



Performance report

East Suffolk and North Essex NHS Foundation Trust
Board of Directors

	Page
Introduction	2
Single Oversight Framework	3 - 4
Accountability Framework and DAMs	5
Spotlight Reports	6 – 28
Performance Report	29 – 43
Finance and Use of Resources	44 – 47
Well-led	48 – 53
Glossary	54



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

1 NHSE/I monitoring of operational performance - Oversight Frameworks

NHS Improvement (NHSI) implemented the Single Oversight Framework (SOF) in January 2016. The framework has 35 metrics across the domains of: (1) Quality: Safe, Effective and Caring; (2) *Operational performance*; (3) *Organisational health* and (4) *Finance and use of resources*

NHSE/I used a series of "triggers" to identify potential concerns and inform provider segmentation. There were four segments ranging from maximum provider autonomy (segment 1) to special measures (segment 4). The NHSE/I single oversight framework included five constitutional standards: (1) *A&E*; (2) *RTT*; (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).


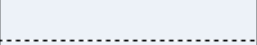




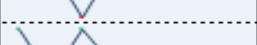
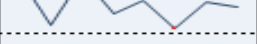



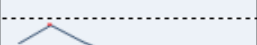

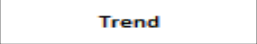

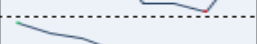
Following consideration by the NHSE/I regional support group, it has been agreed that Suffolk and North East Essex ICS should be placed into SOF segment 2 which is defined as an ICS on a development journey, demonstrating many of the characteristics of an effective, self-standing ICS. The regional team 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 December's performance were cancelled in February and replaced with Business Planning meetings for 2023/24.

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	Nov-22	Dec-22	Jan-23	Mov' t	Trend	Comments
Number of written complaints	Well-led	Q	n/a	129	101	90	↓		Overall complaints numbers for ESNEFT in January were 90. There were no high level complaints recorded in month. Colchester reported 53 (64) complaints and Ipswich reported 37 (37).
Occurrence of any Never Event	Safe	M	0	0	0	0	→		
Mixed sex accommodation breaches	Caring	M	0	143	120	143	↑		The high number recorded has been added to divisional risk registers.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	92.3%	92.3%	92.4%	↑		
A&E scores from Friends and Family Test – % positive	Caring	M	90%	76.0%	73.9%	86.4%	↑		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	96.0%	97.5%	94.7%	↓		
- % Recommending - postnatal	Caring	M	90%	93.8%	97.0%	96.3%	↓		
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	5	8	9	↑		There were 9 C.difficile cases reported in January. 5 of these were in Ipswich (3 HOHA, 2 COHA) and 4 cases were at Colchester hospital (2 HOHA, 2 COHA). There are a total of 102 cases against the threshold of 102 for 22/23.
MRSA bacteraemias	Safe	M	0	0	1	0	↓		There was 1 case in December on the Colchester site on Easthorpe ward. Source of infection unknown.
HSMR (DFI Published - By Month Data Available)	Effective	Q	100	107.2	105.9	105.0			
HSMR Weekend (By Month Data Available)	Effective	Q	100	105.3	105.6	105.9			
Summary Hospital Mortality Indicator	Effective	Q	1.00	1.07	1.08	1.08	↓		12 mths to August 2022. This is 'as expected' when compared to the previous annual position (July 2022 data) of 1.08.
Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Nov-22	Dec-22	Jan-23	Mov' t	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	67.6%	66.1%	72.8%	↑		A&E waiting time performance based on economy. Performance for January 2022 was 76.5% for NEE, and 66.1% 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%	61.4%	58.7%	58.8%	↑		
All cancers – maximum 62-day wait for first treatment from:									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	69.2%	73.8%	64.0%	↓		
- NHS cancer screening service referral	Responsive	M	90.0%	84.6%	88.6%	87.2%	↓		Screening service performance snapshot as reported in Accountability Framework taken at 20th February 2022. The December position has now been validated, the January data will be validated for the February data release.
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	9.8%	7.8%	7.7%	↓		

Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Nov-22	Dec-22	Jan-23	Mov' t	Trend	Comments
Staff sickness	Well-led	M	3.5%	5.0%	6.3%	5.0%	↓		Short term sickness 2.94%, long term sickness 2.08%
Staff turnover	Well-led	M	tbc	8.9%	8.9%	8.8%	↓		Voluntary turnover.
Executive team turnover	Well-led	M	tbc	0	0	0	→		
Proportion of temporary staff	Well-led	Q	tbc	3.2%	2.9%	3.4%	↑		Agency staff 3.4%. Bank & Agency staff 13.5%.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(6,334)	(7,874)	(8,277)	↑		
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Nov-22	Dec-22	Jan-23	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 NHSE on the 28th June: a breakeven revenue position. In December, the Trust delivered a small deficit, and a cumulative surplus of £0.2m. For the year to date, there is a favourable variance of £0.2m against control total. Despite this strong performance, and against other indicators, the overall use of resources score has fallen to a 3 since December. This is because liquidity has maintained a 4 (worst) in January. This is because the working capital position deteriorated with an increase in capital payables reported. 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	4	4			
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	3	3			
Overall : NHS system oversight framework segmentation									
Indicator	Domain	Frequency	Target / Standard	Nov-22	Dec-22	Jan-23	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 9 (December performance)

Clinical divisions performance

Divisional Accountability Meetings to discuss December's performance were cancelled in January so that Business Planning sessions for 2023/24 could go ahead.

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

- The AF aggregated score remained static for five of the eight Clinical Divisions.
- The aggregated score deteriorated from a 2 to a 1 in Women's & Children's.
- The aggregated score improved in Cancer & Diagnostics improving from a 1 to a 2 and in Medicine Ipswich which improved from a 2 to a 3

Corporate performance

- 7 corporate areas maintained their score from the prior month.
- Finance & Information deteriorated from a 3 to a 2 and Research & Innovation deteriorated from a 4 to a 3 in December.
- Nursing improved from a 2 to a 3 in month.

	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	2	↓	↗	3	2	↓	↗	3	3	→	↗	3	3	→	↗	1	2	↑	↗	2	2	→	↗	4	3	↓	↗
Use of Resources	3	3	→	↗	2	2	→	↗	3	3	→	↗	2	2	→	↗	4	4	→	↗	3	3	→	↗	4	4	→	↗	3	3	→	↗	3	3	→	↗	4	4	→	↗
Aggregated AF	3	3	→	↗	2	2	→	↗	3	3	→	↗	3	2	↓	↗	3	3	→	↗	3	3	→	↗	3	3	→	↗	2	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	
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)

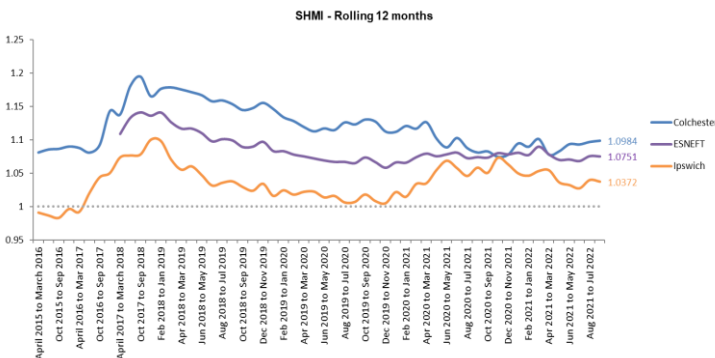
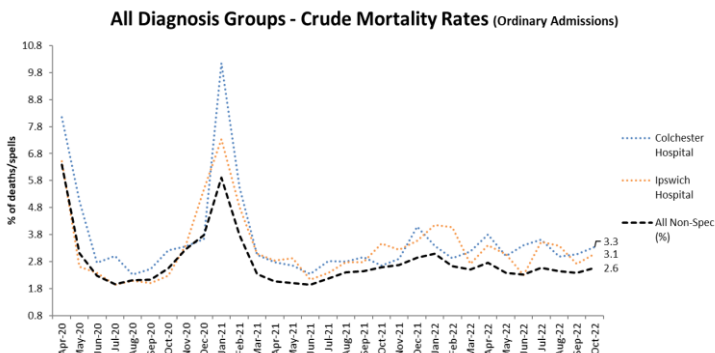
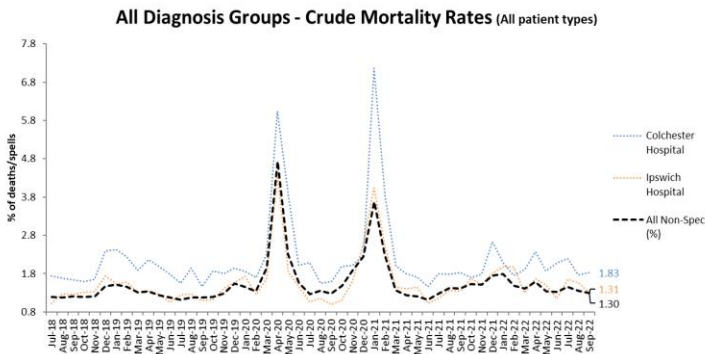
Summary

ESNEFT 12-mth HSMR to October 2022, 106.9 ‘higher than expected’.

ESNEFT all-diagnoses (SMR) to October 2022, 105.0 ‘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 August 2022 1.0751 ‘as expected’.



Dr Foster Summary

Oct 2022 12 month rolling data except where specified	ESNEFT	IPS	COL
HSMR in-month EXCLUDES C-19 ON ADMISSION	117.2	118.2	116.7
HSMR EXCLUDES C-19 ON ADMISSION	▲ 106.9	▼ 111.6	▲ 106.1
HSMR Lower confidence limit EXCLUDES C-19 ON ADMISSION	▲ 102.7 Outlier	▼ 105.3 Outlier	▲ 100.5 Outlier
HSMR NO C-19 PATIENTS	▲ 103.8	▼ 109.0	▲ 102.7
HSMR Lower confidence limit NO C-19 PATIENTS	▲ 99.6 As expected	▼ 102.5 Outlier	▲ 96.9 As expected
HSMR Death rate (nat. 3.3% ▲)	▲ 3.2%	► 3.0 %	▲ 3.6%
All diagnosis groups INCLUDES C-19 DURING ADM	▼ 105.0	▼ 108.6	▲ 104.7
Lower confidence limit (all)	▼ 101.4 Outlier	▼ 103.1 Outlier	▲ 98.8 As expected

Reporting now matches the month of publication owing to complete coding meeting the Dr Foster inclusion date.

Weekend/Weekday HSMR Admissions

In the 12 months to September 2022, weekday emergency admissions were ‘higher than expected’, weekend admission were ‘as expected’. Colchester Hospital were both ‘as expected’ and Ipswich weekday was ‘higher than expected’.

SHMI – 12 months to August 2022

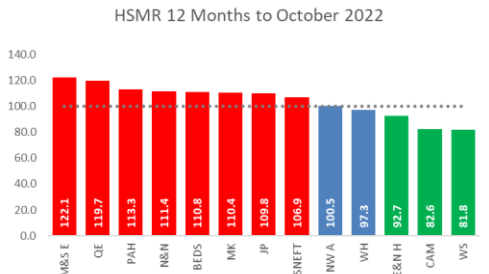
ESNEFT – ▼1.0751– ‘as expected’
Ipswich acute ▼1.0372 – ‘as expected’
Colchester acute – ▲1.0984 ‘as expected’

HSMR Weekend/Weekday Admissions (Emergency only) are ‘as expected’ with the exception of Ipswich weekday admissions.

National & Regional Peer Group

Out of 121 acute non-specialist trusts, 46 have a higher than expected HSMR, 39 are as expected and 36 are better than expected. The Trust’s HSMR was ranked 78/121.

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

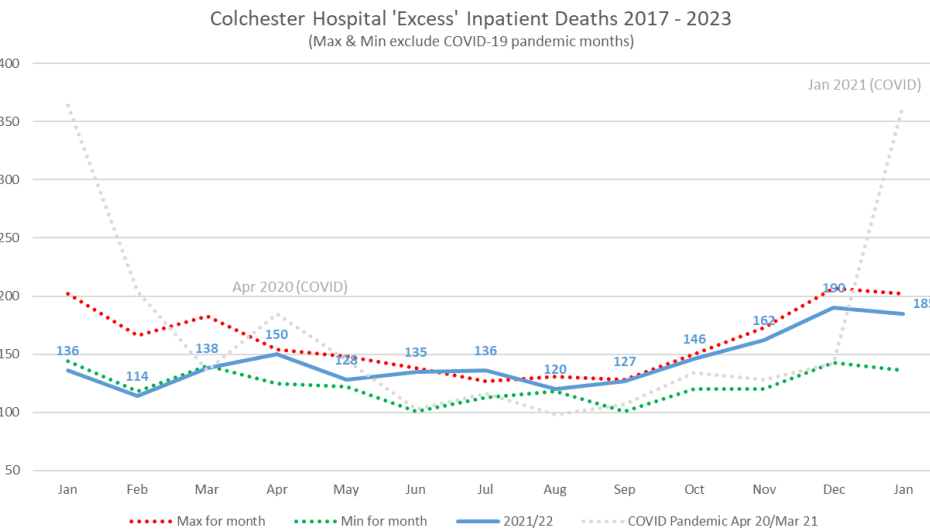
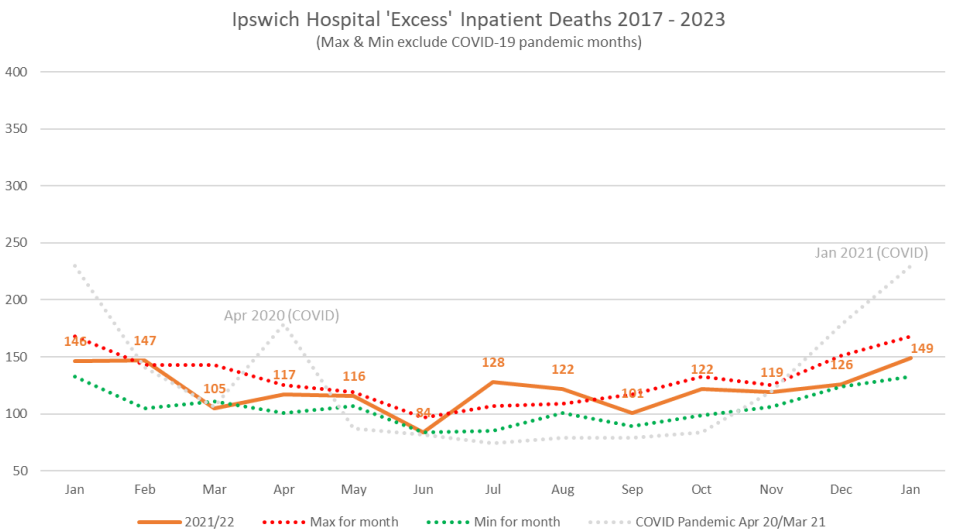
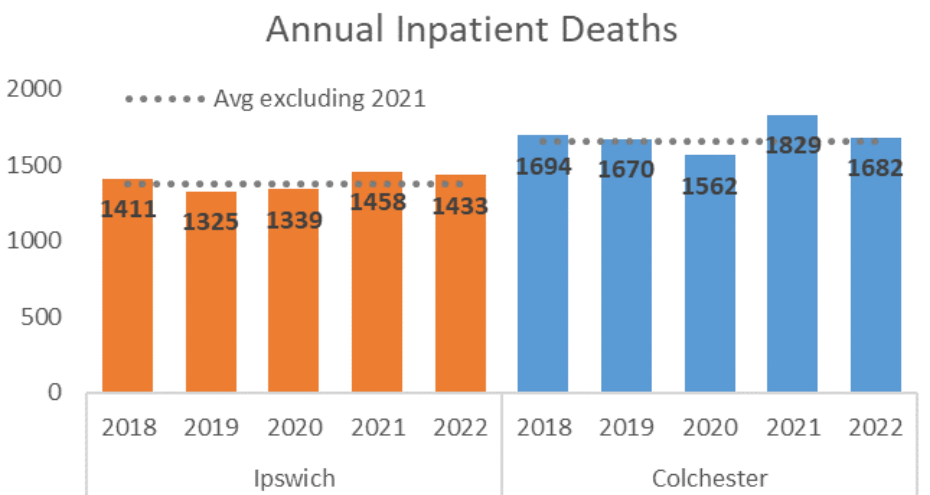
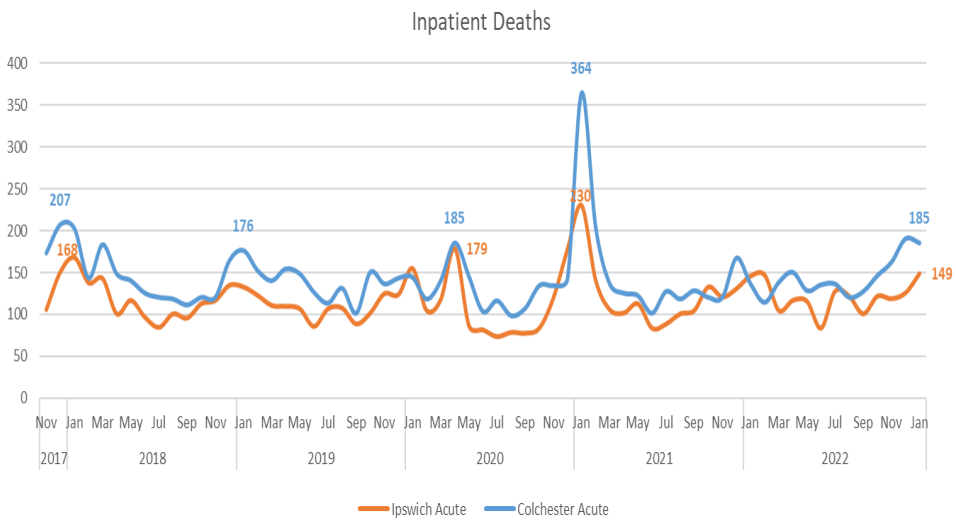


Mortality Trend Data – All Inpatients

January 2023

334 inpatient deaths (316 in December):

- Ipswich 149 - within seasonal 'norm'.
- Colchester 185 - at upper end of seasonal 'norm'.
- Annual deaths for 2022 were average compared to 2018-20.
- There were sadly 6 deaths from nosocomially acquired COVID in January.

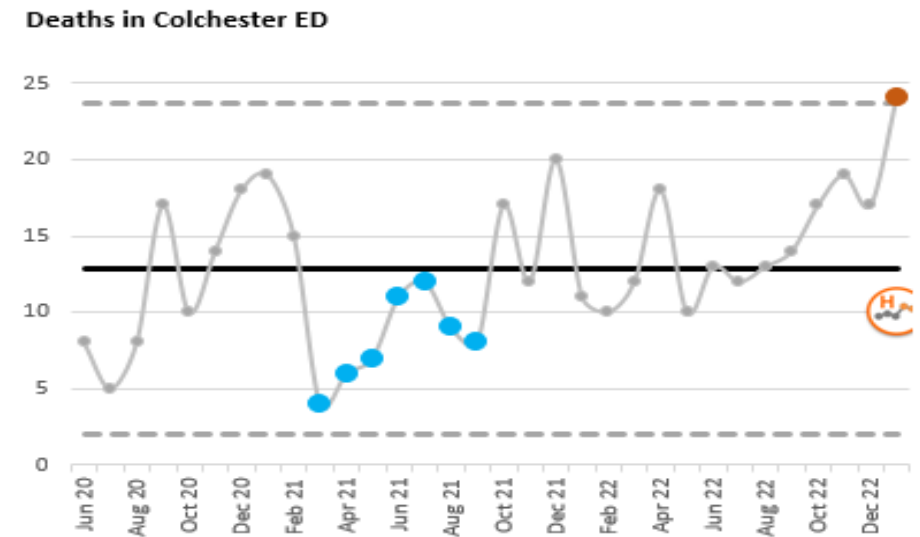
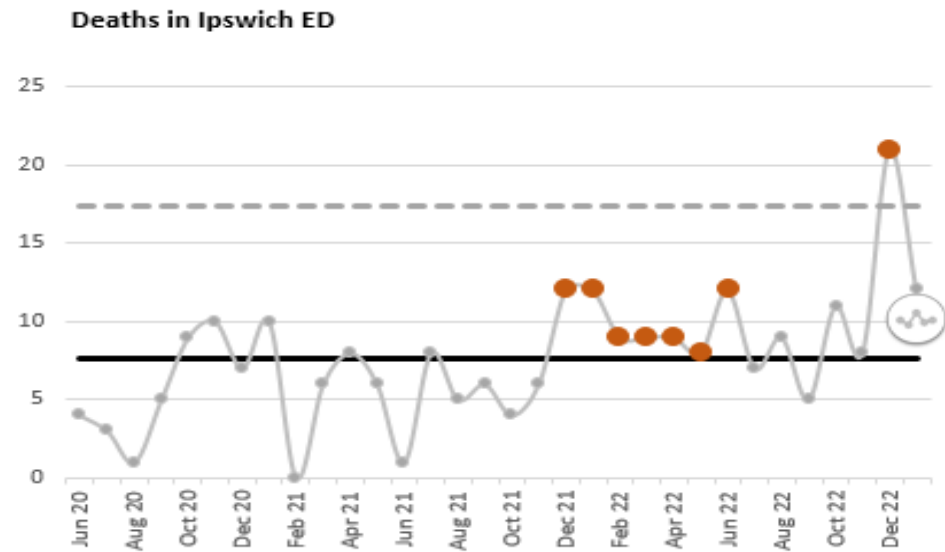


Mortality Trend Data – ED Attendees

January 2023

36 deaths in EDs (27 deaths in December).

Teams are reviewing deaths to see if time-in-department contributed to death.



(IP = inpatient)	Jan 23 No. Deaths	Jan 22 No. deaths	Rolling 12 mths avg
Ips acute IP	147 (126)	146	120
Col acute IP	185 (190)	136	138
Ips ED	12 (21)	12	9
Col ED	24 (17)	11	14

Figure in brackets = previous month

Severe clinical pressures in December and into January have impacted flow through the hospitals. Although deaths in Ipswich ED returned to average levels in January, there was a statistically significant number of deaths in the Colchester ED. Where appropriate, results of the Colchester January review will be shared in the February report.

In Ipswich in December, there were fewer deaths in the Emergency Assessment areas than might have been expected. The Ipswich lead advised that in December, 13 patients who died in the department were awaiting a bed on EAU and 1 patient was under the Stroke team.

Mortality leads in both departments are looking into time in department, preferred place of care and other factors such as how quickly following assessment a comfort-based care decision was taken where appropriate.

Mortality Trend Data – ReSPECT: Recommended Summary Plan for Emergency Care and Treatment

Summary

- ReSPECT due to be rolled out March 2023 in preparation for winter 2023/4.
- DNACPR forms to be phased out.

ReSPECT Grand Round 20th January 2023 – ICB/ESNFT programme to adopt

- The ReSPECT tool is a holistic plan detailing patient wishes and treatment options and should be completed, with the patient, where there is a risk of a sudden catastrophic deterioration.
- It records a shared understanding of the person's condition, identifies preferences in the event of an emergency, agrees focus of care and records shared decisions about treatment options.
- Dr Chumbley (NE Essex Lead for EoL Care) advised that with full roll out across the ICS, there could be a reduction of residential care in-hospital deaths of around 20%, owing to better planning for preferred place of care.
- Form initiation is best achieved in the community, but there will be cases for completion and updating during hospital contact.
- There will be a soft-phasing out of DNACPR forms (do not resuscitate) from March 2023 with training in primary care being delivered.
- ESNEFT training will be offered at 3 levels: Awareness, Reader and Conversation/Documentation, for staff trained to write DNACPR forms.
- Pilot areas will be agreed and will likely be OPS and Cancer Services.
- The form is not a legal document, nor can patients demand unbeneficial treatment.
- Families will be included in discussion if the patient wishes but it will be made clear that they will not be responsible for the decision.
- Content will be reviewed at least annually or following significant change.
- The form belongs to the patient and will be kept by them.
- For the time-being, TEPs will be retained owing to technical medical content and monitoring/escalation instructions not covered by ReSPECT.
- The form will be an investment in the future.

The image shows the ReSPECT Recommended Summary Plan for Emergency Care and Treatment form. It is a purple and white document with various sections for patient information, clinical recommendations, and clinician signatures. The form includes sections for: 1. This plan belongs to (patient details), 2. Shared understanding of my health and current condition (summary of relevant information), 3. What matters to me in decisions about my treatment and care in an emergency (living as long as possible, quality of life, and what I must fear/avoid), 4. Clinical recommendations for emergency care and treatment (prioritize extending life, balance extending life with comfort and valued outcomes, prioritize comfort), 5. Capacity for involvement in making this plan (does the person have capacity to participate in making recommendations on this plan?), 6. Involvement in making this plan (the clinician(s) signing this plan is/are confirming that they have been fully involved in this plan), 7. Clinicians' signatures (signature, date & time), 8. Emergency contacts and those involved in discussing this plan (name, role and relationship, emergency contact no., signature), and 9. Form reviewed (e.g. for change of care setting) and remains relevant (review date, signature).

