



Month 8
(November)



East Suffolk and
North Essex
NHS Foundation Trust

Performance report

East Suffolk and North Essex NHS Foundation Trust
Board of Directors

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This month's performance report provides detail of the November 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 October's performance were cancelled in December due to operational pressures.

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	Sep-22	Oct-22	Nov-22	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	127	130	129	↓		Overall complaints numbers for ESNEFT in November were 129. There were no high level complaints recorded in month. Colchester reported 75 (72) complaints and Ipswich reported 54 (58).
Occurrence of any Never Event	Safe	M	0	0	0	0	→		
Mixed sex accommodation breaches	Caring	M	0	125	182	143	↓		The high number recorded has been added to divisional risk registers.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	91.3%	91.3%	92.3%	↑		
A&E scores from Friends and Family Test – % positive	Caring	M	90%	82.7%	78.3%	76.0%	↓		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	100.0%	96.8%	96.0%	↓		
- % Recommending - postnatal	Caring	M	90%	95.6%	97.1%	93.8%	↓		
VTE Risk Assessment	Safe	M	95%	N/R	N/R	N/R	→		VTE Risk Assessments are not currently being reported. A review of the methodology is underway.
Incidences of Clostridium Difficile infection	Safe	M	9	15	22	5	↓		There were 5 C.difficile cases reported in November. 3 of these were in Ipswich (3 HOHA, 0 COHA) and 2 cases were at Colchester hospital (2 HOHA, 0 COHA). There are a total of 84 cases against the threshold of 102 for 22/23
MRSA bacteraemias	Safe	M	0	0	1	0	↓		
HSMR (DFI Published - By Month Data Available)	Effective	Q	100	108.1	108.4	107.2			
HSMR Weekend (By Month Data Available)	Effective	Q	100	108.9	107.8	105.3			
Summary Hospital Mortality Indicator	Effective	Q	1.00	1.07	1.07	1.07	↓		12 mths to June 2022. This is 'as expected' when compared to the previous annual position (May 2022 data) of 1.07.

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Sep-22	Oct-22	Nov-22	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	75.0%	67.4%	67.6%	↑		A&E waiting time performance based on economy. Performance for November 2022 was 72.5% for NEE, and 58.6% 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%	62.0%	60.9%	61.4%	↑		
<i>All cancers – maximum 62-day wait for first treatment from:</i>									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	69.9%	67.9%	69.9%	↑		
- NHS cancer screening service referral	Responsive	M	90.0%	79.0%	84.9%	86.1%	↑		Screening service performance snapshot as reported in Accountability Framework taken at 21st December 2022. The October position has now been validated, the November data will be validated for the December data release.
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	17.6%	15.2%	9.8%	↓		

Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Sep-22	Oct-22	Nov-22	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	4.5%	5.5%	5.0%	↓		Short term sickness 3.01%, long term sickness 2.04%
Staff turnover	Well-led	M	<i>tbc</i>	9.2%	9.0%	8.9%	↓		Voluntary turnover.
Executive team turnover	Well-led	M	<i>tbc</i>	0	0	0	→		
Proportion of temporary staff	Well-led	Q	<i>tbc</i>	2.9%	3.4%	3.2%	↓		Agency staff 3.2%. Bank & Agency staff 12.7%.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(6,548)	(5,952)	(6,334)	↑		

Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Sep-22	Oct-22	Nov-22	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	2	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 November, the Trust delivered a small deficit (£30k), 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 again remained unchanged (they have not moved since 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	Sep-22	Oct-22	Nov-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 7 (October performance)

Clinical divisions performance

Divisional Accountability Meetings to discuss October's performance were cancelled in December due to operational pressures.

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

The AF aggregated score remained static for six of the eight Clinical Divisions. The aggregated score deteriorated to a 2 for Medicine (Ipswich). Women's & Children's improved their position to an aggregated score of 2.

Performance against UR70 - FYE CIP QIA% completed metric dropped in month 7 across divisions due to a change in definition for this metric (reviewed and approved by Informatics Programme Group). Performance was previously measured against FYE CIP forecast and it has now changed to be measured against FYE CIP Target.

Corporate performance

The meetings to review M7 Corporate Services performance were also cancelled due to operational pressures.

- Finance, HR, Medical Director and Research & Innovation met the Trust's 3.5% absence target. Nursing reported the highest absence with 6.55% reported in October.
- The majority of the corporate directorates were compliant with mandatory training in month 7, apart from Medical Director and Operations.
- FYE CIP delivery remains a concern though it improved in October. Both Estates & Facilities and Finance improved their adverse positions, whilst Nursing and Operations maintained their adverse positions. All other directorates are on plan.
- Performance against UR70 - FYE CIP QIA% completed metric dropped in month 7 across corporate services as noted above for clinical divisions.

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

Score Rating	1 Inadequate	2 Requires Improvement	3 Good	4 Outstanding
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Aggregated AF Score Classification Explained

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

Mortality Ratios - Data Sources DF Intelligence (Telstra Health)

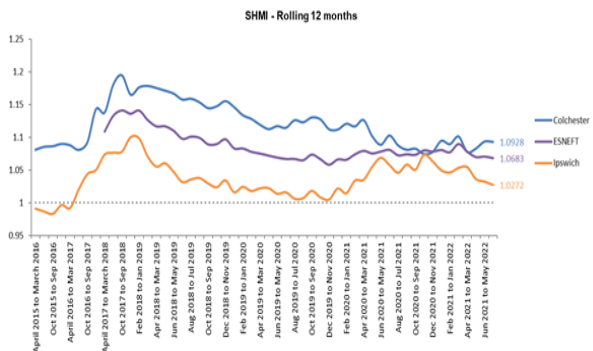
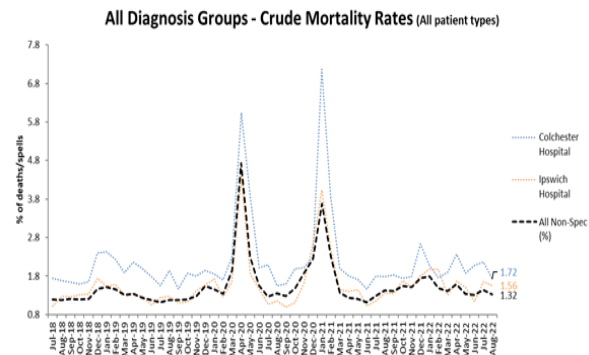
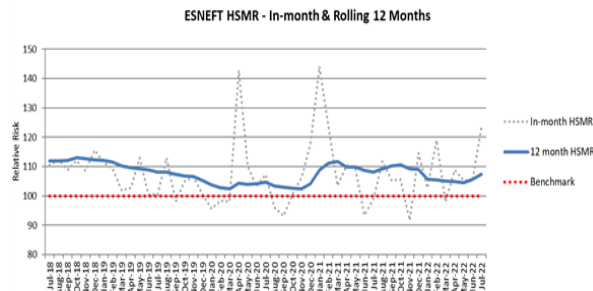
Summary

ESNEFT 12-mth HSMR to July 2022, 107.4 'higher than expected'.

ESNEFT all-diagnoses (SMR) to July 2022, 107.5 'higher than expected'.

The ESNEFT crude death rate in the HSMR pot was below the average for national acute non-specialist trusts.

ESNEFT SHMI to June 2022 1.0683 'as expected' but crude non-elective spells are significantly higher than the national average.



Dr Foster Summary

12 month rolling data except where specified		ESNEFT	IPS	COL
Aug 22	HSMR – incomplete EXCLUDES C-19 ON ADMISSION	▼ 107.5	▼ 114.9	▼ 104.5
Jul 22	HSMR in-month EXCLUDES C-19 ON ADMISSION	123.5	126.7	126.6
12 mths to Jul 2022 – complete coding	HSMR EXCLUDES C-19 ON ADMISSION	▲ 107.4	▲ 116.4	▲ 103.7
	HSMR Lower confidence limit EXCLUDES C-19 ON ADMISSION	▲ 103.2 Outlier	▲ 109.8 Outlier	▲ 98.0 As expected
	HSMR NO C-19 PATIENTS	▲ 104.4	▲ 114.1	▼ 99.8
	HSMR Lower confidence limit NO C-19 PATIENTS	▲ 100.1 Outlier	▼ 105.5 Outlier	▼ 94.1 As expected
	HSMR Death rate (nat. 3.1% ▼)	▼ 2.9%	▼ 2.8%	▼ 3.2%
	All diagnosis groups INCLUDES C-19 DURING ADM	▲ 107.5	▲ 115.2	▲ 104.0
	Lower confidence limit (all)	▲ 103.8 Outlier	▲ 109.4 Outlier	▲ 99.1 As expected

Reporting is to the penultimate month of publication owing to partial coding; however, the Colchester Clinical Coding team is now matching the Ipswich model and is coding the majority of discharges by the SUS reconciliation inclusion date. In August there were only 121 spells/2 deaths for Colchester and 62 spells for Ipswich with 0 deaths not coded by the first deadline.

Weekend/Weekday HSMR Admissions

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

SHMI – 12 months to June 2022

ESNEFT – ▼1.0683– 'as expected'
Ipswich acute ▼1.0272 – 'as expected'
Colchester acute – ▼1.0928 'as expected'

SHMI contextual Indicators

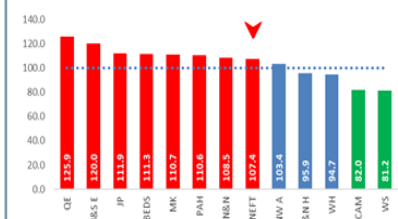
	ESNEFT	NAT
Palliative spells	2.3%	1.9%
Palliative deaths	35%	40%
Crude NEL mortality*	4.3%	3.4%
Mean coding depth	6.1	5.7
% in-hospital deaths	65%	68%
Spells pre/post C-19	88%	88%
EL spells pre/post C-19	86%	78%
NEL spells pre/post	88%	89%

*ESNEFT range since 2019 4.2-4.4%
National range since 2019 3.3-3.5%

Regional Peer Group

The Trust is 1 of 8 in the regional peer group with a 'higher than expected' relative risk; 3 are 'as expected' and 2 are 'better than expected'.

HSMR 12 Months to July 2022

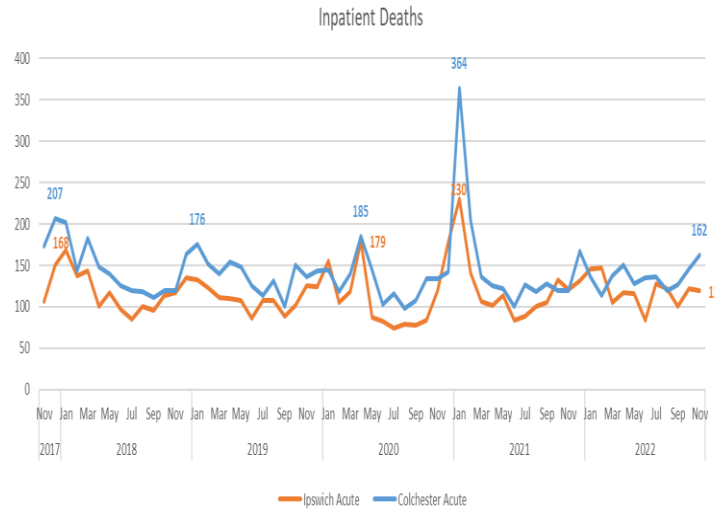


Mortality Trend Data – All Inpatients

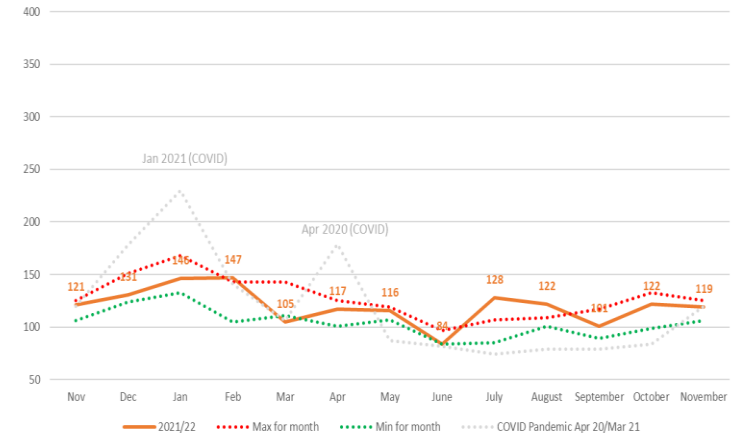
November 2022

- 281 inpatient deaths (268 in October) – at upper ends of seasonal ‘norms’.
- 27 deaths in EDs (28 deaths in October).

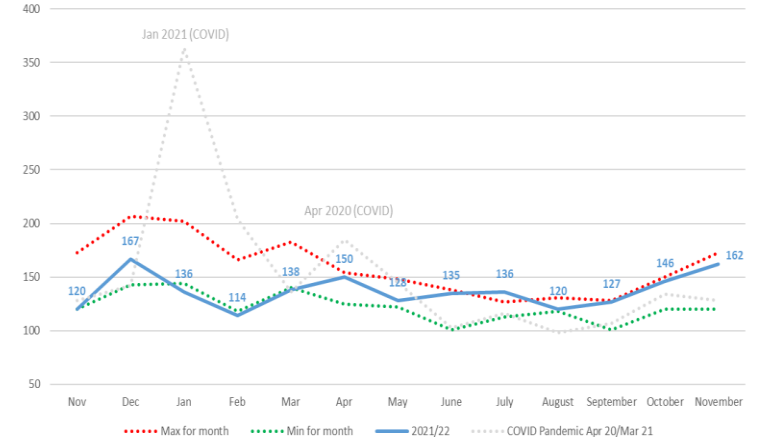
NB patients who die in the ED may be palliative on arrival and not moved on compassionate grounds.



Ipswich Hospital 'Excess' Inpatient Deaths 2017 - 2022
(Max & Min exclude COVID-19 pandemic months)



Colchester Hospital 'Excess' Inpatient Deaths 2017 - 2022
(Max & Min exclude COVID-19 pandemic months)



(IP = inpatient)	Partial Nov 22 No. Deaths	Nov 21 No. deaths	Rolling 12 mths avg
Ips acute IP	119 (122)	121	120
Col acute IP	162 (127)	120	135
Ips ED	8 (11)	6	9
Col ED	19 (17)	12	14

Figure in brackets = previous month

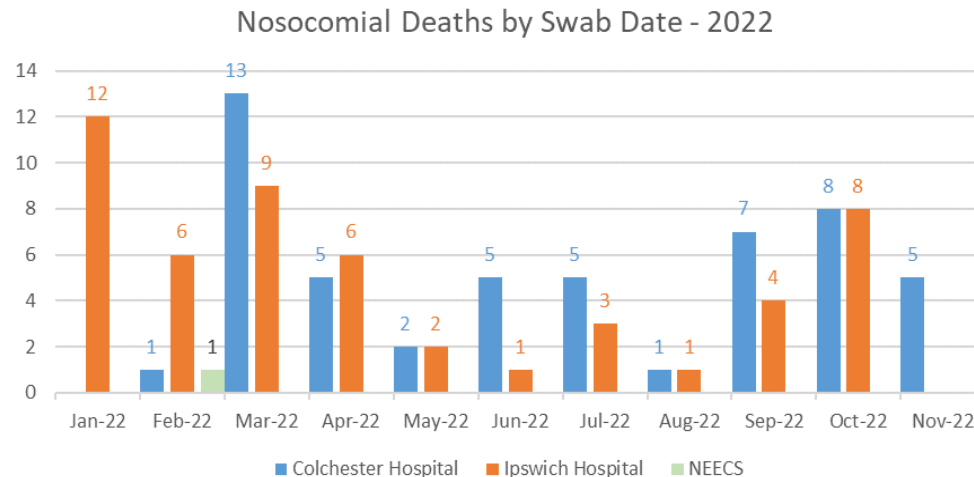
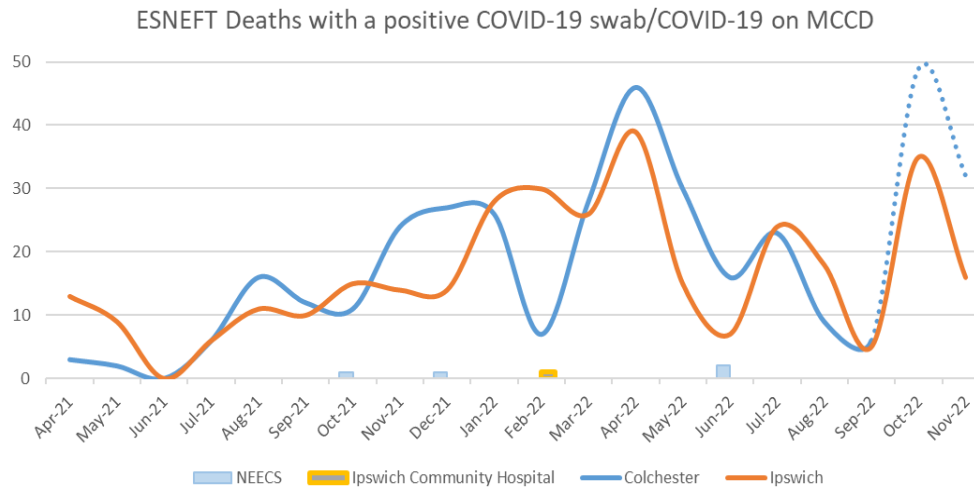
Mortality: COVID-19 & *Nosocomial COVID-19

November 2022

More than 48 patients died in November with a COVID-19+ Swab/COVID-19 on the MCCD (16 reported and ~32 Colchester patients under review, bringing the total to 51 to be reported to the national data set)

**A positive COVID-19 swab taken 8 days or more after admission where COVID-19 was cited on the MCCD (death certificate)*

(NB from 4/8/22 to 1/11/22, the swabbing protocol was revised – swabs only taken after day 5 of admission if patient symptomatic/ being discharged to residential/ healthcare setting. From 1/11/22, swabbing on admission of asymptomatic patients was reinstated.)



There were no Ipswich reported nosocomial deaths in November. Some of this can be attributed to fewer patients at Ipswich having COVID-19 on the MCCD – e.g. for October this was 22 patients compared to 37 at Colchester, i.e. there were nosocomial infections which did not appear on the death certificate as being contributory.

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
Oct-22	47 (~49)	35	82 (~84)
Nov-22	15 (~32)	16	31 (~48)

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
Oct-22	13	12	25
Nov-22	6	0	6

For the 6 patients who died in October, COVID-19 was the primary cause of death for 4 patients.

Mortality: Stillbirths & Perinatal Mortality (October data)

October 2022 - Provisional Data

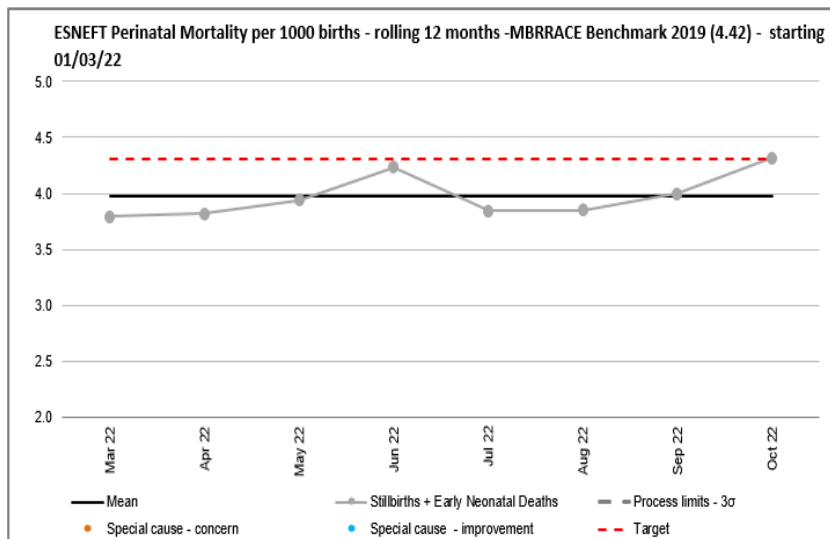
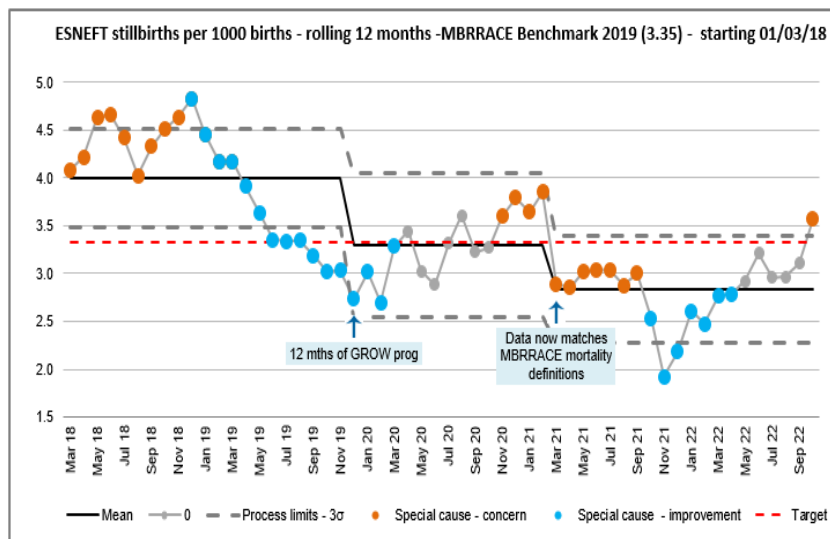
Summary 12 months to October 2022

- Stillbirths/1,000 births \bar{x} 3.6 – 2020 MBRRACE* 2020 benchmark 3.3 (3.19-3.46)
- Perinatal mortality 4.3/1000 births \bar{x} – MBRRACE* 2020 benchmark 4.3 (4.15-4.46)

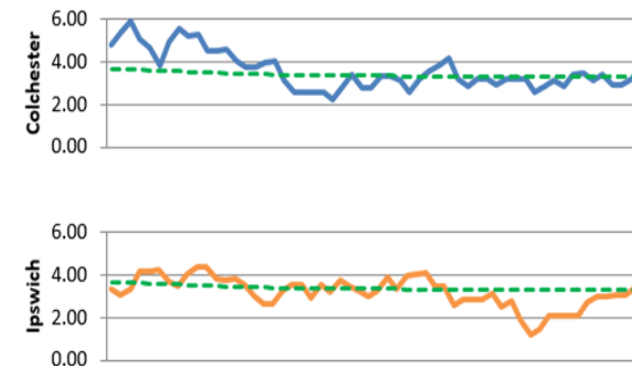
The data shown now follows MBRRACE reporting criteria and excludes terminations of pregnancy and very premature births.

