	4.1%	4.5%	5.4%	4.2%	4.5%
WTE Days Absent In Mth	13,775	15,464	14,999	17,039	19,430	16,277	21,537	18,592	12,564	13,425	16,810	13,134	13,479
Mandatory Training & Appraisal Compliance													
Mandatory Training	85.9%	86.1%	86.2%	87.4%	87.6%	87.1%	86.3%	87.3%	87.4%	87.2%	88.4%	87.8%	87.4%
Appraisal	83.9%	84.7%	86.3%	86.0%	85.8%	85.4%	84.8%	83.9%	85.3%	82.6%	83.0%	84.2%	85.6%
Temporary staffing as a % of spend													
Substantive Pay Spend	39,976	39,383	40,006	39,419	40,414	40,995	42,240	40,712	41,264	41,305	40,232	41,591	45,661
Overtime Pay Spend	163	150	174	173	174	161	156	221	176	167	162	163	233
Bank Pay Spend	4,144	4,404	3,958	3,692	6,005	4,371	4,815	4,024	3,996	4,310	4,343	4,475	5,414
Agency Pay Spend	1,447	1,737	1,323	1,703	1,490	1,927	2,410	1,679	1,848	1,400	1,572	1,718	1,552
Total Pay Spend	45,730	45,674	45,461	44,988	48,084	47,454	49,621	46,636	47,284	47,182	46,309	47,947	52,860
Agency & Bank %	12.2%	13.4%	11.6%	12.0%	15.6%	13.3%	14.6%	12.2%	12.4%	12.1%	12.8%	12.9%	13.2%
Agency %	3.2%	3.8%	2.9%	3.8%	3.1%	4.1%	4.9%	3.6%	3.9%	3.0%	3.4%	3.6%	2.9%
Nurse staffing fill rate													
% Filled	91.0%	87.8%	91.0%	89.5%	86.7%	89.4%	87.8%	89.3%	93.5%	94.6%	84.0%	86.2%	87.2%

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,105	3,132	3,168	3,197	3,241	3,223	3,238	3,149	3,122	3,094	3,105	3,140	3,177
In post	2,878	2,919	2,925	2,923	2,919	2,953	2,987	2,967	2,976	2,979	2,988	3,003	3,009
Vacancy	227	213	243	275	322	270	251	182	145	115	117	137	168
Vacancy %	7.3%	6.8%	7.7%	8.6%	9.9%	8.4%	7.8%	5.8%	4.7%	3.7%	3.8%	4.4%	5.3%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,508	1,524	1,523	1,534	1,553	1,529	1,537	1,504	1,504	1,493	1,497	1,497	1,540
In post	1,454	1,481	1,470	1,464	1,441	1,456	1,466	1,478	1,476	1,472	1,483	1,492	1,486
Vacancy	54	43	54	70	112	73	71	26	29	21	15	4	54
Vacancy %	3.6%	2.8%	3.5%	4.6%	7.2%	4.8%	4.6%	1.7%	1.9%	1.4%	1.0%	0.3%	3.5%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,316	1,328	1,332	1,340	1,399	1,358	1,378	1,341	1,351	1,306	1,294	1,329	1,365
In post	1,189	1,163	1,153	1,171	1,192	1,137	1,171	1,158	1,142	1,146	1,142	1,139	1,128
Vacancy	126	165	179	170	207	221	207	183	209	160	152	191	238
Vacancy %	9.6%	12.4%	13.5%	12.7%	14.8%	16.3%	15.0%	13.7%	15.5%	12.2%	11.7%	14.3%	17.4%
Consultants													
Establishment (including agency)	524	516	521	521	523	512	519	517	512	512	512	510	511
In post	437	438	436	434	433	438	443	448	444	445	449	457	456
Vacancy	87	78	85	88	90	74	75	70	67	68	64	54	55
Vacancy %	16.6%	15.2%	16.3%	16.8%	17.3%	14.5%	14.5%	13.5%	13.1%	13.2%	12.4%	10.5%	10.8%
Junior Medical													
Establishment (including agency)	736	736	731	734	742	744	745	735	739	731	730	750	786
In post	714	708	699	687	700	712	707	695	707	703	699	832	756
Vacancy	22	29	32	47	43	32	38	39	32	29	32	(82)	30
Vacancy %	3.0%	3.9%	4.3%	6.4%	5.7%	4.3%	5.1%	5.4%	4.3%	3.9%	4.3%	-10.9%	3.8%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,111	2,093	2,101	2,115	2,115	2,141	2,156	2,153	2,155	2,191	2,170	2,172	2,166
In post	1,907	1,929	1,934	1,922	1,897	1,959	1,920	1,945	1,938	1,953	1,959	1,957	1,996
Vacancy	204	163	167	193	218	182	236	208	217	238	211	216	170
Vacancy %	9.6%	7.8%	7.9%	9.1%	10.3%	8.5%	10.9%	9.7%	10.1%	10.9%	9.7%	9.9%	7.9%

2WW	2 Week Wait	FGR	Fetal Growth Restriction	NMPA	National Maternity and Perinatal Audit
A/L	Annual Leave	FOI	Freedom of Information	NNU	Neonatal Unit
ADO	Associate Director of Operations	FTE	Full Time Equivalent	NRLS	National Reporting and Learning System
AF	Accountability Framework	GAP	Growth Assessment Protocol	OMFS	Oral & Maxillofacial Surgery
AMD	Associate Medical Director	GM	General Manager	OPD	Outpatient department
AMPH	Approved Mental Health Professionals	H1	Half 1	PALS	Patient Advice and Liaison Service