Mortality: Stillbirths & Perinatal Mortality (December data)

November 2022 - provisional data

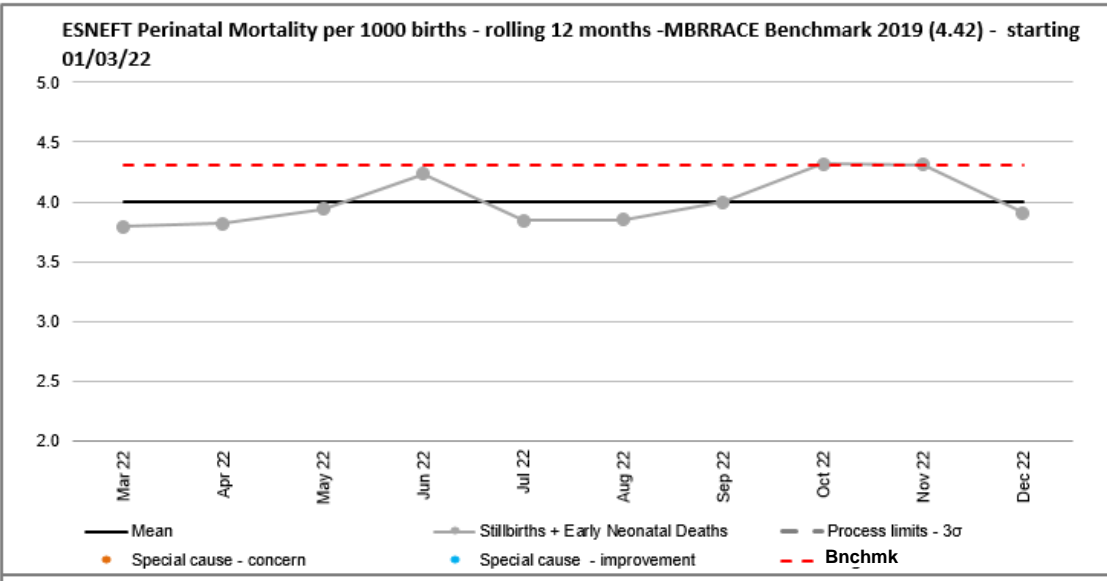
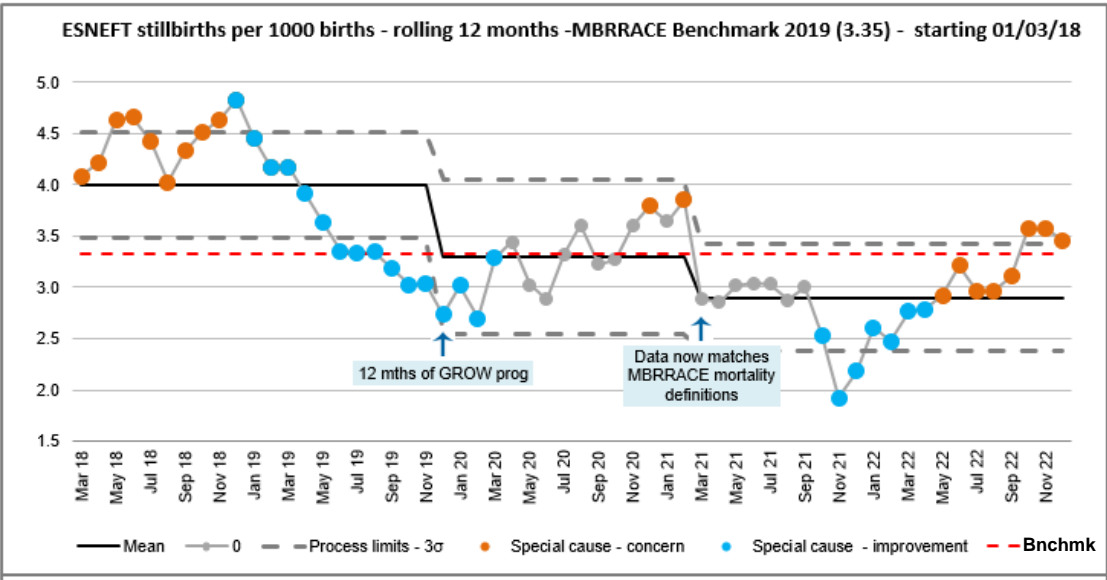
The data shown now follows MBRRACE reporting criteria and excludes terminations of pregnancy and very premature births.

Summary 12 mths to December 2022 - provisional data

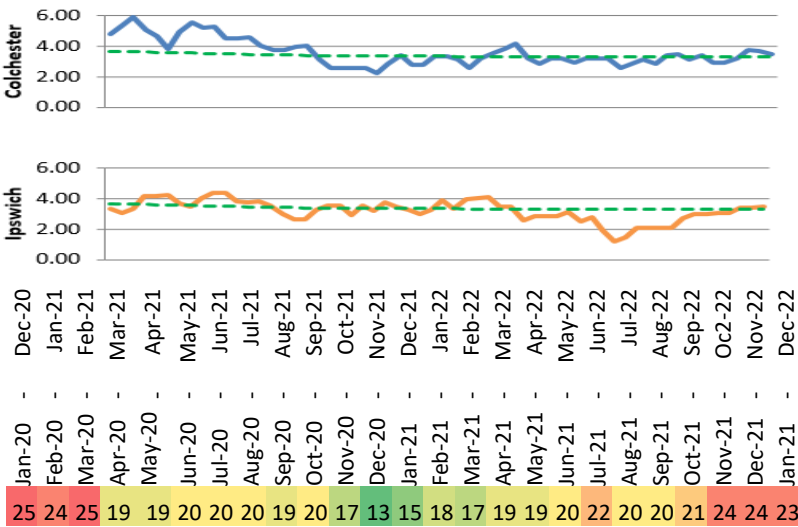
- Stillbirths/1,000 births \approx 3.5 – 2020 MBRRACE* 2020 benchmark 3.3 (3.19-3.46)
- Perinatal mortality 3.9/1,000 births \approx – MBRRACE* 2020 benchmark 4.3 (4.15-4.46)

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

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



Rolling 12 months Stillbirths Mar 2018 – Dec 2022



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

- Colchester 3.5
 - Ipswich 3.5
- (*This equates to one stillbirth per site over 12 months.)

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 December 2022:

- Colchester 4.0
- Ipswich 3.8

Actions – the team is sharing learning in the monthly perinatal morbidity and mortality meetings. The majority of NNDs are <27 weeks and learning from these has been shared with earlier advice to attend triage in this cohort of women, and the team is working on the 2022 report drawing together themes.

Mortality – Learning from Deaths meeting February 2023

Summary

- Exit block and crowding impacted staff ability to assess, diagnose and treat patients in a timely manner.
- Long stays in the ED impact subsequent care and patient outcome during admission.

The group agreed that where mortality reviews were completed with insufficient detail, this would be raised with the relevant DMT to determine further action.

Presentations were received from Medicine Divisions

Ipswich – Dr Waseem

- Compliance with mandatory mortality reviews May-Oct 2022 was 100%.
- The Division will be exploring the possibility of all teams having a rolling action log for their M&M meetings – to keep an account of findings/results/dissemination of information.
- A case discussed referred to an aortic dissection. Action - a thematic analysis of aortic dissections in last two years is being undertaken. Resuscitation Officers , Medicine and EM all will contribute to analyse all the cases of dissecting thoracic aorta including the ones which were diagnosed and referred.
- A case was highlighted where care had been impacted by severe front door and flow issues – although the patient was known to the hospital and identified as needing a palliative referral, delays in off-loading and resus demand meant that a transfusion was delayed.
- Dr Waseem confirmed that studies had identified increased mortality where ED stays exceed 5 hours.
 - Long lengths of stay in ED are associated with exit block and crowding which have been shown to increase time to analgesia, antibiotics and other vital treatments.
 - Makes it difficult to observe closely.
 - Reduces temporospatial clues for patients which may exacerbate delirium in elderly patients/ cognition issues.
 - Increases subsequent length of hospital stay – putting the patient at risk of hospital acquired infections, iatrogenic harm and physical and psychological deconditioning.
 - The opening of Snape escalation ward at the beginning of January greatly improved flow.
- We have great staff – commendation for a member of Housekeeping Staff in Emergency Department who was able to perform a Heimlich manoeuvre on a patient who started to choke in the waiting room. Their life was saved.



Mortality – Learning from Deaths meeting February 2023

Summary

- Similar issues were seen In Colchester ED – long term bed base expansion is not the solution without streamlined community discharge.
- Timely advance care plans are one element but difficult to achieve when the sites are under pressure.

Colchester – Dr Saksena

- Dr Saksena advised that mandatory mortality review compliance May to Oct 2022 was 100% and although no deaths were identified as being definitely avoidable, noted the subjective nature of review. Summary of issues in care:
 - Staffing shortages leading to prolonged waiting times, delayed assessment/essential investigations and increased mortality for > 60 years with prolonged stay in ED. Experienced clinician review is essential to avoid deterioration.
 - Delays in vital signs monitoring and escalation of deterioration to the ED nurse/ SpR in charge overnight.
 - Prolonged unnecessary stays leading to hospital acquired pneumonia (delays in care package).
 - Clinical plans by consultant not acted on in a timely way resulting in deterioration in electrolytes level.
 - Lack of advance care plans contribute to futile interventions.
- Corridor space for clinical provision was far from satisfactory. Issues included those of safety, privacy and dignity which impacted on clinical assessment, lack of equipment and loss of continuity of care. Poor visibility or deteriorating patient.
- Staffing shortages at times led to prolonged waiting times and stays in the ED. Assessments and essential investigations were delayed, as were specialty reviews.
- Ambulance delays made headlines owing to being visible, whereas hospital flow issues were mostly invisible.
- Nationally, registered deaths reported by the ONS were 11% higher than the five-year non-COVID-19 average.
- The creation of new wards will not assist flow unless return to the community is streamlined – demand will always outstrip capacity unless there are robust joined-up primary to secondary care plans, including advance care plans.
- Dr Julia Thompson noted that we need more input from palliative care and geriatricians in care homes.



Mortality – Learning from Deaths meeting February 2023

Summary



- The Health Inequalities Programme has begun work with community partners on a number of health promotion projects targeting deprived areas with high levels of chronic diseases caused by lifestyle choices/lack of health education.
- A soft roll-out for community MEs will begin April 2023.

- **Actions** – the Health Inequalities Programme is working with community partners to promote screening and early treatment for high cholesterol and hypertension, both of which contribute significantly to life-limiting conditions. In addition there has been increased uptake of smoking cessation and the healthy eating programme is making good progress. Work is ongoing to support patients who need to attend hospital appointments to avoid DNAs and prevent deterioration.
- Dr Gannon, Associate Medical Director for Patient Safety, shared the NHSE Delivery Plan for Recovering Urgent and Emergency Care Services: [B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2023/01/B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf)

Medical Examiner Update

- One new ME recruited with more being sought owing to the community soft-roll-out of the ME service in April which will double the workload.
- Colchester MEOs have been working with both local hospices and community hospitals. A GP pilot has started (Abbey Fields) and the teams will correspond with all practice managers and private hospitals in February, inviting them to briefings and issuing a welcome pack.
- Two new lead MEOs have been appointed, Kelly Evans (Ipswich) and Lisa Hutcheson (Colchester).
- There are delays being seen in the completion of MCCDs owing to doctor engagement. It is frustrating that both teams receive many compliments about the care delivered to loved ones, who then have to wait an unacceptably long time for the MCCD. This has been escalated to AMD safety and CMO.

Clinical Coding DS&P Audit

Audit results indicated that standards were met for Primary Diagnosis and Procedure and exceeded for Secondary Diagnosis and Secondary Procedures. The team will continue with their local audit and training programmes to ensure standards are high.

GIRFT

The Litigation Data Pack was shared; this provides benchmarked clinical negligence data for the last five years. The Legal team will undertake a review of specialties where performance was in the fourth quartile and bring learning to the Learning from Deaths meeting about recent claims.

Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,941 (2,793) incidents reported in January. 2,571 of these incidents were Patient Safety related and 2,569 were reported to the NRLS.

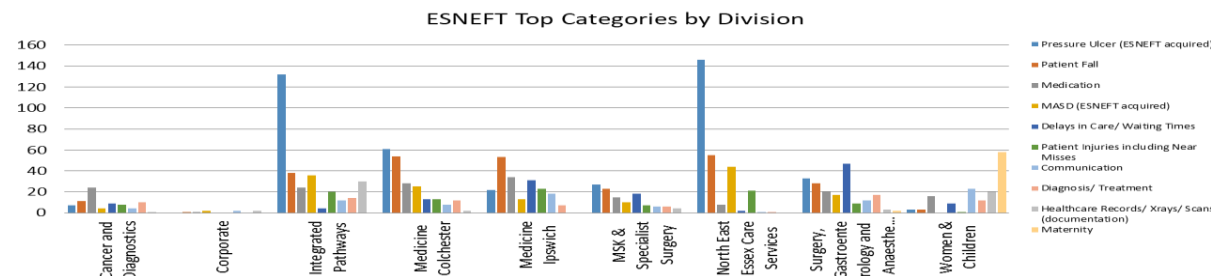
Overdue incidents have shown a decrease to 1,047 (1,065).

There were 42,333 (41,695) admissions resulting in 59.05 incidents per 1,000 bed days across ESNEFT.

The highest reported category was pressure ulcer/skin damage: There were 414 (431) incidents reported, 1 severe harm within the community at NEECS, 1 on SAU Ipswich, 1 on Copford Ward and 1 in Integrated Pathways (Community) and 87 moderate harm.

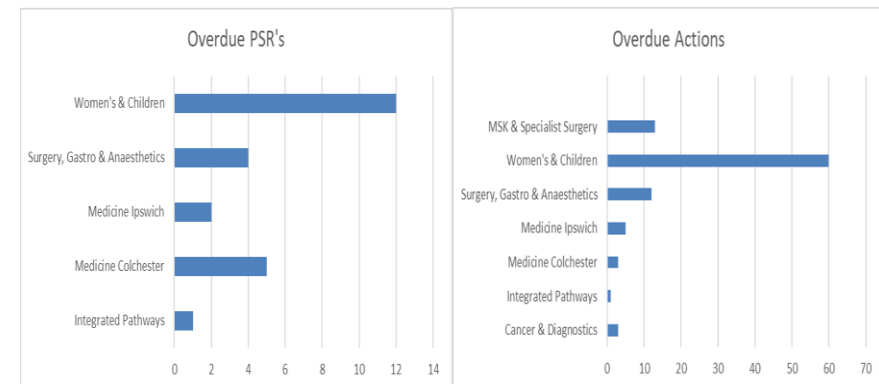
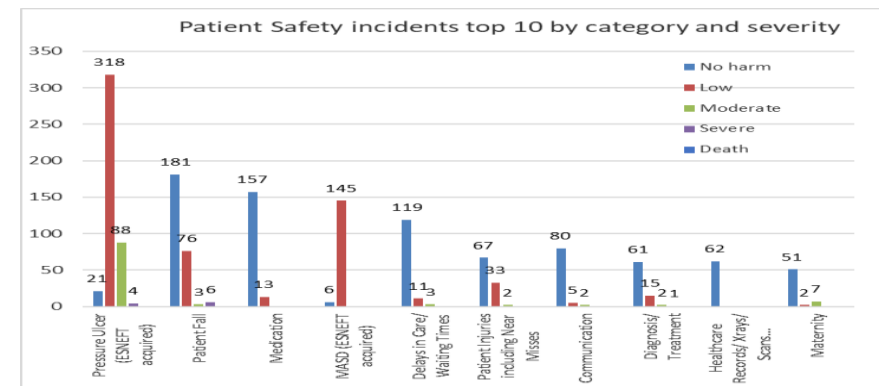
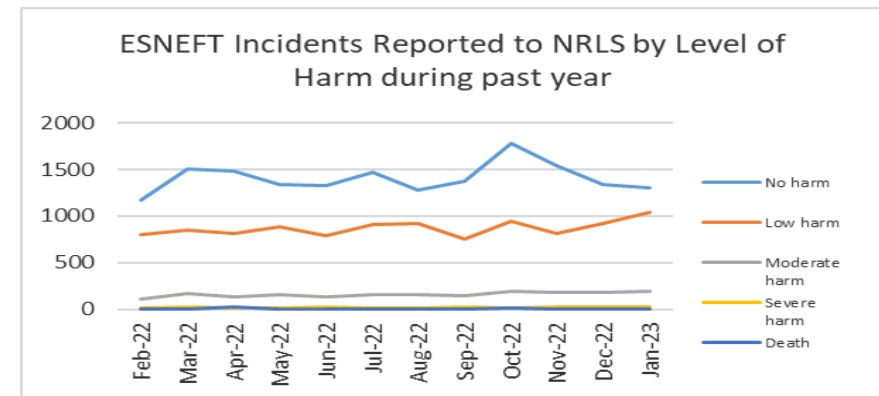
The 2nd highest reported category was Patient Falls with 266 (315) incidents. 6 were graded as severe, 2 of which were witnessed falls.

The 3rd highest reported category in the month of January was Medication. There were 170 (159) incidents reported across the Trust, all of which are reported as low and no harm.



Patient Safety Reviews Overdue and with Actions outstanding

- There were 3 PSR investigations completed in January.
- There are 24 overdue PSRs, Integrated Pathways (1), Medicine Colchester (5), Medicine Ipswich (2), Surgery, Gastroenterology & Anaesthetics (4), and Women & Children (12).
- There are currently 97 (109) actions overdue for January 2023 a decrease from December 2022: Medicine Colchester (3), Medicine Ipswich (5), Integrated Pathway (1), Surgery, Gastroenterology & Anaesthetics (12), MSK & Specialist Surgery (13), Cancer & Diagnostics (3) and Women & Children (60).



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

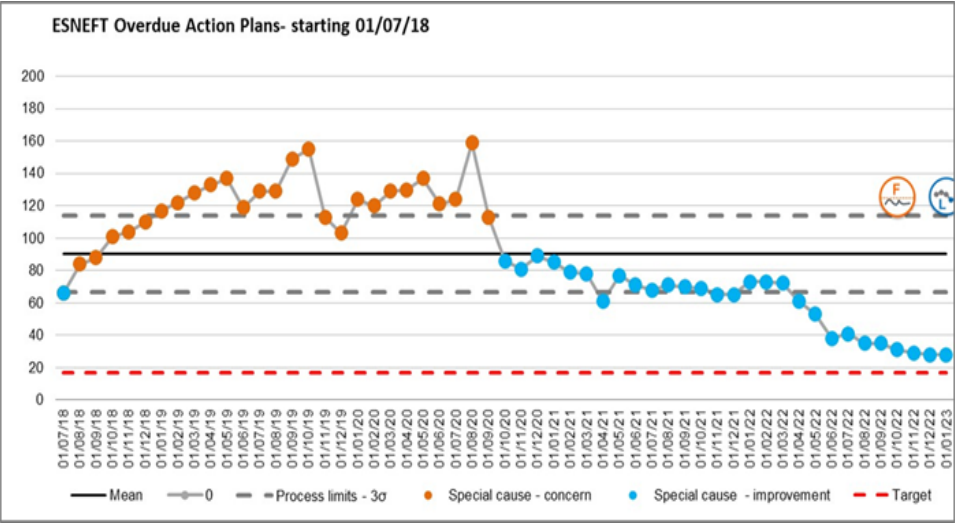
Never Events

There were no Never Events reported in January.

Number of Completed Action Plans closed in the Month

No further actions plans have been closed since last month. There are currently 28 (29) plans overdue.

The Patient Safety Team will meet to review the remaining actions awaiting completion for the overdue Action Plans and agree closure with the ICB during the month of March.

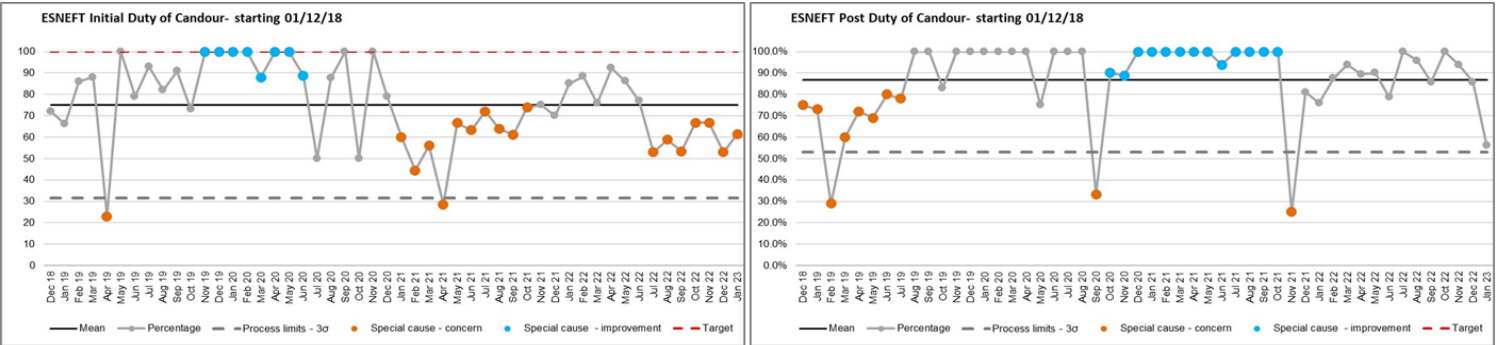


Duty of Candour

Duty of Candour compliance is particularly challenged in the Community settings and in regards to 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 more timely and patient focused conversation is recorded in keeping with DOC requirements.

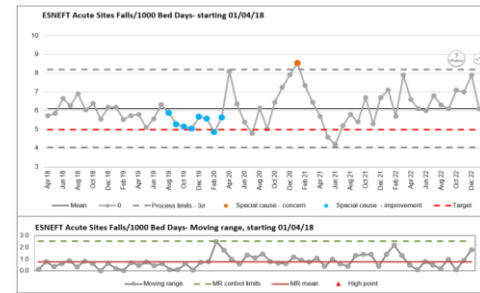
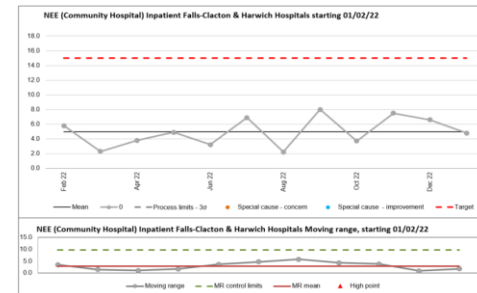
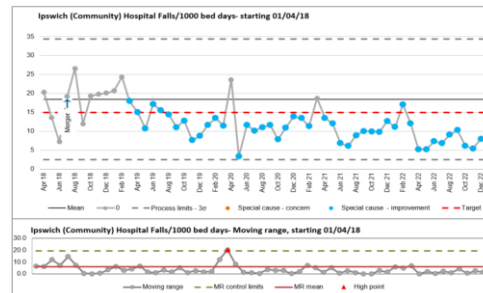
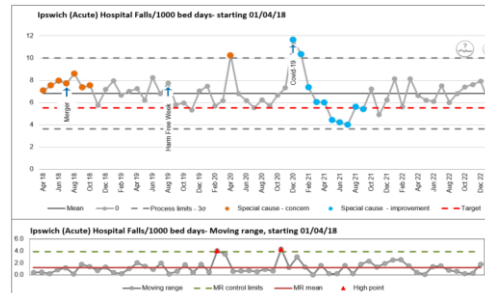
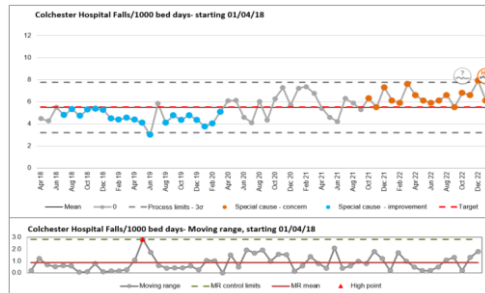
A total of 96 initial Duty of Candour were due in the month of January, of which 59 were completed within the timeframe. The Trust compliance is 61.4% (53%).

A total of 25 post Duty of Candour letters were due in the month of January, of which 14 were completed within the timeframe. The Trust compliance is 56% (85.7%).



Division	Total Due	Total Completed	Division	Total Due	Total Completed
Cancer & Diagnostics	1	1	Cancer & Diagnostics	0	0
Integrated Pathways	26	11	Integrated Pathways	18	7
Medicine Colchester	6	6	Medicine Colchester	3	3
Medicine Ipswich	4	4	Medicine Ipswich	2	2
Surgery, Gastro & Anaesthetics	10	6	Surgery, Gastro & Anaesthetics	0	0
Women's & Children	8	7	Women's & Children	1	1
MSK & Specialist Surgery	4	4	MSK & Specialist Surgery	1	1
NEECs	37	20	NEECs	0	0

Patient Safety – Falls



Colchester Acute

Prev. & in-mth total	137 / 110	
Serious harm falls	0	
No harm falls	80	
Low harm falls	30	
Falls/1,000 bed days (ceiling ≤ 5.5)	6.1	

Ipswich Acute

Prev. & in-mth total	128 / 108	
Serious harm falls	8	
No harm falls	66	
Low harm falls	34	
Falls/1,000 bed days (ceiling ≤ 5.5)	6.1	

Suffolk Community Hospital

Prev. & in-mth total	17/ 14	
Serious harm falls	0	
No harm falls	10	
Low harm falls	4	
Falls/1,000 bed days (ceiling ≤ 15)	6.3	

NEE Community Hospital

Prev. & in-mth total	15/ 13	
Serious harm falls	1	
No harm falls	11	
Low harm falls	1	
Falls/1,000 bed days (ceiling ≤ 15)	4.8	

ESNEFT (acute)

Prev.	Mth
Prev. & in-mth total	265
Serious harm falls	9
No harm falls	225
Low harm falls	63
Acute	6.1
Com	6.1

Summary

Headlines: Colchester acute has seen a reduction of incidents in January in comparison to December (reduction of 27 incidents). Positively there were no falls resulting in serious harm.