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

\bar{x} excludes terminations of pregnancy and births <24+0 weeks gestational age



Rolling 12 months Stillbirths Mar 2018 – Oct 2022



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
22	24	25	24	25	19	19	20	20	20	19	20	17	13	15	18	17	19	19	20	22	20	20	21	24

For the 12 months to October 2022, both sites exceeded the MBRRACE 2020 stillbirth benchmark of **3.3** stillbirths/1,000 births:

- Colchester **3.7**
- Ipswich **3.4**

The MBRRACE perinatal mortality rate (stillbirths and early neonatal deaths within 7 days of delivery) benchmark for 2020 was **4.3**. For the 12 months to October 2022:

- Colchester **4.9** (4 deaths within 7 days of birth)
- Ipswich **3.7** (1 death within 7 days of birth)

Mortality: Learning from Deaths Meeting 4th December 2022 (short meeting owing to clinical pressures)

Facetime and WhatsApp video calls to family members unable to visit reassuring them of patients care and well being.



Wooden hearts held by patients and given to relatives after death with a card and message from staff

Integrated Pathways

- Therapies and community M&Ms – working well.
- More work is required around recognition of EoL and balancing active management with symptom control.
- Therapies lead to work with MSK Matron and Medicine Mortality Lead around case involving a spinal patient who presented to ED 6 times where symptoms were attributed psychological issues which resulted in tests not being booked.
- Nutrition and hydration is still a major theme. Case presented where a patient was NBM for a considerable period. Therapies staff are now requesting reviews rather than documenting requests for ward staff to complete to prevent swallow assessment delays.

Learning Disabilities & Autism

- There is better end of life planning following the addition of a new section to the hospital passport.
- Staff are adding requests to discharge summaries for GPs to complete annual health checks to prevent conditions deteriorating.
- Patients are being given priority outpatient appointments.
- DNACPRs- some have been completed incorrectly, with reasons such as LD or Old Age: Associate Medical Director to take this forwards with Medical Examiners who will remind the attending qualified physician of what is appropriate clinical decision making and documentation
- Increase in training, including 'Oliver McGowan' for LD& Autism.

Older People's Services and NE Community Hospitals

- Big focus on improvements around EoL care in community hospitals with palliative champions and dedicated weekly advance care planning sessions – good feedback from staff. This will be expanded to the acute site.
- The wards are working hard to keep families informed and give keepsakes like blankets and wooden hearts to the bereaved. The staff have been reading to patients their 'letters from loved-ones'
- Presentation from the Colchester Acute site where it was identified that advance care planning and family dialogue should have occurred on the patient's penultimate admission so preferred place of care could be respected.

Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 3,025 incidents reported in November. This has decreased from 3,422 reported in October. 2,569 of these incidents were Patient Safety related and 2,567 were reported to the NRLS.

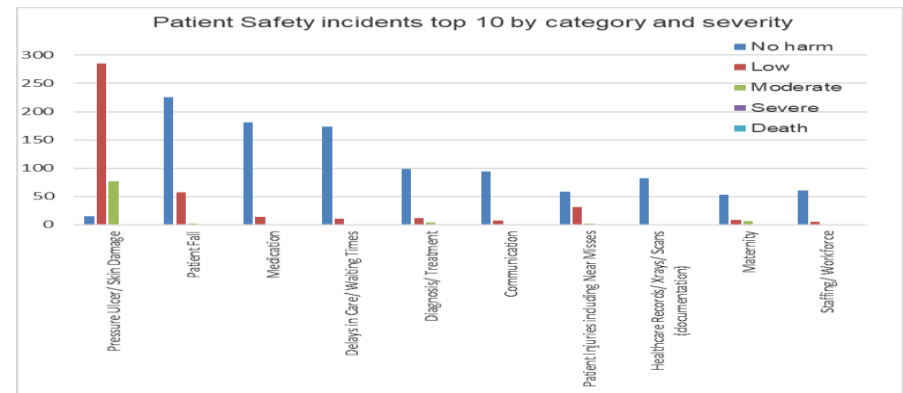
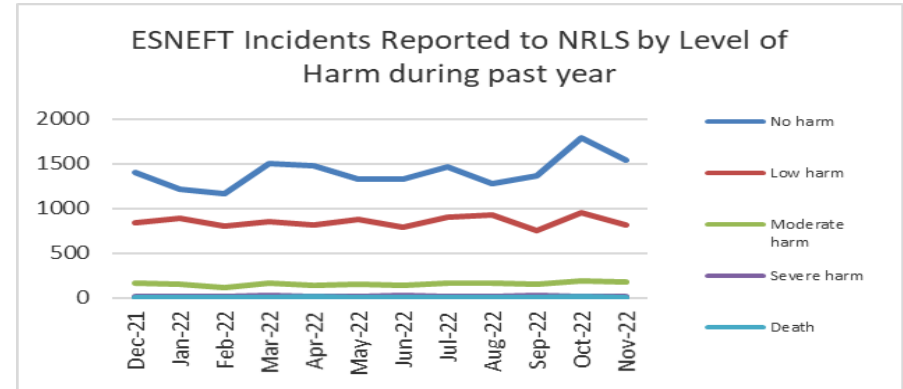
Overdue incidents have shown an increase to 850 (623).

There were 41,180 (39,680) admissions resulting in 62.34 incidents per 1,000 bed days across ESNEFT.

The highest reported category was pressure ulcer/skin damage: There were 378 (459) incidents reported, 1 severe harm within the community at NEECS and 74 moderate harm.

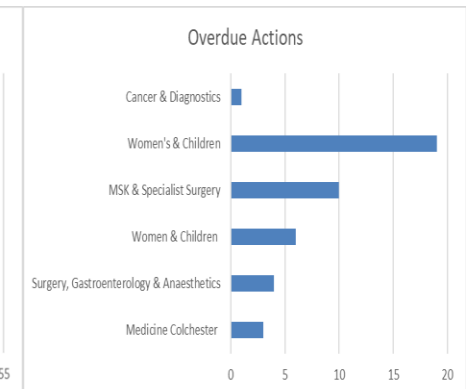
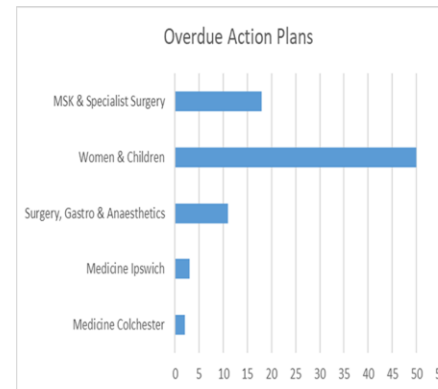
The 2nd highest reported category was Patient Falls with 279 (279) incidents. 2 were graded as moderate (1 Cancer & Diagnostics and 1 Integrated Pathways).

The 3rd highest reported category in the month of November was Medication. There were 195 (187) incidents reported across the Trust, all reported as low and no harm.



Patient Safety Reviews Overdue and with Actions outstanding

- A total of 20 PSRs are overdue. The breakdown of overdue PSR is as follows: Integrated Pathways (1), Medicine Colchester (5), Medicine Ipswich (2), Surgery, Gastroenterology & Anaesthetics (5), Women & Children (7).
- There were 10 PSR investigations completed in November.
- There are currently 84 (37) actions overdue for November 2022 an increase from October: Medicine Colchester (2), Medicine Ipswich (3), Surgery, Gastroenterology & Anaesthetics (11), MSK & Specialist Surgery (18), Women & Children (50) Cancer and Diagnostics (0).



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

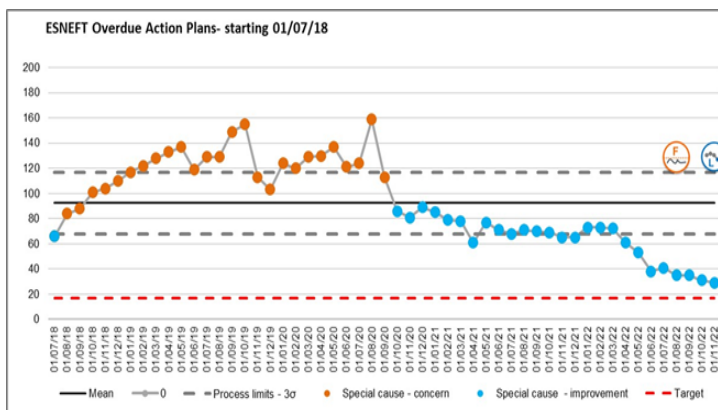
Never Events

There were no Never Events reported in November.

Number of Completed Action Plans closed in the Month

1 Action Plan has been closed by the ICB in November 2022. There are currently 29 (30) 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.



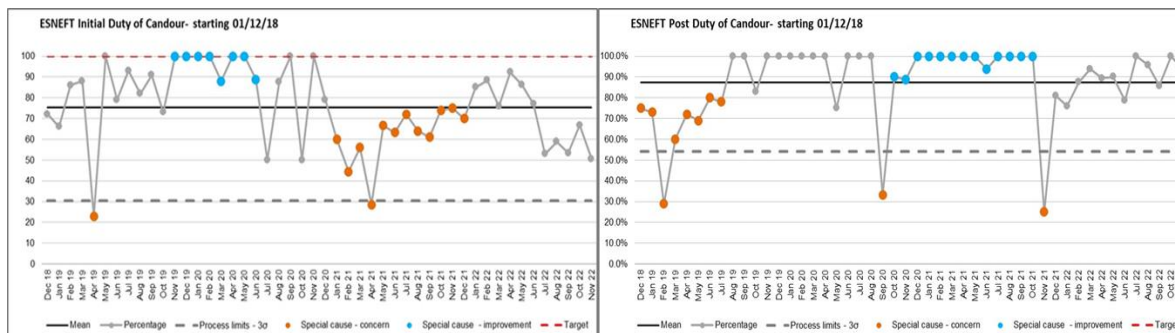
Duty of Candour

Duty of Candour compliance is particularly challenged in the Community settings and regarding the development of pressure ulcers. In many instances, the severity of the pressure ulcer increases or decreases through the long length of time the community teams provide the care for these patients. The Trust is working with other providers in the ICB to work through a timelier and patient focused conversation is recorded in keeping with DOC requirements.

A total of 77 initial DoC for moderate harm were due in the month of November, of which 39 were completed within the timeframe.

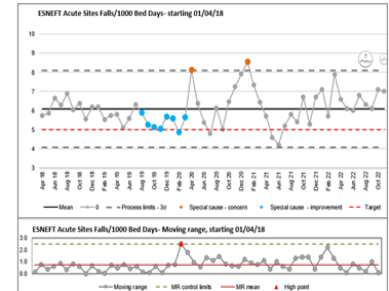
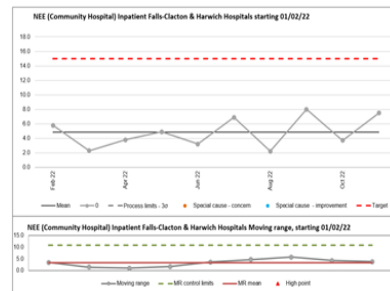
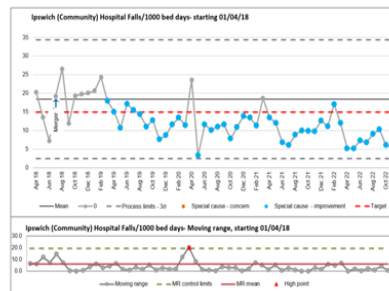
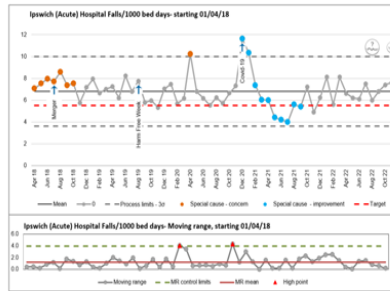
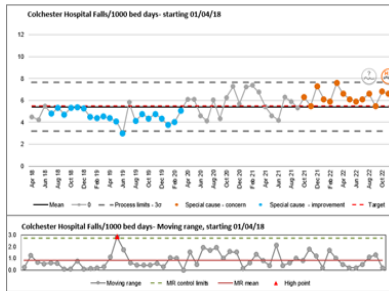
The Trust compliance is 50.64% (66.7%).

There were 32 post DoC due in November 2022, 30 were completed within the timeframe. Overall Trust compliance is 93.7% (100%)



Division	Total Due	Total Completed	Division	Total Due	Total Completed
Integrated Pathways	19	9	Integrated Pathways	2	1
Medicine Ipswich	6	6	Medicine Ipswich	6	6
Medicine Colchester	6	6	Medicine Colchester	7	7
MSK & Specialist Surgery	3	0	MSK & Specialist Surgery	7	6
North East Essex Integrated Care Services	30	6	North East Essex Integrated Care Services	0	0
Surgery, Gastroenterology and Anaesthetics	6	6	Surgery, Gastroenterology and Anaesthetics	3	3
Women & Children	6	6	Women & Children	7	7
Cancer & Diagnostics	1	0	Cancer & Diagnostics	0	0

Patient Safety – Falls



Colchester Acute

Prev. & in-mth total	123 / 111	↓
Serious harm falls	2	
No harm falls	89	
Low harm falls	20	
Falls/1,000 bed days (ceiling ≤ 5.5)	6.6	

Summary

Headlines: Colchester acute has seen a slight reduction in November in comparison to October. Unfortunately there were 2 falls resulting in serious harm.

Priority Actions/Mitigation: New multi-factorial risk assessment ready for roll-out, team to provide support to wards to implement. Continue to provide ward based support to identify potential high risk patients and how to manage on ward.

Ipswich Acute

Prev. & in-mth total	122 / 122	↔
Serious harm falls	0	
No harm falls	95	
Low harm falls	27	
Falls/1,000 bed days (ceiling ≤ 5.5)	7.6	

Summary

Headlines: Ipswich acute has maintained the same number of falls in November as in October. Positively there were no falls that resulted in serious harm.

Priority Actions/Mitigation: New multi-factorial risk assessment ready for roll-out, team to provide support to wards to implement. Continue to provide ward based support to identify potential high risk patients and how to manage on ward.

Suffolk Community Hospital

Prev. & in-mth total	18/13	↓
Serious harm falls	0	
No harm falls	10	
Low harm falls	3	
Falls/1,000 bed days (ceiling ≤ 15)	5.4	

Summary

Headlines: Positively there has been a small reduction in incidents with no serious harm falls to report.

Priority Actions/Mitigation: Community hospitals continue to work collaboratively with the acute sites when receiving patients for rehab/step-down to identify falls risk.

NEE Community Hospital

Prev. & in-mth total	9/17	↑
Serious harm falls	0	
No harm falls	12	
Low harm falls	5	
Falls/1,000 bed days (ceiling ≤ 15)	7.5	

Summary

Headlines: NEECHs have seen an increase in falls incidents in comparison to October however, positively no falls resulting in serious harm.

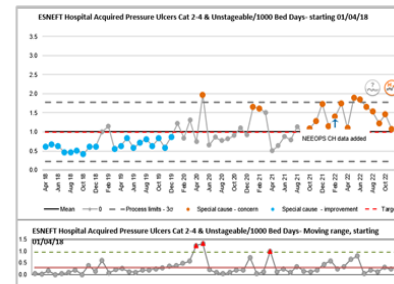
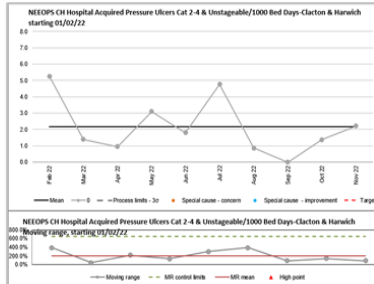
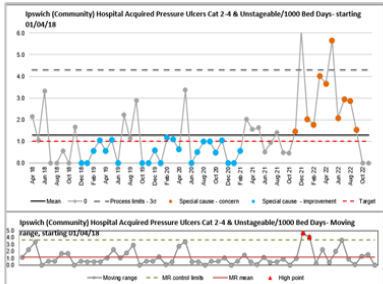
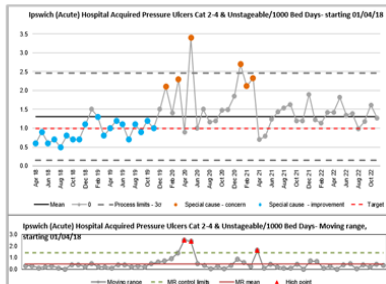
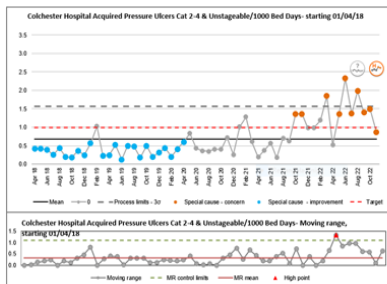
Priority Actions/Mitigation: Community hospitals continue to work collaboratively with the acute sites when receiving patients for rehab/step-down to identify falls risk.

ESNEFT (acute)	Prev.	Mth
Prev. & in-mth total	245/263	↑
Serious harm falls	4	2
No harm falls	166	206
Low harm falls	65	55
Acute	7.0	Com
		6.0

Summary

Context/Strategy/Long Term Plans: Wards on the acute sites continue to experience challenges managing those patients deemed at highest risk and the need to cohort. The team continue to support wards and advise on managing high risk patients. The community sites continue to see a fluctuation in falls incidents and are ensuring that a falls risk assessment is completed at the earliest opportunity. A continued Trust-wide focus on continence and ensuring patients' needs are met has highlighted the importance of good continence care and link with falls risk.

Patient Safety – Tissue Viability



Colchester Acute		
Cat 2	9	
Cat 3	1	
Cat 4	0	
Unstageable	8	
Prev. month & in-mth total	29	18
Rate per 1,000 bed days	0.97	

Ipswich Acute		
Cat 2	17	
Cat 3	0	
Cat 4	0	
Unstageable	7	
Prev. month & in-mth total	28	24
Rate per 1,000 bed days	1.32	

Ipswich Community Hospital		
Cat 2	0	
Cat 3	0	
Cat 4	0	
Unstageable	0	
Prev. month & in-mth total	0	0
Rate per 1,000 bed days	0	

NEE Community Hospital		
Cat 2	3	
Cat 3	1	
Cat 4	0	
Unstageable	1	
Prev. & in-mth total	5	5
Rate per 1,000 bed days	2.22	

ESNEFT		
	Prev.	Mth
Cat 2	42	29
Cat 3	1	2
Cat 4	0	0
Unstageable	17	16
Totals	62	47
Rate per 1,000 bed days	1.46	1.15

Summary

Headlines: Overall decrease in pressure related injuries especially in category 2 pressure damage. More significant damage (unstageable pressure injuries) have remained unchanged. NHS Productivity Calculator gives a Central Estimated cost of £143k per 1,000 bed days

Overall pressure ulcers remain higher than before the COVID-19 pandemic, with the numbers noted to have increased during the second wave, indicative of patient acuity.

Summary

Headlines: Overall decrease in pressure related injuries, both category 2 and unstageable. NHS Productivity Calculator gives a Central Estimated cost of £172k per 1,000 bed days

Overall pressure ulcers remain higher than Colchester Hospital, the target remains at 1.0 per 1000 bed days.

Summary

Headlines: No reported pressure damage in the month

Noted second month of no reported pressure damage in the Community Hospitals.

Summary

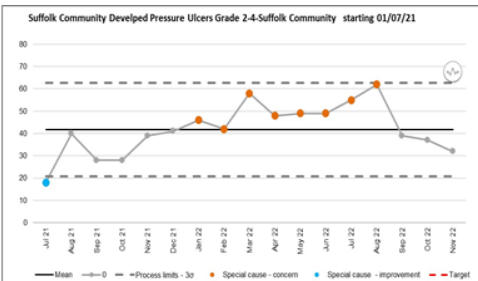
Headlines: Although the actual number of pressure ulcers remains the same as the previous month, bed day figures have increased slightly.

Summary

Overall decrease in the number of hospital onset pressure damage for the month, a continuing downward trend.

Strategy/Long Term Plans
Commence work identified on the tissue viability improvement plan. Further education for Band 7's has commenced to ensure earlier validation of pressure damage and implementation of corresponding care plans.

Patient Safety – Tissue Viability

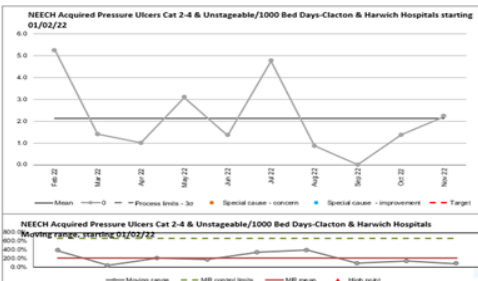


Suffolk Community Teams		
Cat 2		24
Cat 3		7
Cat 4		0
Unstageable		17
Prev. & in-mth total	55	48

Summary

Headlines:
B7 Lead Nurses undertaking the verification of low harm pressure ulcers is instigating improved learning within teams and providing an opportunity to instigate review.
REACT have arranged pressure ulcer training within the team to enhance recognition, treatment and reporting of tissue damage across all disciplines in team.

Priority Actions
Aim is to continue to maintain a decrease in all pressure damage.



NE Essex Community Teams		
Cat 2		20
Cat 3		17
Cat 4		0
Unstageable		5
Prev. & in-mth total	56	42

Summary

Headlines:
Overall reduction in reported pressure damage, slight increase in grade 3 damage.

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

November Updates

- Overall decrease in pressure injuries in November.
- Ongoing education and training of all Band 7 leads to enable them to validate low levels of harm (MASD, category 1, 2 and DTI injuries) continues. This has now been completed in both of the community settings and there are planned sessions across the acute sector booked.
- Following on from the integrated tissue viability team development day in October. The service needs and demands were reviewed and this helped to formulate a vision for 2022/23 with the main aim to reduce the incidence of pressure related damage across the trust, to work more collaboratively, to improve reporting processes and to increase education and training for all staff across the trust ultimately to improve care provision and prevention of harm.
- The band 7 Lead TVN post remains vacant at Ipswich and remains a concern due to low levels of applicants.
- Training has commenced via Accelerate Ltd, a tissue viability training academy 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.
- Band 7 Lead Community Nurses in Suffolk community have now all received training and are validating low harm pressure damage which is presenting positive outcomes from more timely closing of incidents, recognition and completion of senior review where needed and linking of Datix where pressure damage reported more than once.
- In NEECS community, band 7 community nursing leads are now validating cat 1, 2, DTI and MASD. All higher categories are still being referred for TVN to validate. There are some teething issues around cat 3 being downgraded to cat 2 and therefore who is validating is currently being reviewed.
- Initial mattress audits across both Ipswich and Colchester have been undertaken and there is a current review of next steps to ensure we provide all patients within the hospital environment with appropriate equipment. A significant number of mattresses will require replacing and a task and finish group is underway to support a programme of replacement and a new audit proposal is being developed to ensure accurate auditing of all mattresses.