AMSDEC	Acute Medical Same Day Emergency Care	HALO	Hospital Ambulance Liaison Officer	PAS	Patient Administration System
ANDU	Antenatal Day Unit	HEE	Health Education England	PDM	Practice Development Midwife
ATAIN	Avoiding Term Admissions Into Neonatal Units	HOHA	Healthcare Onset Healthcare Associated	PICC	Peripherally Inserted Central Catheter
BAU	Business as Usual	HRBP	HR Business Partner	PMRT	Perinatal Mortality Review Team
BI	Business Informatics	HSIB	Healthcare Safety Investigation Branch	PPH	Postpartum haemorrhage
C&D	Cancer & Diagnostics	HSMR	Hospital Standardised Mortality Ratio	PPROM	Preterm Premature Rupture Of Membranes
CAD	Computer Aided Dispatch	HVLC	High Volume Low Complexity	PROMPT	Practical Obstetric Multi-professional Training
CCG	Clinical Commissioning Group	I&E	Income & Expenditure	PSII	Patient Safety Incident Investigation
CCU	Critical Care Unit	ICB	Integrated Care Board	PSIRP	Patient Safety Incident Response Plan
CDC	Community Diagnostic Centres	ICPLDL	Integrated Care Plan for Last Days of Life	PSR	Patient Safety Response
CDEL	Capital Departmental Expenditure Limit	IEA	Immediate and Essential Actions	PTL	Patient Tracking List
CDG	Clinical Delivery Group	IES	Ipswich & East Suffolk	PW1	Pathway 1
CDH	Community Diagnostic Hub	IH	Ipswich Hospital	Q&A	Question & Answer
CGH	Colchester General Hospital	IP&C	Infection Prevention & Control	QI	Quality Improvement
CIP	Cost Improvement Plan	IPC	Infection Prevention & Control	QIA	Quality Impact Assessment
CLC	Consultant Led Care	IPH	Ipswich Hospital	QPS	Quality & Patient Safety Committee
CMO	Chief Medical Officer	ITU	Intensive Treatment Unit	RCA	Root Cause Analysis
CNST	Clinical Negligence Scheme for Trusts	K2	Learning Package for Midwives	RCOG	Royal College of Obstetrics & Gynaecology
CO	Carbon monoxide	KPI	Key Performance Indicator	RN	Registered Nurse
COC	Continuity of Care	LD	Learning Disabilities	RTT	Referral to Treatment
COHA	Community Onset Healthcare Associated	LFT	Lateral Flow Test	SALT	Speech and Language Therapy
CQC	Care Quality Commission	LGI	Lower Gastrointestinal	SBLCBv2	Saving Babies Lives Care Bundle v2
CS	Caesarean section	LLOS	Long length of stay	SG&A	Surgery, Gastroenterology & Anaesthetics
CT	Computerised Tomography	LMNS	Local Maternity and Neonatal System	SHMI	Summary Hospital Mortality Indicator
CTG	Cardiotocography	LMNSB	Local Maternity and Neonatal System Board	SMART	Specific, Measurable, Attainable, Relevant, Timely
CUSUM	Cumulative Sum	LOS	Length of Stay	SNEE	Suffolk & North East Essex
DAM	Divisional Accountability Meeting	MDT	Multidisciplinary Team	SOF	Single Oversight Framework
DEXA	Dual energy X-ray absorptiometry	MH	Mental health	SOP	Standard Operating Procedure
DFI	Doctor Foster Intelligence	MHLT	Mental Health Liaison Team	SVP	Single View of Patient
DM01	Diagnostics Waiting Times and Activity	MIS	Maternity Incentive Scheme	TIF	Targeted Investment Fund
DMT	Divisional Management Team	MLC	Midwifery Led Care	UAD	Uterine Artery Doppler
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	MSDS	Maternity Services Data Set	UGI	Upper Gastrointestinal
DOC	Duty of Care	MSK	Musculoskeletal	UTC	Urgent Treatment Centre
EBED	Every Birth Every Day	MUST	Malnutrition Universal Screening Tool	VBAC	Vaginal Birth After Caesarean
EOE	East of England	MVP	Maternity Voices Partnership	VTE	Venous thromboembolism
EOL	End of Life	NBM	Nil By Mouth	W&C	Women's & Children's
EPIC	Electronic Health Records	NEECS	North East Essex Community Services	WSFT	West Suffolk Foundation Trust
EPUT	Essex Partnership University NHS Foundation Trust	NG	Nasogastric	WTE	Whole Time Equivalent
ERF	Elective Recovery Fund	NHSP	NHS Professionals	YTD	Year to Date
FDS	Faster Diagnosis Standard	NHSR	NHS Resolution		
FFT	Friends and Family Test	NICU	Neonatal Intensive Care Unit		