Priority Actions/Mitigation: Identify ward areas of high risk - Continue to provide ward based support to identify potential high risk patients and how to manage on ward. Focus on safe use of bed rails and accurate assessment.

Summary

Headlines: Ipswich acute has also seen an decrease in the number of falls in January in comparison to December. Unfortunately there were 8 falls that resulted in serious harm.

Priority Actions/Mitigation: Identify ward areas of high risk - Continue to provide ward based support to identify potential high risk patients and how to manage on ward. As with Colchester acute site – focus on safe use of bedrails and accurate assessment.

Summary

Headlines: Collectively the Suffolk Community Hospitals saw a reduction in the number of falls in January in comparison to December. Positively there were 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.

Summary

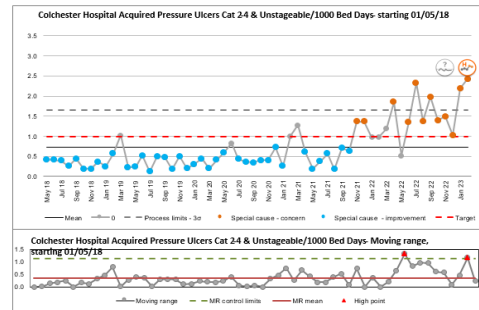
Headlines: Collectively NEECS have seen a slight reduction in falls incidents in comparison to December. Unfortunately, there was 1 fall resulting in serious harm.

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

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. 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. The falls team are prioritising safe use of bedrails and accurate risk assessment due to an increase in incidents involving unwitnessed falls where bed rails have been in use.

Patient Safety – Tissue Viability



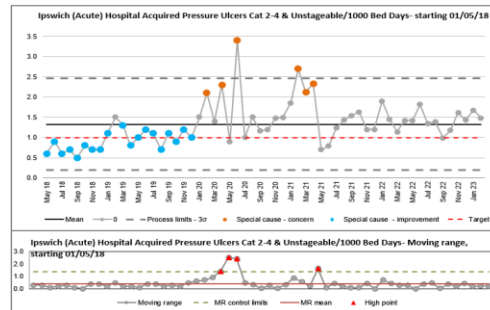
Colchester Acute

Cat 2	30
Cat 3	1
Cat 4	0
Unstageable	16
Prev. & in-mth total	42 ↑ 47
Rate per 1,000 bed days	2.19 2.40

Summary

Headlines: This month increase is in unstageable pressure damage.

Priority Actions/Mitigation: Colchester hospital has experienced issues with delay in dynamic equipment along with higher levels of clinical demand for this equipment. These pressures eased towards the end of the month and were in line with national increase in demands.



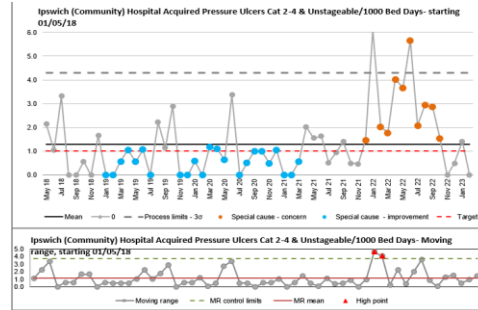
Ipswich Acute

Cat 2	31
Cat 3	0
Cat 4	1
Unstageable	8
Prev. & in-mth total	29 ↑ 40
Rate per 1,000 bed days	1.62 1.48

Summary

Headlines: This month increase in cat 2, unstageable and a severe harm cat 4.

Priority Actions/Mitigation: Ipswich Hospital experienced similar issues with delays in dynamic equipment, which continues to resolve.



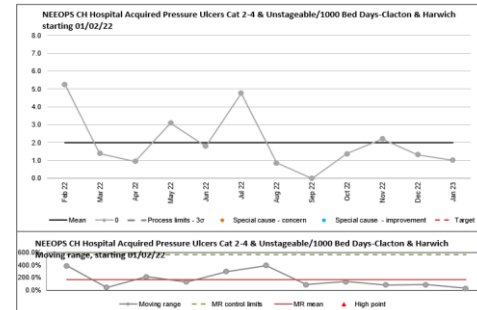
Ipswich Community Hospital

Cat 2	0
Cat 3	0
Cat 4	0
Unstageable	0
Prev. & in-mth total	3 ↓ 0
Rate per 1,000 bed days	1.41 0.00

Summary

Headlines: This month has no development of pressure damage and decrease from last month.

Priority Actions/Mitigation: To monitor and maintain no pressure damage



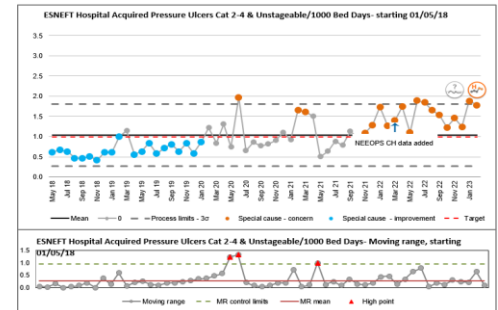
NEE Community Hospital

Cat 2	1
Cat 3	1
Cat 4	0
Unstageable	1
Prev. & in-mth total	3 3
Rate per 1,000 bed days	1.32 1.02

Summary

Headlines: This month increase in cat 3 and unstageable pressure damage though total number is unchanged from previous month.

Priority Actions/Mitigation: Aim is to maintain and where possible decrease.



ESNEFT

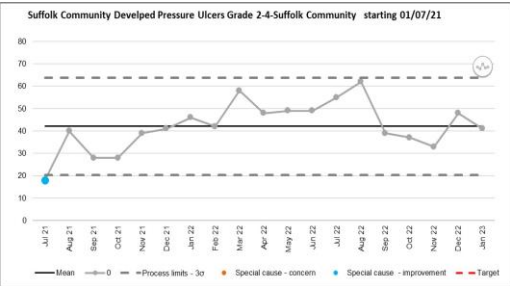
	Prev.	Mth
Cat 2	55	62
Cat 3	2	2
Cat 4	0	1
Unstageable	16	25
Totals	73 ↑ 90	
Rate per 1,000 bed days	1.86 1.78	

Summary

NHS Productivity Calculator gives a Central Estimated cost of £653k per 1,000 bed days, this is an increase of £131k on previous months figures. The education and training for all staff and validating for Band 6/7 continues. However, due to multiple factors impacting the development of pressure injuries (low staffing levels, patients dependency and low continuity of regular staff, delay in dynamic equipment) has led to a perfect storm. The incidents of COVID-19 has reduced this month but with no real impact.

Moving forward: To continue to support best practice and improve delivery of dynamic equipment.

Patient Safety – Tissue Viability



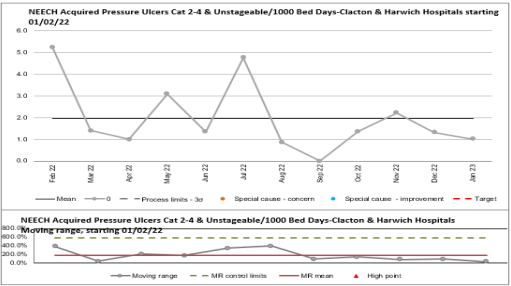
Suffolk Community Teams			
Cat 2	21		
Cat 3	4		
Cat 4	1		
Unstageable	15		
Prev. & in-mth total	57	↓	41

DTIs (Deep Tissue Inj)	↑	8
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Summary

Headlines: This month shown decreases across most categories apart from DTIs.

Priority Actions/Mitigation: To maintain this decrease in pressure damage.



NE Essex Community Teams			
Cat 2	28		
Cat 3	1		
Cat 4	0		
Unstageable	14		
Prev. & in-mth total	49	↓	43

DTIs (Deep Tissue Inj)	↓	15
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Summary

Headlines: This month has seen decrease in cat 3 and 4s PUs.

Priority Actions/Mitigation: To maintain this decrease in pressure damage

January updates

- In ESNEFT as a whole there has been an increase in pressure injuries in January with most of this from across the Acute hospital sites.
- Ongoing education and training of all Band 6/7 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 the planned sessions across the acute sector continue.
- Continuing 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. Further ambitions included: 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. This continues.
- The new band 7 to the Ipswich Acute team will be joining the team in March 2023.
- Accelerate Ltd, a tissue viability training academy have now started their training packages of both F2F and virtual training on wound care. This has been sent to all staff both community and acute. Staff have been encouraged to sign up and attend.

Patient Safety – Infection Control

Colchester and North East Essex

C.diff 2 HOHA, D'arcy and Tiptree

C.diff 2 COHA, Mersea and Copford

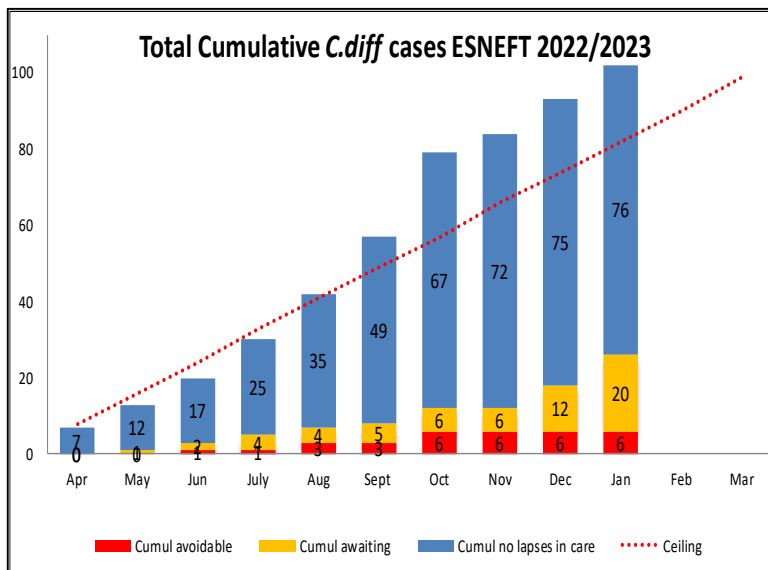
Ipswich & East Suffolk

C.diff 3 HOHA, Stradbroke, Stowupland and Stour Centre

C.diff 2 COHA, Saxmundham and Waldringfield

***C.difficile* overview**

There were a total of 9 Trust attributed *C.diff* cases in January 2023. There is currently a total of 102 cases against the threshold of 102 for 2022/23.

**MSSA****Ipswich:**

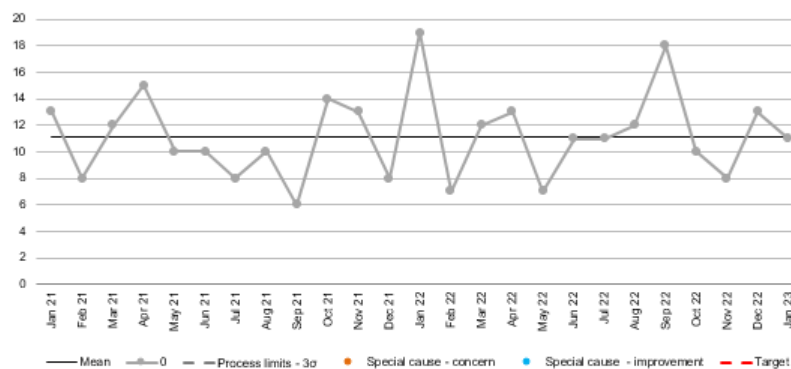
5 HOHA, Haughley - Skin/Soft tissue infection, Framlingham - contaminant, Capel - Unknown - treated for pancreatitis, Levington - infected diabetic toe, Claydon - Pneumonia

1 COHA, Stradbroke

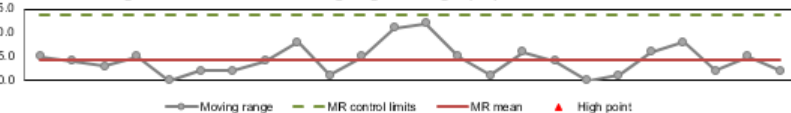
Colchester:

1 COHA, Langham

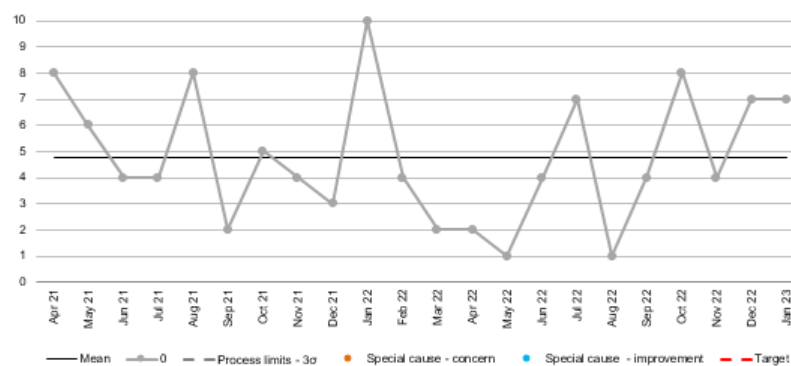
ESNEFT Ecoli Figures-Infection Control starting 01/01/21



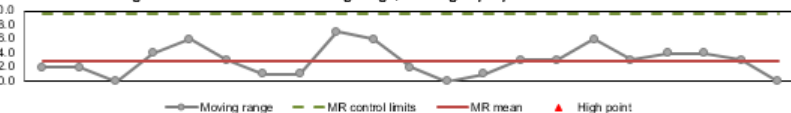
ESNEFT Ecoli Figures-Infection Control Moving range, starting 01/01/21



ESNEFT MSSA Figures-Infection Control starting 01/04/21



ESNEFT MSSA Figures-Infection Control Moving range, starting 01/04/21



MRSA: There were no healthcare onset MRSA bacteraemias in January 2023. There were 11 new MRSA isolates (8 at Colchester/NEE and 3 at Ipswich/East Suffolk) - see table.

Ward	Comments
Tiptree Ward	MRSA screen negative on admission included catheter site swab (no CSU). Repeat MRSA screen obtained 11 days after admission MRSA isolated nose, groin & CSU.
Tiptree Ward previously D'Arcy Ward	MRSA screen negative on admission to Colchester Hospital, had multiple ward moves repeat MRSA screens obtained after transfer. MRSA isolated nose swab obtained after transfer from D'Arcy Ward to Tiptree Ward.
Waverley Ward (Harwich Hospital) previously D'Arcy Ward	MRSA screen negative on admission to Colchester Hospital. MRSA isolated from Wound swab obtained the day after transfer from D'Arcy Ward to Waverley Ward.
St Osyth Priory (SOP) (Clacton Hospital)	MRSA screen negative on admission to Colchester Hospital and after transfer to SOP. 16 days after transfer to SOP MRSA isolated groin swab. This patient was cared for in the bed next to the patient below on SOP.
St Osyth Priory (SOP) (Clacton Hospital)	MRSA screen negative on admission to Colchester Hospital and after transfer from Great Tey to SOP. 16 days after transfer to SOP MRSA isolated groin. This patient was cared for in the bed next to the patient above on SOP.
Nayland Ward	MRSA screen negative on admission to Colchester Hospital. MRSA was identified 23 days after admission.
Copford Ward	MRSA screen was not obtained on admission. MRSA was identified 23 days after admission.
Copford Ward	MRSA screen not obtained on admission. MRSA isolated 3 days after admission from clinical specimen (foot swab)
Bramford Ward	Admitted 18.01.23 negative MRSA admission screen, positive 20.01.23 foot swab following abscess drainage
CCU Ipswich	admitted 23.12.22 positive, neg MRSA admission screen, 01.01.23 NBL aspirate positive MRSA - Flu A positive patient. Further MRSA swabs negative
Aldeburgh Comm Hospital	Admitted 04.01, no MRSA admission screen from Woodridge ward, transferred to ACH 17.01.23. Admission screen to ACH 18.01.23 positive nose.

E.coli bacteraemia

Ipswich: 3 HOHA: Martlesham - Hepatobiliary, CCU - Respiratory, Tracheostomy insitu GBS patient, Woodbridge - Pneumonia
2 COHA, Saxmundham, Haughley

Colchester: 5 HOHA:

Easthorpe-unknown source, OGD non-conclusive

Birch-continuing infection, previous *E. coli* bacteraemia on 29/12/2023

Layer Marney-hepatobiliary source, had ERCP on 11/01/23&16/01/23, Hep E positive

Stroke- upper urinary tract source, multiple catheter insertions

Peldon-hepatobiliary source, ERCP on 04/01/23, CBD stone, intrahepatic duct dilatation

1 COHA, Layer Marney

Patient Safety – Infection Control

	Number of HOIHA		Number of HOPHA		Number of HODHA		Total
Month/Site	Colchester	Ipswich	Colchester	Ipswich	Colchester	Ipswich	ESNEFT attributable (HOPHA and HODHA cases)
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
December	128	72	67	57	75	79	278
January	64	35	64	22	37	24	147

COVID-19 outbreaks identified in January 2023 (21):

Colchester and North East Essex (14)
 Renal Unit PCC 03/01/2023
 Fordham Ward 09/01/2023
 Brightlingsea Ward 09/01/2023
 Nayland Ward 09/01/2023
 Peldon Ward 09/01/2023
 Copford Ward 10/01/2023
 Birch Ward 11/01/2023
 Langham Ward 11/01/2023
 St Osyth Priory (Clacton Hospital) 20/01/2023
 Stroke Unit 23/01/2023
 Tiptree 24/01/2023
 Acute Cardiac Unit 27/01/2023
 Copford Ward (2.0) 27/01/2023
 Durban Ward (Clacton Hospital) 31/01/2023

Ipswich and East Suffolk (7):
 Lavenham 03.01.23
 Kirton 03.01.23
 Grundisburgh 16.01.23
 Waveney 27.01.23
 Waldringfield 25.01.23
 Washbrook 27.01.23
 Saxmundham 31.01.23

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.

Patient Safety – Maternity Dashboard – December data

Maternity Dashboard																	
	Indicator				ESNEFT												
		Green	Amber	Red	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Interventions	Episiotomies performed	No target			72	61	52	66	66	64	58	71	60	44	71	72	60
Mode of Delivery	Number of Normal Vaginal Deliveries				296	312	268	316	272	284	288	292	307	324	310	304	264
	Number of Breech Vaginal Deliveries				1	1	1	3	0	2	2	2	2	0	2	2	1
	Total Non operative vaginal deliveries				297	313	269	319	272	286	290	294	309	324	312	306	265
	% of Non operative vaginal deliveries	>=58%		<58%	49.75%	55.50%	55.46%	54.25%	50.00%	50.09%	54.21%	53.26%	54.12%	55.10%	53.89%	54.64%	51.16%
	Number of Ventouse deliveries				24	20	20	17	35	28	17	26	28	19	21	15	17
	% of Ventouse deliveries	No target			4.02%	3.55%	4.12%	2.89%	6.43%	4.90%	3.18%	4.71%	4.90%	3.23%	3.63%	2.68%	3.28%
	Number of Forcep deliveries				55	39	32	41	31	29	40	32	38	26	40	38	44
	% of Forcep deliveries	No target			9.21%	6.91%	6.60%	6.97%	5.70%	5.08%	7.48%	5.80%	6.65%	4.42%	6.91%	6.79%	8.49%
	Total Instrumental Deliveries				79	59	52	58	66	57	57	58	66	45	61	53	61
	% Instrumental Deliveries	No target			13.23%	10.46%	10.72%	9.86%	12.13%	9.98%	10.65%	10.51%	11.56%	7.65%	10.54%	9.46%	11.78%
	Number of Emergency C-Sections				132	111	104	128	124	132	115	118	119	128	127	117	117
	% of Emergency C-Sections	No target			22.11%	19.68%	21.44%	21.77%	22.79%	23.12%	21.50%	21.38%	20.84%	21.77%	21.93%	20.89%	22.59%
	Number of Elective C-Sections				89	81	60	83	82	96	73	82	77	91	79	84	75
	% of Elective C-Sections	No target			14.91%	14.36%	12.37%	14.12%	15.07%	16.81%	13.64%	14.86%	13.49%	15.48%	13.64%	15.00%	14.48%
	Total C-sections				221	192	164	211	206	228	188	200	196	219	206	201	192
% C-Sections	No target			37.02%	34.04%	33.81%	35.88%	37.87%	39.93%	35.14%	36.23%	34.33%	37.24%	35.58%	35.89%	37.07%	
Unit Diverts	External	No target			3	1	0	0	0	0	2	0	1	2	0	tbc	tbc
Maternal Morbidity and Mortality	PPH >= 1500mls - All women				16	19	19	24	22	17	18	22	20	22	20	20	15
	% PPH >=1500mls - All women	No target			2.74%	3.42%	3.97%	4.16%	4.10%	3.01%	3.42%	4.03%	3.58%	3.82%	3.51%	3.64%	2.92%
	PPH >= 1500mls - Vaginal (NMPA Criteria)				9	11	12	16	9	9	12	12	14	12	14	10	6
	No. Singleton Term Vaginal Deliveries				355	349	301	352	326	321	326	325	351	355	353	339	306
	% PPH >=1500mls - Vaginal (NMPA Criteria)	<=2.9%	2.9-3%	>=3%	2.54%	3.15%	3.99%	4.55%	2.76%	2.80%	3.68%	3.69%	3.99%	3.38%	3.97%	2.95%	1.96%
	Maternal Death	No target			0	0	0	0	0	0	0	0	0	0	0	tbc	tbc
	Maternal Admissions to CCU	No target			0	0	0	2	1	1	0	1	0	0	0	tbc	tbc
	Number of 3rd/4th degree tears				6	5	9	6	7	5	6	10	11	7	6	12	5
% of 3rd/4th degree tears	No target			1.60%	1.34%	2.80%	1.59%	2.07%	1.46%	1.73%	2.84%	2.93%	1.90%	1.61%	3.34%	1.53%	
Neonatal Morbidity and Mortality	HIE Grades 2 & 3	0		>=1	1	1	1	1	0	0	0	0	1	0	0	0	4
	Babies sent for cooling	No target			1	0	1	1	0	1	0	0	1	0	0	0	3
	Term Admissions to NNU	No target			31	25	26	23	27	36	25	33	23	33	20	17	27
	Term Admissions to NNU as a % of babies born	<=6%		>6%	5.19%	4.43%	5.36%	3.91%	4.96%	6.30%	4.67%	5.98%	4.03%	5.61%	3.45%	3.04%	5.21%
	APGAR at 5 min <7 at term (Number)				5	3	5	4	6	6	3	6	6	3	6	8	7
	APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	0.84%	0.53%	1.03%	0.68%	1.10%	1.05%	0.56%	1.09%	1.05%	0.51%	1.04%	1.43%	1.35%
	Number of Stillbirths	0	1-2	>=3	4	4	0	2	2	2	4	3	2	2	3	0	2
	Neonatal Deaths within 28 days	No target			2	1	0	2	0	1	0	1	0	0	0	tbc	tbc
Demographics	Late Fetal Losses (22+0 to 23+6 weeks)	No target															
	Women <18 years at delivery	No target			4	3	3	4	5	4	4	6	2	4	6	6	4
	Women>= 40 years at delivery	No target			19	24	17	23	27	26	21	23	28	18	22	26	21
	Babies from Ethnic Minority Groups	No target			93	89	77	85	95	94	82	88	98	92	86	94	90

Patient Safety – Maternity Assurance Report: Dashboard Outliers – **December data****ESNEFT Massive Obstetric Haemorrhage – December 1.96%**

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 reduced further from 2.95% in November (2.82% for Colchester and 3.09% for Ipswich) to 1.96% in December (1.30% for Colchester and 2.63% for Ipswich).