Patient Safety – Infection Control

Colchester and North East Essex

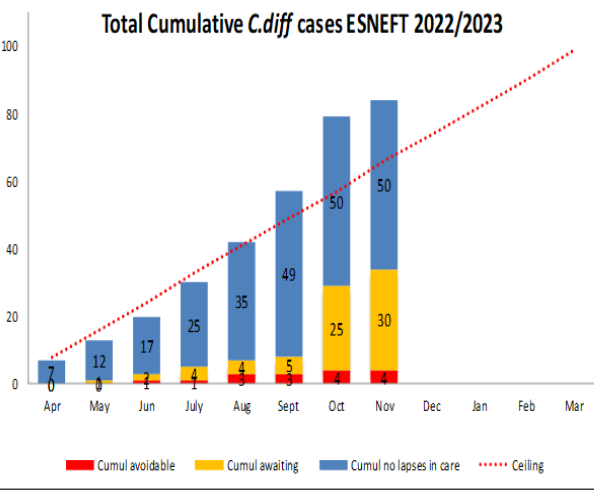
C.diff 2 HOHA, Darcy Ward and Mersea Ward
C.diff 0 COHA,

Ipswich & East Suffolk

C.diff 3 HOHA, Waldringfield, Stour and Brantham
C.diff 0 COHA,

C.difficile overview

There was a total of 5 Trust attributed *C.diff* cases in November 2022. There are a total of 84 cases against the threshold of 102 for 2022/23.

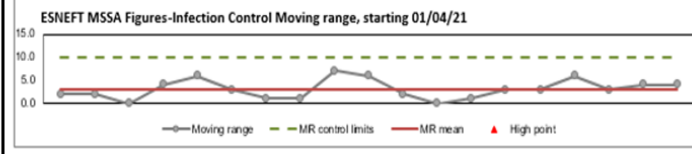
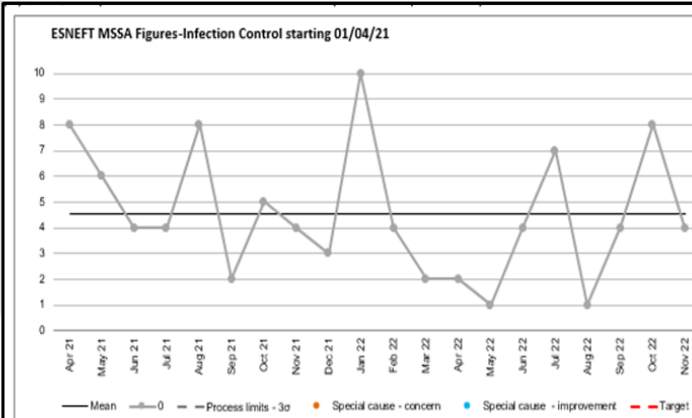
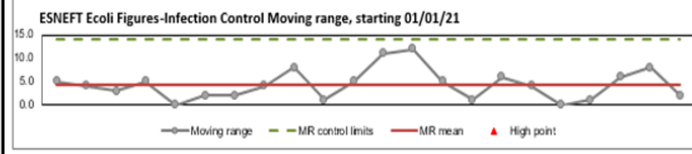
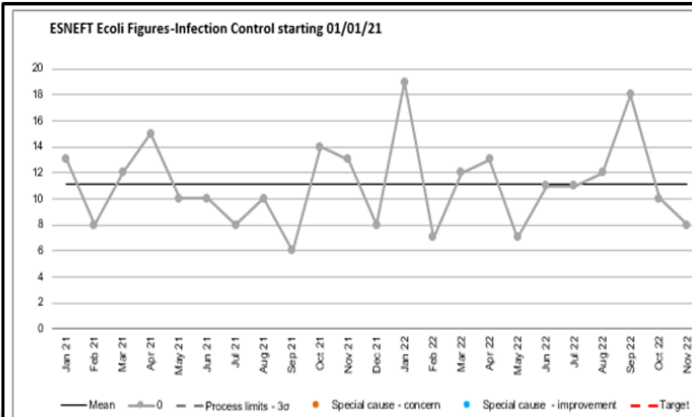


MSSA

Ipswich:
 0 HOHA
 2 COHA, Woodbridge & Shotley Ward

Colchester:

0 HOHA
 2 COHA, ACU and Easthorpe Ward



MRSA There were no Healthcare-associated cases of MRSA bacteraemia in November 2022.

There were 6 new MRSA isolates (4 at Colchester/NEE and 2 at Ipswich) - see table below.

Ward	Comments
D'Arcy Ward (Colchester)	MRSA screen negative on admission and after transfer to ACU and Easthorpe Ward. MRSA isolated nose swab obtained the day after transfer to D'Arcy Ward (36 days after admission).
Peldon ward (Colchester)	MRSA screen not obtained on admission. MRSA isolated nose & groin swab obtained the day after transfer to Peldon Ward (3 days after admission).
Birch Ward (Colchester)	MRSA screen not obtained on admission, or after transfer to Tiptree or D'Arcy Ward. MRSA isolated groin swab the day after transfer to Birch Ward (59 days after admission).
Brightlingsea Ward (Colchester)	MRSA screen negative on admission. MRSA isolated nose swab obtained after transfer to Brightlingsea Ward (4 days after admission).
Saxmundham (Ipswich)	RGQ0760018 Admission from Woodlands MH unit 01/11/22, positive 04/11/22, Nose Swab. MRSA screen negative 30.10.22 in BASS, discharged back to Woodland unit.
Levington Ward (Ipswich)	RGQ0430004 Admission 07/11/22, positive 10/11/22, Nose Swab after discharge swabs. Pre admission MRSA screen 27.10.22 neg, CCU admission MRSA screen neg 07.11.22. Ongoing surveillance of Levington ward MRSA results and plan in place.

E.coli bacteraemia

Ipswich:
 4 HOHA:
 Stowupland-Hepatobiliary, Stowupland-Hepatobiliary, Washbrook-Hepatobiliary and Woodbridge-Unknown
 0 COHA,

Colchester:
 2 HOHA:
 Darcy Ward-skin/soft tissue source, infected necrotic sacral sore
 Nayland Ward upper urinary tract source, treated for urosepsis, bladder Ca.
 2 COHA, Birch Ward and Nayland Ward.

Patient Safety – Infection Control

COVID -19 November 2022 figures

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	26	19	34	14 (plus 1 LFT)	93 (plus 1 LFT)
October	90	81	69	52	58	79	258
November	73	26	48	36	32	31	147

Positive COVID-19 cases are to be classified and counted as follows:

- Hospital-onset Indeterminate Healthcare-Associated – HOIHA (diagnosed at 3-7 days after admission).
- Hospital-onset Probable Healthcare-Associated – HOPHA (diagnosed at 8-14 days after admission).
- Hospital-onset Definite Healthcare-Associated – HODHA (diagnosed 15 or more days after admission).

Note: The use of a new Trust procedure to utilise beds in COVID-19 areas came into use from the evening of 12th October. Therefore new admissions and subsequent COVID-19 positive tests has resulted in an assessment of whether further outbreaks have occurred in the ward area, or for further cases to be added to the original outbreak figures. Transmission is multifactorial and hence both circumstances can occur.

COVID-19 outbreaks identified in November 2022 (20):

Colchester and North East Essex Wards (10),

D'Arcy Ward, 03/11/2022
 West Bergholt Ward, 04/11/2022
 Langham Ward, 04/11/2022
 Easthorpe Ward, 10/11/2022
 Peldon Ward, 11/11/2022
 Nayland Ward, 14/11/2022
 Birch Ward, 16/11/2022
 Layer Marney Ward, 22/11/2022
 Tiptree Ward, 23/11/2022
 EAU, 28/11/2022

Ipswich and East Suffolk (10):

Somersham ward, 17.11.22
 Kesgrave ward, 18.11.22
 Aldeburgh Community Hospital, 23.11.22
 Haughley ward, 23.11.22
 Kirton ward, 24.11.22
 Washbrook ward, 24.11.22
 Waveney ward, 28.11.22
 Woodbridge ward, 28.11.22
 Claydon ward, 28.11.22
 Waldringfield ward, 28.11.22

Patient Safety – Maternity Dashboard – October data

Interventions	Indicator	ESNEFT																
		Green	Amber	Red	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	Oct-22
Mode of Delivery	Episiotomies performed	No target			75	65	58	72	61	52	66	66	64	58	71	60	44	71
	Number of Normal Vaginal Deliveries				303	369	298	296	312	268	316	272	284	288	292	307	324	310
	Number of Breech Vaginal Deliveries				2	1	0	1	1	1	3	0	2	2	2	2	0	2
	Total Non operative vaginal deliveries				305	370	298	297	313	269	319	272	286	290	294	309	324	312
	% of Non operative vaginal deliveries	>=58%		<58%	52.59%	60.36%	53.79%	49.75%	55.50%	55.46%	54.25%	50.00%	50.09%	54.21%	53.26%	54.12%	55.10%	53.89%
	Number of Ventouse deliveries				23	21	27	24	20	20	17	35	28	17	26	28	19	21
	% of Ventouse deliveries	No target			3.97%	3.43%	4.87%	4.02%	3.55%	4.12%	2.89%	6.43%	4.90%	3.18%	4.71%	4.90%	3.23%	3.63%
	Number of Forcep deliveries				42	43	33	55	39	32	41	31	29	40	32	38	26	40
	% of Forcep deliveries	No target			7.24%	7.01%	5.96%	9.21%	6.91%	6.60%	6.97%	5.70%	5.08%	7.48%	5.80%	6.65%	4.42%	6.91%
	Total Instrumental Deliveries				65	64	60	79	59	52	58	66	57	57	58	66	45	61
	% Instrumental Deliveries	No target			11.21%	10.44%	10.83%	13.23%	10.46%	10.72%	9.86%	12.13%	9.98%	10.65%	10.51%	11.56%	7.65%	10.54%
	Number of Emergency C-Sections				142	104	108	132	111	104	128	124	132	115	118	119	128	127
	% of Emergency C-Sections	No target			24.48%	16.97%	19.49%	22.11%	19.68%	21.44%	21.77%	22.79%	23.12%	21.50%	21.38%	20.84%	21.77%	21.93%
	Number of Elective C-Sections				68	75	88	89	81	60	83	82	96	73	82	77	91	79
	% of Elective C-Sections	No target			11.72%	12.23%	15.88%	14.91%	14.36%	12.37%	14.12%	15.07%	16.81%	13.64%	14.86%	13.49%	15.48%	13.64%
	Total C-sections				210	179	196	221	192	164	211	206	228	188	200	196	219	206
% C-Sections	No target			36.21%	29.20%	35.38%	37.02%	34.04%	33.81%	35.88%	37.87%	39.93%	35.14%	36.23%	34.33%	37.24%	35.58%	
Unit Diverts	External	No target			6	3	2	3	1	0	0	0	2	0	1	2	0	
Maternal Morbidity and Mortality	PPH >= 1500mls - All women				22	21	17	16	19	19	24	22	17	18	22	20	22	20
	% PPH >=1500mls - All women	No target			3.86%	3.47%	3.11%	2.74%	3.42%	3.97%	4.16%	4.10%	3.01%	3.42%	4.03%	3.58%	3.82%	3.51%
	PPH >= 1500mls - Vaginal (NMPA Criteria)				12	16	8	9	11	12	16	9	9	12	12	14	12	14
	No. Singleton Term Vaginal Deliveries				360	421	346	355	349	301	352	326	321	326	325	351	355	351
	% PPH >=1500mls - Vaginal (NMPA Criteria)	<=2.9%	2.9-3%	>=3%	3.33%	3.80%	2.31%	2.54%	3.15%	3.99%	4.55%	2.76%	2.80%	3.68%	3.69%	3.99%	3.38%	3.99%
	Maternal Death	No target			1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Maternal Admissions to CCU	No target			0	0	0	0	0	0	2	1	1	0	1	0	0	0
	Number of 3rd/4th degree tears				9	10	6	6	5	9	6	7	5	6	10	11	7	6
% of 3rd/4th degree tears	No target			2.43%	2.30%	1.68%	1.60%	1.34%	2.80%	1.59%	2.07%	1.46%	1.73%	2.84%	2.93%	1.90%	1.61%	
Neonatal Morbidity and Mortality	HIE Grades 2 & 3	0		>=1	0	0	1	1	1	1	1	0	0	0	1	0	0	
	Babies sent for cooling	No target			0	0	1	1	0	1	1	0	1	0	1	0	0	
	Term Admissions to NNU	No target			28	29	21	31	25	26	23	27	36	25	33	23	33	21
	Term Admissions to NNU as a % of babies born	<=6%		>6%	4.83%	4.73%	3.79%	5.19%	4.43%	5.36%	3.91%	4.96%	6.30%	4.67%	5.98%	4.03%	5.61%	3.63%
	APGAR at 5 min <7 at term (Number)				4	5	5	5	3	5	4	6	6	3	6	6	3	7
	APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	0.69%	0.82%	0.90%	0.84%	0.53%	1.03%	0.68%	1.10%	1.05%	0.56%	1.09%	1.05%	0.51%	1.21%
	Number of Stillbirths	0	1-2	>=3	1	0	0	4	4	0	2	2	2	4	3	2	2	3
Neonatal Deaths within 28 days	No target			0	1	0	2	1	0	2	0	1	0	1	0	0	0	
Late Fetal Losses (22+0 to 23+6 weeks)	No target																	
Demographics	Women <18 years at delivery	No target			4	2	5	4	3	3	4	5	4	4	6	2	4	6
	Women >= 40 years at delivery	No target			26	15	21	19	24	17	23	27	26	21	23	28	18	22
	Babies from Ethnic Minority Groups	No target			75	84	80	93	89	77	85	95	94	82	88	98	92	86

ESNEFT Massive Obstetric Haemorrhage – October 3.9%

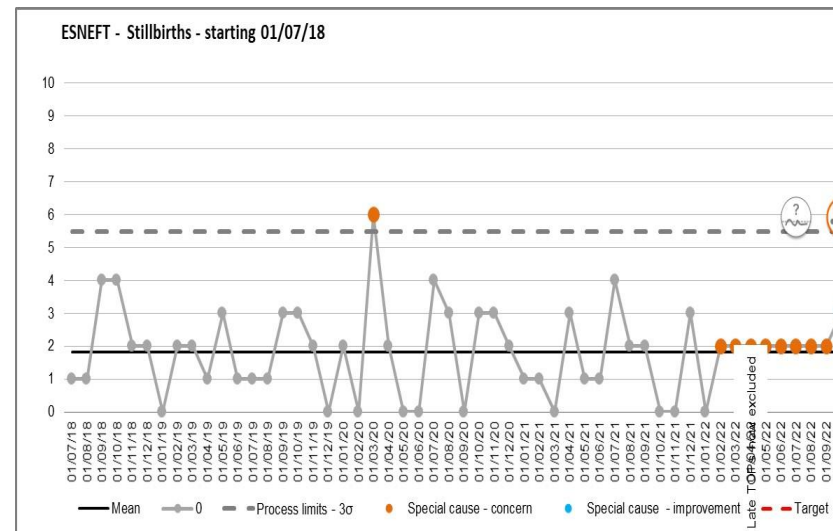
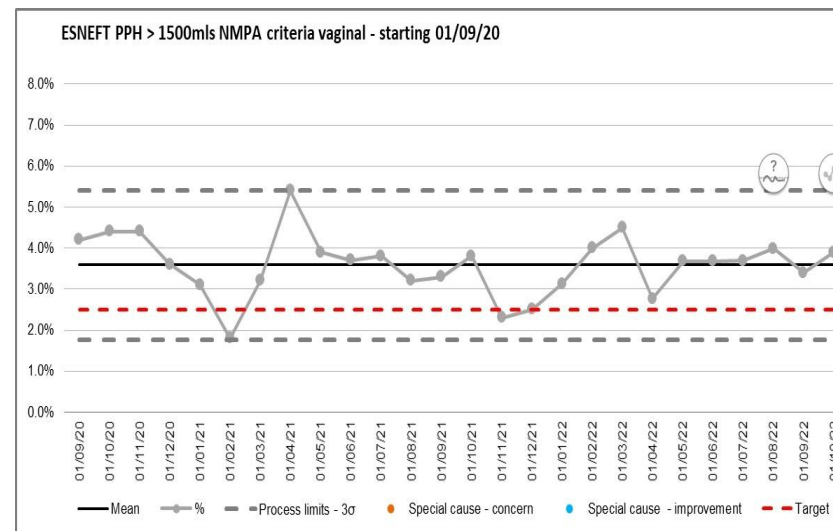
In order to exclude anomalies, regional reporting regarding PPH rates are for women meeting NMPA criteria (i.e. singleton term pregnancy with cephalic presentation). The overall ESNEFT rate for NMPA women having PPH ≥ 1500 mls at vaginal birth has risen marginally from 3.4% in September to 3.9% in October, (5.5% for Colchester and 2.4% for Ipswich). Although lower rates were seen in April this year, the overall ESNEFT rate is fairly steady over the past few months and continues to be above the national target of $\leq 2.5\%$. However, the Ipswich site has seen a statistically significant improvement over several weeks recently, and this reflects in the October rate being within the target range.

For NMPA criteria women having PPH ≥ 1500 mls at Caesarean birth the KPI target has been set at $\leq 4.3\%$. ESNEFT rate is within this target at 3.5% in October (2.6% for Ipswich and 4.2% for Colchester). Aside from April 22 and September 22, ESNEFT has been within this target for Caesarean births since October 2021.

All PPH ≥ 1500 ml continue to be subject to MDT review. The ESNEFT merged PPH guideline with aligned pharmacological interventions and antenatal and intrapartum risk assessments was approved through governance processes in late September, having taken a considerable time to get across-site agreement on the changes required. The launch of this new guideline has been delayed due to the requirement for production of pharmacy pack-downs for the community midwifery team. This is now in progress and the launch will be going ahead in December. Work is ongoing towards the introduction of ROTEM, and an SOP for cell salvage, and a new ESNEFT anaemia in pregnancy guideline is nearing completion. ESNEFT have an MDT meeting planned with the LMNS to consider shared objectives and learning regarding PPH rates, as all hospital sites in the LMNS currently are considered outliers for PPH rates.

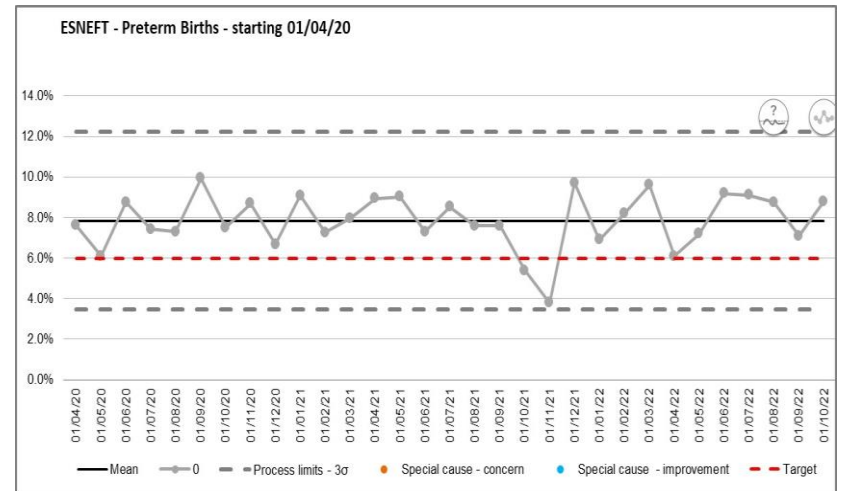
Still Births – October - 3

3 stillbirths were reported in October on ESNEFT sites.



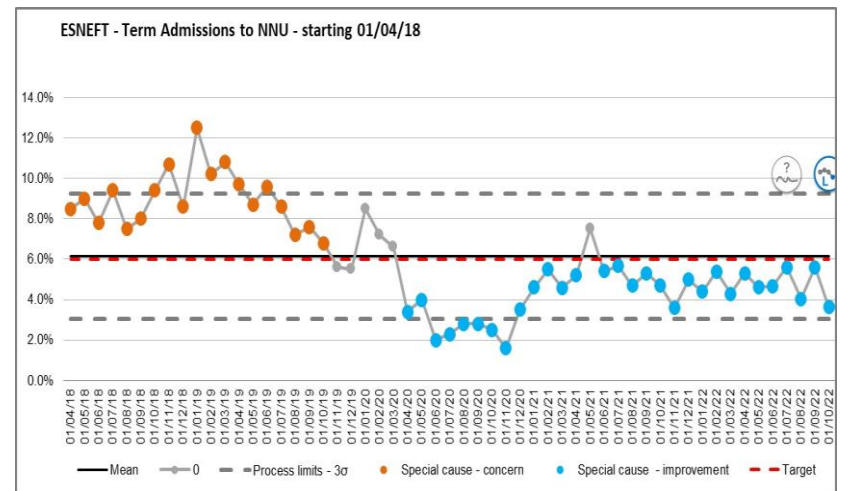
ESNEFT Preterm birth rates <36+6 weeks – October 8.8%

The ESNEFT preterm birth rate for October is higher than last month at 8.8% (9.4% for Colchester and 8.1% 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 8.2%, with Colchester having a slightly lower rolling 12 month rate than Ipswich. Work continues across both sites to reduce spontaneous preterm births with all women being risk assessed for preterm birth at booking and referred to preterm prevention clinics when appropriate, as well as both sites continuing with monthly MDT meetings working towards the aims of the regional QI work stream of perinatal Optimisation. This care bundle to improve outcomes for babies born pre-term includes administration of corticosteroids, magnesium sulphate and intravenous antibiotics before birth, normothermia and optimal cord clamping as well as in-utero transfer of extreme preterms < 27 weeks to a tertiary unit with NICU. There were two births < 27 weeks at ESNEFT in October, both at the Colchester site. They have been subject to MDT review and regional exception reporting. One has been escalated to PSR, and the other an enhanced PSR. The Right Place of birth QI project continues, with specific training for the Colchester triage team to coincide with the introduction of BSOTs in December, as well as a special newsletter focussed on Right Place of Birth for World Prematurity Day.



ESNEFT Term Admissions to NNU – October 3.6%

ESNEFT Term admissions to NNU are 3.6% in October; considerably lower than last month and well 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. It must be noted however that the Colchester rate is fairly consistently lower than Ipswich, and Colchester has been within the target range for a considerable time, with a 2.6% term admission rate in October. Ipswich has a 4.8% term admissions rate in October, within the 6% target this month, however this is not a consistent position. Following a reduction in term admissions after the implementation of Kaiser in November 2021, Ipswich has had several recent months above the 6% target. ATAIN work continues on both sites, and all term admissions to NNU are subject to MDT review, and monthly thematic reviews with action plan. ESNEFT is also working with the recently appointed LMNS neonatal QI lead to align the ATAIN review process across the LMNS. Ipswich had planned an external visit from the Neonatal ODN in November to do an external review to consider what improvements could be made to further reduce the term admission rate at Ipswich. However the ODN was unable to attend and this has been rescheduled for December.