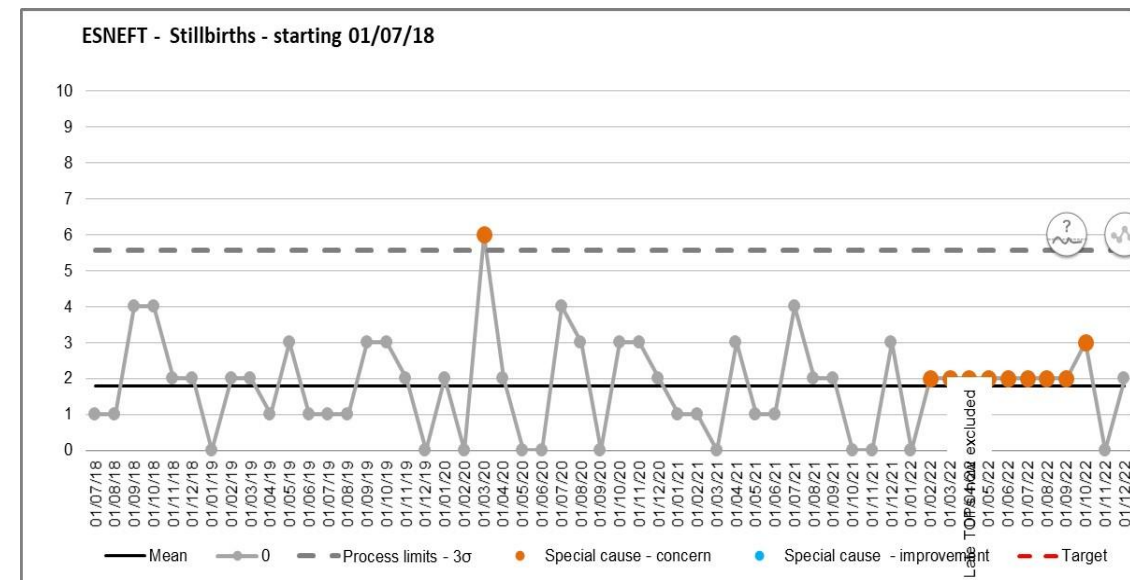
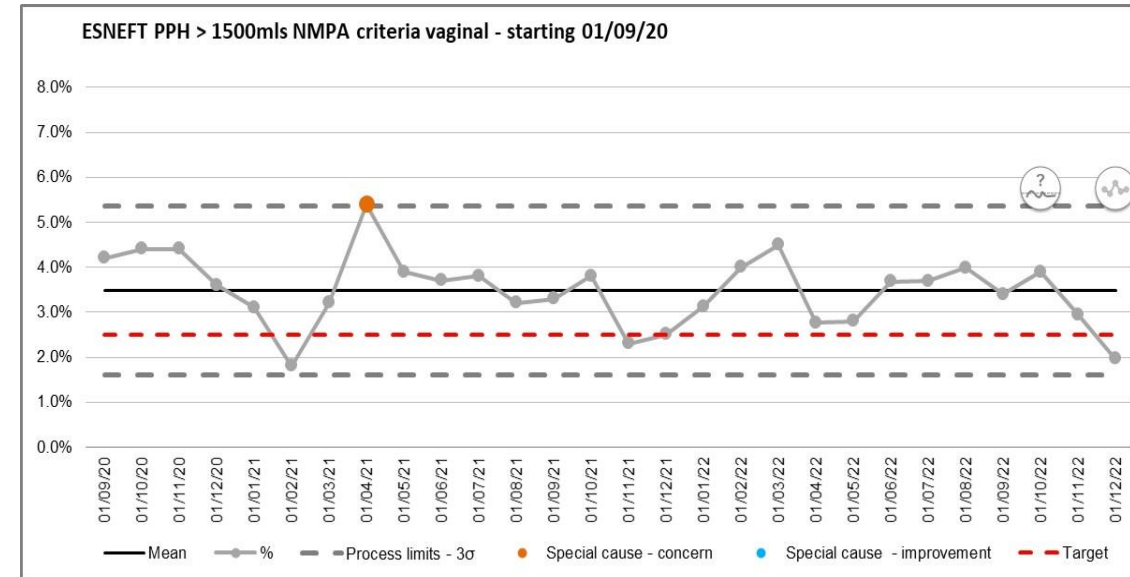
This month, ESNEFT can display the lowest rate of PPH >1500ml recorded since February 2021 with Colchester being below the national target of 2.5% and Ipswich being marginally over. This is the second month in a row that has shown lower rates for PPH and whilst two months are not sufficient to show a consistent improvement, the two lower rates are important to recognise.

For NMPA criteria women having PPH ≥ 1500 mls at Caesarean birth the KPI target has been set at $\leq 4.3\%$. ESNEFT rate this month exceeds this target at 5.2% (6.0% for Ipswich and 4.8% for Colchester). All PPH ≥ 1500 ml continue to be subject to MDT review and any themes highlighted are escalated to the governance and QI team. The ESNEFT merged PPH guideline was launched on the 9th January and has been successfully implemented into practice. The MDT across site have met to discuss the usability of the guideline and its tools. QI methodology is being utilised to ensure that feedback received is actioned appropriately.

Work is ongoing towards the introduction of ROTEM, and a SOP for cell salvage. The new ESNEFT anaemia in pregnancy guideline has been approved through Governance and is now live. In December, ESNEFT joined an MDT meeting 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. These meetings will continue regularly.

Still Births – December – 2

Two still births were reported on ESNEFT sites in December. 1 IUD at 38 weeks and 1 IUD at 30 weeks, both are currently being investigated by the governance team.

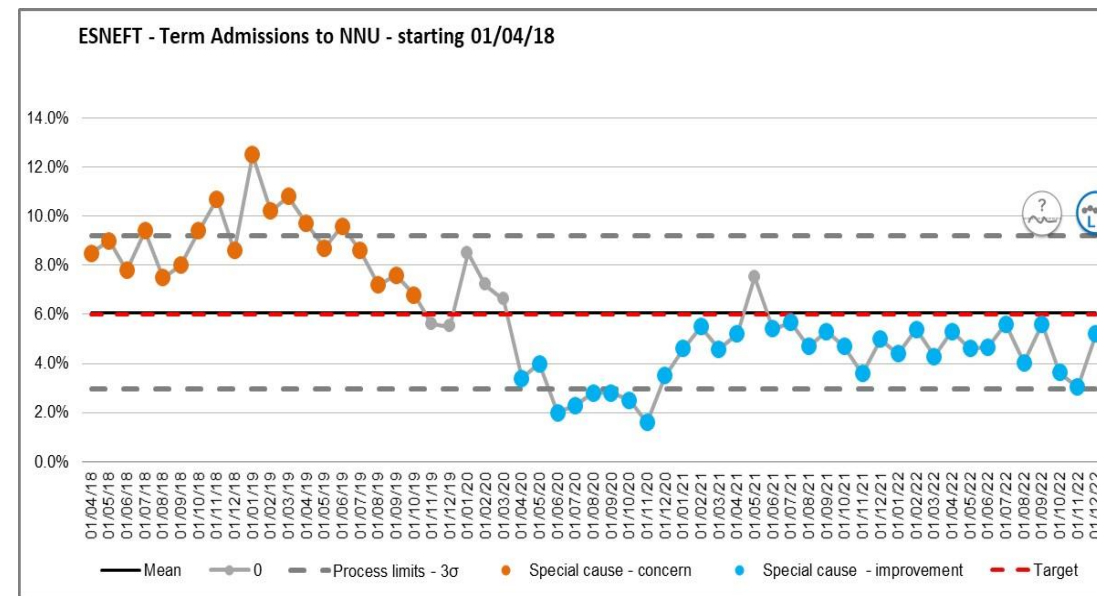
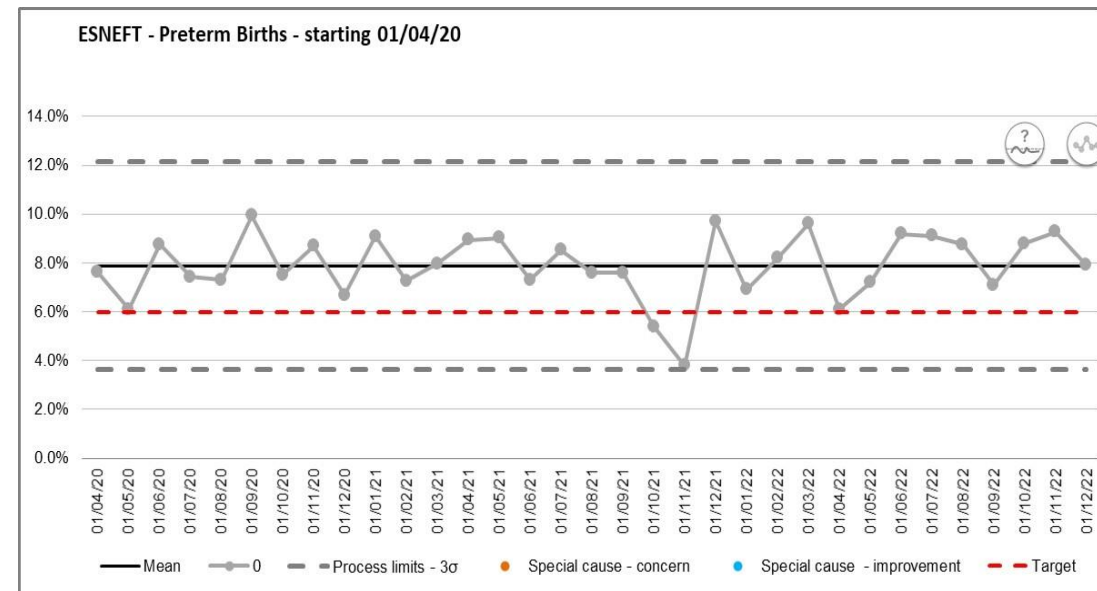


Patient Safety – Maternity Assurance Report: Dashboard Outliers – **December data****ESNEFT Preterm birth rates <36+6 weeks – December 7.9%**

The ESNEFT preterm birth rate for is lower than last month; it was 9.3% in November and is 7.9% in December (10.1% for Colchester and 5.5% for Ipswich respectively). Aside from November and December 2021 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%, the annual rolling rate for ESNEFT being 8.16%, with Colchester (8.18%) having a slightly lower rolling 12 month rate than Ipswich (8.13%). 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 0 births at ESNEFT < 27 weeks in December. In March, ESNEFT will be launching PeriPrem, a national QI programme encompassing all elements of Optimisation, with the addition of 4 further elements, focusing on reducing preterm birth and optimising the foetus prior to preterm birth. The right place of birth QI continues.

ESNEFT Term Admissions to NNU – December 5.2%

ESNEFT Term admissions to NNU are 5.2% in December; remaining within the target of 6% although is higher than November (3.04%). 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 3.8% term admission rate in December. Ipswich had a 7.1% term admissions rate in December. Term admissions across both sites are subject to MDT review and monthly thematic reviews with action plan. The investigation into all term admissions has shown that occasionally there is a term admission that is avoidable, however, these are the exception to the rule and the vast majority of admissions are found to be unavoidable. Any learning from term admissions that are found to be avoidable, is shared with individual staff members and the whole team to raise awareness of required improvements. ESNEFT also continues to work 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; the ODN were unable to attend and this has been rescheduled.



Patient Safety – Maternity Assurance Report: Saving Babies Lives V2 Updates – **December data**

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 has now been submitted for internal review prior to the submission date of 2nd February 2023. The pass threshold has been met for all Elements, however, an action plan has been devised to address some areas where, despite the threshold to pass being met, there is still scope for further improvements.

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. Saving Babies Lives Care Bundle version 3 will be released shortly.

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

Element 1: Reducing smoking in pregnancy Referral pathway to smoking cessation services is in place across both Ipswich and Colchester sites, along with staff training programme in line with SBLCBv2 requirements. In November, Colchester site launched the enhanced smoke free pathway. Ipswich is due to launch at the end of January 2023 once issues that have been highlighted with IT/database systems has been corrected. 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. MIS year 4 requirements for $\geq 80\%$ 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. This is ongoing. 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.

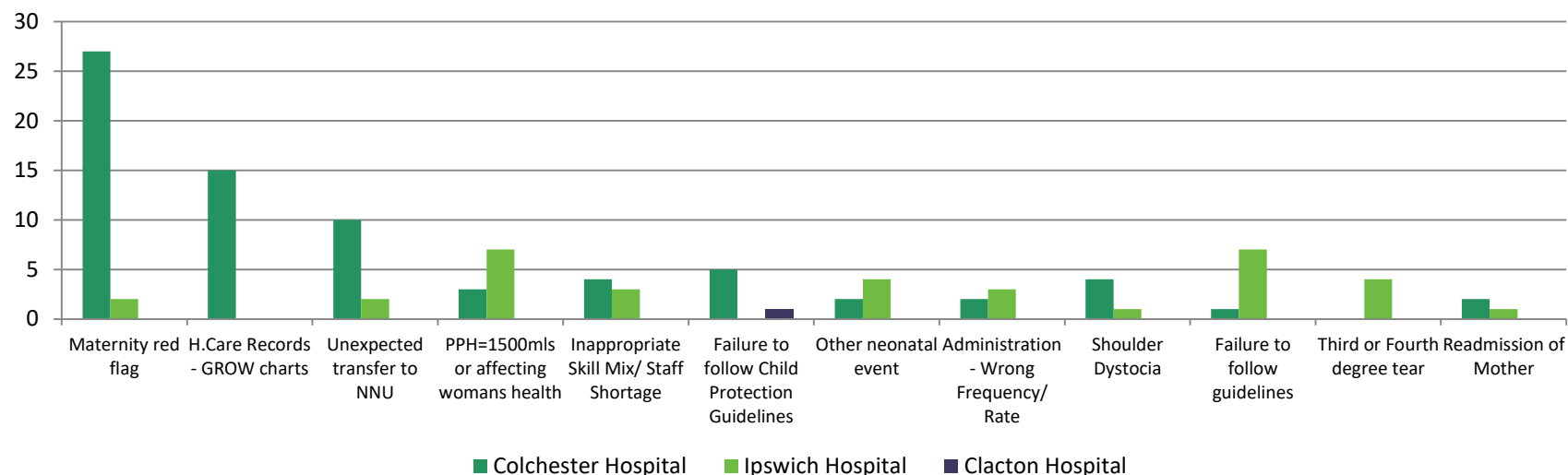
Element 3: Raising awareness of reduced fetal movement (RFM) Local guidance aligns with SBLCBv2 requirements for information to be given to all women about reduced fetal movements before 28 weeks gestation. The audits required for MIS year 4 have been undertaken to the required standard. An action plan 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. The required 90% compliance for staff training on 'using their local CTG machines' as well as attendance at a multi-disciplinary fetal monitoring study day has now been met. 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. As there is only one Consultant at Colchester that is able to perform cervical length scanning for the PPC and is considered a single point of failure risk, this is in the process of being added to our risk register.

Patient Safety – Maternity Assurance Report: Incidents, PSII updates, risk, concerns and assurances – December data

Top 12 Maternity Incidents



ESNEFT top three incidents:

1. Maternity Red Flag incidents
2. H/Records – missing GROW charts/SFH plots
3. Unexpected Transfer to NNU

ITU Admissions:

- (no data available at time of report)

Moderate HARM

11:

- 4 x PPH ≥1500mls
- 3 x Babies transferred for cooling
- 2 x Stillbirths 38+2 IUD and 30+3 IUD
- 2 x Maternal Readmissions

Risk Register

- 18 Open risks on the Risk Register
- 1 risk closed in reporting period (IPH: Single point of failure for smoking cessation service.).

PSII and HSIB investigations:

- 3 babies met the HSIB referral criteria (awaiting confirmation whether accepted or not)
- No new PSII investigations

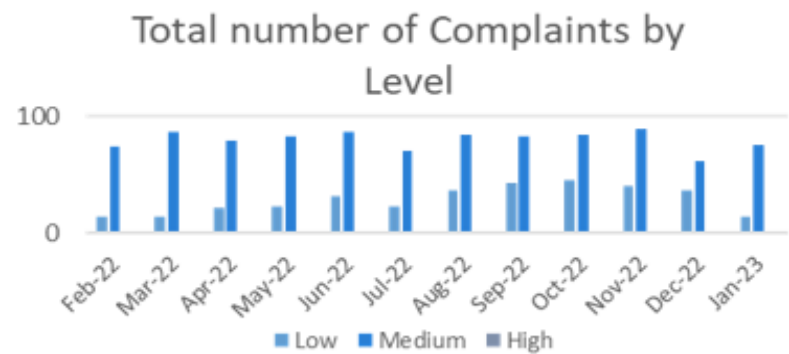
Unit Diverts

- 11/12/2022 21:50 -12/12/2022 @ 02:45 (4hrs 55mins) due to acuity/staffing. 1 woman diverted externally to MEH Chelmsford

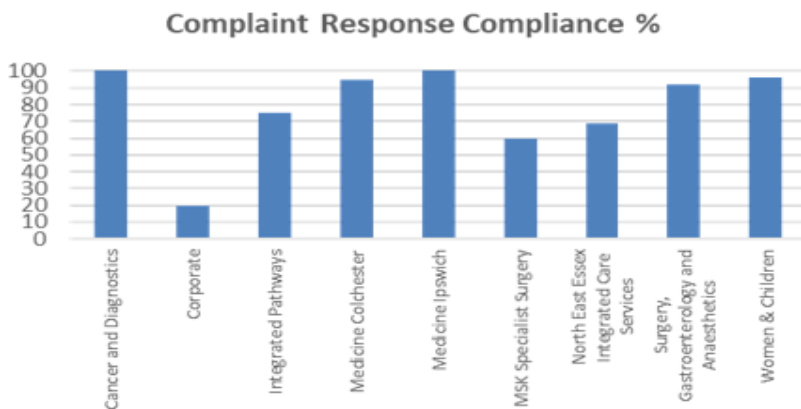
Horizon scanning/added in draft awaiting approval:

- Colchester – Lack of identification of Safeguarding concerns during the antenatal period.
- Colchester – Risk of not identifying growth concerns due to recurring technical fault with the Maternity IT system.
- Colchester – malfunctioning theatre table.
- ESNEFT Maternity will not comply with CNST SA #1
- CGH: Community unable to guarantee connection to programmes to view women's records.
- IPH: Insufficient obstetric staffing is impacting on ability to cover all services within Maternity.
- CGH: Only one Consultant able to cover preterm birth caseload.

Patient Experience – Complaints



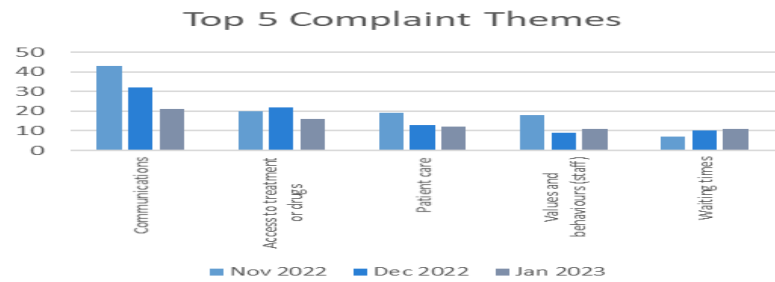
Overall complaints numbers for ESNEFT in January were 90 (101). There were no high level complaints recorded in month. Colchester reported 53 (64) complaints and Ipswich reported 37 (37).



Overall response rate compliance decreased to 85% (89%). There were 102 (160) complaints closed in the month of January. Overdue complaints increased to 8 (4).

Complaint themes

The two most common themes for complaints in January 2023 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 themes from PALS:

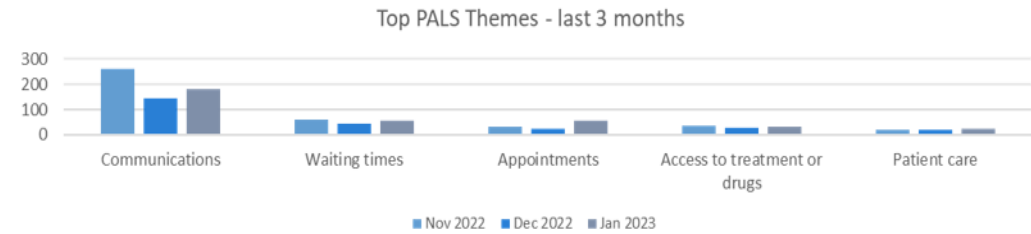
There were 393 (304) PALS enquiries logged in January 2023:

- 235 (169 December) for Colchester
- 158 (135 December) for Ipswich

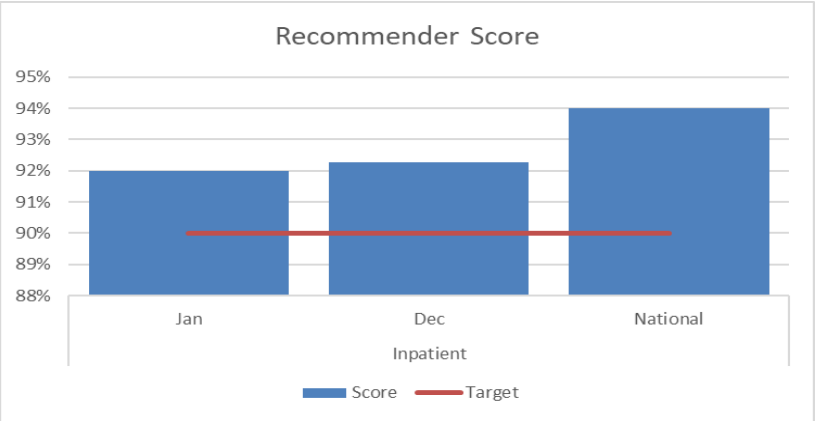
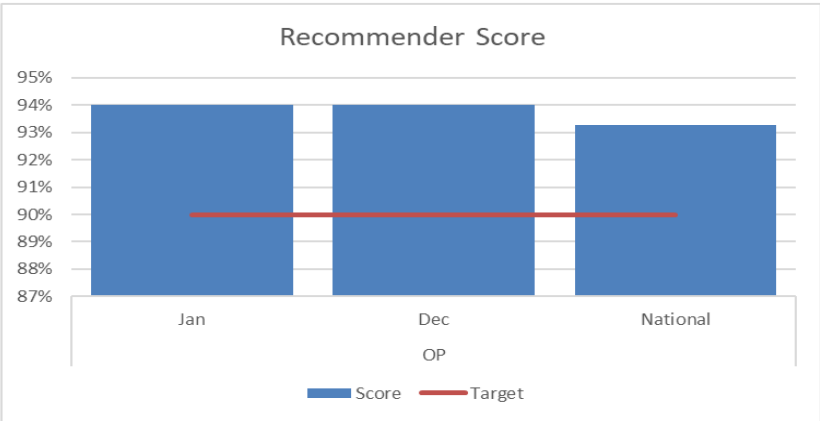
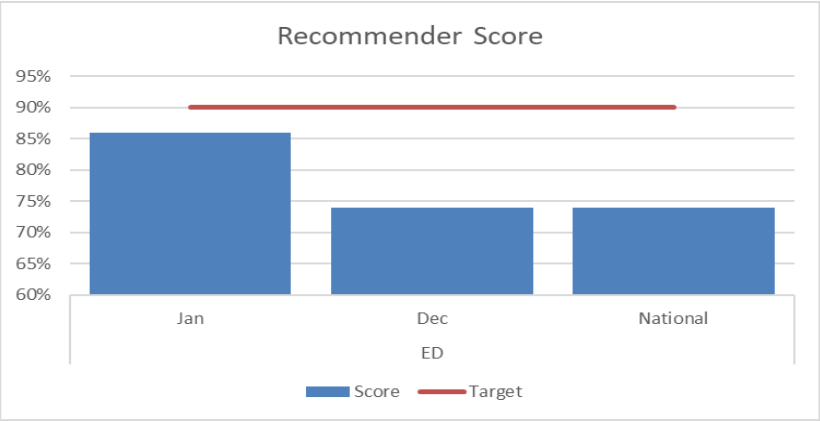
The top theme for PALS enquiries in January remained ‘Communication’. Followed by waiting times’ but in much lower numbers.

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.

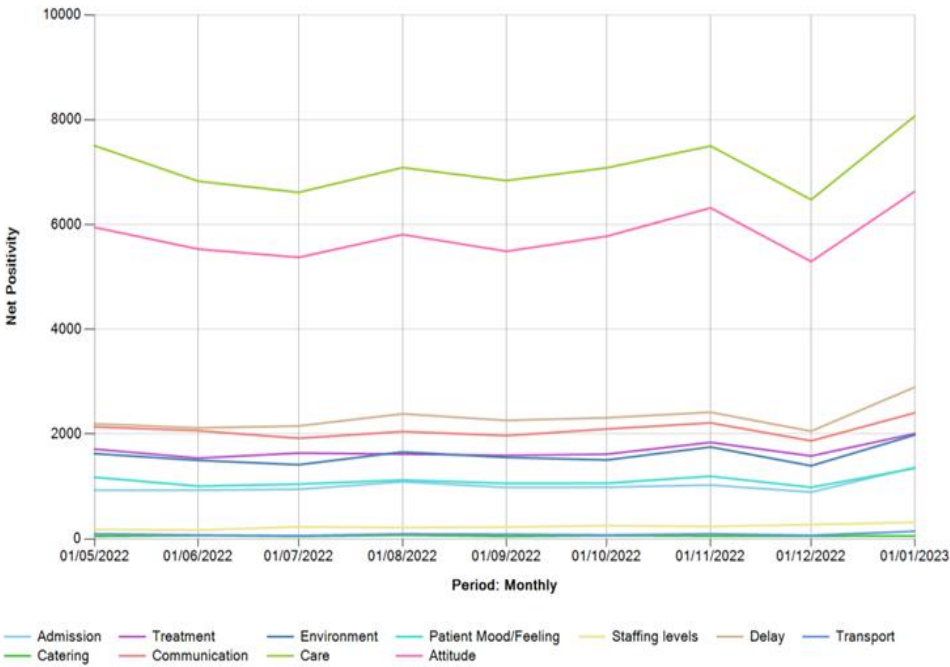
There were 2 PALS cases converted into formal complaints for January 2023: 1 for Medicine Ipswich & 1 for Women’s & Children’s.



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 November 2022.



	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	7,071	2,734	8,512	1,122	2,308	3,366	1,566	182	395	2,253
Negative	436	326	440	230	322	468	216	36	78	241
% Negative	6%	11%	5%	17%	12%	12%	12%	17%	16%	10%
Change	Down 2%	Down 2%	Down 2%	No change	Down 6%	Down 6%	Down 4%	Down 11%	Down 5%	Down 2%

ED		October	November	December	January
ESNEFT	Recommended	78.32%	76.03%	73.92%	86.37%
	Responded	16.08%	16.00%	15.00%	18.00%
National	Recommended	74.14%	0.00%	0.00%	0.00%

Inpatient		October	November	December	January
ESNEFT	Recommended	91.29%	92.27%	92.28%	92.37%
	Responded	24.00%	24.00%	22.00%	24.00%
National	Recommended	93.99%	0.00%	0.00%	0.00%

Birth		October	November	December	January
ESNEFT	Recommended	96.77%	96.00%	97.50%	94.74%
National	Recommended	0.00%	0.00%	0.00%	0.00%

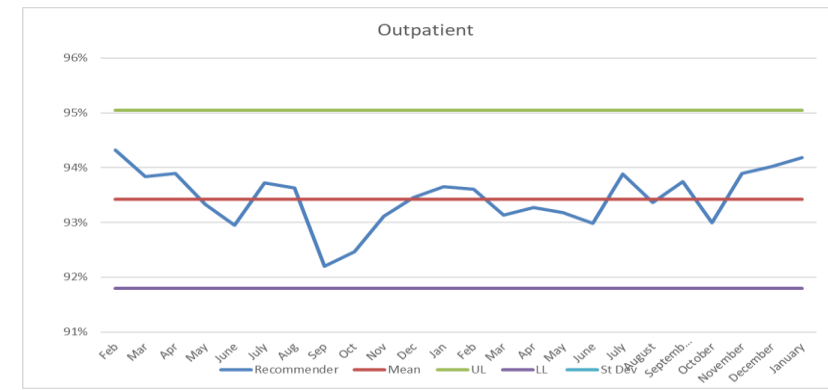
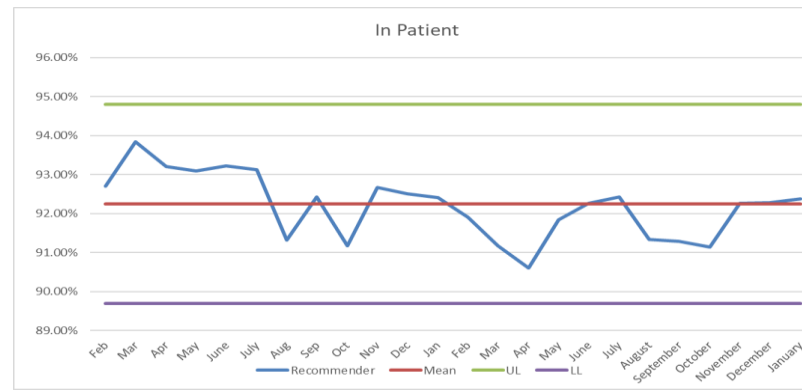
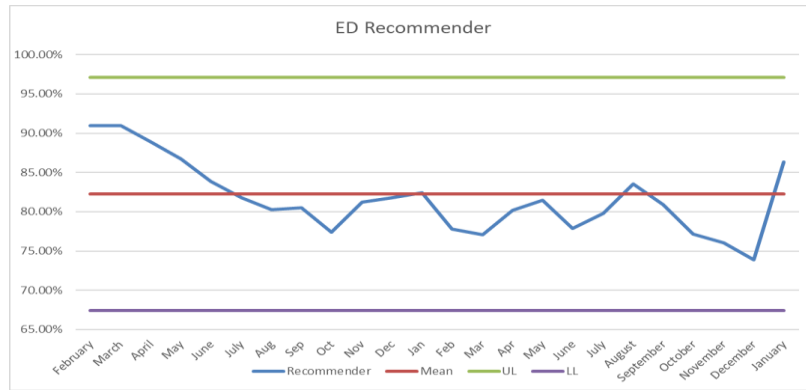
Outpatient		October	November	December	January
ESNEFT	Recommended	93.00%	93.89%	94.02%	94.18%
National	Recommended	93.11%	0.00%	0.00%	0.00%

Antenatal		October	November	December	January
ESNEFT	Recommended	100.00%	95.54%	93.10%	100.00%
National	Recommended	90.43%	0.00%	0.00%	0.00%

Post Ward		October	November	December	January
ESNEFT	Recommended	97.08%	93.75%	96.97%	96.34%
National	Recommended	91.69%	0.00%	0.00%	0.00%

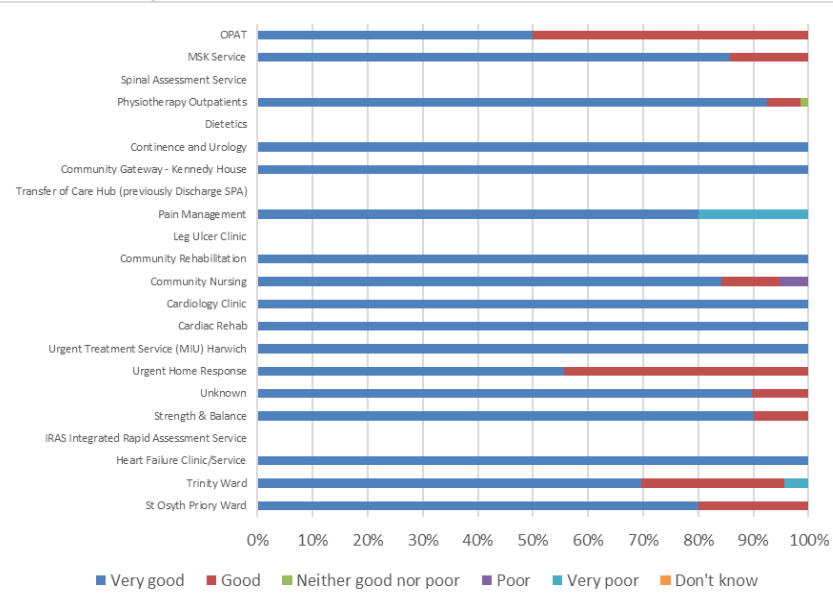
Post Com		October	November	December	January
ESNEFT	Recommended	100.00%	100.00%	100.00%	100.00%
National	Recommended	89.57%	0.00%	0.00%	0.00%

Patient Experience – Friends and Family Test

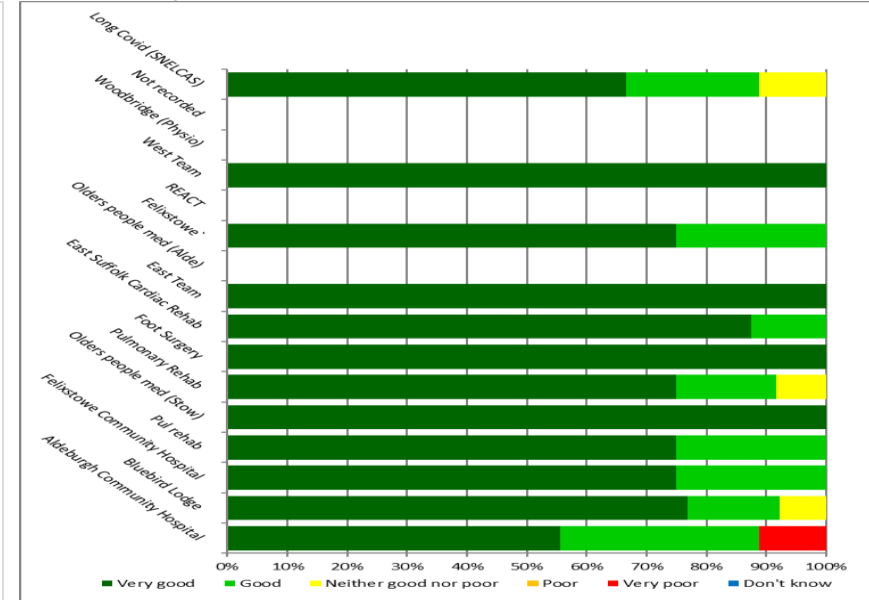


- ED score has jumped 12.45% in January, response rate increased by circa 10%. The top themes remain the same, with negative comments regarding waiting reducing. Data still has to be ratified by informatics.
- Outpatients score has increased by .016%, the second small monthly increase in a row keeping it above the average.
- Inpatient score increased by 0.09%, the second small monthly increase in a row keeping the score just above the mean average.

Community - Essex



Community - Suffolk



Cardiac Rehab – Rehab team looked after me. No improvements. Fiona and Rehab Team made a positive difference to my care.
 Bluebird Lodge - Made very welcome and nothing any trouble, nurses were marvellous.
 Cardiac Rehab - There was a positive outcome from the course of treatment that I received which I think would be replicated for others. Improvements - service providers should remove masks asap as I am hard of hearing and it would improve communication. No one member of staff made a "stand out" difference but they all made a positive difference.
 Bluebird Lodge - Best place I have been in, all the staff were brilliant. I cannot think of anything that would have improved my experience, all excellent
 Felixstowe Hospital - Because they are good and do a very good job. They are kind.
 SNECAS - John was very understanding and made me feel important and someone who listened and gave great advice made me feel comfortable even when I spoke about emotional things. Very caring .

FFT Feedback/Comments
 Trinity ward - Kindness of staff. Difficult to think of anything that could have improved it.
 Trinity Ward - Although very short staffed girls come as soon as they can. Staff are lovely. Loss of dignity issue when waiting for bells to be answered due to shortage of staff.
 St Osyths Priory Ward - Very good - being a little cooler would have been an improvement.
 MSK Service - Nothing better the doctor was perfect and answered all the questions I put to him and explained the procedure
 MSK Service - I was seen on time, the person seeing me was informative and listened to me.

Performance Area	Performance measure	Target	Latest Month			Trend		
			ESNEFT	COL	IPH	ESNEFT	COL	IPH
Emergency Department	Four hour standard (Whole Economy)	95%	● 72.8%	● 76.5%	● 66.1%	● 6.8%	● 5.9%	● 9.1%
	Time to initial assessment - 95th pct	15 mins	● 28	● 16	● 36	● (5)	● (12)	● (2)
	Time to initial assessment- percentage within 15 minutes (new measures)		84.1%	94.4%	71.2%	● 7.0%	● 12.2%	● 2.1%
	Time to treatment - median time in department	60 mins	● 66	● 40	● 101	● (7)	● (10)	● (19)
	Average (mean) time in department- non-admitted patients (new measure)□		262	352	200	● (62)	● (44)	● (50)
	Average (mean) time in department- admitted patients (new measure)		571	655	465	● (104)	● (62)	● (153)
	Patients spending more than 12 hours in A&E		1,370	1,027	343	● (778)	● (425)	● (353)
	Proportion of ambulance handovers within 15 minutes (new measure)		19.8%	15.7%	24.4%	● 9.9%	● 9.4%	● 10.3%
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 67.4%			● (5.7%)		
	% patients 28 day faster diagnosis		● 58.5%			● (4.1%)		
	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 63.7%			● (10.0%)		
Diagnostics	% patients waiting 6 weeks or more for a diagnostic test*	1%	● 8.1%			● (0.3%)		
RTT	% of incomplete pathways within 18 weeks*	92%	● 58.8%			● 0.4%		
	Total RTT waiting list (open pathways)*		80,401			● 858		

*January's Oaks data not received December 2022 data used for reporting

Emergency Care: Improvement has been seen particularly at Colchester week on week through January, now at an average of over 80%. Good focus on ambulance handovers has reduced the delays. Risks going forward are the ceasing of external cohorting from 31st March and further strikes. However robust planning is being planned to mitigate any risks.

Cancer: A drop in performance was expected, however, teams are confident that this will improve again in February and March. Exceptional work has been done by the colorectal team and the backlog is improving. Risks are Urology repatriation and the BMA rate card issue with the Breast team although plans are in place.

Diagnostics: Performance continues to improve and whilst the standard has changed from 1% to 5%, teams expect to be able to deliver 3% consistently next year with assumptions and plans in place.

Elective: There has been an improvement in activity levels due to the release of elective beds following the festive surge as well as productivity gains. Significant risk remains in General Surgery and Gastro for delivering zero 78w by 31st March. Daily Executive led scrutiny is in place to ensure robust oversight of progress.

ESNEFT Whole Economy performance improved by 6.8% in month and is sitting above the regional and national averages. Both sites reflected this with Colchester improving by 5.9% since last month and Ipswich by 9.1%. ESNEFT attendances in month reduced by nearly 16.0% compared to December.

4 hour standard- ESNEFT whole economy*

72.8%

↑ vs 66.1% last month

4 hour standard- Colchester

76.5%

↑ vs 70.6% last month

4 hour standard- Ipswich

66.1%

↑ vs 57.0% last month

Attendances - ESNEFT

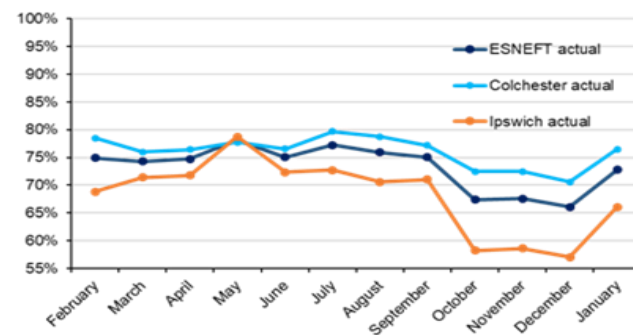
23,106

↓ vs 27,461 last month

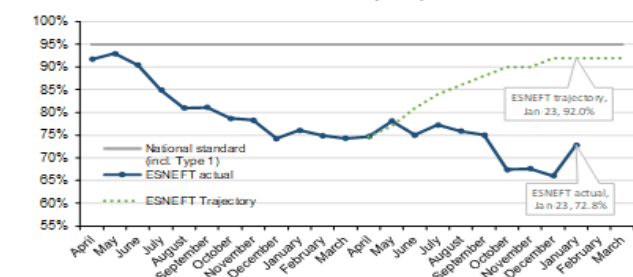
Performance and trajectory				
January		ESNEFT	NEE	IES
	Actual	72.8%	76.5%	66.1%
	Trajectory	92.0%	92.0%	92.0%
	Position	✗	✗	✗

*includes Clacton and Harwich

ED Performance: Four hour standard



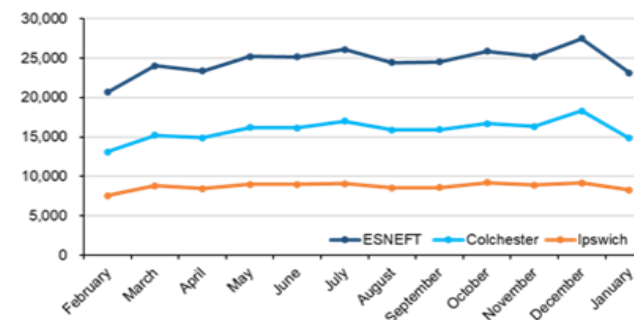
ED Performance: Four hour standard - ESNEFT trajectory



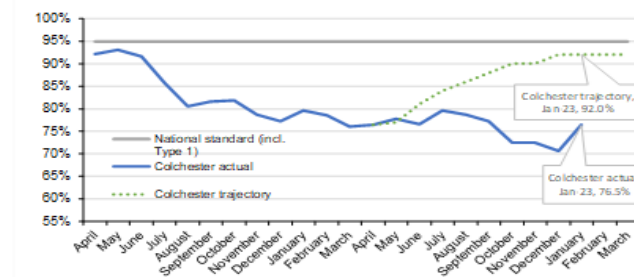
Colchester

Performance against the 4-hour standard has improved in month; however, is still below ESNEFT trajectory. Attendances in month have reduced; with the previous month surge driven by increased paediatric demand. To support flow Bronze command has continued, and additional operational bandwidth has been put in place to support with the continued push and pull model to assessment areas. Extra coast capacity continues to be used; which has supported with a reduction of AM bed waits. MH demand remains high, with many patients frequently spending increased time in the departments once a decision TCI has been made; and the Service is working with EEAST to fully understand conveyance rates to Colchester's ED. Ambulance and nursing strikes continue

ED Performance: Attendances



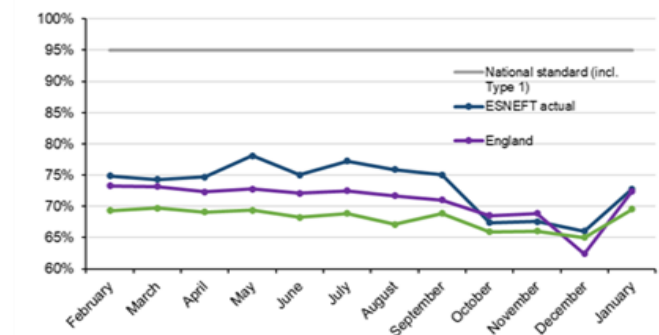
ED Performance: Four hour standard - North East Essex trajectory



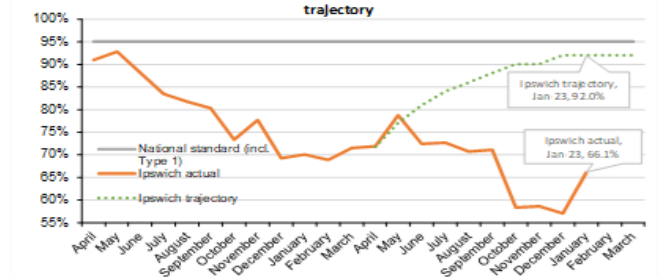
Ipswich

Ipswich has also seen an improvement in performance in January and the team is currently working on a trajectory for improvement for 23/24. The department continues to have additional resource to support with an inbound and outbound corridor to support offload delays. The bronze command continues to aid flow through the organisation.

ED Performance: Four hour standard - benchmarking



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



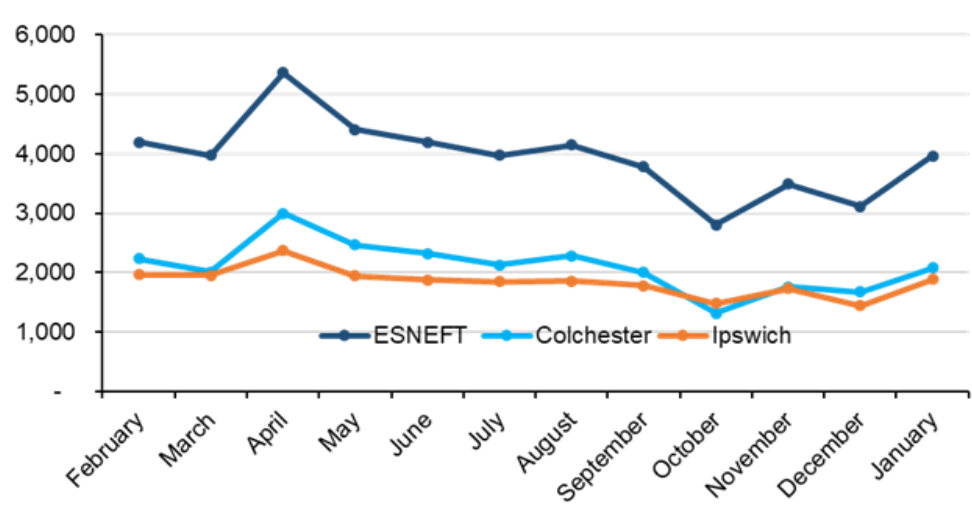
The number of ambulance handovers increased in month for ESNEFT by 27.4% the increase was reflected at both sites with Colchester increasing by 24.1% and Ipswich by 31.1%.

Number of handovers - ESNEFT
3,966
↑ vs 3,114 last month

Number of handovers - Colchester
2,078
↑ vs 1,674 last month

Number of handovers - Ipswich
1,888
↑ vs 1,440 last month

Ambulances: Number of handovers



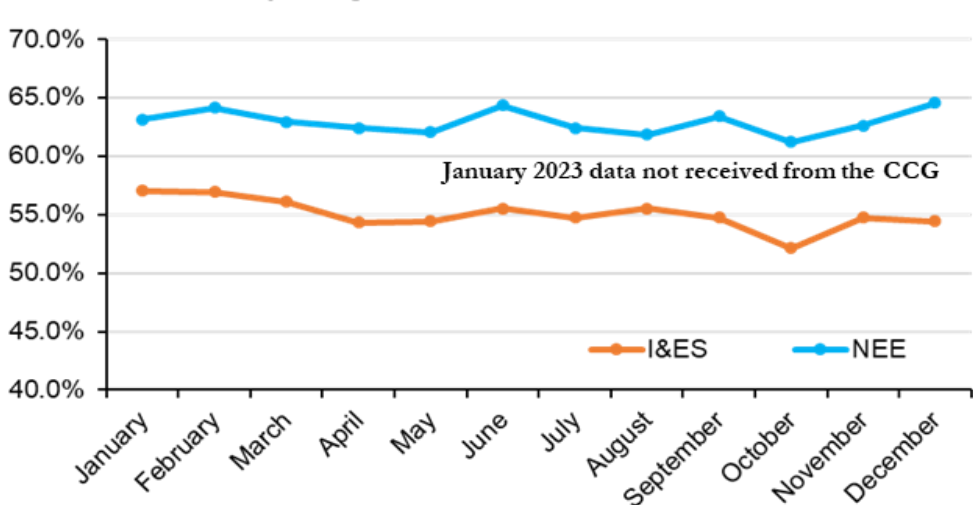
Colchester

In month there was a 24.1% increase in ambulance attends; and the 15-minute handover standard remains a key focus for the ED and Trust. Capacity is continuously reviewed and off load space outside of the ED has been used; i.e. Main Outpatients and Elmstead to safely off load ambulances and increase capacity. Agency cohorting nurses continue to support and EEAST extended the period of support to formally cohort patients for part of the month. In NEE teams are reviewing conveyance rates and variability within the ICB.

Ipswich

In month there has been a 31.1% increase in ambulance handovers, focusing on 15 minute handovers as a priority. Flow out of the department was a challenge and corridor care continues with external support to support offloads for both inbound and outbound, always at the discretion of the EPIC.

Ambulances: Conveyancing rate



ESNEFT performance has improved across the board in month; for 15 minute handovers by 9.9%, Colchester and Ipswich both improving by 9.4% and 10.3% respectively. The proportion of handovers that occurred within 15-30 minutes, 30-60 minutes and over 60 minutes all have improved for ESNEFT.

Handovers within 15 minutes - ESNEFT
19.8%

↑ vs 9.9% last month

Handovers within 15 minutes - Colchester
15.7%

↑ vs 6.3% last month

Handovers within 15 minutes - Ipswich
24.4%

↑ vs 14.1% last month

Handovers within 15 – 30 minutes - ESNEFT
53.2%

↑ vs 36.6% last month

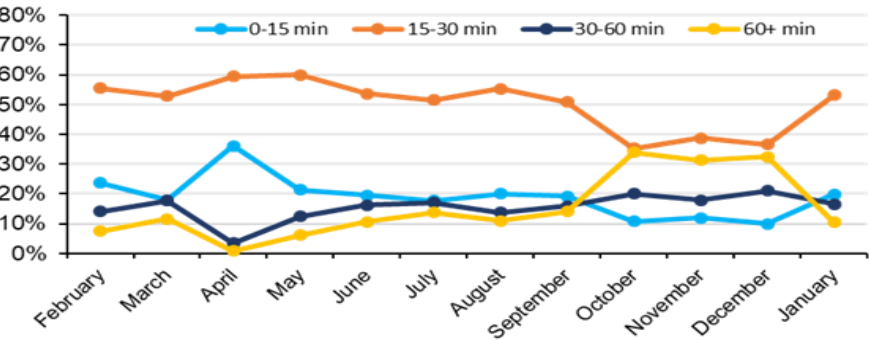
Handovers within 30 – 60 minutes - ESNEFT
16.5%

↓ vs 21.0% last month

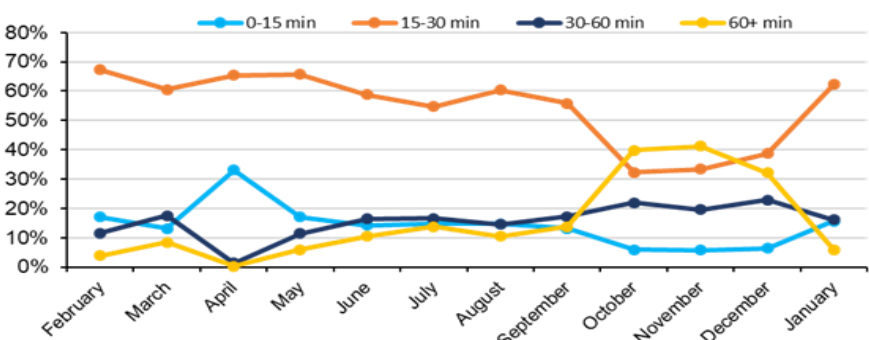
Handovers over 60 minutes - ESNEFT
10.4%

↓ vs 32.5% last month

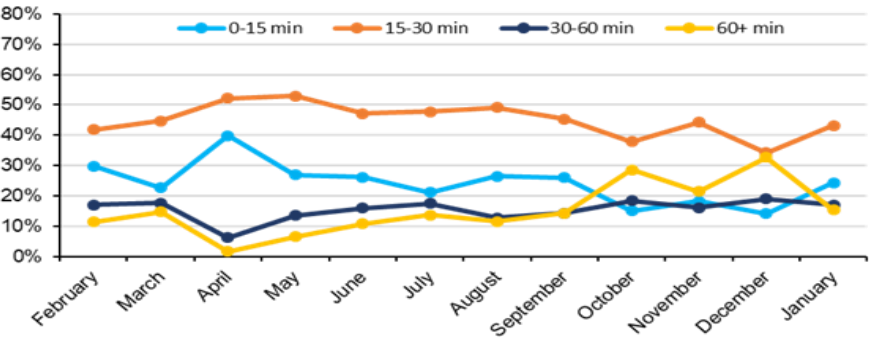
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Colchester

Continued improvement across all metrics; and an increased patient experience; and reduced risk in the community. The escalation plan is embedded; and the MDT communications group drives actions and resolution. Recognising that there are some areas of good practice in place; teams are reviewing the ECIST report on processes implemented by high achieving organisations and identifying areas for improvement at Colchester.