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

CNST Maternity Incentive Scheme Assessed compliance				
with 10 Steps-to-Safety - update 28.10.2022 Please Note - updated guidance received 11.10.22				
		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. This standard has been updated in the new guidance but it not anticipated to impact upon the rating of this element.
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 and will be presented again at LMNSB 1.11.22 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 have confirmed competence sign off framework for trainee doctors. Reporting is in place and discussed in Labour ward Forum. To date no actions have been required as audits reflect compliance 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. Once these are completed and in place this standard will move from Amber to green.
5	Midwifery Workforce			The requirements for this standard are broadly in line with previous years of the scheme, and originally no issues were foreseen with meeting all elements. New guidance received today states that the Trust must declare 100% compliance with the supernumerary status of the labour ward coordinator. If this is not the case - despite an Action Plan to address, the Trust must declare non-compliance. Data collection for the requisite report is currently being collated, reporting on the period Mar - Aug 2022 with a deeper dive into data directly relating to the status of the LW coordinator. Ipswich is currently compliant with this element.
6	SBLCB V2			Initial reports indicate that the Trust has met the compliance for 36 week CO monitoring for the months May, June Jul and August. 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. New guidance was issued earlier this month regarding the 20 week risk assessment, once we have assessed against new criteria our expectation is that this element 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 is currently being collated by MVP Chair. This has now been received and Board paper is currently being completed.
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 has been altered with new guidance received today. Once we have assessed against new guidance this standard may change, however this remains unlikely for the Ipswich site. 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 and Doctor/Consultant completion of K2 fetal monitoring training. 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 Saving Babies Lives programme continues across site, with the Quality Improvement Midwife holding monthly cross-site MDT SBLCBv2 meetings in order to work collaboratively and streamline efforts towards compliance with SBLCBv2.

With regards to the CNST Maternity Incentive Scheme Year 4 requirements for safety action 6 (most recent revised version published in October 22), the final ESNEFT report is now being prepared for internal review prior to the submission date of 2nd February 2023. The pass threshold has been met for Elements 1,2,3 and 5. We are closely monitoring the MDT training compliance required for Element 4 as per below, as we have not yet met the 90% threshold for all staff groups required for this element. At the time of writing this report there are outstanding training days between now and submission deadline, so final compliance figures are not yet available.

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, this includes element 2 for the Colchester site.

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

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. In November, Colchester site have launched the enhanced smoke free pathway. This QI project has been planned for some time, and, in line with the NHS long term plan, will offer pregnant women who smoke more opportunities to access support both face-to-face and via telephone. This support also extends to the whole household and into the postnatal period. The enhanced pathway will be launched at Ipswich early in 2023.

MIS year 4 requirements for ≥ 80% compliance with CO monitoring at booking and 36 weeks gestation has now been met following an extensive action plan to improve compliance with monitoring and recording. An audit to determine the proportion of women with CO reading ≥ 4 at booking has also been completed to the required standard. MIS year 4 requirements for this element have been met.

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR) – Although both sites undertake a risk assessment for FGR at booking, the subsequent process is different for both sites. At Colchester all pregnancies identified as high risk have uterine artery Doppler flow velocimetry performed by 24 weeks completed gestation as per SBLCBv2. At Ipswich site all high risk women receive serial ultrasound scans during pregnancy; this is an alternative care pathway agreed by CCG previously. Both sites utilise the Growth Assessment Protocol (GAP) programme, and are looking to upgrade to a newer version of this which will improve accurate data plotting with electronic entry. This is subject to a full review of connectivity in the community hubs in order to ensure the live system can be accessed remotely.

Quarterly audits into any cases of missed FGR are undertaken on each site, and Ipswich has recently been informed by the Perinatal Institute that the FGR detection rates are above the national average for the fourth consecutive quarter. Conversely, Colchester site is below the national average for detection of FGR. This has been filed on the risk register, and continues under review. Issues with data entry have been identified and rectified and extra efforts have been successful in improving compliance with GAP e-learning. A deeper dive audit into FGR detection will also be undertaken at Colchester. The audits required for CNST MIS Year 4 have been undertaken to the required standard.

Element 3: Raising awareness of reduced fetal movement (RFM) – Local guidance aligns with SBLCBv2 requirements for information to be given to all women about reduced fetal movements before 28 weeks gestation. The audits required for MIS year 4 have been undertaken to the required standard. An action plan has been written for the Ipswich site as although all women are given the information on bespoke pregnancy wallets which were co-designed with a local bereavement charity, 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. Dawes Redman CTGs are available in triage and ANDU across both sites, and used for women presenting with reduced fetal movements as per best practice.

Element 4: Effective fetal monitoring during labour – 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 are in place, and staff are also required to undertake a fetal monitoring assessment via the online K2 training package. The CNST audit requirements for this element have been completed. However, CNST also require 90% compliance with staff training on ‘using their local CTG machines’ as well as attendance at a multi-disciplinary fetal monitoring study day. In the May version of CNST MIS year 4 this was over an 18 month period. In the October version this was reduced to a 12 month period and extra efforts are being made to get to this 90% target within the next couple of weeks, however we are not currently in a position to confirm this target will be met before the deadline for internal submission of reports, so this element is currently at risk. Extra efforts to improve K2 compliance have also been undertaken with drop in ‘online training days’, where staff can attend for tech support with accessing their online training. Funding has been secured for a central CTG monitoring system for the Ipswich site (Colchester site already has this facility), as well as new CTG monitors for both sites.

Element 5: Reducing preterm birth – 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 there is an action plan to improve compliance with the elements of steroid administration and right place of birth for preterm births. Quality Improvement work is already ongoing in both of these areas, and the QI midwife and ESNEFT team are linking in with national and regional workstreams for the optimisation of preterm infants. This includes administration of magnesium sulphate and corticosteroids, optimal 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, and we are looking to extend this to adopt the peri-prem care bundle in the near future which includes additional elements for neonatal care.

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

Section	Number of actions	RAG rating at visit (Red)	Number of Red ratings 28.10.2022	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	0	18	13		
Section 2: Listening to women and families	21	3	0	0	21	17	Red	2%
Section 3: Staff training and working together	23	6	2	1	20	14	Amber	18%
Section 4: Managing complex pregnancy	18	0	0	10	8	8	Green	80%
Section 5: Risk assessment throughout pregnancy	14	0	0	7	7	7	Blue	64%
Section 6: Monitoring fetal wellbeing	12	1	0	0	12	11		
Section 7: Informed consent	17	0	0	4	13	10		
Section 8: Workforce planning guidelines	13	2	1	2	10	6		
Total	136	(16)	3	24	109	87		

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

PSII and HSIB investigations:

- No new HSIB or PSII's raised within ESNEFT Maternity in October

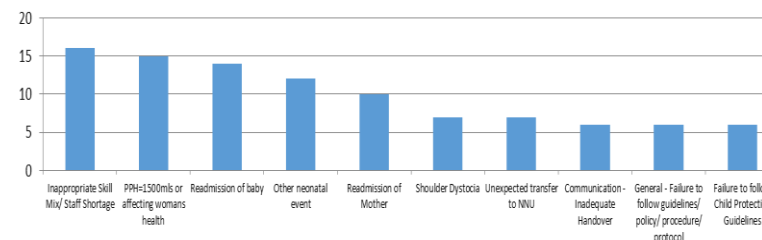
Unit Diverts

- CGH: 31/10/2022 – 01/11/2022 11hr50m due to acuity. 1 patient diverted to WSH.

Risk Register

- 21 Open risks on the Risk Register
- 5 new risks have been added or approved since previous report
- New Risk 1120 – 'Management of RFM will be a contributor to fetal loss' is scored as an Extreme Risk (15). The Risk was identified from PMRT reviews as being a contributor to several of the losses across both sites at ESNEFT.

Top 10 reported incidents – ESNEFT Maternity



ESNEFT top three incidents:

- Inappropriate skill mix/staff shortage
- PPH >1500mls
- Readmission of baby

ITU Admissions:

No admissions to ITU for Maternity

Moderate HARM

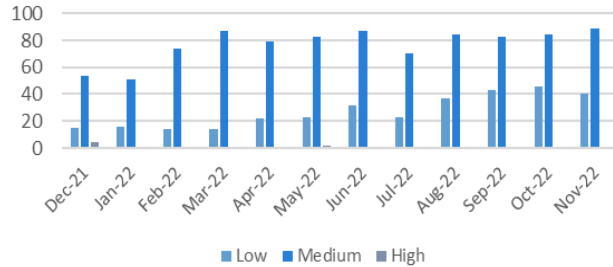
- 5 x PPH >1500ml
- 26+3 Preterm birth
- Safeguarding concern in the community
- Birthing partner fall – temporarily unresponsive
- Unattended Stillbirth at home
- 27+5 preterm birth

Horizon scanning/added in draft awaiting approval:

- Colchester – Lack of identification of Safeguarding concerns during the antenatal period.
- Ipswich – Inability to provide senior obstetric cover for triage.
- Colchester – Risk of not identifying growth concerns due to recurring technical fault with the maternity IT system.

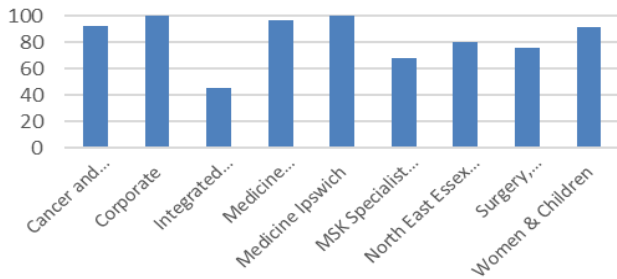
Patient Experience - Complaints

Total number of Complaints by Level



Overall complaints numbers for ESNEFT in November were 129 (130). There were no high level complaints recorded in month. Colchester reported 75 (72) complaints and Ipswich reported 54 (58).

Complaint Response Compliance %

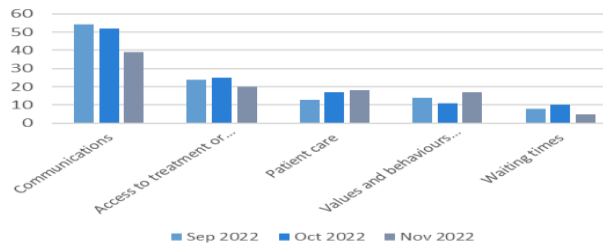


Overall response rate compliance decreased to 85% (90%). There were 132 (136) complaints closed in the month of November. Overdue complaints decreased to 5 (6).

Complaint themes

The two most common themes for complaints in November 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:

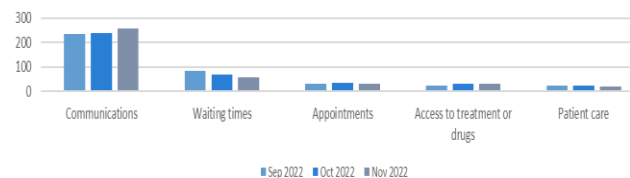
There were 449 PALS enquiries logged in November 2022: 288 (228 October) for Colchester 161 (191 October) for Ipswich

The top theme for PALS enquiries in November remained 'Communication', followed by waiting times' 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.

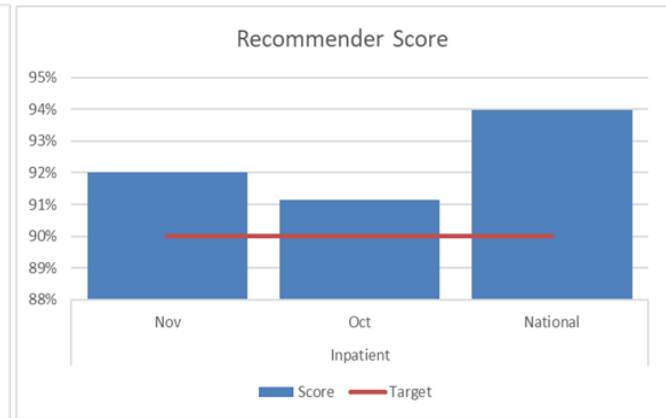
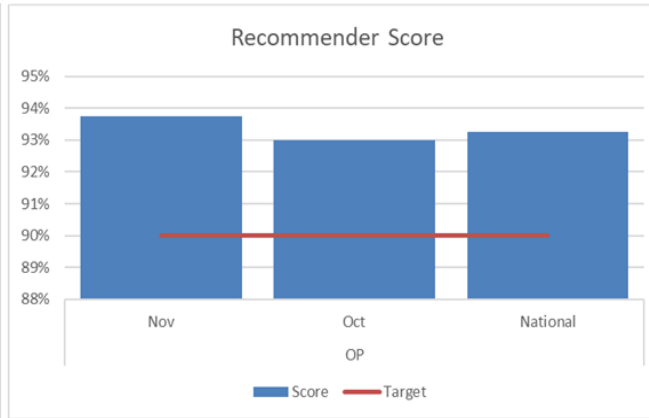
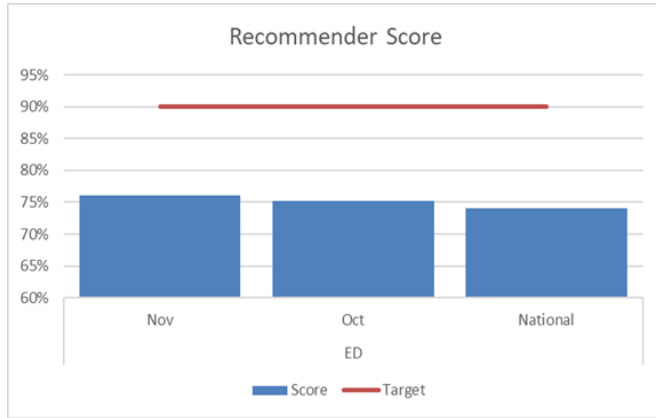
There were 7 PALS cases converted into formal complaints for November 2022: 3 for Medicine Colchester, 1 for Medicine Ipswich, 1 for North East Essex Care Services, 1 for Surgery, Gastro and Anaesthetics & 1 for Women's & Children's.

During the month of November 2022 the PALS team received and dealt with 35 interpreter requests.

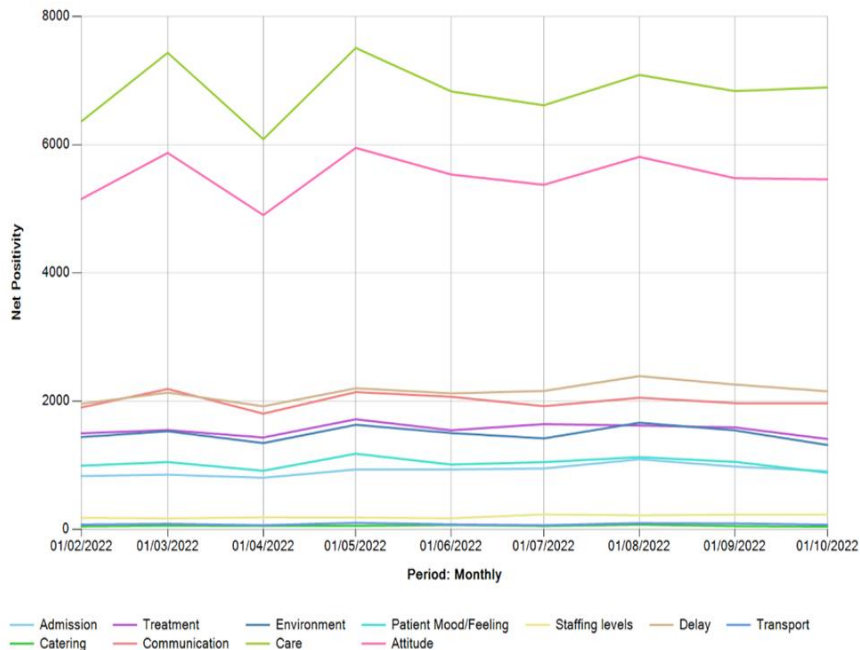
Top PALS Themes - last 3 months



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 October 2022.



	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	6874	2590	8060	1277	2192	3055	1468	143	349	2159
Negative	569	378	576	251	440	637	276	47	110	322
% Negative	8%	13%	7%	16%	17%	17%	16%	25%	24%	13%
Change	No Change	Down 1%	No Change	Down 1%	Down 2%	Down 1%	Down 3%	Down 3%	Up 2%	Down 2%

ED		August	September	October	November
ESNEFT	Recommended	83.52%	82.73%	78.32%	76.03%
	Responded	18.00%	17.00%	16.08%	16.00%
National	Recommended	77.12%	75.84%	74.14%	0.00%

Inpatient		August	September	October	November
ESNEFT	Recommended	91.56%	91.28%	91.29%	92.27%
	Responded	23.00%	22.00%	24.00%	24.00%
National	Recommended	93.87%	94.01%	93.99%	0.00%

Birth		August	September	October	November
ESNEFT	Recommended	50.00%	100.00%	96.77%	96.00%
	National	Recommended	0.00%	0.00%	0.00%

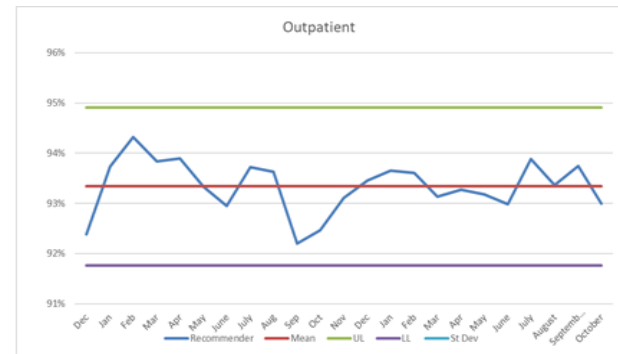
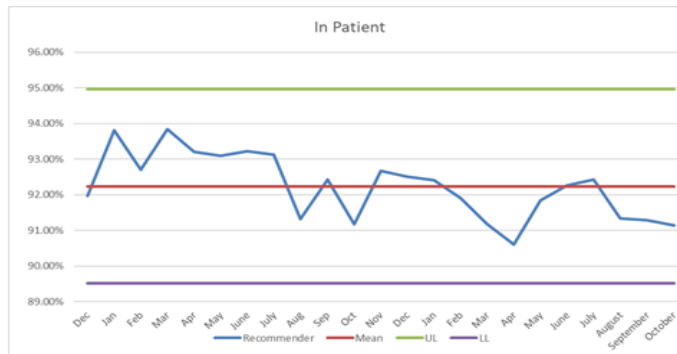
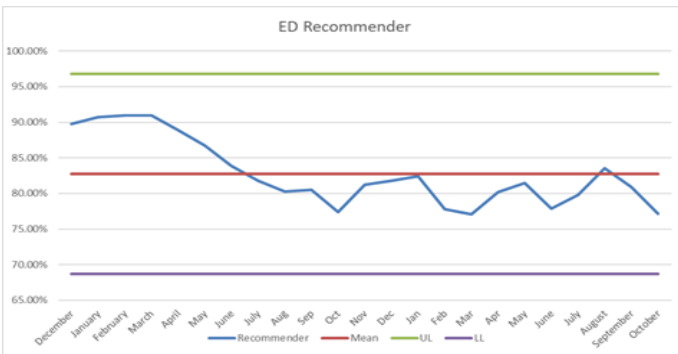
Outpatient		August	September	October	November
ESNEFT	Recommended	93.51%	93.75%	93.00%	93.89%
	National	Recommended	93.37%	93.21%	93.11%

Antenatal		August	September	October	November
ESNEFT	Recommended	90.91%	88.89%	100.00%	95.54%
	National	Recommended	88.03%	90.86%	90.43%

Post Ward		August	September	October	November
ESNEFT	Recommended	100.00%	95.56%	97.08%	93.75%
	National	Recommended	91.41%	95.55%	91.69%

Post Com		August	September	October	November
ESNEFT	Recommended	100.00%	100.00%	100.00%	100.00%
	National	Recommended	89.97%	89.65%	89.57%

Patient Experience – Friends and Family Test

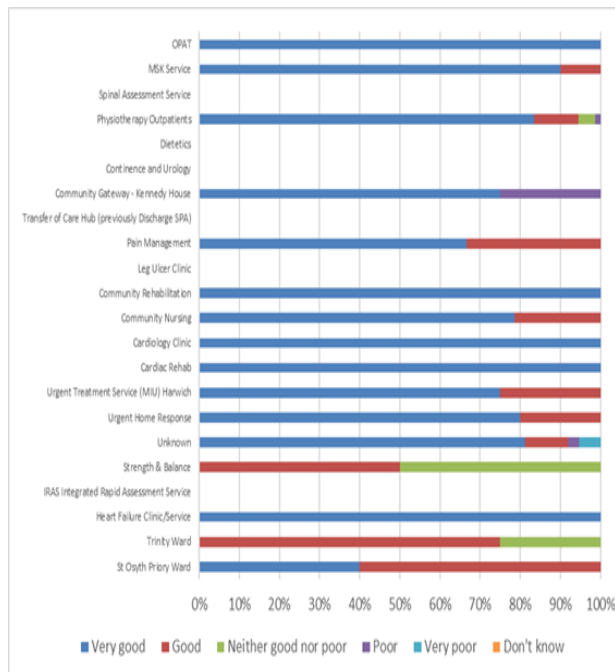


ED score has dipped below the mean average dropping 1.7% in November and 6.5% since September. Outpatients score has decreased by 0.75% keeping it above the average. Inpatient score fell by .98% keeping the score below the mean average.