Whilst EEAST have not been striking the planning has supported improvements and will continue to do so.

Ipswich

There has continued to be a heightened focus on Ambulance offloads both in and out of hours. Ipswich has seen an increase in 15 minute handovers by 10.3% with the robust escalation process that all adhere to.

There is a system approach with support from the ICB in achieving timely offload delays.

Time to initial assessment within 15 minutes increased in month by 7.0% for ESNEFT; increases both at Colchester and Ipswich by 12.2% and 2.1% respectively. Average times in department for patients reduced in month; non-admitted by 62 minutes and admitted by 104 minutes. The number of 12 hour patients reduced in month for ESNEFT by 36.2%.

Time to initial assessment (% patients within 15 mins)

84.1%
↑ vs 77.1% last month

Time to initial assessment: (95pct)

28 min
↓ vs 33 last month

Average time in dept – non-admitted

262 min
↓ vs 325 last month

Average time in dept – admitted

571 min
↓ vs 674 last month

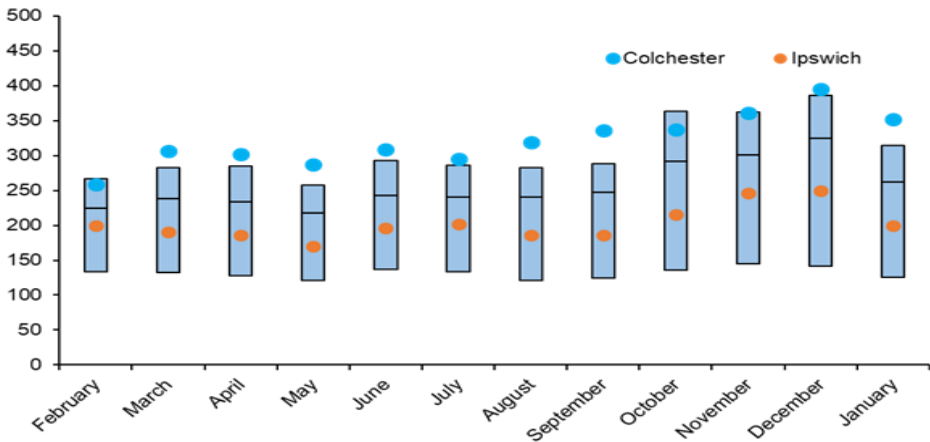
Time to treatment – median time in dept. (60 mins)

66 min
↓ vs 73 last month

12 hour patients

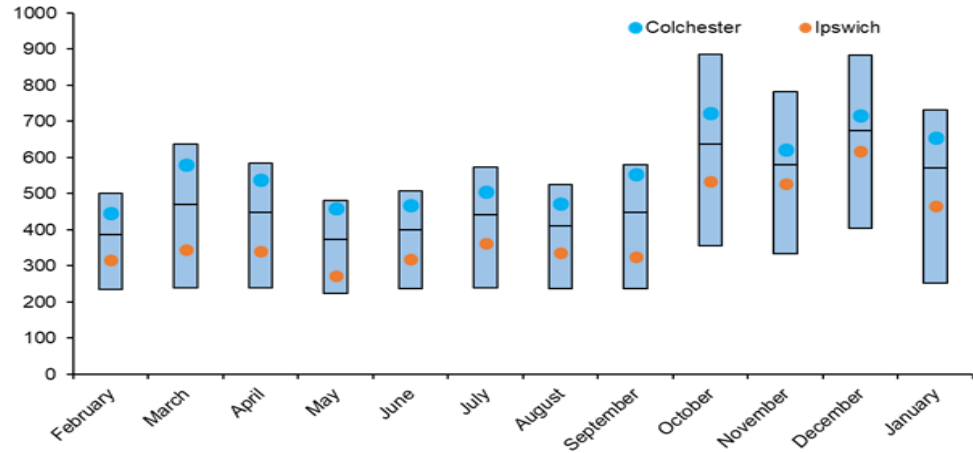
1,370
↑ vs 2,148 last month

Average (mean) time in department - non-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.

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



Colchester

LOS in for admitted patients reduced in month; this was supported by some enhanced flow and good performance with discharges before noon. Teams continue to see extended waits in ED for MH beds and in order to manage the risk of an overcrowded department there is continued use of the reverse corridor. AMSDEC overnight capacity has reduced in month allowing for 8am pulling of suitable patients out of ED. Medicine and NEECs Divisions are working together to ensure that Frailty opportunities are maximised and there is focus on the Rockwood score.

Ipswich

There has been a slight reduction in the average time patients have waited within the Emergency Department for both admitted and non-admitted patients. This reduction may relate to the opening of additional escalation capacity of 27 beds on Washbrook ward and the utilisation of Snape (14 beds) for pathway 1 patients. The Snape capacity has now been closed and the space is frequently used as a larger discharge lounge, which has aided early flow out of the Department. Teams continue to maximise the EAU capacity to 17 every night.

MH ED attendances have increased by 23.3% across ESNEFT in month; Colchester increasing by 30.8% and Ipswich increasing by 8.8%. MH referrals have also seen an increase in month by 35.7% across ESNEFT; Colchester increasing by 47.6% with Ipswich increasing by 17.9%.

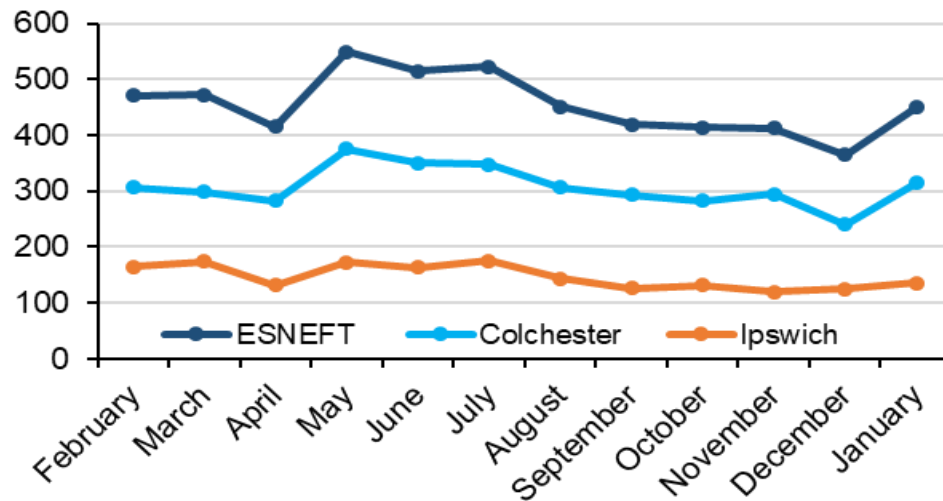
MH attendances - Colchester
314
↑ vs 240 last month

MH attendances - Ipswich
136
↑ vs 125 last month

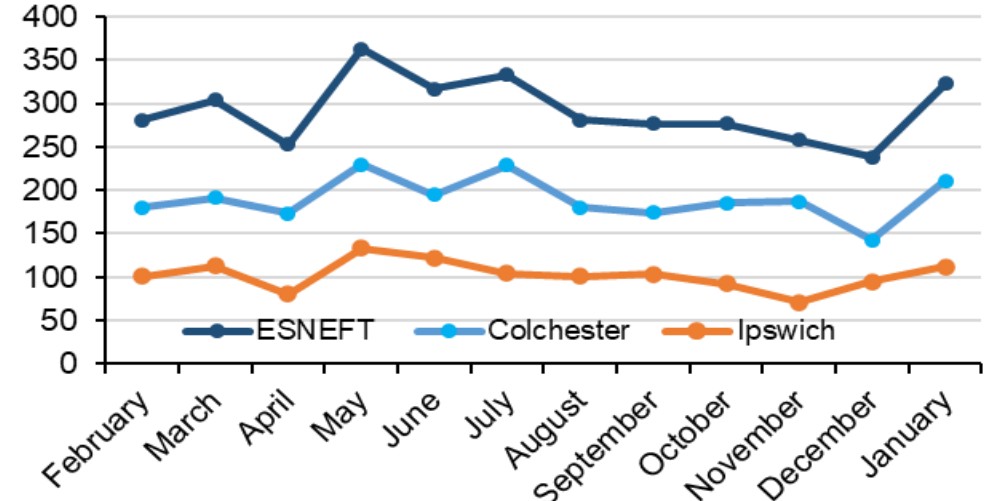
MHLT referrals - Colchester
211
↑ vs 143 last month

MHLT referrals - Ipswich
112
↑ vs 95 last month

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



Attendance at the Emergency Department for mental health needs was high over January.

In Ipswich there were 2 occasions when ED was used for section 136 assessments, in Colchester there were 10 occasions where police brought patients detained under section 136. A meeting has been undertaken with Colchester ED, EPUT, Essex County Council and the police to discuss the use of Colchester ED for section 136 assessments, and there are plans for a second 136 suite to be opened at the Lakes in April. The police are reviewing processes around section 136 to identify where improvements in appropriate use can be made. EPUT are going to work with ED to formalise a process for when patients are brought to ED to ensure there is support for ED staff.

There was an increase in the total number of applications made for detention under the MHA across ESNEFT (6 in total in January compared to an average of 11 each quarter), which indicates that staff in acute inpatient settings are supporting higher levels of mental health complexity. A meeting has been requested with EPUT, NSFT and the ICB to review the response to individuals over the age of 18 who have been detained under the MHA to ensure there is adequate communication and formulation of care plans and safety planning.

Total admissions in month increased by 2.5% for ESNEFT. Electives and non-electives both increasing by 4.6% and 8.7% respectively. Emergency admissions fell slightly by 1.1%. Compared to 2021-22 admission levels for January, emergencies increased by 9.7% and electives by 5.4% whereas with non-electives there was a 3.9% reduction.

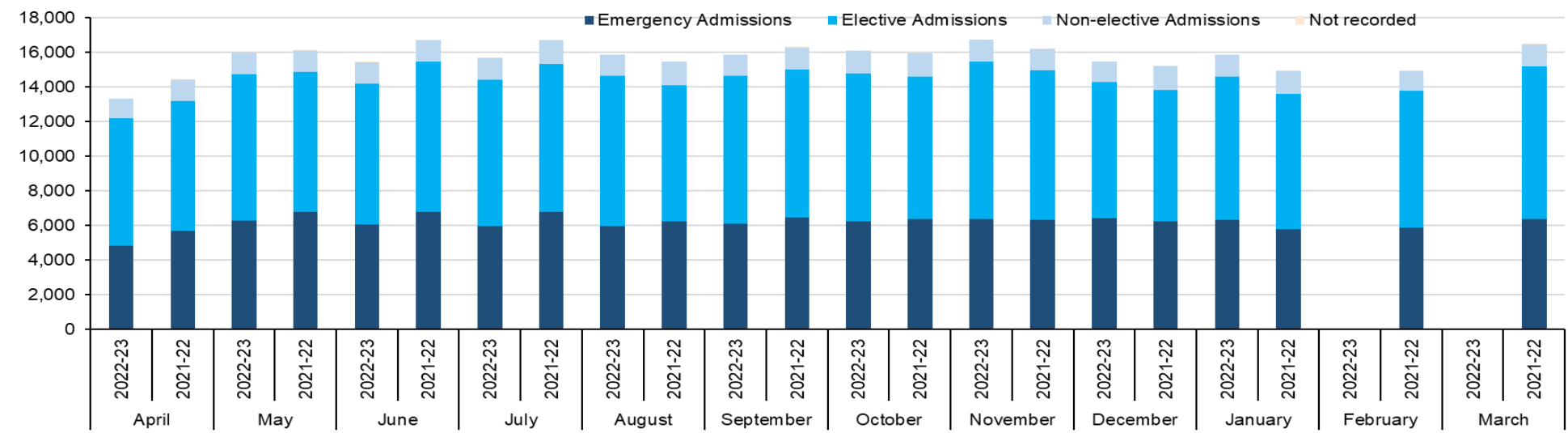
Emergency admissions
6,341
↓ vs 6,412 last month

Elective admissions
8,237
↑ vs 7,874 last month

Non-elective admissions
1,281
↑ vs 1,179 last month

Total admissions
15,859
↑ vs 15,465 last month

Admissions: Inpatient spells by admission type



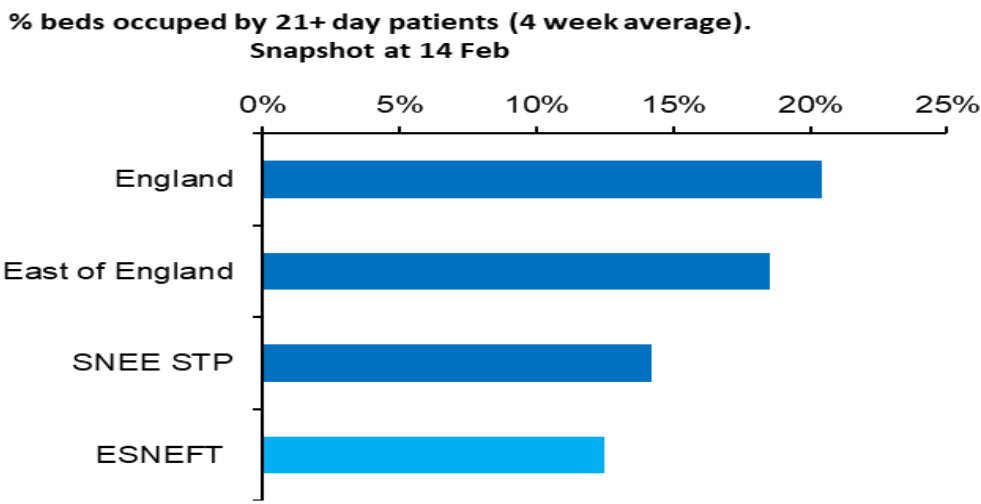
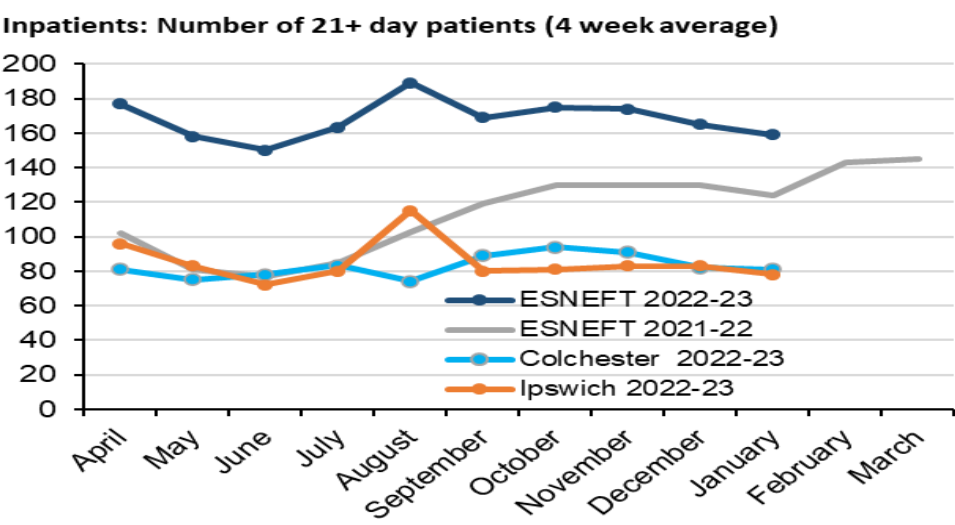
Colchester

Seasonal admissions were higher than in the previous month; driven by respiratory and admissions due to the cold snap experienced and slips, trips and falls. All contingency areas were operational in month; with a reduction in admissions allowing for Boxted to be closed; and Great Tey capacity to be released for the elective programme. Bronze command has remained in place; as well as supporting during the recent strike days.

Ipswich

On the Ipswich site there was an increase in emergency admissions and in particular a large number of flu cases placing a strain on side room capacity. Medicine has maintained the bronze rota to support capacity and demand – with regular updates provided into Site Ops. The medicine and Integrated Pathways teams are starting to look at initiatives that will support the closure of escalation areas.

Average number of long length of stay patients across ESNEFT decreased in month by 6 patients with decreases at Colchester by 1 patient and Ipswich by 5 patients. The percentage of beds occupied by 21+ patients decreased by 1.0% in month and remains lower than the national and regional levels.



21+ day patients - ESNEFT
159

↓ vs 165 last month

21+ day patients - Colchester
81

↓ vs 82 last month

21+ day patients - Ipswich
78

↓ vs 83 last month

Ipswich

A real focus is being placed on the medically optimised which is having a positive effect on our LLOS. Ensuring all available capacity is being utilised by the TOCH. The drive and launch of the new red day tracker, with the support from operational managers at board rounds is assisting in identifying unnecessary delays through challenging at board rounds and early escalation. However there continue to be a high number of very complex patients with challenging behaviours, proving difficult to place.

Colchester

There continues to be a focus on planning for discharge from day one of admission, or for elective care, prior to admission.

Supported by voluntary sector colleagues, and ECL, the main reablement provider, teams are promoting asset based conversations, with patients and families regarding what they can do, and what is important to them on discharge, rather than over prescribing care.

Personal Health budgets have also continued to increase in use, and have promoted further choice about self-directed care.

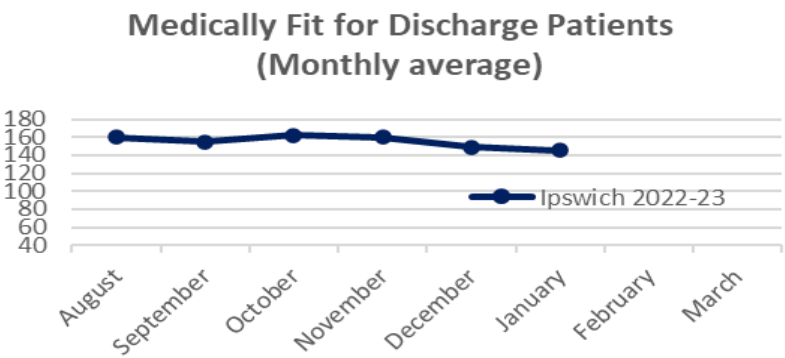
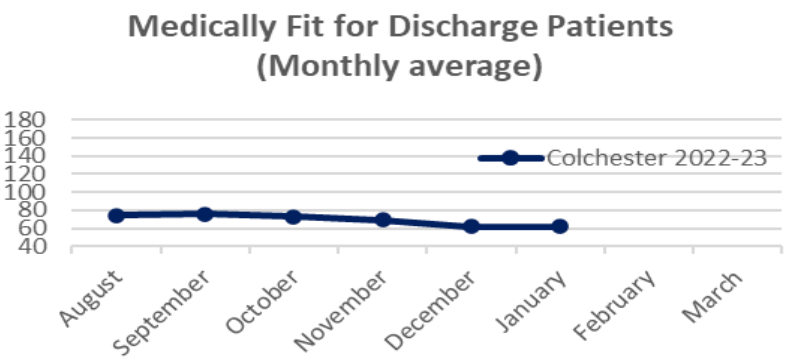
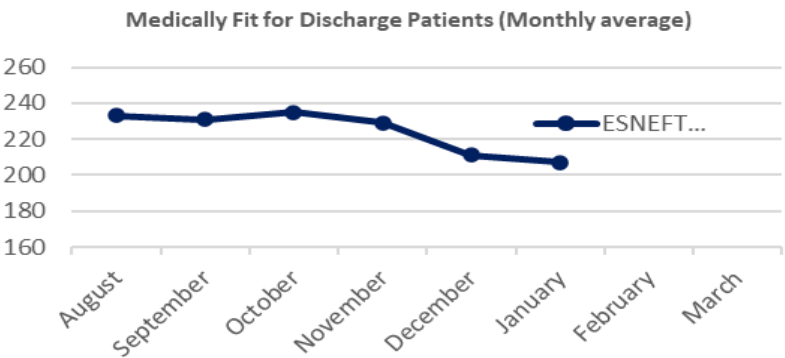
Average number of medically fit for discharge patients in month decreased by a further 1.9% for ESNEFT. This was reflected at Ipswich which decreased by 2.7% whereas Colchester reported no change.

Medically fit discharges - ESNEFT
207
↓ vs 211 last month

Medically fit discharges - Colchester
62
→ vs 62 last month

Medically fit discharges - Ipswich
145
↓ vs 149 last month

**Currently the draft Colchester numbers are much lower than Ipswich numbers as not all wards have right to reside reasons added for patients*



Ipswich

The case management role continues to be beneficial by early identification of a patient's pathway and working closely with the MDT at ward level. Teams also ensure that patients are on the correct pathway always looking at 'home first'.

PW1 numbers remain a real focus and teams continue to see timely discharges and quick dates coming through with the support of the PW1 huddle which occurs every day. This is not only providing acute flow but is also supporting good movement through the community hospitals supporting the discharges of PW2 patients out of the acute setting.

Colchester

There has been a renewed focus this month on ensuring that all referrals to the TOCH have rapid MDT screening to ensure pathways planning is correct first time. This is particularly important for patients who have end stage dementia, a learning disability or complex neurological issues, and who spend a disproportionate of time in an acute hospital.

ESNEFT cancer performance has declined across the board in month. 62 day wait cancer performance declined in month by 10.0%. Two week wait performance declined by 5.7% with 28 day faster diagnosis declining by 4.1%. The number of patients on the 62 day 1st PTL increased by 325 patients with those waiting 63 days or more increasing by a further 12 patients in month.

Two week wait performance

67.4%

↓ vs 73.1% last month

62 day wait performance

63.7%

↓ vs 73.8% last month

28 day faster day diagnosis performance

58.5%

↓ vs 62.6% last month

Patients treated after 104 days

25

↑ vs 24 last month

Total patients on 62 day 1st PTL

3,959

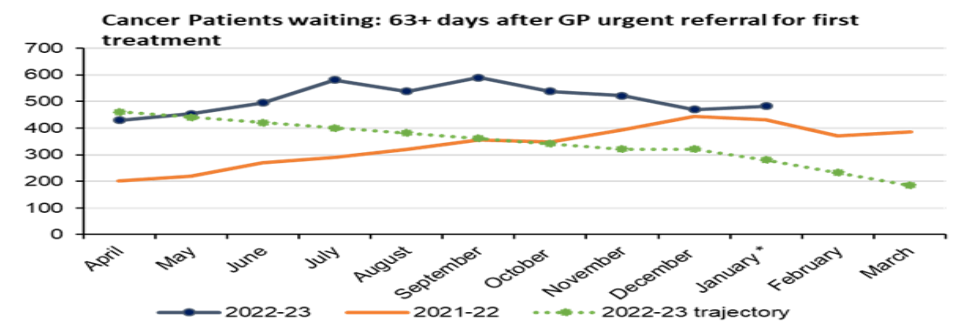
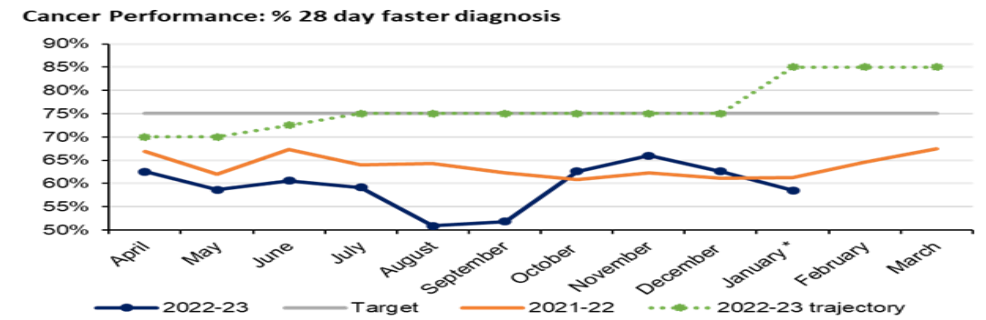
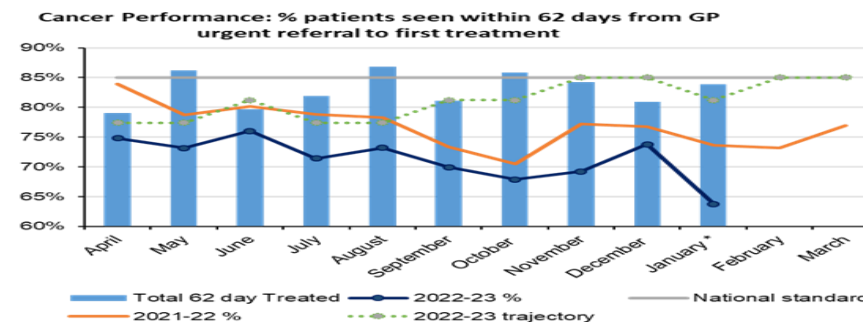
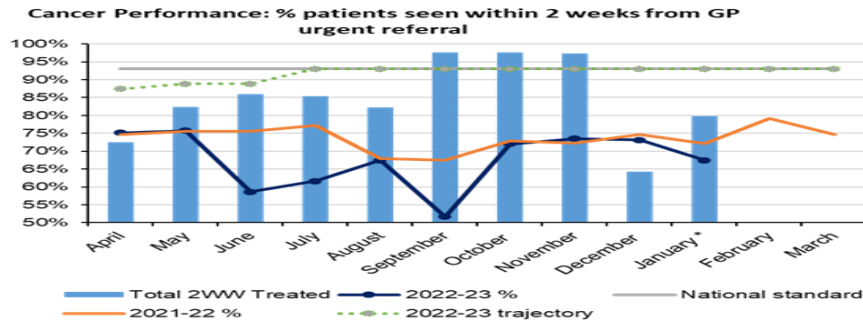
↑ vs 3,634 last month

62 day 1st patients 63+ days

482

↑ vs 470 last month

**Unvalidated figures as of the 10/02/23. Final figures for January 2023 will be available in March 2023 after submission*



2WW performance: January's lower performance was due in part to capacity issues within breast driven by the BMA rate card issue. The division have agreed a plan to reduce the backlog using an outsourcing solution which commences in the last week of February and continues into March.

Colorectal 2WW recovery has been exceptional at reducing polling times in Colchester from day 56 at the start of December to below 14 days by the end of January, and are on track to sustainably recover their 2WW position by the end of Q4.

28 Day Faster Diagnosis Standard: Breast capacity issues also impacted the trust's 28FDS position, which will also be recovered with an outsourcing solution. Skin were compliant with a 28% improvement on their December position, as were Head & Neck. Focused pieces of work around the delivery of the best practice timed pathways will continue to improve performance.

62 day Performance: Performance remains challenged due to the number of surgical patients with delayed diagnostic pathways that are now in a breach position. Daily R2G in these tumour sites continue with colorectal and UGI making good progress. Urology have plans in place to reduce the diagnostics backlog in March.

The 62 day backlog on the 16th February was 349 - the graph figure includes tertiary referrals which should be excluded for reporting purposes. Progress continues and the trust remains on track to return the backlog to 185 by the end of March 2023.

6 week performance showed a reduction in month by 0.3% reporting performance at 8.1% and is 6.5% above trajectory. 51.8% of the breaches occur at Colchester with sleep studies accounting for 34.3% of the Colchester breaches. For Ipswich echocardiography account for 39.5% of the Ipswich breaches.

% patients waiting > 6 weeks or more

8.1%

↓ vs 8.4% last month

DM01 6 week breaches 761

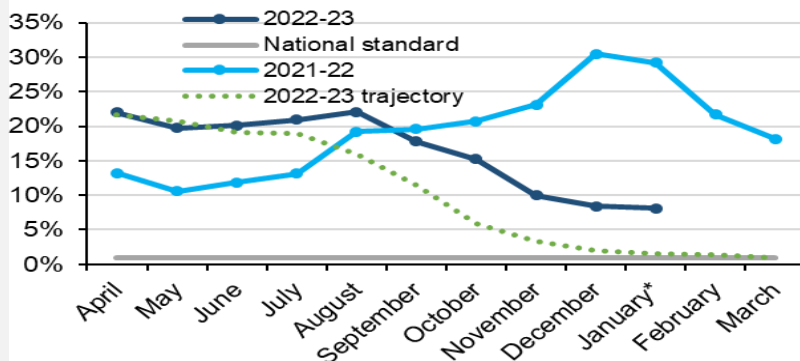
↓ vs 810 last month

DM01 Waiting List 9,344

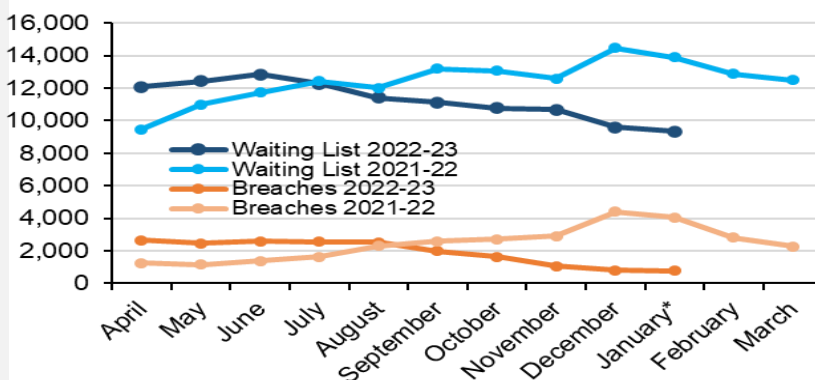
↓ vs 9,611 last month

*January's OAKS data not received
December 2022 data used for reporting

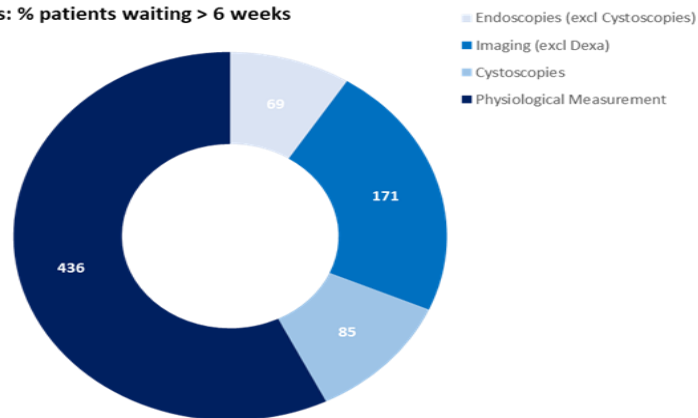
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



Imaging

MRI in Ipswich has fully recovered following planned and unplanned downtime in October, and CT is continuing to perform well even with an increase in referrals. US has seen a dip in performance (108 breaches) due to issues with bookings in December and not all available slots being utilised. This has been rectified and additional sonographer and radiologist lists are being put on to accommodate the backlog. Colchester capacity is also being utilised.

There has been a slight increase in CT breaches in Colchester in January as demand increases. The CDG are looking at utilising capacity at the Oaks to meet the additional demand. MRI and US are performing well.

Endoscopy

Colchester breaches continue to be below trajectory. In Ipswich breaches are slightly above trajectory but have fallen compared to December. Demand on both hospital sites was higher than December.

Audiology

Audiology in Ipswich has now recovered its position – additional clinics have been staffed and a locum is in place. Across ESNEFT 97.2% of patients were seen within 6 weeks.

Vascular and Urology

Urology breaches are still above trajectory with January's performance impacted by nursing strikes leading to cancelled outpatient cystoscopy clinics. February's performance will also be affected. Unplanned machine downtime has impacted on urodynamics capacity in Colchester. Ipswich are awaiting delivery of a new couch, utilising one from gynaecology as they continue to recover their position.

Sleep Studies and Neurophysiology

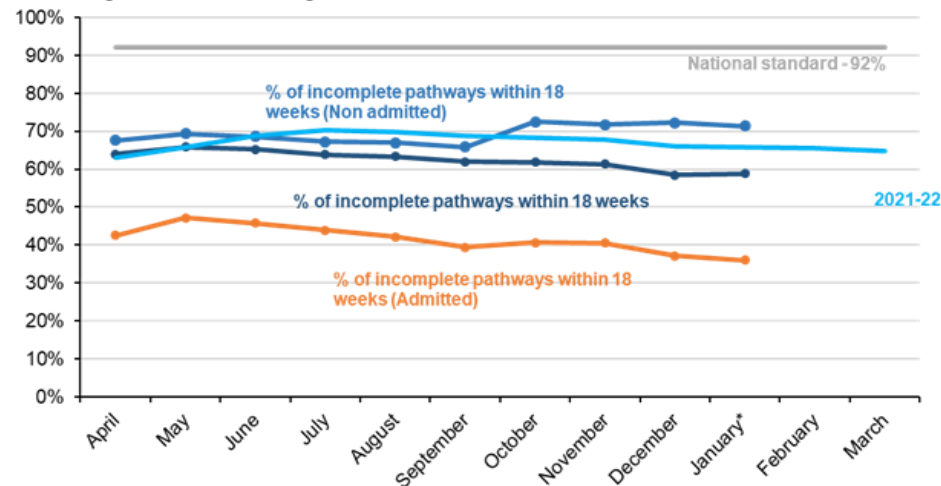
Sleep studies in Ipswich expect to be compliant in February. In Colchester the backlog is continuing to fall due to the weekly clinic at the CDC and additional Saturday clinics still in place. A respiratory physiologist has been successfully recruited and will commence in March increasing capacity. The service will look to accommodate some activity at Ipswich to help clear the backlog. Neurophysiology breaches continue to rise in Colchester along with demand – locum clinics in February will clear approximately 60 patients.

Echocardiography

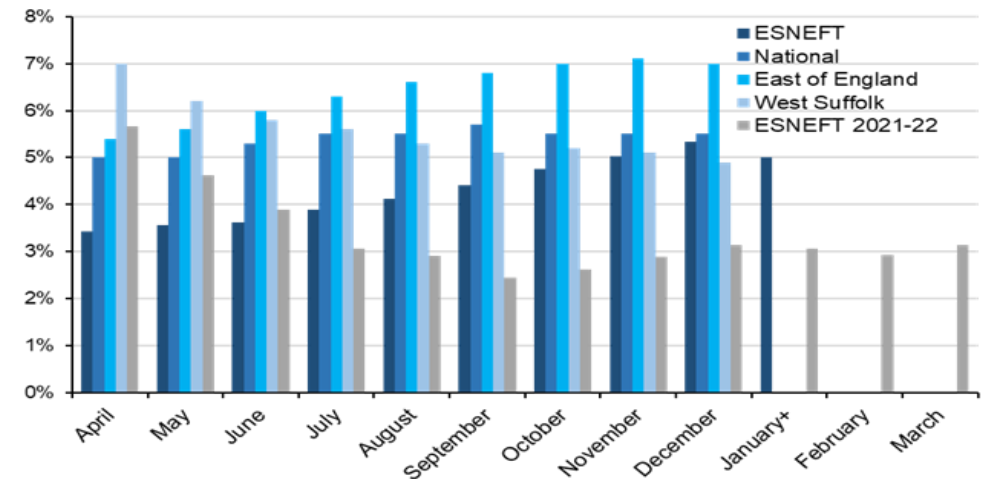
The Ipswich backlog is continuing to fall with insourcing in place until the end of March. Capacity and demand is being reviewed to inform future capacity planning. In Colchester the breach numbers remain below trajectory.

Performance against the 18 week standard has improved in month by 0.4% and is above the regional/national average for the previous month. The proportion of the list waiting more than 52 weeks improved in month by 0.3% and is lower than the national/regional averages for last month.

RTT Waiting List: Performance against 92% standard



52+ Incompletes as a % of the Total Waiting List



+National published figures for January 2023 will be available next month

General Surgery remains a significant risk in terms of eliminating patients waiting more than 78 weeks by the end of March. An insourcing solution is in place and the outstanding number of patients waiting for treatment is decreasing. Daily Executive led scrutiny has been stepped up to ensure every patient is carefully managed through the remainder of their pathway which has supported progress and supports delivery of no patients waiting over 78 weeks by the 31st March.

Gastroenterology also remains at risk. WSH has supported with around 20 patients through mutual aid. Patients will also be contacted to ascertain if they wish to continue and complete their pathways outside of the SNEE system. If so, they will be uploaded to the national Digital Mutual Aid System (DMAS).

Incomplete pathways within 18 weeks - ESNEFT

58.8%

↑ vs 58.4% last month

Incomplete pathways within 18 weeks – National

58.0% (December 22)

52+ waiters as % of list - ESNEFT

↓ 5.0%

vs 5.3% last month

52+ waiters as % of list – National

5.5% (December 22)

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

Activity increased across the board in month with the exception of elective Inpatients which decreased by 16.1%. All areas reported higher levels from the 2021-22 activity levels again with the exception of elective inpatients at 92.0%. Daycase inpatients, outpatient firsts and outpatient follow ups were 107.1%, 106.8% and 100.4% respectively.

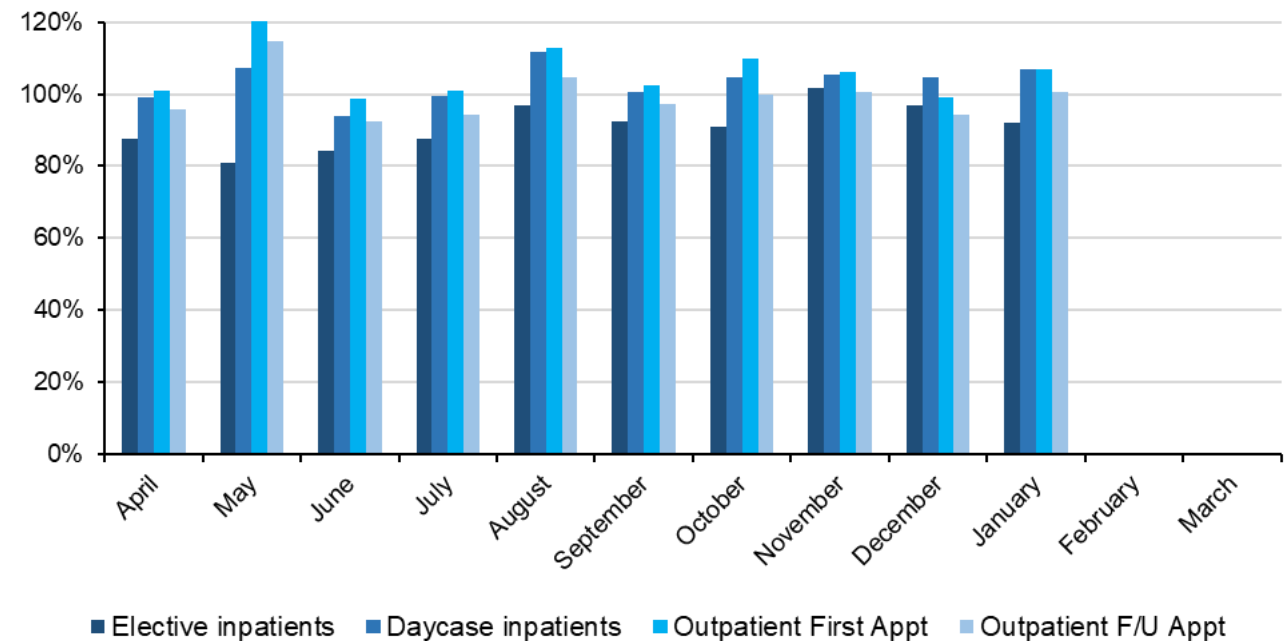
Elective inpatients
666
↓ vs 794 last month

Daycase inpatients
7,571
↑ vs 7,063 last month

Outpatient First Appt
27,943
↑ vs 24,027 last month

Outpatient F/U Appt
49,134
↑ vs 43,658 last month

Percentage of 2021-22 activity



Elective areas de-escalated out of returning activity levels. Productivity gains are starting to be seen with better theatre utilisation which is promising.

As part of the national validation requirements, all patients have been contacted who will be at 52+ weeks by the end of March. Out of 8,000 patients contacted, 210 expressed a wish to be removed from the waiting list. Clinical validation is underway to confirm if it is clinically safe to remove those patients.

Attention is now being focussed on the next cohort which is for all patients who will have waited 26 weeks or more by the end of March to be contacted by the 10th March.

Activity increased across the board in month with the exception of endoscopies which reduced by 2.8%. All areas exceeded 2021-22 activity levels again with the exception of endoscopies at 89.6%. CT, MRI and Ultrasounds achieving 112.4%, 117.4% and 106.9% respectively.

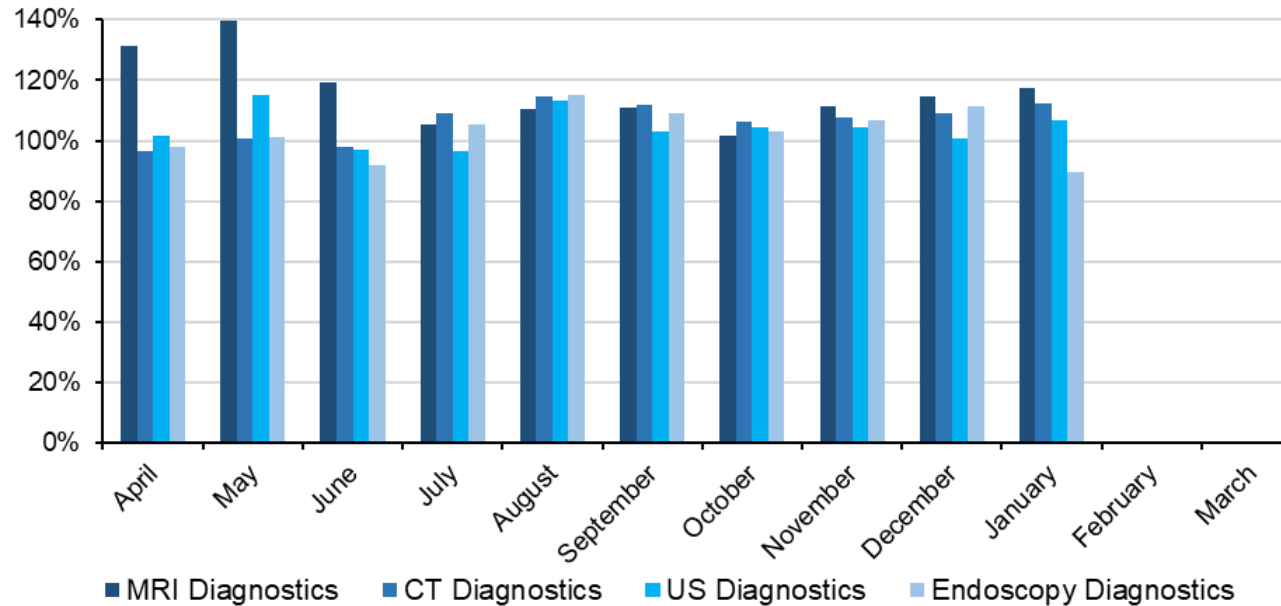
CT
7,001
↑ vs 6,569 last month

MRI
3,869
↑ vs 3,515 last month

US
10,675
↑ vs 9,972 last month

Endoscopy
1,515
↓ vs 1,559 last month

Percentage of 2021-22 activity - Diagnostics



CT delivered 114.6% activity compared to 19/20 in January across ESNEFT. Colchester at 118.3% and Ipswich 109.6%. The CDC capacity is boosting activity in Colchester and weekend insourcing is in place in Ipswich to maintain activity levels. This requirement will be reviewed following the introduction of 7-day rotas later in 2023. A relocatable CT scanner will be in place in Ipswich in spring 2023 to meet the demand for CT colon and further boost capacity generally.

MRI delivered 125.2% activity compared to 19/20 in January across ESNEFT. Colchester at 132% and Ipswich 118.4%. Colchester capacity is being maintained with the CDC. Reduction in scan length has boosted Ipswich capacity and the commencement of 7-day rotas from May 2023 will result in a more sustainable weekend service.

US delivered 97.8% activity compared to 19/20 in January across ESNEFT. Colchester at 108.1% and Ipswich 88.6%. The short-term plans for recovery in Colchester have been successful however initiatives remain in place to meet demand. These will be reviewed as longer-term plans come to fruition in 2023. Ipswich are continuing to put on extra lists to boost capacity.

Endoscopy delivered 81.9% activity compared to 19/20 in January across ESNEFT. Colchester at 84% and Ipswich 79.8%. A bid has been submitted to increase capacity in Colchester and The Oaks continues to provide additional capacity. Weekend activity is continuing on both sites.

The waiting list increased in month by 1.1% and is above trajectory by nearly 7,000 patients. 52+ week waiters decreased by 5.2% and is under trajectory by 2.2%. Decreases were reflected at both sites with Colchester and Ipswich decreasing by 5.8% and 4.0% respectively. The longest waiting patients increased with the exception of the 104+ week waiters which reduced by 1.

Total open RTT pathways
80,401

↑ vs 79,543 last month

52+ week waiters

4,019

↓ vs 4,240 last month

78 + week waiters

525

↑ vs 490 last month

98 + week waiters

40

↑ vs 25 last month

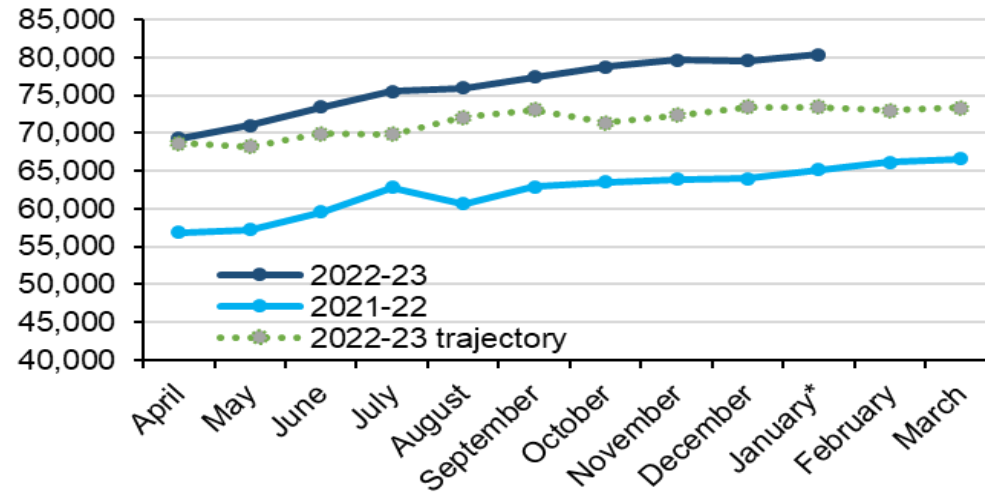
104+ week waiters

9

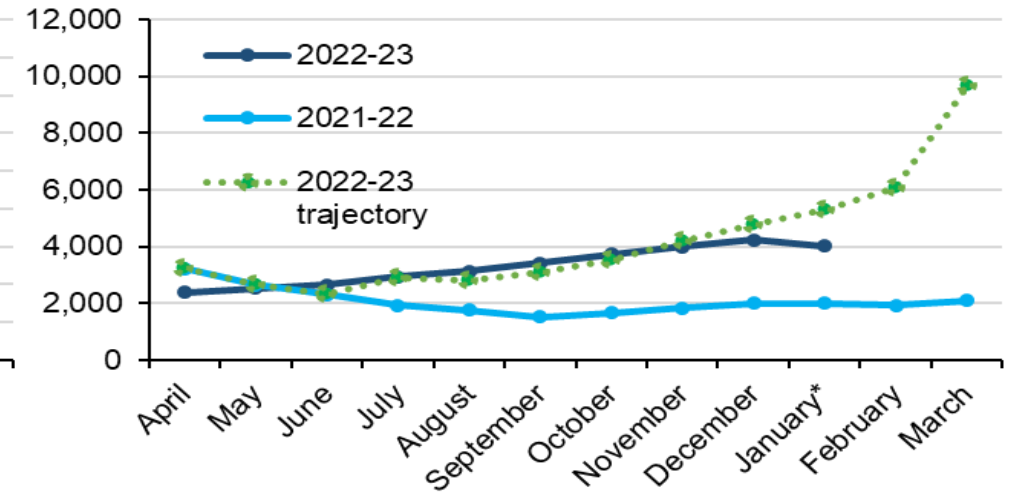
↓ vs 10 last month

**January's OAKS data not received
December 2022 data used for reporting*

RTT Waiting List: Total open pathways



RTT Waiting List: Total 52+ week waiters



There are currently 11 patients waiting more than 104 weeks, 9 of which have TCIs. Seven of these are in February. Two patients have chosen to wait until March for their TCIs.

The forecasted position for 104+ patients for the end of February is 3. 2 of the TCIs above in March and one complex patient who has been referred to Guys hospital for a diagnostic procedure.

The next RCN strike dates in March will present an additional challenge to meeting the expectation of zero 78 week waits by the 31st March.

Month 10 Performance

Summary Income and Expenditure	January			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Income from Patient Care	73,313	80,975	7,662	730,089	752,723	22,634
Other Operating Income	4,391	4,041	(350)	43,730	48,202	4,472
Total Income	77,704	85,016	7,312	773,819	800,925	27,106
Pay	(47,453)	(49,679)	(2,226)	(473,526)	(483,625)	(10,099)
Non Pay	(26,264)	(31,938)	(5,674)	(260,430)	(280,168)	(19,738)
Total Expenditure	(73,717)	(81,617)	(7,900)	(733,956)	(763,793)	(29,837)
EBITDA	3,987	3,398	(589)	39,863	37,132	(2,731)
Impairments	-	-	-	-	-	-
Other Non Operating	(3,726)	(3,498)	228	(37,264)	(37,121)	143
Surplus / (Deficit)	261	(100)	(361)	2,599	11	(2,588)
EBITDA %	5.1%	4.0%		5.2%	4.6%	
Performance Against CT						
Capital donations I&E impact	(261)	30	291	(2,599)	270	2,869
DHSC Donated Consumables	-	-	-	-	(120)	(120)
Total Non CT Items	(261)	30	291	(2,599)	149	2,748
Performance Against CT	-	(69)	(69)	-	161	161
Less gains on disposal of assets	-	(2)	(2)	-	(53)	(53)
Performance for System Purposes	-	(71)	(71)	-	108	108

M10 Revenue Headlines

In January, the Trust delivered a small deficit, sustaining a cumulative year to date surplus of £0.2m. For the year to date, there is favourable variance of £0.2m against control total.