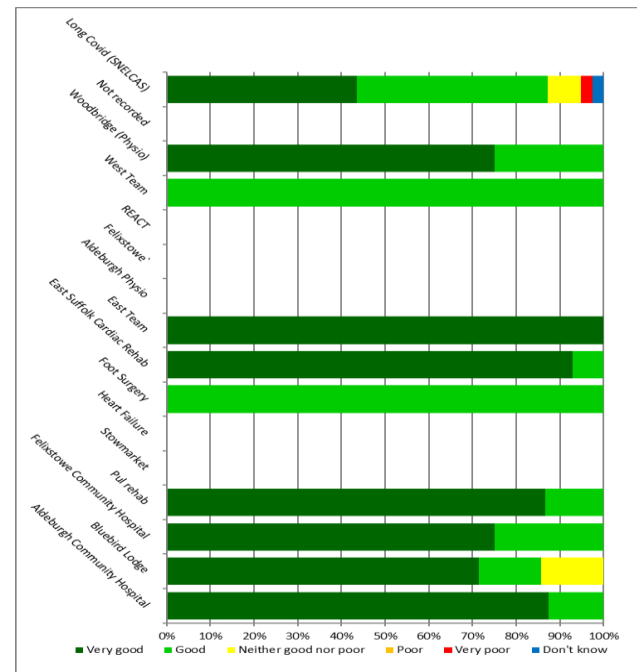
Bluebird Lodge excellent care and compassion/understanding and help. Food first rate at bluebird. Impossible to improve (such a caring attitude both in the wards and at bluebird lodge)
 Cardiac rehab – Staff engaging, supportive, happy to help and encouraging. Leader of the Groups made a positive difference to my care. I am having trouble finding a class to follow on with the physio exercises..
 Pul Rehab - The experience was not too bad - only thing people should be told on onset exactly what is involved. Improvement - telling people at assessment exactly what is involved.
 SNELCAS - My dad is very ill since having covid 2 years ago and sleeps all day has breathing problems mobility problems etc and he was signed off its a joke really.
 Wood Physio - Easy direct phone number, able to easily change appointment when we had to postpone due to illness, really knowledgeable, caring & helpful practitioner when we got there

FFT Feedback/Comments
 Community nursing - District nurse was so friendly and cheerful. As always. Second visit in 3 weeks. She was very precise and everything was ready in seconds how my health was Blood test was taken with just the normal slight scratch. She never stopped talking about how I was feeling About my health conditions how I was feeling and coping on my own. A very wonderful caring District nurse. I highly recommend her on her job .
 MSK Service - Had no clue why I had been referred I asked if it was my knee or shoulders there was no information on my knee he said I would need to see a Orthopaedic surgeon He was referring my shoulders to a consultant

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%	● 67.6%	● 72.5%	● 58.6%	● 0.2%	● 0.0%	● 0.4%
	Time to initial assessment - 95th pct	15 mins	● 30	● 24	● 35	● 2	● 3	● 0
	Time to initial assessment- percentage within 15 minutes (new measures)		81.1%	87.4%	72.1%	● (1.6%)	● (2.6%)	● 0.5%
	Time to treatment - median time in department	60 mins	● 82	● 56	● 130	● (6)	● (12)	● 13
	Average (mean) time in department- non-admitted patients (new measure) □		301	360	246	● 9	● 23	● 31
	Average (mean) time in department- admitted patients (new measure)		580	622	526	● (57)	● (101)	● (8)
	Patients spending more than 12 hours in A&E		1,504	1,091	413	● (483)	● (421)	● (62)
	Proportion of ambulance handovers within 15 minutes (new measure)		12.0%	5.8%	18.2%	● 1.2%	● (0.2%)	● 3.2%
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 73.4%			● 1.4%		
	% patients 28 day faster diagnosis		● 67.3%			● 4.7%		
	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 69.9%			● 2.0%		
Diagnostics	% patients waiting 6 weeks or more for a diagnostic test*	1%	● 9.9%			● (5.3%)		
	% of incomplete pathways within 18 weeks*	92%	● 61.4%			● 0.5%		
RTT	Total RTT waiting list (open pathways)*					● 841		

*November's Oaks data not received October 2022 data used for reporting

UEC: Time Matters two week reset in place with an aim to address the "Special Cause" event impact. Some performance may worsen temporarily as we reset in line with Dr Ian Sturgess' recommendations e.g. AMSDEC, SAU, Frailty.

Cancer: Improvements seen again across the board – risks are around referral patterns and BMA rate card issues.

Elective: Kaizen Theatres for Ipswich completed in November, with a plan to set up a Kaizen week for Diagnostics in Ipswich next month. The waiting list increased in month by a further 1.1%, 52+ week waiters increased by a further 7% but is under trajectory by 251 patients and 104+ week waiters has stayed the same in month. Risks still remain for 78 week targets at end of March for General Surgery.

ESNEFT whole economy performance increased by 0.2% in month, however it is still sitting above the regional average but falling short of the national average by 1.3%. Colchester reported no change from last month with Ipswich increasing by 0.3%. Attendances in month decreased by 2.6% from last month.

4 hour standard- ESNEFT whole economy*
67.6%
 ↑ vs 67.4% last month

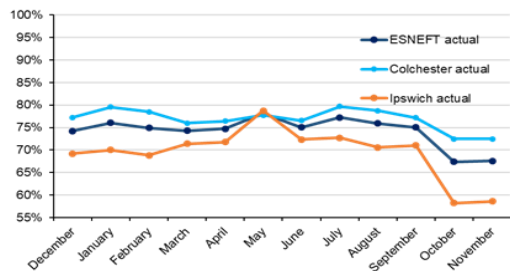
4 hour standard- Colchester
72.5%
 → vs 72.5% last month

4 hour standard- Ipswich
58.6%
 ↑ vs 58.3% last month

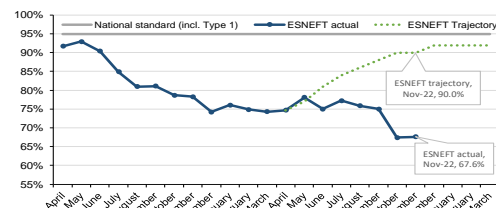
Attendances - ESNEFT
25,866
 ↓ vs 24521 last month

*includes Clacton and Harwich

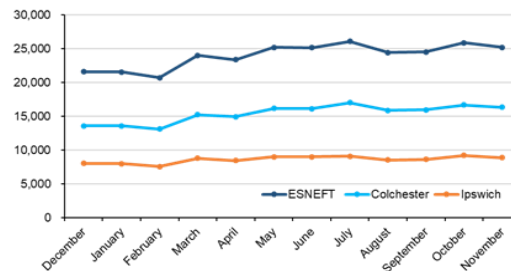
ED Performance: Four hour standard



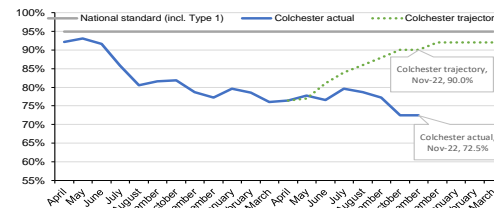
ED Performance: Four hour standard - ESNEFT trajectory



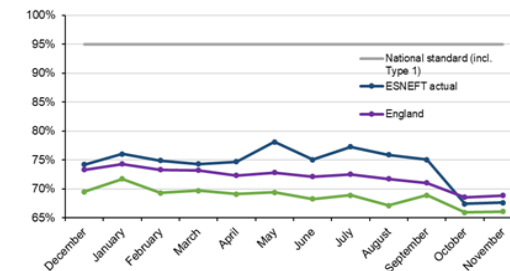
ED Performance: Attendances



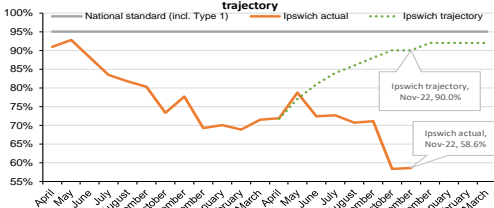
ED Performance: Four hour standard - North East Essex trajectory



ED Performance: Four hour standard - benchmarking



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



Ipswich

The 4-hour standard has not recovered in line with trajectory since October. Management of wait times is balanced with physical capacity to see patients. This continues to be challenging due to ongoing issues with flow and capacity. Increased focus on ambulance pressure has required patients to be seen in clinical priority order. Redirection of patients is a key focus for the department to stratify and send patients to alternative means of care; collaboratively working with the GP Federation who provide the streaming/GP service. Furthermore, a trial to increase support healthcare staff to the main waiting room, aims to reduce processes and maintain patient safety when demand is high.

Colchester

Performance in-month remains stable, but below trajectory. Operational Floor Coordinators are now in post to provide operational support on the floor to clinicians to improve performance against the 4-hr standard, commencing at 10am-10pm, 7days per week until March 2023.

This will provide an opportunity to proactively manage delays in professional standards ensuring that all patients who are clinically ready to proceed are either discharged or moved to an assessment area / deeper ward within 4-hrs. We will be able to demonstrate the effectiveness of this role particularly well in ED Ambulatory where a high proportion of patients are discharged, rather than admitted. As flow continues to be challenged our ability to move admitted patients out of the department within 4-hours to assessment areas / deeper wards remains a challenge. The Flo for Flows are supporting with discharges; and early conversations with patients and relatives is supporting with capacity. The Time Matters reset week has been well supported in the Division of Medicine; with support from ECIST who are supporting with opportunities from robust pathways out of ED; and straight direct admissions to assessment areas.

Performance and trajectory				
November		ESNEFT	NEE	IES
	Actual	67.6%	72.5%	58.6%
	Trajectory	90.0%	90.0%	90.0%
	Position	✗	✗	✗

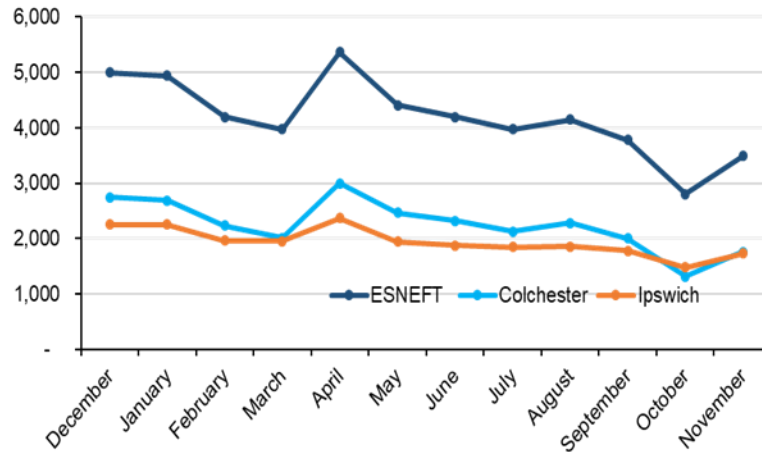
The number of ambulance handovers increased in month for ESNEFT by 24.7%. This was reflected at both sites with Colchester increasing by 33.5% and Ipswich by 16.9%.

Number of handovers - ESNEFT
3,496
 ↑ vs 2,804 last month

Number of handovers - Colchester
1,759
 ↑ vs 1,318 last month

Number of handovers - Ipswich
1,737
 ↑ vs 1,486 last month

Ambulances: Number of handovers



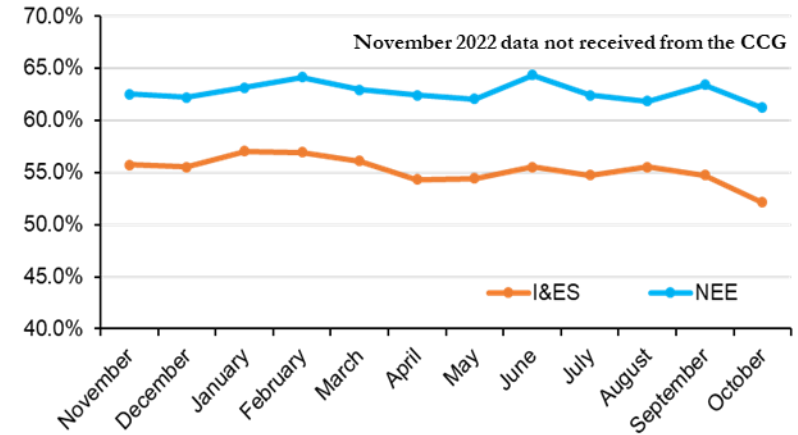
Ipswich

The trajectory for improved ambulance handovers remains the focus for ED and Trust. This continues to be constrained by the lack of cubicle capacity, driven by exit flow from the department with multiple bed waits daily. With the support of medical agency, the process to reduce ambulance delays utilises reverse corridor care to release the cubicle capacity. A trial involving the Older Peoples Care consultant and Frailty Team has seen a notable impact in preventing delays and reducing unnecessary bed waits in ED, selecting qualifying patients from both cubicles and straight off of ambulances and transferring them out of the ED to the Frailty Assessment bed base, to receive the right care in the right place.

Colchester

The U&EC Team remain fully committed to reducing ambulance offload delays. Support Medical Services have commenced providing cohorting capacity for 5 patients in month. Capacity for inbound cohorting will increase to 10 patients by January 2023, increasing our ability to offload within 15 minutes. We continue reverse corridor care for 'referred to speciality' patients, with 4 patients being cared for in the outbound corridor 24/7 via Commesio. The reset week has given the opportunity to work with system colleagues to review pre-hospital care and alternatives to attending an acute setting.

Ambulances: Conveyancing rate



ESNEFT performance has seen improvements across the board in month; for 15 minute handovers by 1.2% (Colchester deteriorated by 0.2% and Ipswich improved by 3.2%). The proportion of handovers that occurred within 15-30 minutes, 30-60 minutes and over 60 minutes have all improved for ESNEFT.

Handovers within 15 minutes - ESNEFT
12.0%

↑ vs 10.8% last month

Handovers within 15 minutes - Colchester
5.8%

↓ vs 6.0% last month

Handovers within 15 minutes - Ipswich
18.2%

↑ vs 15.0% last month

Handovers within 15 – 30 minutes - ESNEFT
38.8%

↑ vs 35.3% last month

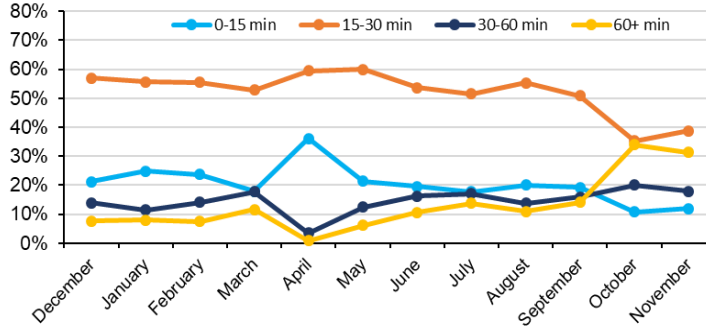
Handovers within 30 – 60 minutes - ESNEFT
17.8%

↓ vs 20.0% last month

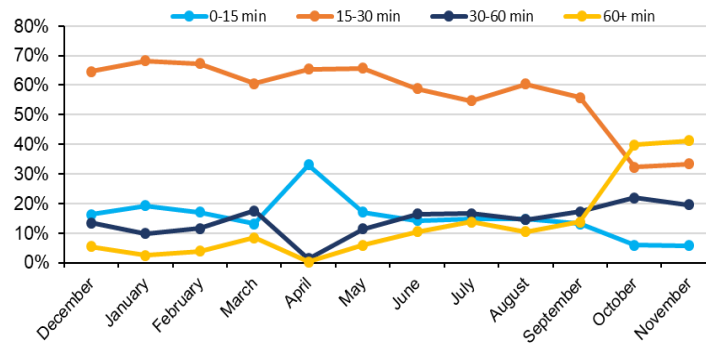
Handovers over 60 minutes - ESNEFT
31.4%

↓ vs 33.9% last month

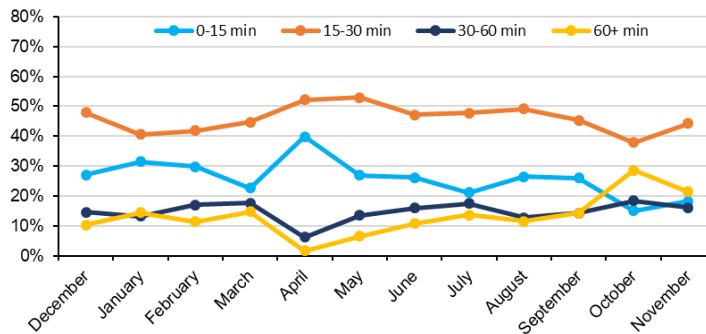
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Ipswich

The ongoing plan is continued use of the support medical team providing corridor care to release cubicle capacity and improve our trajectory. This will also help reduce ambulance delays and prevent increased offload times in line with the 30 minute national requirement. This is done with the use of 4 spaces in the corridor with clear clinical criteria, and enacted proactively when there is a predicated offload delay with the inbound screen to limit time loss.

Collaborative escalation plans and use of technology to provide efficient clear comms with staff within Ipswich, EEAST & the ICB has helped mitigate duplications and maintain focus.

Colchester

Via the Executive led ED Recovery programme, teams continue to develop a robust, proactive trigger tool, incorporating EEAST data which will enable the team to pre-empt surges in activity and put plans in place to mitigate risks of delaying ambulance offloads. This will be picked up by ED team and Site Team ensuring resources are allocated throughout the department appropriately, as well as earlier boarding decisions taking place to initiate improved flow prior to delays occurring. Teams are also in the process of purchasing 20 new ED trolleys which will enable quicker offloads as often no trolleys are available at peak surge.

Escalation and SBAR plans for ESNEFT are in place to support Silver and Gold OOHs with clear actions to implement to resolve offload delays. If there are no resolutions within 4 hours, escalation calls to the ICB are made.

Time to initial assessment within 15 minutes decreased in month by 1.6% for ESNEFT (Colchester decreased by 2.6%, Ipswich increased by 0.5%). Average time in department for non-admitted patients deteriorated by 9 mins and admitted patients improved by 57 mins. The number of 12 hour patients has decreased by nearly a quarter for ESNEFT in month.

Time to initial assessment (% patients within 15 mins)

81.1%
 ↓ vs 82.7% last month

Time to initial assessment (95pct)

30 min
 ↑ vs 28 last month

Average time in dept – non-admitted

301 min
 ↑ vs 292 last month

Average time in dept – admitted

580 min
 ↓ vs 637 last month

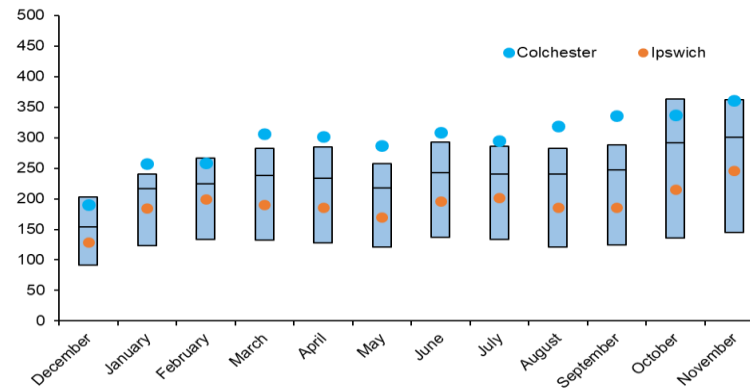
Time to treatment – median time in dept. (60 mins)

82 min
 ↓ vs 88 last month

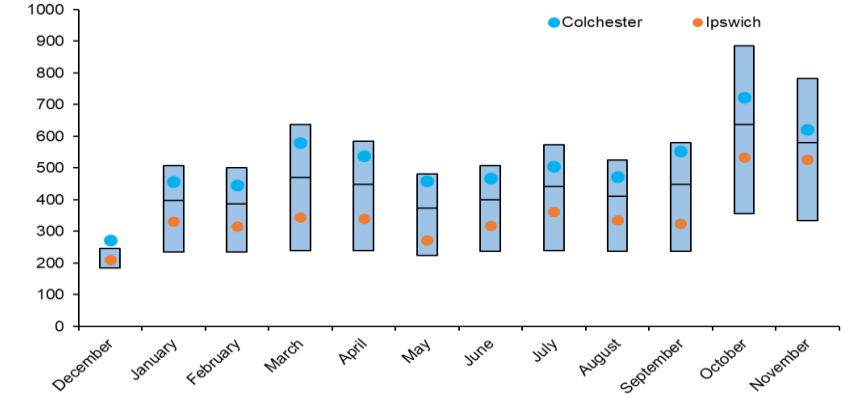
12 hour patients

1,504
 ↓ vs 1,987 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.



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

Ipswich

Length of stay in ED for admitted patients remained the same and non-admitted patients increased. This contributed to the amount of patients referred for a bed, but were seen treated and discharged later on. Changes in IPC rules relating to use of capacity were made in the middle of October which supported the use of all beds. Teams have launched a 2 week Time Matters – Focus on Emergency Flow with a command and control structure in place to improve flow and patient experience.

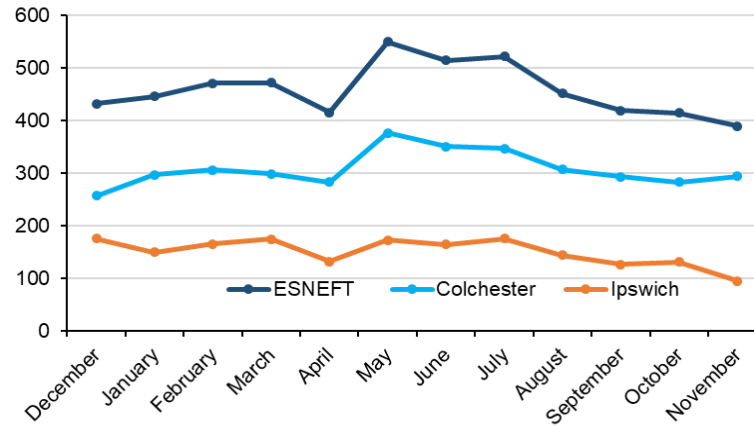
Colchester

Length of stay in ED for admitted patients decreased by making full use of all escalation areas and utilising AMSDEC and EAU to avoid DTA 12hr breaches. December performance may be initially negatively affected by the protection of AMSDEC for SDEC suitable patients following the Dr Sturgess review. This will, in the longer term, facilitate flow but in the short-term will potentially mean some longer wait times in ED for admitted patients.

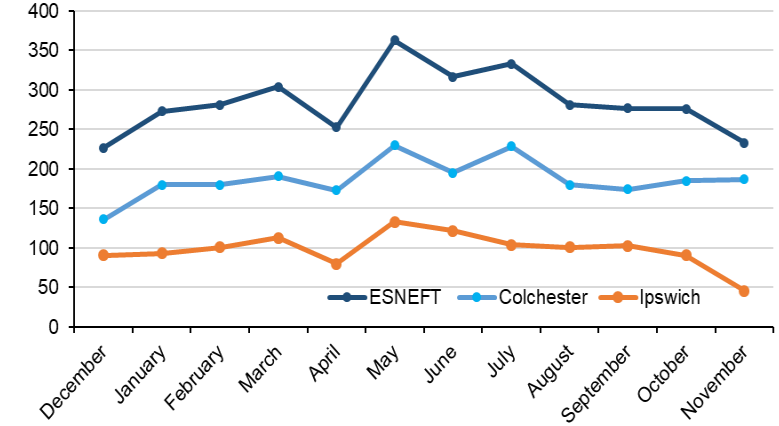
Length of stay for non-admitted patients has increased slightly and this area will be a clear area of focus for the Operational Floor Coordinator within ED Ambulatory to reduce LoS for all non-admitted patients, working with a timeline for escalation, achieving earlier decisions and outcomes.

MH ED attendances have decreased by 6.0% across ESNEFT in month (Colchester increased by 3.9% and Ipswich decreased by 27.5%). MH referrals decreased in month by 15.6% across ESNEFT: Colchester increasing by 1.1% and Ipswich decreased by nearly 50%.

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



MH attendances - Colchester
294

↑ vs 283 last month

MH attendances - Ipswich
95

↓ vs 131 last month

MHLT referrals - Colchester
187

↑ vs 185 last month

MHLT referrals - Ipswich
46

↓ vs 91 last month

Ipswich

The MHA was applied on 3 occasions at Ipswich Hospital in November.

Where delays in transfer to MH beds have occurred these have mostly been for people awaiting Tier 4 CAMHS beds or older people’s MH beds.

Colchester

The MHA was applied on 2 occasions at Colchester Hospital in November.

There are frequently high numbers of people awaiting MH intervention in ED in Colchester. The daily huddle with MH services continues to take place. There have been repeated occasions where individuals who have medical recommendations for detention under the MHA attend ED and remain there for significant periods of time (++days) awaiting identification of beds. Pressures within the AMHP service has contributed to delays in assessments.

The MH vehicle has now been commissioned by EEAST – it is too early to identify the benefits. These will be reported on next month.

Where delays in transfer to MH beds have occurred these have mostly been for working age adults in Colchester.

Admissions increased for emergencies by 2.4% and electives by 6.3% in month with non-elective admissions decreasing by 3.6%. Compared to 2021-22 for November admissions increased across the board with elective admissions up by 5.1%.

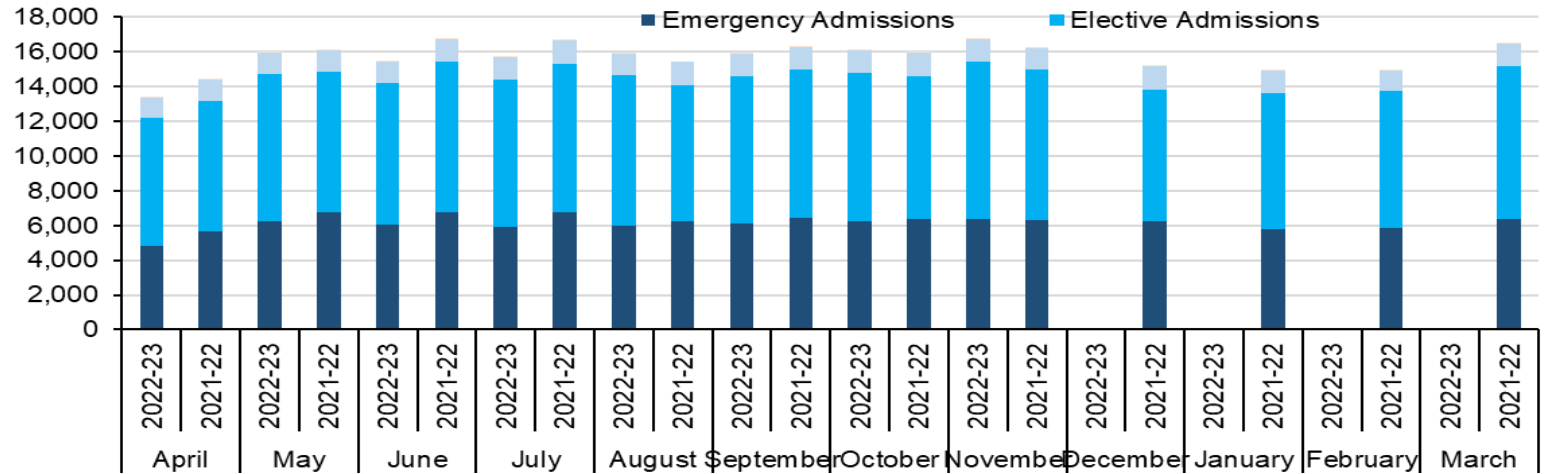
Emergency admissions
6,376
 ↑ vs 6,227 last month

Elective admissions
9,075
 ↑ vs 8,538 last month

Non-elective admissions
1,285
 ↓ vs 1,333 last month

Total admissions
16,739
 ↑ vs 16,099 last month

Admissions: Inpatient spells by admission type



Ipswich

Difficulties continue for flow out of the Emergency Department, with many patients being post-taken within ED. However, many are being set home to return to AMSDEC the following day – utilising alternative pathways. Teams are now seeing a continued rise in flu cases across medicine, which requires isolation. However, there is clear guidance from the IPC team on when and how to step the patients down into main bays. The heart centre continues to be utilised as additional escalation for medicine, and elective activity has continued.

There has also been an increase in trauma cases due to the change in weather. This has meant MSKAU has had to be utilised for emergency trauma.

Colchester

Robust front door assessment continues; with a senior clinician at the front door to redirect non-acute presentations to alternative settings. Patients have presented with high acuity in need of care; as well as older frail patients. The focus remains on Consultant only admissions; robust focus on discharges to support the elective programme; and moving patients to alternative care settings once medically optimised. All contingency areas remain open adding extra capacity.

Average number of long length of stay patients across ESNEFT decreased in month (Colchester decreased by 3 patients and Ipswich increased by 2 patients). The percentage of beds occupied by 21+ patients decreased by 0.8% in month but remains lower than the national and regional levels.

21+ day patients - ESNEFT
174

↓ vs 175 last month

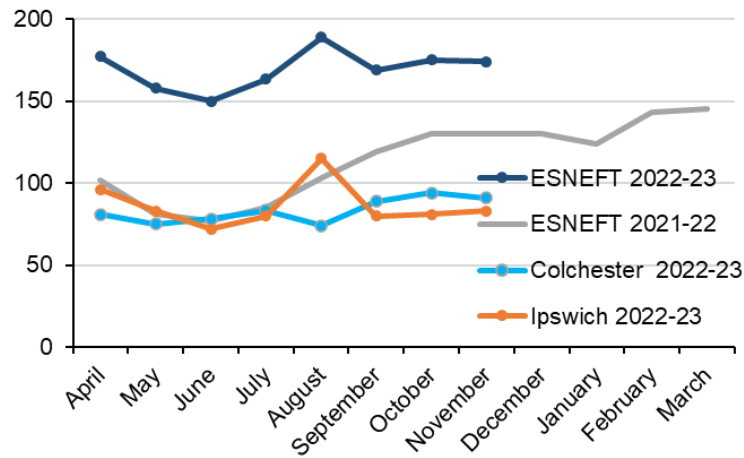
21+ day patients - Colchester
91

↓ vs 94 last month

21+ day patients - Ipswich
83

↑ vs 81 last month

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



Ipswich

LLOS reviews are being held weekly and noted on the RDT. Good progress is being made with maintained flow for PW1 patients and great engagement at the PW1 daily huddle. Work is ongoing focussed on assisting EOL patients be in the preferred place of death, supported by our hospice at home colleagues assisting with early discharges.

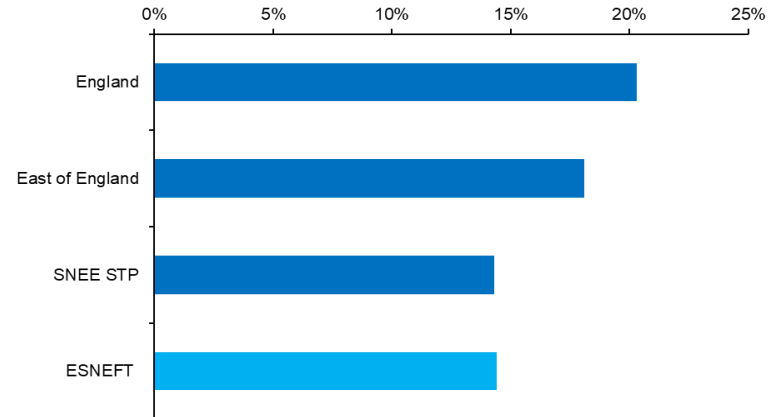
The Attain work continues with the TOCH supporting the case management role ready for the soft launch in December. This will support patients getting on the correct pathway providing early discharge planning and helping to reduce length of stay. Preparation is underway for the Chilton Meadows model, which will support the winter pressures and create flow within in the acute setting.

Colchester

LLoS reviews being held weekly along with NEE Alliance panels held twice weekly for those whose needs are more complex. Teams are continuing to see an increase in admissions related to breakdown of specialist placements, homelessness and poverty related issues.

Focus also continues on reducing hospital acquired functional decline, Discharge to Assess and promoting an asset based approach, rather than focussing on what patients can't do.

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



Ipswich:

- For December, there is a 'risk mitigated' set of schemes to deliver a bed mitigation of **56** beds.
- Assuming all of these schemes deliver to the risk mitigated value, predicted bed numbers for December are **-2**.
- From evaluating the 17 schemes in place, teams are delivering **53** beds against this prediction, leaving a deficit of **-4** beds overall against the plan.

Main key variances are:

1. Hot clinics for FAB is now delivering above prediction, from the work which Dr Dan Coates is running in pulling patients directly from ED into the FAB unit to assess to avoid admission. In December, he has been averaging 11 patients per day (M-F), avoiding admission. *(Was planned to deliver 2 beds)*.
2. Conveyance Avoidance Helpline – Delivering 7 admissions avoided per day, 7/7. *(Was planned to deliver 3.5)*.
3. Virtual Wards – Delivering 14 patients per day; (21 actually on the VW, but 7 relate to OPAT, which is not a step change for comparison for the Seasonal Variation Plan). *(Was planned to deliver 20 beds)*.

Colchester:

- The November forecasted bed model position, (assuming delivery of all seasonal variation schemes), had shown an expected average 13.2 bed surplus across the month.
- This calculation includes delivery of **18** bed mitigation schemes, delivering the equivalent of **104** beds mitigated.
- Based on schemes underway, these have been RAG rated using best endeavours to estimate scheme performance based on delivery as follows :-
- **18 schemes in total:-**
- *8 Green (delivering or over-delivering to plan) = total 40 beds*
- *6 Amber (delivering, but not to the plan level) = total 41 beds*
- *1 Red (part delivery) = total 5 beds*
- Hence from the original plan of 104 beds, we are delivering 82 beds mitigated, falling short by 22 beds.

Top 3 schemes under-delivering or not delivering - Colchester:-

Scheme	Beds calculated in plan (incl. risk slippage 30%)	Assumed actual Currently	RAG	SRO	Comments
Virtual Ward	19	5	Red	P Little	Pathways approved for surgery, frailty and respiratory, some activity especially frailty. Plan to implement medical VW
Bridging Beds	25	9.0	Amber	S Chandiwana	Criteria for referrals has meant that many referrals are rejected, and therefore overall occupancy is low. Difficult to source information from ECC about the number of beds occupied at any one time as multiple homes are utilised. Anecdotally <u>ToC</u> report that P1 <u>PoCs</u> are being released more quickly.
Flow for Flo	17	12	Amber	S Rafiq	Delayed recruitment, staff bow in place and expected to deliver from November

Top 3 schemes delivering / over-delivering – Colchester:-

November					
Scheme	Beds calculated in plan (incl. risk slippage 30%)	Assumed actual Currently	RAG	SRO	Comments
Community Hospitals	8	12	Green	H James	Beds open and serviced
Birch contingency	6	8	Green	S Chandiwana	Beds open and serviced
SAU	6	6.5	Green	V Pentney	Increased SAU Beds

ESNEFT cancer performance improved across the board in month with 62 day wait performance improving by 2.0% but falling short of the trajectory by 15.1%. Two week wait performance improved by 1.4%. 28 day faster diagnosis improving by 4.7% but remains 7.7% below target and the national standard. The number of patients on the 62 day 1st PTL which are 63 days or more has seen an increase.

Two week wait performance **73.4%**
 ↑ vs 72.0% last month

62 day wait performance **69.9%**
 ↑ vs 67.9% last month

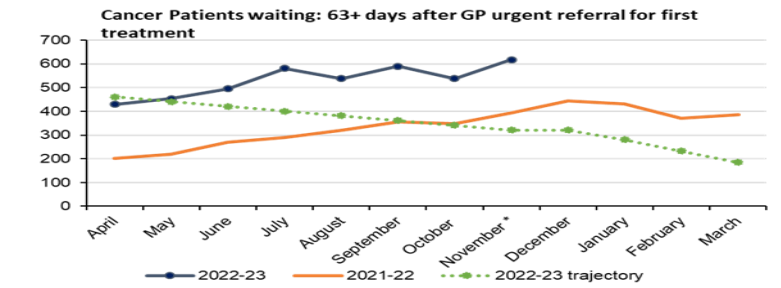
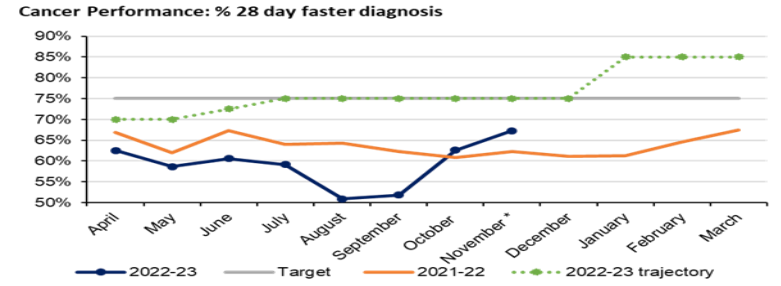
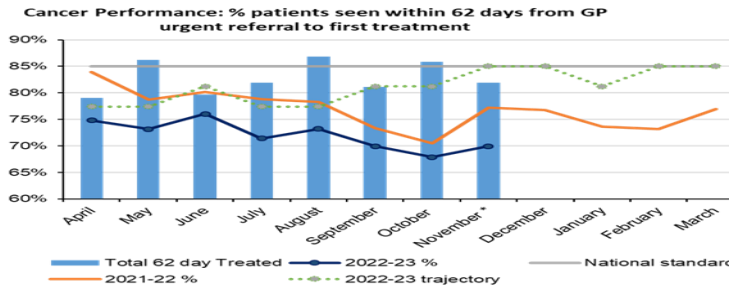
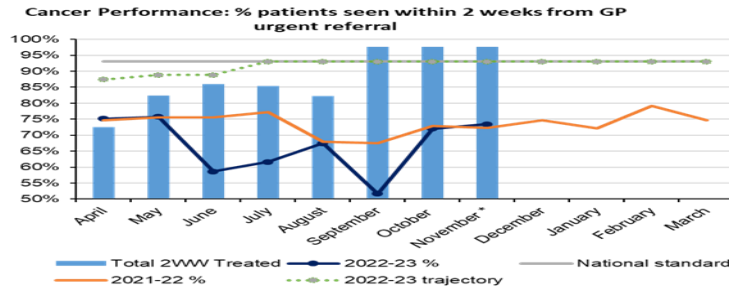
28 day faster day diagnosis performance **67.3%**
 ↑ vs 62.6% last month

Patients treated after 104 days **31**
 ↑ vs 25 last month

Total patients on 62 day 1st PTL **4,015**
 ↓ vs 4,233 last month

62 day 1st patients 63+ days **618**
 ↑ vs 538 last month

*Unvalidated figures as of the 09/12/22. Final figures for November 2022 will be available in January 2023 after submission



Improvements were seen in month for reducing both the 62-day backlog and the overall PTL size.

2WW performance has improved with both gynaecology and urology now compliant. Breast performance has dropped again due to increased polling times at Colchester. This is due mainly due to BMA rate issues impacting previously agreed capacity.

28 FDS: Good progress with brain, breast, H&N and skin all compliant and lung almost there. Lowest performance remains within colorectal, however, a huge amount of work has taken place in the last 10 days to reduce polling times at Colchester.

For 62-day performance there has been some improvement seen with breast and gynae compliant. Overall, the trust position is likely to remain around 70% in December as we continue to treat our longest waiting patients and reduce the backlog. Colorectal has the lowest performance at just 15%.

Daily Red to Green (Grip & Control) meetings have commenced for both colorectal and UGI and improvements have already been seen in December reporting. The full impact will be noted from January, as long as improvements can be sustained over the Christmas period.

The overall PTL size is reducing quickly. This is the impact of both skin outsourcing, work ongoing in surgery and the new way of tracking using the updated cancer dashboard. Operational teams are all now using the dashboard and are able to easily see what needs to be completed. This is improving the turnaround of overdue actions.

6 week performance showed a reduction in month by 5.3% and is 6.6% above trajectory. 67.4% of the breaches occur at Ipswich with echocardiography accounting for 44.0% of the Ipswich breaches. For Colchester sleep studies account for just over half of the breaches. The waiting list is showing a decrease of 1.5%.

% patients waiting > 6 weeks or more

9.9%

↓ vs 15.2% last month

DM01 6 week breaches
1,055

↓ vs 1,642 last month

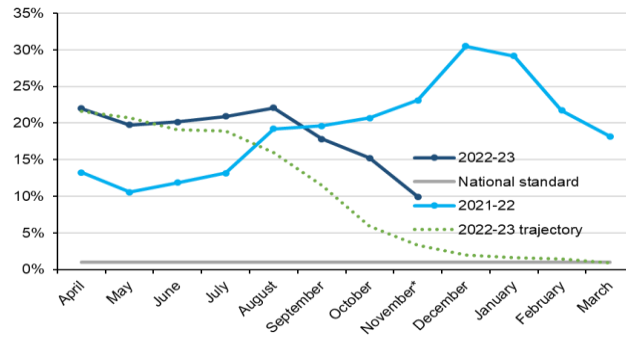
DM01 Waiting List

10,612

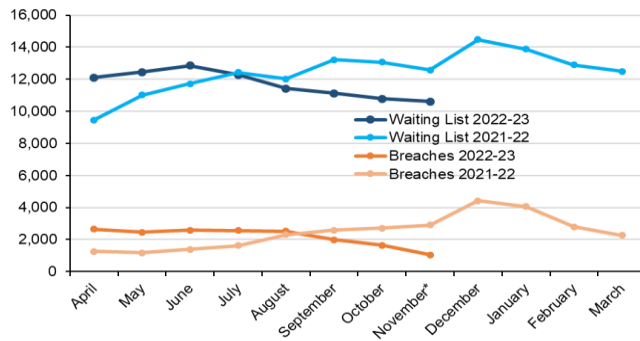
↓ vs 10,775 last month

**November's OAKS data not received
October 2022 data used for reporting*

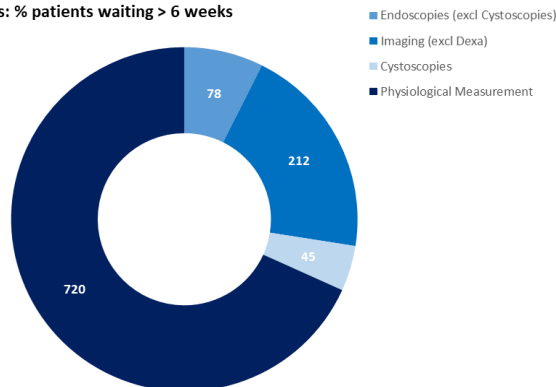
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



Imaging

IPS

MRI – 140 breaches – above trajectory – planned and unplanned downtime in Sept/Oct, utilising insourcing company to boost capacity as well as the Oaks.

US – 48 breaches – above trajectory – issue with consultant capacity, looking to put on extra lists to recover.

CT – 0 breaches - below trajectory

COL

MRI – 7 breaches – slightly above trajectory but no concerns

CT – 11 breaches – slightly above trajectory but no concerns

US – 2 breaches – well below trajectory

Urology

73 breaches – over trajectory for both sites – performance affected by sickness/machine breakdown/pt fitness. Dec breaches expected to be better, not expecting compliance until Feb.

Endoscopy

IPS – 32 breaches – only 5 above trajectory

COL – 12 breaches – well below trajectory

Special Surgery

IPS – 119 breaches – significantly over trajectory – locum who was covering gone on mat leave, planning for recovery in March 23

COL – 0 breaches

Med 1 (Echo's/Sleep Studies)

IPS – Echos - 313 breaches – above trajectory - delay in recovery plan starting which set back the position, performance significantly better than previous month – however company have 3 weeks leave between Dec/Jan that is uncovered

IPS – Sleep Studies – 19 breaches – process issue outside of medicine which caused these breaches, further 20 breaches expected in Dec, trying to put additional capacity on

COL – Echos – 28 breaches – over trajectory – much better performance than previous month, locum & CDC capacity helping this position

COL - Sleep Studies – 176 breaches – significantly over trajectory – additional clinics in place, extra sleep device set up clinic at Clacton since 7th Dec

Med 2 (Neurophys)

IPS – 0 breaches – in line with trajectory

COL – 33 breaches – above trajectory – additional support being sourced to assist with backlog, expected compliance by Feb 23

Performance against the 18 week standard has improved in month by 0.5% and is above the national/regional averages. The proportion of the list waiting more than 52 weeks also declined in month but also continues to be lower than the national/regional averages.

Incomplete pathways within 18 weeks - ESNEFT

61.4%

↑ vs 60.9% last month

Incomplete pathways within 18 weeks – National

60.1% (October 22)

52+ waiters as % of list - ESNEFT

↑ 5.0%

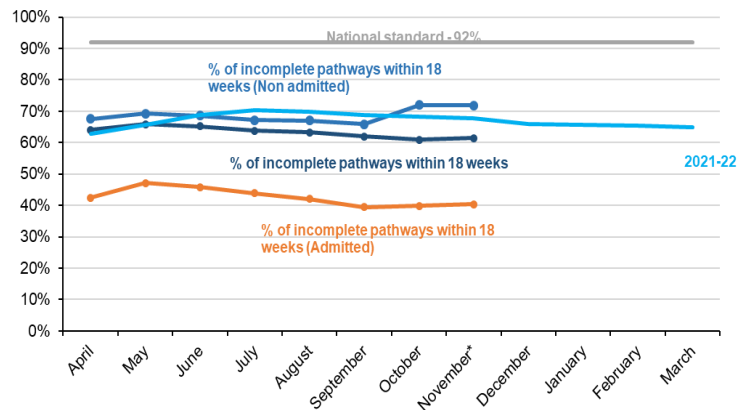
vs 4.75% last month

52+ waiters as % of list – National

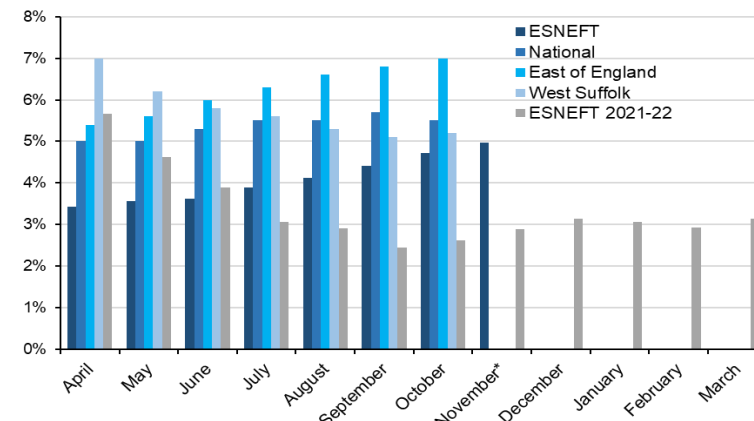
5.5% (October 22)

**November's OAKS data not received
October 2022 data used for reporting*

RTT Waiting List: Performance against 92% standard



52+ Incompletes as a % of the Total Waiting List



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

The 78 week position has triggered national attention and ESNEFT are now on a watchlist. It is expected that increased scrutiny will come with this and the CEO attended a meeting in December with the CEO of NHSI.

The main specialty hotspot remains as General Surgery.

Additional support continues for General Surgery in terms of demand and capacity, management and oversight of the longest waiting patients, validation and transferring patients to both the Oaks and Nuffield.

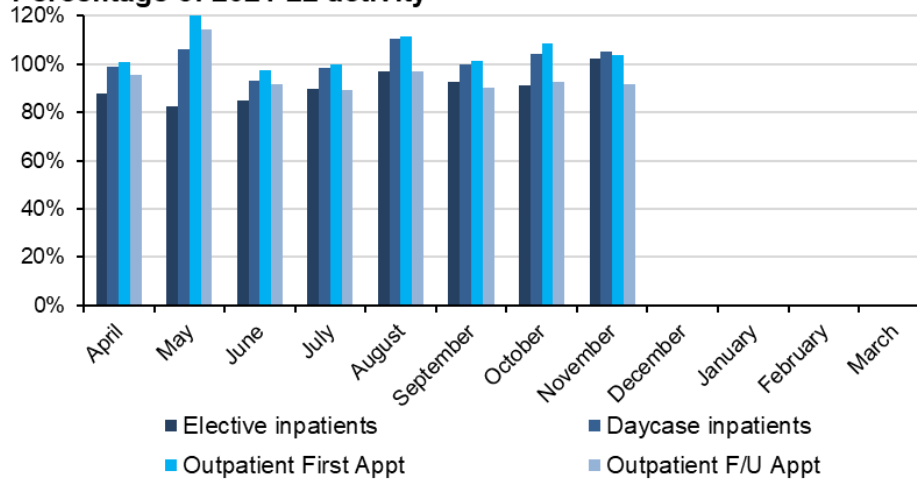
In addition to the above, General Surgery has transferred 30 whole pathways to WSH.

An insourcing contract has been awarded for the treatment of 500 patients by the end of March to eliminate the 78 week patients for General Surgery. This does have risk in terms of delivery in the timeframe but it is being closely overseen at a senior level.

A general manager led PTL meeting will commence from December, focussing on performance, productivity and thematic issues.

Activity increased across the board in month. Elective inpatients, daycases, outpatient first and outpatient follow ups increased by 5.8%, 6.7%, 9.8% and 8.2% respectively. Activity levels against 2021-22 levels were up with the exception of outpatient follow ups which achieved 91.9% whereas elective inpatients, daycases and outpatient firsts all were over 100% for the same period compared to 2021-22.

Percentage of 2021-22 activity



Elective inpatients

905

↑ vs 855 last month

Daycase inpatients

8,170

↑ vs 7,659 last month

Outpatient First Appt

30,134

↑ vs 27,445 last month

Outpatient F/U Appt

50,287

↑ vs 46,459 last month

Kaizen fortnights have been held at each site and key improvements were made for MSK & Specialist Surgery, Women’s & Children’s and Surgery, Gastro & Anaesthetics in terms of both number of cases and booking processes.

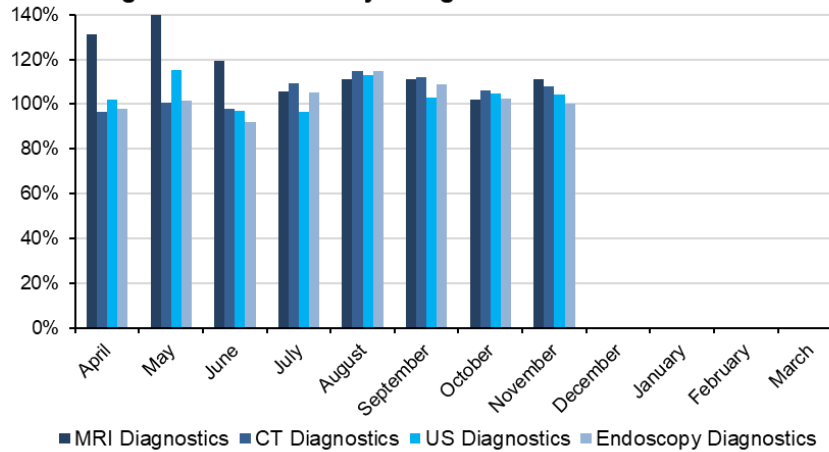
The Trust is progressing work through the national validation toolkit and implementing the 3 step validation asks; technical, administrative and clinical validation.

ESNEFT delivered 98% of high volume low complexity activity as a percentage of BAU in August 22 compared to August 19 and are 4th highest in the east of England. This compares well, however this has been affected by some of the latest BMA rate card issues and teams are expecting this to reduce by 5-10%.

ESNEFT are delivering 77% capped theatre utilisation against a target of 85% and are 4th highest in the east of England.

Activity increased across the board in month with the exception of Endoscopy. CT, MRI and Ultrasounds increased in month by 2.8%, 8.5% and 6.0% respectively whereas Endoscopy decreased by 10.3%. The same was reflected against 2021-22 activity levels with CT 107.8%, MRI 111.2%, Ultrasounds 104.2% and Endoscopies achieving 99.9%

Percentage of 2021-22 activity - Diagnostics



CT
6,999
 ↑ vs 6,607 last month

CT
 Delivered 126.2% activity compared to 19/20 in Nov across ESNEFT – 125.9% in Colchester due to CDC and having 15 min slots in place. Ipswich were at 126.6% - utilising insourcing and independent sector to boost capacity.

MRI
3,775
 ↑ vs 3,479 last month

MRI
 Delivered 125.1% activity compared to 19/20 in Oct across ESNEFT – 131.6% in Colchester due to CDC and mobile in place. Ipswich at 118.4% - work underway to boost capacity by reducing slot times, already utilising insourcing and the independent sector

US
11,320
 ↑ vs 10,680 last month

US
 Delivered 110.8% activity compared to 19/20 across ESNEFT. Ipswich at 104.9% - have recovered backlog – ongoing management of consultant US demand to maintain compliance. Colchester at 116.9% - have recovered backlog – short/medium terms initiatives to boost capacity in place until longer term plans come to fruition in the new financial year

Endoscopy
1,698
 ↓ vs 1,894 last month

Endoscopy
 Expressions of interest in national funding being submitted in Dec 2022, business case submissions set for Feb 2023 following decision. Clacton CDC activity plan failed to commence in August/September due to estate limitations. Additional capacity of 20 patients per week funded at the Oaks to mitigate until estate becomes available circa July 2024.
 COL: Continue to send surveillance patients to The Oaks, process reset began w/c 12/12 to improve capacity utilisation.
 IPS: New scopes ordered & delivered as part of capital monies awarded in April. Conducting deep-dive into drop in activity against 19/20.

The waiting list increased in month by a further 1.1% and was over trajectory by over 7,000 patients. 52+ week waiters increased by a further 7% but is under trajectory by 251 patients; increases were reflected at site level with Colchester and Ipswich both increasing by 21 patients and 224 patients respectively. 104+ week waiters has stayed the same in month.

Total open RTT pathways
79,575

↑ vs 78,734 last month

52+ week waiters

3,962

↑ vs 3,717 last month

78 + week waiters

399

↑ vs 315 last month

98 + week waiters

36

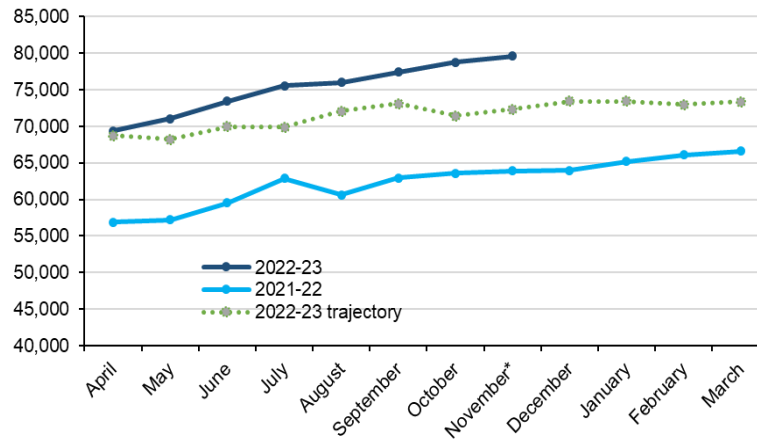
↑ vs 24 last month

104+ week waiters

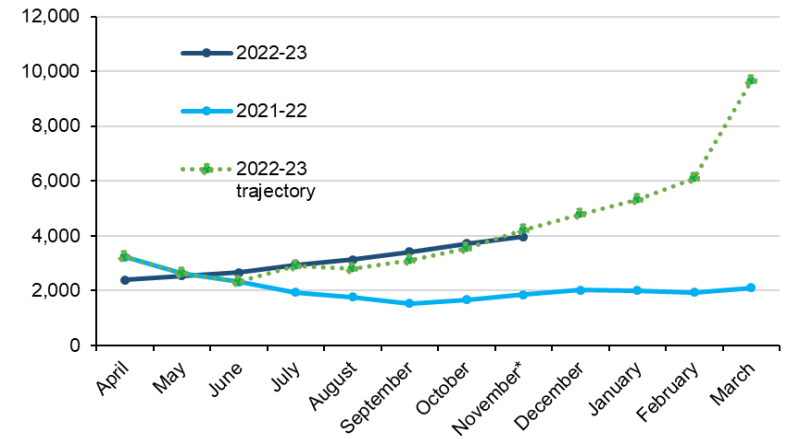
7

→ vs 8 last month

RTT Waiting List: Total open pathways



RTT Waiting List: Total 52+ week waiters



There are potentially 4 patients who will have been waiting more than 104 weeks for treatment at the end of December. These will all be breaches due to complex pathways.

A new weekly meeting has been established with a particular focus on those patients currently waiting 100 weeks plus. The purpose of the meeting is to ensure all patients have a clear plan and are treated as quickly as possible. These mainly comprise patients in General Surgery and Gastroenterology.

The centralised RTT validation team has commenced the validation of all General Surgery patients clock stopped since the start of COVID-19. The purpose is to identify if they had been incorrectly clock stopped, particularly in outpatients. Some patients with relatively short wait waits have been identified so far and there remains a risk that more 104+ patients will be found.

*November's OAKS data not received
October 2022 data used for reporting

Month 8 Performance

Summary Income and Expenditure	November			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Income from Patient Care	73,315	77,031	3,716	583,464	595,960	12,496
Other Operating Income	4,388	4,895	507	34,950	39,606	4,656
Total Income	77,703	81,926	4,223	618,414	635,566	17,152
Pay	(47,449)	(48,311)	(862)	(378,624)	(385,754)	(7,130)
Non Pay	(26,268)	(30,175)	(3,907)	(207,900)	(219,487)	(11,587)
Total Expenditure	(73,717)	(78,485)	(4,768)	(586,524)	(605,240)	(18,716)
EBITDA	3,986	3,441	(545)	31,890	30,325	(1,565)
Impairments	-	-	-	-	-	-
Other Non Operating	(3,726)	(3,500)	226	(29,812)	(30,137)	(325)
Surplus / (Deficit)	260	(59)	(319)	2,078	188	(1,890)
EBITDA %	5.1%	4.2%		5.2%	4.8%	
Performance Against CT						
Capital donations I&E impact	(260)	31	291	(2,078)	209	2,287
DHSC Donated Consumables	-	-	-	-	(120)	(120)
Total Non CT Items	(260)	31	291	(2,078)	88	2,166
Performance Against CT	-	(29)	(29)	-	276	276
Less gains on disposal of assets	-	-	-	-	(27)	(27)
Performance for System Purposes	-	(29)	(29)	-	249	249

M8 Revenue Headlines

In November, 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 continued to report a significant over delivery in November of £4.2m, £17.2m year to date. The continued over performance in month relates to a number of in year contract variations agreed and funded after the June plan was submitted including the additional pay award uplift, monies in relation to the virtual ward provision and the monthly adjustments for high cost drug and devices that remain on a cost & volume contract.

As reported in previous months, there is still believed to be a risk related to actual performance in respect of ERF as there are still some issues where national updated are still outstanding (such as baselines).

Whilst an adverse variance is still reported in pay within the month, this is at a much reduced rate with a number of factors impacting on the position. Actual spend reports a reduction in November compared to the previous month, mainly relating to a lower number of additional session claims by the consultant body which will likely be linked to the BMA rate card issue. The planned allocation for November increased as the original plan anticipated an increase in costs in relation to the management of COVID-19. Additional contingency beds which unfortunately have been required over the last few months due to operational pressures, continue to impact on the pay spend position.

Within non-pay, an adverse variance of £3.9m was reported in November. Whilst CIP delivery continues to impact £0.4m in month, the main area of concern is reported within clinical supplies and services with a significant increase in actual spend predominately reported within Pathology services but also within a number of other clinical divisions.

Temporary Pay

November reported a reduction in agency spend and this continued to account for 3.4% of all pay costs (compared to 2.8% in November 2021). Whilst the majority of staff groups' spend continue to remain static, consultants spend is the area reporting a reduction within S,G&A although this is variable month on month.

The Trust continued to exceed the revised agency expenditure limit in November. The graph below details the revised ceiling limits and current spend which highlights an adverse £0.3m in month and £2.7m YTD. Whilst a number of divisions continue to report a reliance on agency, S,G&A reported a reduction at consultant level although it should be noted this is variable.

November reported an increase in bank spend compared to October of £0.2m. The main area that reported an increase in spend is within the junior doctor workforce in a number of divisions, but W&C identified the largest increase in month due to rota concerns and dual running of the lower tier which is expected to continue.

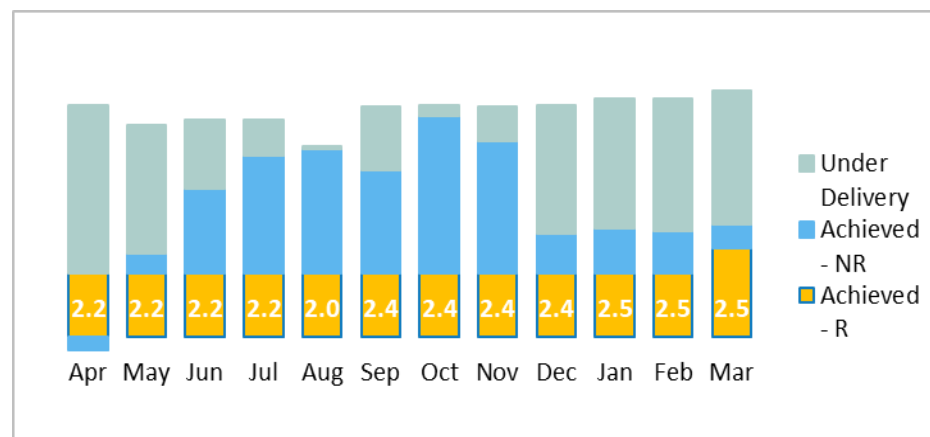
2022/23 CIP programme

In-month position

£2m of cost improvement plans were delivered in November against a target of £2.4m; of which £1.4m were non-recurrent schemes.

W&C significantly exceeded CIP plans for November (non-recurrently) and Estates & Facilities and S,G&A reported the largest adverse variances in month.

CIP Delivery by Division	November			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	338	257	(80)	2,702	1,883	(819)
Integrated Pathways	186	135	(51)	1,491	1,495	5
Medicine Ipswich	159	140	(19)	1,319	1,159	(160)
Medicine Colchester	156	121	(35)	1,249	953	(296)
MSK and Specialist Surgery	231	231	1	1,815	1,991	175
NEE Community Services	128	130	2	1,023	591	(432)
Surgery, Gastro & Anaesthetics	369	205	(164)	2,477	852	(1,625)
Women's and Children's	271	366	95	2,166	1,765	(401)
Total Operations	1,838	1,585	(252)	14,241	10,689	(3,552)
Estates & Facilities	381	119	(262)	2,442	460	(1,981)
Corporate Services	154	306	152	1,281	1,536	254
Non Divisional	-	-	-	-	-	-
Total Trust	2,373	2,011	(362)	17,964	12,685	(5,279)



Year to date position

Year to date £12.6m of cost improvements have been delivered against a target of £18m; of which £7.5m were non-recurrent schemes.

Key variances

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

- Estates & Facilities - £1.9m
- Surgery, Gastro & Anaesthetics - £1.6m

Quality Impact Assessments

QIA achievement reported at 44% (no improvement compared to October) against the FYE target of £27.6m.

£000s	FYE QIA					
	Target	Idea	PID	DMT	QIA	QIA/Target
Corporate Services	2,149	29	0	0	1,470	68%
Estates & Facilities	3,803	731	75	12	1,253	33%
Cancer and Diagnostics	4,053	150	98	0	1,800	44%
Medicine Colchester	1,873	174	0	0	521	28%
Medicine Ipswich	1,955	79	0	0	1,088	56%
MSK and Specialist Surgery	2,769	86	18	0	1,751	63%
Surgery, Gastro & Anaesthetics	3,954	0	347	33	1,360	34%
Women's and Children's	3,249	51	77	0	1,077	33%
Integrated Pathways	2,236	179	0	0	950	42%
NEE Community Services	1,534	345	88	0	804	52%
Trust Total	27,576	1,825	703	45	12,075	44%

22/23 Cash position & Capital

Cash Position

The Trust held cash of £65.9m at the end of November. Based on the current forecast, cash held at year-end will be circa £85m.

Prompt Payment Performance

The Trust endeavours to pay all creditors within 7 days as nationally required. Where invoices can be matched to orders this is achievable. Where further authorization is required this may not be possible although payments are made as soon as appropriate authorization is obtained.

The Trust's Public Sector Payment Performance for non-NHS invoices in November was 83.1% compared to 84.2% for the same period last year.

The increase in other liabilities relates to the deferral of income for seasonal variation and COVID-19 monies.

Capital Expenditure

November reported a CDEL underspend of £37.1m YTD, of which £5.8m was in month.

The current underspend against capital programme £34.5m now exceeds what is expected as the full year underspend £30m (to be brokered). Where schemes have not incurred expenditure inline with the plan profile, project leads need to ensure that schemes continue to deliver as planned and that the expenditure is incurred inline with the plan. This is a significant risk, which is detailed in the next slide.

The main driver of YTD underspend continues to be the 'building for better care' developments:

- Elective Orthopaedic Centre including do max option and enabling works £21m – valuation exercise has been conducted resulting in a £2.5m invoice to charge for works completed to date. 100 of the 290 modular units now constructed and awaiting update from MTX / Castons for profile of the remaining units and delivery phases to site. Forecast remains £18m spend in year.
- Emergency reconfiguration £4m – forecast costs remain in line with plan but YTD variance mainly linked to delays / stoppages £3.1m. Ipswich UTC enabling works currently underspending but expected to be incurred. Overall, forecast to overspend £1m due to SAU change form approved.
- Green Surgical Hub £5m – no direct spend against plan linked to delay in TIF decision and other delays that have occurred for Ipswich UTC. However a significant amount of resource has been incurred in terms of infrastructure e.g. steels and foundations etc.

Other slippage YTD on schemes £1m - most significantly on Breast Care (£1.2m), which is forecast to underspend on project by £0.7m and offsets against the overall position where an element of underspend or slippage is required to balance the overall programme.

The trust continues to seek £30m brokerage, mainly driven by the EOC programme. Any other slippage the trust will attempt to mitigate internally and will need to take account of any impact this has on the longer term capital plan.

The remaining available CDEL beyond this brokerage value is expected to be utilised for schemes brought forward from 23/24 where possible.

Capital Programme	Year to date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	607	527	80	1,165	1,070	95
Non-Medical Equipment	-	-	-	-	-	-
ICT	366	28	338	2,944	2,473	471
Estates & Facilities	800	941	(141)	2,905	3,000	(95)
Building for Better Care	41,740	11,474	30,266	71,269	36,544	34,725
Schemes	10,882	9,728	1,154	32,581	36,368	(3,787)
Right of Use Assets	3,036	265	2,771	3,117	4,191	(1,074)
PFI Lifecycle Costs	-	-	-	1,161	1,161	-
Total Capital Programme	57,431	22,963	34,468	115,142	84,807	30,335
Note: CDEL						
PFI Lifecycle Costs	-	-	-	(1,161)	(1,161)	-
PFI Residual Interest	492	492	-	738	738	-
Disposals	-	(2,486)	2,486	(2,048)	(4,534)	2,486
Donated	-	(157)	157	(3,369)	(2,157)	(1,212)
Net CDEL	57,923	20,813	37,110	109,302	77,694	31,608

22/23 Elective Recovery Fund

ERF M1-8

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

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

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

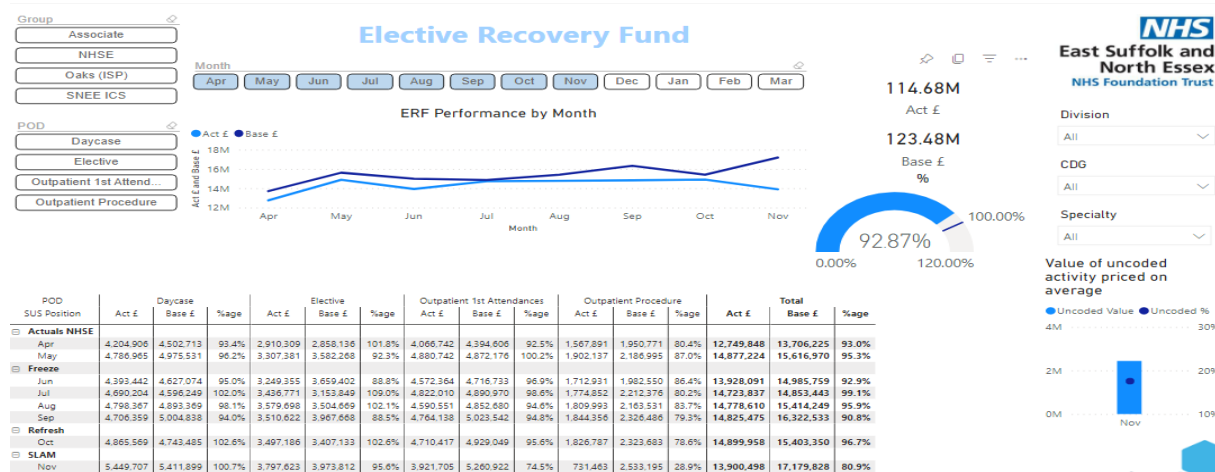
Internally, we have re-costed the baseline using the available tariff, but will adjust to final national baselines if need be when provided (date tbc)

Actuals for Month 1-4 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 unless otherwise stated



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 M1-8 is calculated at 92.9% of cost-weighted 19/20 elective patient care

- April – Sept. (Fixed) 95.3%, £5.0m short of baseline, £6.5m short of 104%
- Oct – 96.7%, £1.5m short of baseline, £2.1 m short of 104% (97.6% excluding RES)
- Nov – 80.9%, £3.3m short of baseline, £4.0 m short of 104% (79.7% excluding RES)
- Total – 92.9%, £10.8m short of 104% (94.3% excluding RES – set at baseline in month 8 - £13.8m gap)

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. For context, between M7 and M8 reports, September’s position (now finalised) improved by £100k and October’s position improved by £899k with improved recording and depth of coding.

Current monthly position (including RES contract):

Row Labels	Current calculated				
	Actual	Baseline	Gap to Baseline	Gap to 104%	%
Apr - Aug	£71,057,610	£74,576,647	(£5,016,095)	(£6,502,103)	95.3%
Sep	£14,825,475	£16,322,533	(£1,497,058)	(£2,149,960)	90.8%
Oct	£14,899,958	£15,403,350	(£503,392)	(£1,119,526)	96.7%
Nov	£13,900,498	£17,179,828	(£3,279,330)	(£3,966,523)	80.9%
Grand Total	£114,683,541	£123,482,358	(£10,295,875)	(£13,738,111)	92.9%

Workforce Dashboard

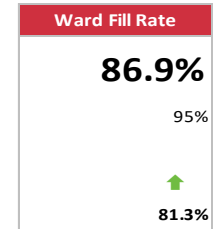
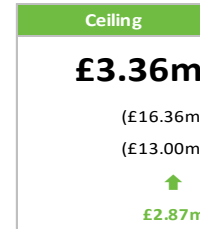
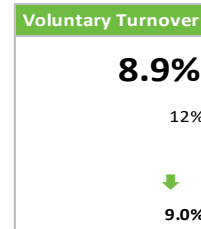
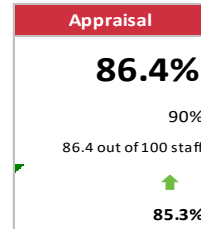
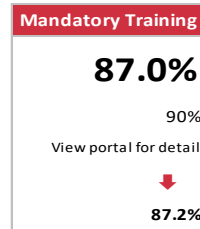
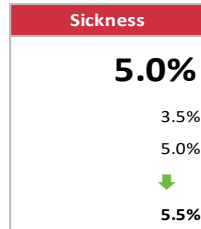
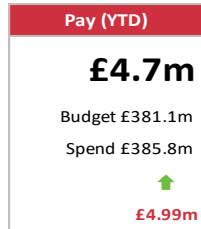
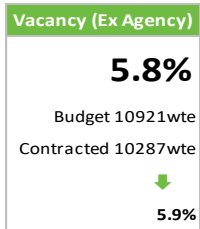
November 2022

Trust Level

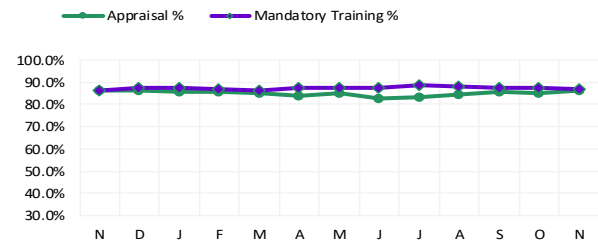
Key Metrics

Performance

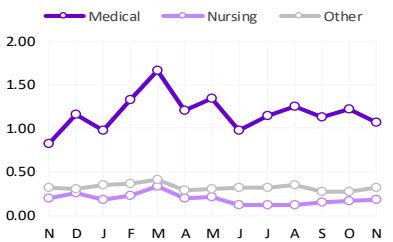
Target
Achieved
Vs Prior Month
Prior Month



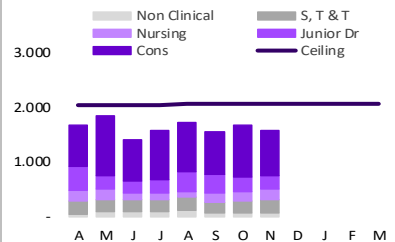
Appraisals & Mandatory Training Compliance %



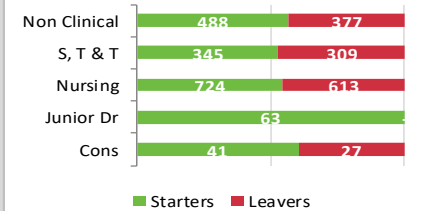
Agency Trends (ex Locum) £m



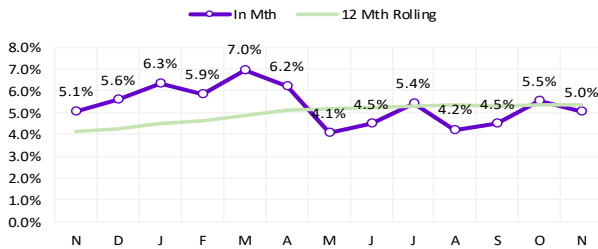
Agency Ceiling £m



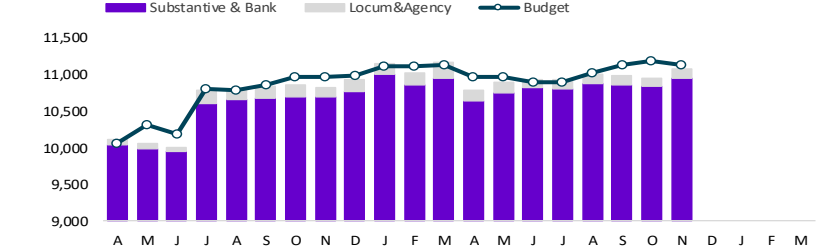
Starter - Leavers (12Mth Rolling) Headcount



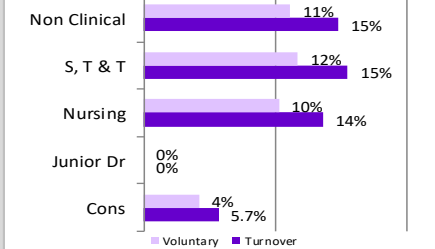
Sickness %



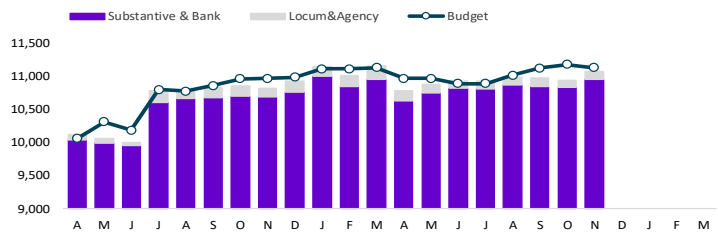
Workforce Trends wte



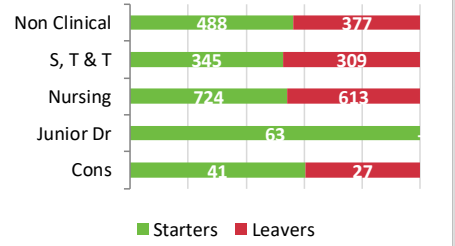
Turnover by Staff Group Headcount



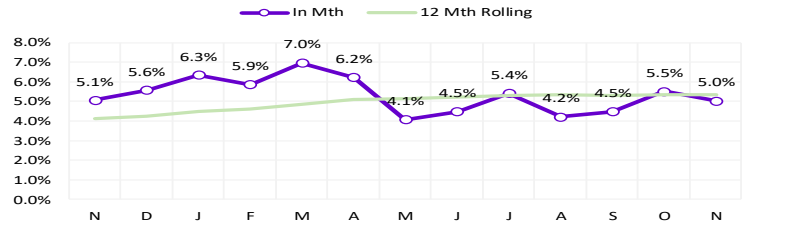
Workforce Trends wte



Starter - Leavers (12Mth Rolling) Headcount



Sickness %



Commentary

Recruitment

In November, the number of staff in post increased to 10,287 WTE (October 10,222). The Trust continues to have more starters than leavers overall in the majority of clinical groups. The Trust's rolling voluntary turnover for November was 8.9% (October 9.0%)

140.15wte (162 headcount) external offers were made (excluding Medical offers)

International Nurse recruitment: Apr 2022 - March 2023 144 RNs to commence. 23 International Nurses arrived in November. 3 International Community Support Workers arrived in November with a further 7 due to arrive in December

International AHPs: 2 Radiographers and 1 OT arrived during the month. 4 further radiographers in the pipeline.

All International arrivals are now undertaking both Trust and localised induction programmes.

Consultant vacancies reduced to 37 WTE with 21 Consultants currently progressing through on-boarding. There are 3 SAS Vacancies.

Sickness

Sickness absence decreased to 5.0%, from 5.5% in October 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 (59.63 %) than long term sickness (40.37%).

Long Term Sickness absence has increased (from 38.56% to 40.37%) which is likely to be related to the increase in absences due to Anxiety, Stress, Depression and other psychiatric illnesses (from 20.05% to 22.56% of the top 10 sickness reasons).

Risks & Mitigating Actions

Recruitment, Resourcing and Planning

There has been a slight decrease in the number of vacancies to 5.8% (from 5.9% in October).

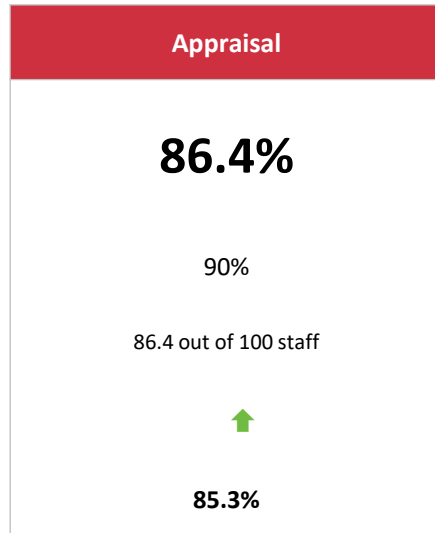
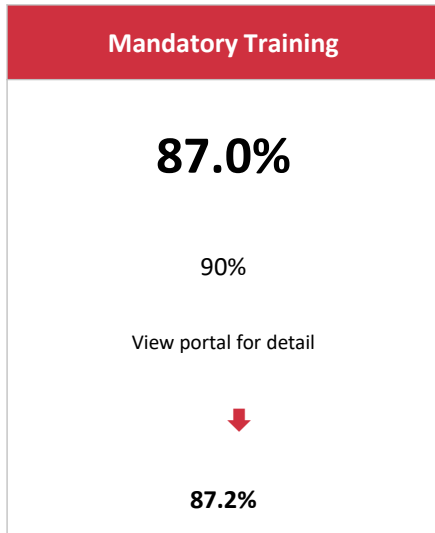
Agency spend M08 @ £1.5m of which £1m was spent on Medical Locums. Direct engagement VAT savings (Medical) of £602k YTD (M08 @ £64k). Rate adherence to EoE agreed medical pay rates is at 50% of bookings (Regional average @ 35%). Bank spend in M08 was at £4.5m and remains consistent with the FY average of £4.4m per month.

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

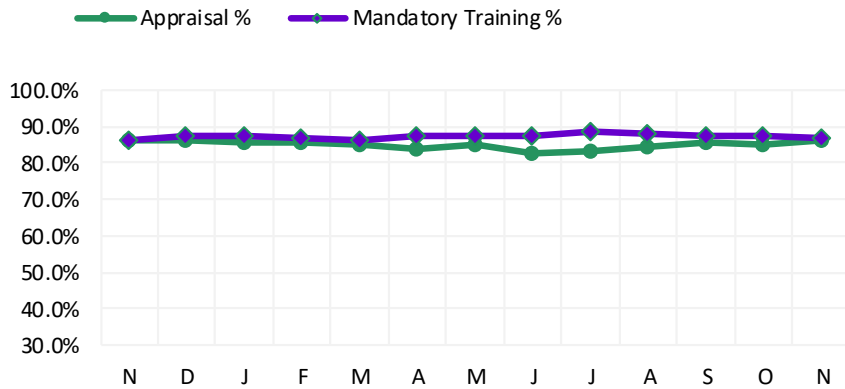
Sickness

The sickness review group continues to meet on a monthly basis and include a focus on those who have been absent over 3 months as well as complex cases. The number of employees absent for over 6 months has decreased due to the focussed work being conducted by the ER team, in liaison with OH.

A range of measures to support staff in financial wellbeing is continuing with a dedicated page within the Intranet's Wellbeing Hub section. The Staff Helpline are continuing to work with the Clinical Psychology service to offer staff psychological support on day 1 of sickness.



Appraisals & Mandatory Training Compliance %



Commentary

Mandatory Training

November’s compliance rate decreased slightly to 87.0%, from 87.2% in October.

Mandatory training matrix is now compliant with the Skills for Health NHS Core Skills Training Framework which will allow easier on-boarding of new starters and increased “training passport” opportunities for NHS staff joining from other organisations. Trust reporting now covers the statutory & mandatory CSTF competencies.

A QI project, overseen by the Mandatory Training & Role Essential Steering Group, will be undertaken to explore strategies for increasing training compliance. Improvements will be made to the information & guidance available on the intranet.

Appraisal

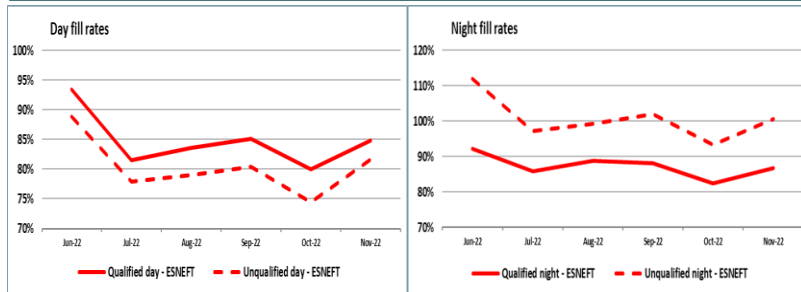
November’s compliance rate increased to 86.4%, from 85.3% in October. This is the updated figure from that reported to the Performance Committee following an inconsistency found in the data collection.

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

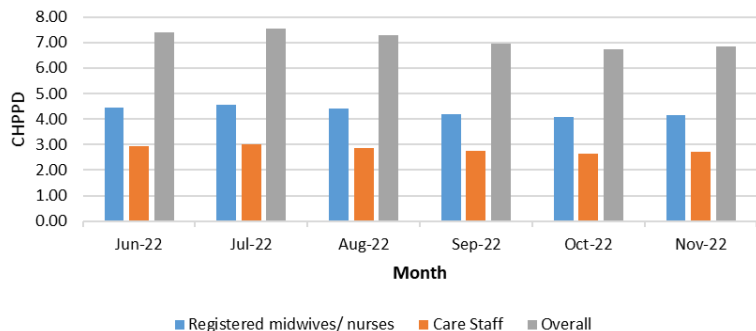
Fill Rates (including care hours per patient day)

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Qualified day - ESNEFT	93.4%	81.5%	83.6%	85.1%	80.0%	84.8%
Qualified night - ESNEFT	92.3%	85.7%	88.9%	88.1%	82.5%	86.8%
Unqualified day - ESNEFT	88.8%	77.9%	79.0%	80.4%	74.4%	81.6%
Unqualified night - ESNEFT	112.0%	97.2%	99.2%	102.0%	93.4%	100.5%
Overall (average) fill - ESNEFT	94.6%	84.0%	86.2%	87.2%	81.3%	86.9%



Care hours per patient day	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Registered midwives/ nurses	4.47	4.56	4.42	4.20	4.10	4.14
Care Staff	2.95	3.00	2.87	2.77	2.65	2.72
Overall	7.41	7.56	7.29	6.96	6.75	6.86

Care hours per patient day



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 have successfully 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 on boarded 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 and approved at Board.

The senior nursing team have responded to the staffing levels across the organisation and have revised the safer staffing/ safe care 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 safe care 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 with an intended rollout in the coming months.

HCA retention

ESNEFT are hosted 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 continued into the reporting month.

POD Profiles - Trust Level

	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22
All Staff													
Headcount	11,400	11,372	11,552	11,589	11,637	11,613	11,606	11,630	11,679	11,851	11,807	11,833	11,821
Establishment (including agency)	10,970	10,990	11,113	11,113	11,132	10,967	10,970	10,888	10,890	11,018	11,127	11,180	11,133
In post	9,925	9,922	9,996	10,020	10,029	10,028	10,018	10,053	10,194	10,128	10,186	10,222	10,287
Vacancy	1,046	1,067	1,116	1,094	1,103	938	952	835	697	889	941	958	846
Vacancy %	9.5%	9.7%	10.0%	9.8%	9.9%	8.6%	8.7%	7.7%	6.4%	8.1%	8.5%	8.6%	7.6%
Establishment (excluding agency)	10,582	10,548	10,600	10,613	10,779	10,529	10,588	10,578	10,632	10,671	10,810	10,858	10,921
Vacancy (excluding agency)	658	625	603	593	750	500	570	525	438	542	624	636	634
Vacancy % (excluding agency)	6.2%	5.9%	5.7%	5.6%	7.0%	4.8%	5.4%	5.0%	4.1%	5.1%	5.8%	5.9%	5.8%

Turnover													
¹ Turnover (12 Month)	12.7%	12.8%	13.0%	13.0%	13.2%	12.5%	12.4%	12.0%	12.1%	12.0%	12.3%	12.0%	11.6%
¹ Voluntary Turnover (12 Month)	8.5%	8.7%	8.9%	9.0%	9.2%	9.3%	9.4%	9.0%	9.1%	9.0%	9.2%	9.0%	8.9%
¹ Starters (to Trust)	128	84	163	112	137	129	97	114	132	159	177	195	162
¹ Leavers (from Trust)	116	113	107	83	147	116	102	95	125	117	143	94	84

Sickness													
% In Mth	5.1%	5.6%	6.3%	5.9%	7.0%	6.2%	4.1%	4.5%	5.4%	4.2%	4.5%	5.5%	5.0%
WTE Days Absent In Mth	14,999	17,039	19,430	16,277	21,537	18,592	12,564	13,425	16,810	13,134	13,479	17,265	15,339

Mandatory Training & Appraisal Compliance													
Mandatory Training	86.2%	87.4%	87.6%	87.1%	86.3%	87.3%	87.4%	87.2%	88.4%	87.8%	87.4%	87.2%	87.0%
Appraisal	86.3%	86.0%	85.8%	85.4%	84.8%	83.9%	85.3%	82.6%	83.0%	84.2%	85.6%	85.3%	84.8%

Temporary staffing as a % of spend													
Substantive Pay Spend	40,006	39,419	40,414	40,995	42,240	40,712	41,264	41,305	40,232	41,591	45,661	43,046	42,008
Overtime Pay Spend	174	173	174	161	156	221	176	167	162	163	233	164	153
Bank Pay Spend	3,958	3,692	6,005	4,371	4,815	4,024	3,996	4,310	4,343	4,475	5,414	4,346	4,588
Agency Pay Spend	1,323	1,703	1,490	1,927	2,410	1,679	1,848	1,400	1,572	1,718	1,552	1,669	1,562
Total Pay Spend	45,461	44,988	48,084	47,454	49,621	46,636	47,284	47,182	46,309	47,947	52,860	49,224	48,311
Agency & Bank %	11.6%	12.0%	15.6%	13.3%	14.6%	12.2%	12.4%	12.1%	12.8%	12.9%	13.2%	12.2%	12.7%
Agency %	2.9%	3.8%	3.1%	4.1%	4.9%	3.6%	3.9%	3.0%	3.4%	3.6%	2.9%	3.4%	3.2%

Nurse staffing fill rate													
% Filled	91.0%	89.5%	86.7%	89.4%	87.8%	89.3%	93.5%	94.6%	84.0%	86.2%	87.2%	81.3%	86.9%

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,168	3,197	3,241	3,223	3,238	3,149	3,122	3,094	3,105	3,140	3,177	3,183	3,211
In post	2,925	2,923	2,919	2,953	2,987	2,967	2,976	2,979	2,988	3,003	3,009	3,007	3,032
Vacancy	243	275	322	270	251	182	145	115	117	137	167	176	179
Vacancy %	7.7%	8.6%	9.9%	8.4%	7.8%	5.8%	4.7%	3.7%	3.8%	4.4%	5.3%	5.5%	5.6%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,523	1,534	1,553	1,529	1,537	1,504	1,504	1,493	1,497	1,497	1,540	1,554	1,548
In post	1,470	1,464	1,441	1,456	1,466	1,478	1,476	1,472	1,483	1,492	1,486	1,476	1,485
Vacancy	54	70	112	73	71	26	29	21	15	4	54	78	63
Vacancy %	3.5%	4.6%	7.2%	4.8%	4.6%	1.7%	1.9%	1.4%	1.0%	0.3%	3.5%	5.0%	4.1%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,332	1,340	1,399	1,358	1,378	1,341	1,351	1,306	1,294	1,329	1,365	1,342	1,343
In post	1,153	1,171	1,192	1,137	1,171	1,158	1,142	1,146	1,142	1,139	1,128	1,126	1,128
Vacancy	179	170	207	221	207	183	209	160	152	191	238	216	215
Vacancy %	13.5%	12.7%	14.8%	16.3%	15.0%	13.7%	15.5%	12.2%	11.7%	14.3%	17.4%	16.1%	16.0%
Consultants													
Establishment (including agency)	521	521	523	512	519	517	512	512	512	510	511	513	511
In post	436	434	433	438	443	448	444	445	449	457	456	460	460
Vacancy	85	88	90	74	75	70	67	68	64	54	55	53	51
Vacancy %	16.3%	16.8%	17.3%	14.5%	14.5%	13.5%	13.1%	13.2%	12.4%	10.5%	10.8%	10.3%	10.0%
Junior Medical													
Establishment (including agency)	731	734	742	744	745	735	739	731	730	750	786	777	783
In post	699	687	700	712	707	695	707	703	699	832	756	754	742
Vacancy	32	47	43	32	38	39	32	29	32	(82)	30	24	41
Vacancy %	4.3%	6.4%	5.7%	4.3%	5.1%	5.4%	4.3%	3.9%	4.3%	-10.9%	3.8%	3.0%	5.2%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,101	2,115	2,115	2,141	2,156	2,153	2,155	2,191	2,170	2,172	2,166	2,161	2,173
In post	1,934	1,922	1,897	1,959	1,920	1,945	1,938	1,953	1,959	1,957	1,996	2,005	2,008
Vacancy	167	193	218	182	236	208	217	238	211	216	170	155	165
Vacancy %	7.9%	9.1%	10.3%	8.5%	10.9%	9.7%	10.1%	10.9%	9.7%	9.9%	7.9%	7.2%	7.6%

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	SJR	Structured Judgement Review
CUSUM	Cumulative Sum	LOS	Length of Stay	SMART	Specific, Measurable, Attainable, Relevant, Timely
DAM	Divisional Accountability Meeting	MDT	Multidisciplinary Team	SNEE	Suffolk & North East Essex
DEXA	Dual energy X-ray absorptiometry	MH	Mental health	SOF	Single Oversight Framework
DFI	Doctor Foster Intelligence	MHLT	Mental Health Liaison Team	SOP	Standard Operating Procedure
DM01	Diagnostics Waiting Times and Activity	MIS	Maternity Incentive Scheme	SVP	Single View of Patient
DMT	Divisional Management Team	MLC	Midwifery Led Care	TIF	Targeted Investment Fund
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	MSDS	Maternity Services Data Set	UAD	Uterine Artery Doppler
DOC	Duty of Care	MSK	Musculoskeletal	UGI	Upper Gastrointestinal
EBED	Every Birth Every Day	MUST	Malnutrition Universal Screening Tool	UTC	Urgent Treatment Centre
EOE	East of England	MVP	Maternity Voices Partnership	VBAC	Vaginal Birth After Caesarean
EOL	End of Life	NBM	Nil By Mouth	VTE	Venous thromboembolism
EPIC	Electronic Health Records	NEECS	North East Essex Community Services	W&C	Women's & Children's
EPUT	Essex Partnership University NHS Foundation Trust	NG	Nasogastric	WSFT	West Suffolk Foundation Trust
ERF	Elective Recovery Fund	NHSP	NHS Professionals	WTE	Whole Time Equivalent
FDS	Faster Diagnosis Standard	NHSR	NHS Resolution	YTD	Year to Date
FFT	Friends and Family Test	NICU	Neonatal Intensive Care Unit		