Key Variances

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 January of £7.3m, £27.1m year to date. As detailed in previous months the continued over performance in January relates to a number of in-year contract variations agreed and funded after the June plan was submitted.

These include 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. In January, further additional monies were received to support increased bed demand and community services. Again as reported previously, there is still believed to be a risk related to actual performance in respect of ERF as there are still some issues where national updates are still outstanding (such as baselines).

January continued to report an adverse variance in relation to pay (£2.2m), with actual spend increasing relative to previous months with the opening of further contingency areas including additional wards to support both sites (Snape and Durban are examples). The original plan anticipated an increase in costs in relation to the management of COVID-19 and seasonal pressures but further support has been required due to the unprecedented challenges experienced.

Within non-pay, an adverse variance of £5.7m was reported in January. Whilst CIP delivery continues to impact £0.7m in month, other over spends continued to increase with drug costs and purchase of healthcare contributing to the adverse variance to plan in a number of clinical divisions. January also reported significant spend in corporate areas including £0.8m in relation to technology refresh for the Trust.

Temporary Pay

January reported an increase in agency spend, and continued to account for 3.3% of all pay costs (compared to 3% in January 2022). Whilst the majority of staff groups' spend continue to remain static, consultants spend reported an increase in a number of areas including increased escalation areas on the Ipswich site. Nursing reliance continued in particular within the Medicine division on the Colchester site with significant vacancies and inability to cover SVP plans.

The Trust continued to exceed the revised agency expenditure limit in January. Revised ceiling limits compared to current spend shows an adverse variance £0.4m in month and £3.2m YTD. Whilst a number of divisions continue to report a reliance on agency, both Medicine divisions reported an increase.

January reported an increase in bank expenditure, predominately within the Nursing workforce, in a number of divisions with both Medicine divisions accounting for the majority of the increase. Substantive vacancies and maternity leave are also impacting on reliance on bank.

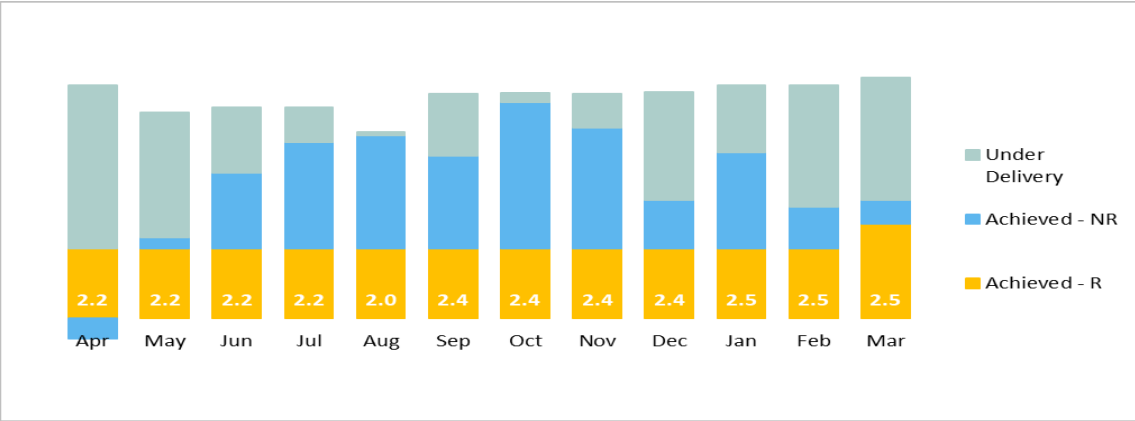
2022/23 CIP programme

In-month position

£1.8m of cost improvement plans were delivered in January against a target of £2.5m; of which £1.1m were non-recurrent schemes.

All divisions reported a gap in CIP delivery in January, excluding S,G&A, with Estates and Facilities and W&C reporting the largest adverse variances in month.

CIP Delivery by Division	January			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	338	166	(172)	3,378	2,276	(1,102)
Integrated Pathways	186	138	(48)	1,864	1,771	(92)
Medicine Ipswich	159	140	(19)	1,637	1,438	(198)
Medicine Colchester	156	133	(23)	1,561	1,234	(326)
MSK and Specialist Surgery	231	231	(0)	2,277	2,392	115
NEE Community Services	128	79	(49)	1,279	748	(531)
Surgery, Gastro & Anaesthetics	369	561	192	3,216	1,515	(1,700)
Women's and Children's	271	62	(209)	2,708	1,889	(818)
Total Operations	1,838	1,509	(329)	17,917	13,264	(4,653)
Estates & Facilities	381	56	(325)	3,204	572	(2,631)
Corporate Services	240	187	(53)	1,695	1,847	152
Non Divisional	-	-	-	-	-	-
Total Trust	2,458	1,752	(707)	22,815	15,684	(7,132)



Year to date position

Year to date £15.7m of cost improvements have been delivered against a target of £22.8m; of which £8.4m 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 - £2.6m
- Surgery, Gastro & Anaesthetics - £1.7m

Quality Impact Assessments

At the end of January, against the full year effect target, 41% of CIP has passed QIA, a reduction from December.

£000s	FYE QIA					QIA/Target
	Target	Idea	PID	DMT	QIA	
Corporate Services	2,149	29	0	0	1,542	72%
Estates & Facilities	3,803	295	75	2	1,193	31%
Cancer and Diagnostics	4,053	77	171	0	1,827	45%
Medicine Colchester	1,873	160	0	0	471	25%
Medicine Ipswich	1,955	0	0	0	755	39%
MSK and Specialist Surgery	2,769	0	35	0	1,541	56%
Surgery, Gastro & Anaesthetics	3,954	0	40	110	1,127	28%
Women's and Children's	3,249	7	77	0	1,046	32%
Integrated Pathways	2,236	179	0	0	880	39%
NEE Community Services	1,534	345	88	0	804	52%
Trust Total	27,576	1,092	485	112	11,185	41%

2022/23 Cash position & Capital

Cash Position

The Trust held cash of £55.7m at the end of January. Based on the current forecast, cash held at year-end will be circa £92m.

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 January was 83.6% compared to 83.2% for the same period last year.

Currently whilst the Trust reports an underspend on capital £31.3m, this is offset by £54m of planned PDC not yet released. This therefore means that the cash position has been impacted by approx. £25.5m until the PDC is drawn down in March. As detailed in slide 12, the capital spend is planned to significantly increase in February and March.

Capital Expenditure

At the end of January a YTD underspend of £38.9m was reported against CDEL.

The year-to-date underspend continues to be greater than the underspend expected for the capital programme this financial year, which is the £30m (which we expect to be brokered). This does represent a risk in terms of the amount of expenditure required in the final months of this year. Currently schemes that have not incurred expenditure in line with the planned profile, are forecast to catch up and deliver as per the original plan but clearly this is a challenge.

To attempt to mitigate this risk, weekly capital forecasting is now being produced and there are bi-weekly meetings attended by executives to review and track till the end of the financial year, seeking to maximise spend in 22/23.

The main drivers of YTD underspend continue to be the 'building for better care' developments:

- Elective Orthopaedic Centre including do max option and enabling works £27m. However all 290 modular units that comprise the core of the building are expected to be completed by the end of the financial year. The Trust still awaits a confirmed delivery schedule and updated cashflow from MTX / Castons. Forecast remains for £21m spend in year.
- Emergency reconfiguration £2m – forecast costs remain in line with plan but YTD variance mainly linked to delays / stoppages.

The Trust received confirmation on the 14th February from the DHSC that its application for brokerage of £30m has been successful. Any other slippage, the Trust will be required to mitigate internally.

Capital Programme	Year to date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	807	599	208	1,165	1,632	(467)
Non-Medical Equipment	-	-	-	-	-	-
ICT	866	532	334	2,944	2,172	772
Estates & Facilities	1,500	1,879	(379)	2,905	3,000	(95)
Building for Better Care	57,692	21,293	36,399	71,269	36,839	34,430
Schemes	15,390	18,205	(2,815)	32,581	36,346	(3,765)
Right of Use Asset	3,105	609	2,496	3,117	4,428	(1,311)
PFI	-	-	-	1,161	1,161	-
Total Capital Programme	79,360	43,117	36,243	115,142	85,578	29,564
Note: CDEL						
PFI Lifecycle Costs	-	-	-	(1,161)	(1,161)	-
PFI Residual Interest	615	615	-	738	738	-
Disposals	-	(2,504)	2,504	(2,048)	(2,504)	456
Donated	-	(157)	157	(3,369)	(1,907)	(1,462)
Net CDEL	79,975	41,072	38,903	109,302	80,745	28,557

2022/23 Elective Recovery Fund

ERF M1-10

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.

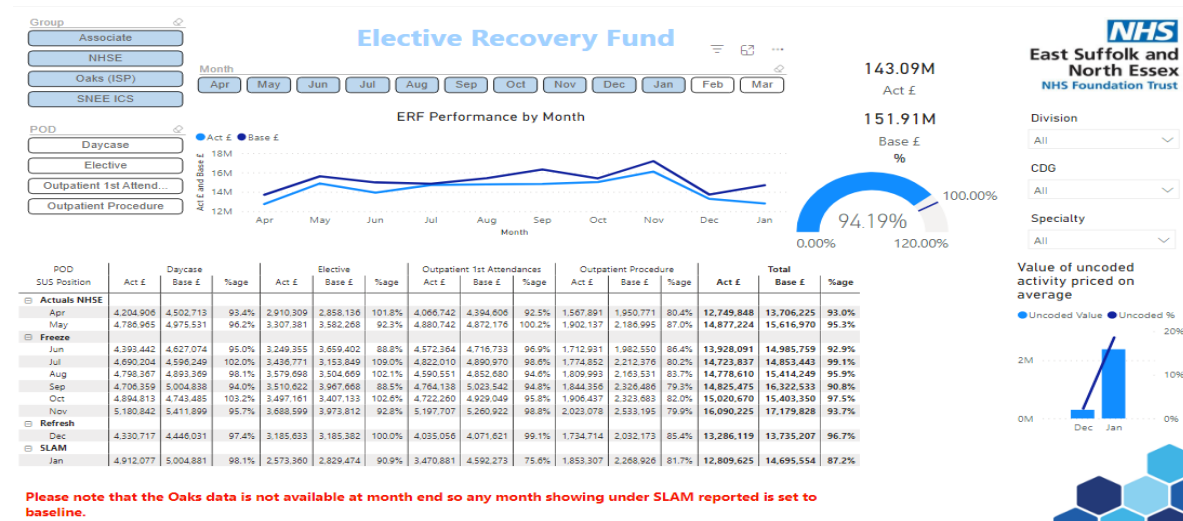
Internally, we have re-costed the baseline using the available tariff, but will adjust to final national baselines if need be when provided (date tbc)

Actuals for Month 1-6 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



To date, ERF for M1-10 is calculated at 94.2% of cost-weighted 19/20 elective patient care, no change from 94.2% M1-9

- April to Nov. (frozen data) – 94.8% (96.5% excluding Oaks RES)
- Dec. – 96.7% (97.9% excluding RES)
- Jan. – 87.2% (86.3% excluding RES – set at baseline in month)
- Total – 94.2% (95.7% excluding RES)

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 M9 and M10 reports, November's position (now finalised) improved by £69k and December's position improved by £968k with improved recording and depth of coding.

Current monthly position (including RES contract):

Current calculated					
Row Labels	Actual	Baseline	Gap to Baseline	Gap to 104%	%
Apr - Oct	£100,903,755	£106,302,530	(£5,398,775)	(£9,650,876)	94.9%
Nov	£16,090,225	£17,179,828	(£1,089,603)	(£1,776,796)	93.7%
Dec	£13,286,119	£13,735,207	(£449,088)	(£998,496)	96.7%
Jan	£12,809,625	£14,695,554	(£1,885,929)	(£2,473,751)	87.2%
Grand Total	£143,089,724	£151,913,118	(£8,823,394)	(£14,899,919)	94.2%

Workforce Dashboard

January 2023

Trust Level

Key Metrics

Performance

Target
Achieved
Vs Prior Month
Prior Month

Vacancy (Ex Agency)

5.9%

Budget 11011wte
Contracted 10357wte



5.7%

Pay (YTD)

£2.5m

Budget £481.2m
Spend £483.6m



£3.64m

Sickness

5.0%

3.5%
5.0%
6.2%

Mandatory Training

87.5%

90%
View portal for detail
87.9%

Appraisal

86.4%

90%
86.4 out of 100 staff
86.9%

Voluntary Turnover

8.8%

12%
8.9%

Ceiling

£4.36m

(£20.45m)
(£16.09m)
£3.99m

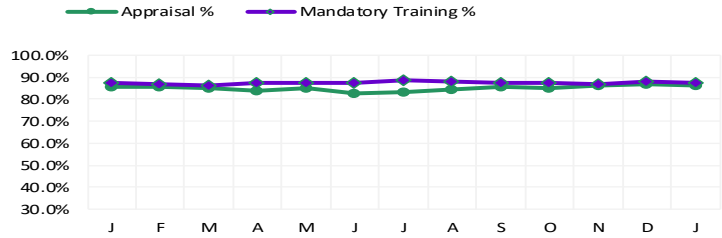
Ward Fill Rate

85.6%

95%
85.9%

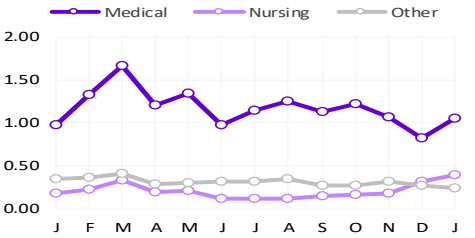
Appraisals & Mandatory Training Compliance

%



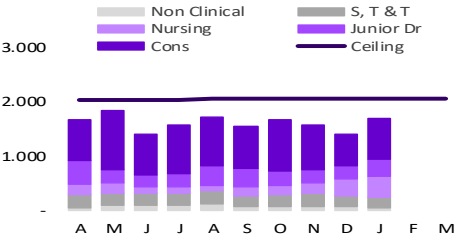
Agency Trends (ex Locum)

£m



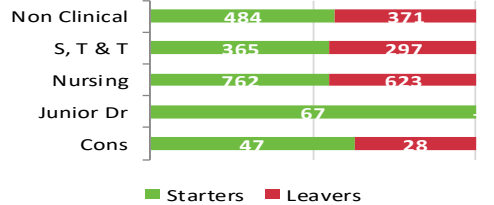
Agency Ceiling

£m



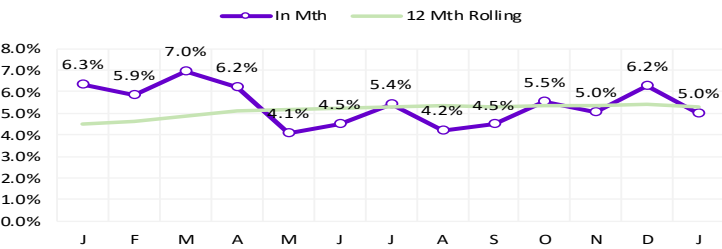
Starter - Leavers (12Mth Rolling)

Headcount



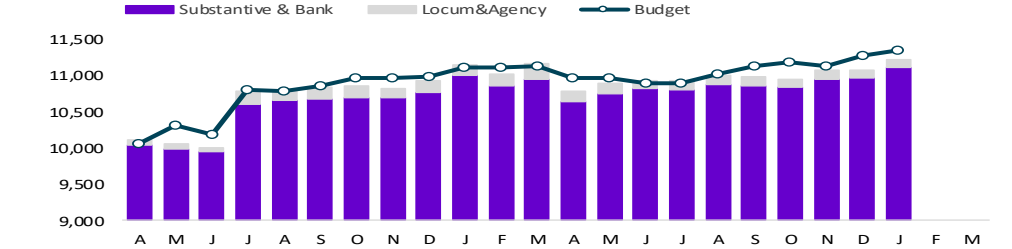
Sickness

%



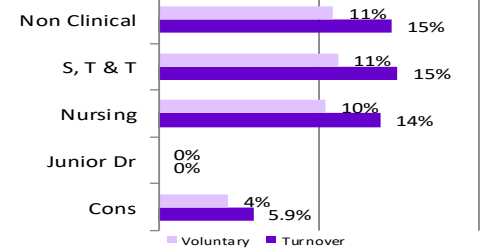
Workforce Trends

wte



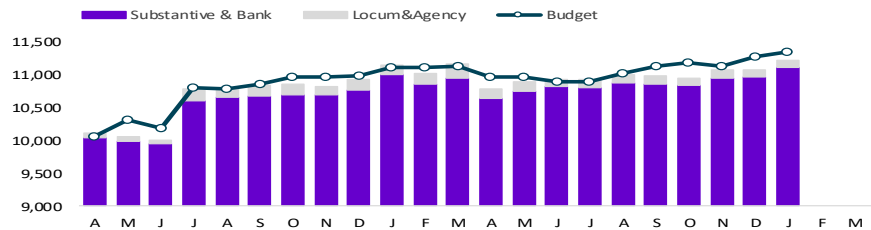
Turnover by Staff Group

Headcount



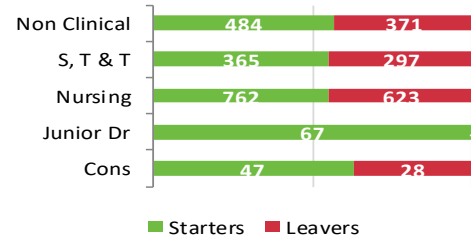
Workforce Trends

wte



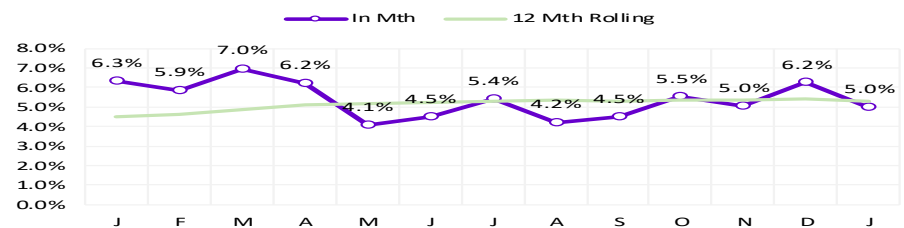
Starter - Leavers (12Mth Rolling)

Headcount



Sickness

%



Commentary

Recruitment

In January, the number of staff in post increased to 10,357 WTE (December 10,319). The Trust continues to have more starters than leavers overall in the majority of clinical groups. The Trust's rolling voluntary turnover for January was 8.7% (December 8.9%)

132.2 WTE (148 headcount) external offers were made (excluding Medical offers)

International Nurse recruitment: Apr 2022 - March 2023 - 144 RNs to commence. No scheduled RN arrivals during December or January. Next cohort due February 2023 with 12 RN's arriving (6 on each main acute site). 1 RM arrived in January.

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

Consultant vacancies reduced slightly to 36 WTE from 38 WTE, with 19 Consultants currently progressing through on-boarding. There are 5 SAS Vacancies.

Sickness

Sickness absence reduced to 5.0%, from 6.2% in December and remains above the target of 3.5%. The main reason for absence is due to Coughs, colds and flu (including COVID-19).

The number of FTE days lost due to sickness remains higher for short term sickness (58.59%) than long term sickness (41.41%).

Long Term Sickness absence has increased (from 35.69% to 41.41%) which is an area of focus for the ER team supported by OH.

Risks & Mitigating Actions

Recruitment, Resourcing and Planning

There has been a slight increase in the number of vacancies to 5.9% (from 5.7% in December).

ICB wide "recruitment bus" event held with 81 potential candidates identified. On-boarding process underway for 50 candidates.

Agency spend M10 @ £1.682m of which £1m was spent on Medical Locums. NHSE / EoE System controls of a 10% reduction in Agency spend currently at £2.8m above target. This includes contracts for corridor care / ambulance handover costed to Agency staff which commenced in M08 (Est costs circa @ £250k /m).

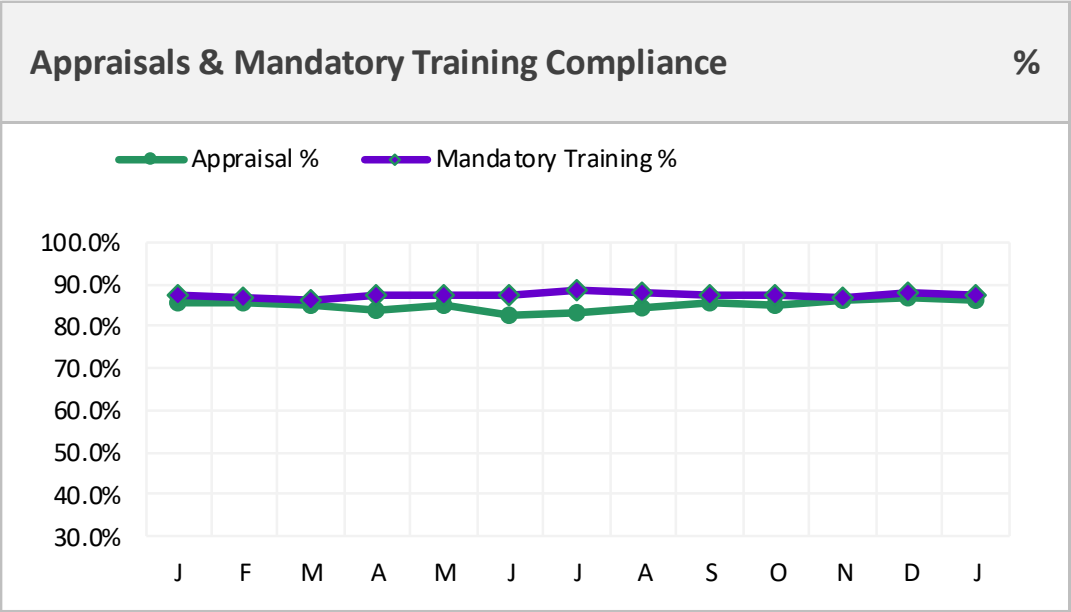
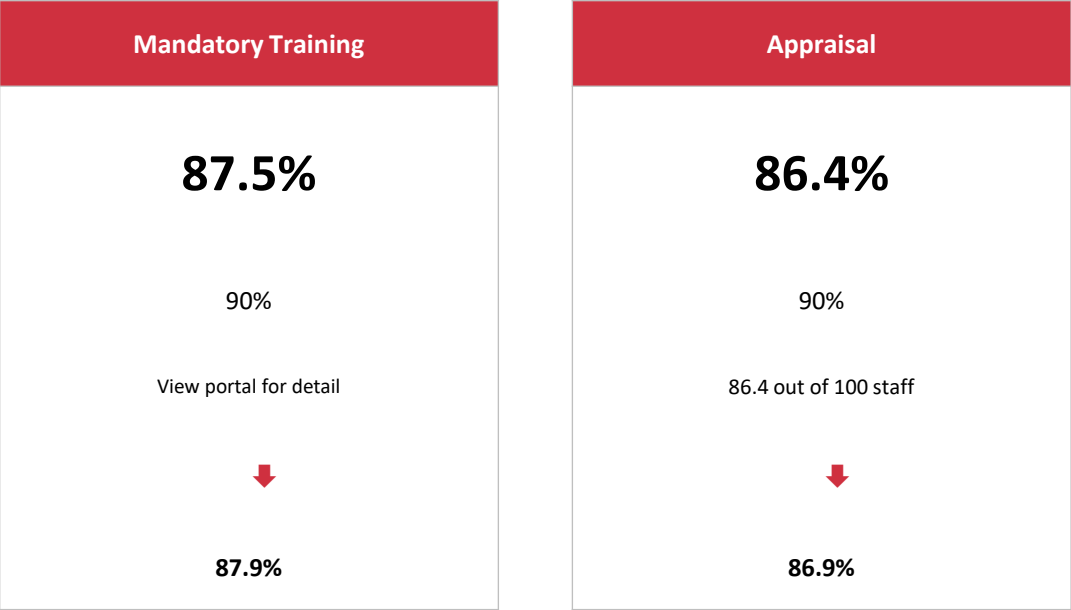
Direct engagement VAT savings (Medical) of £741k FYTD (M10 @ £56.5k). Average rate adherence to our EoE agreed medical pay rates is at 48% of bookings with the Regional average @ 33%. Bank spend in M10 was at £5m an increase of approx. £500k on previous months and predominantly within Nursing where incentive payments were introduced to cover demand.

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

Sickness

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

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 and provide more visibility on site in regard to support available from the Wellbeing Hub. however we are seeing an increase in sickness absence due to stress, anxiety and depression (15.81% in December to 18.96% in January).



Commentary

Mandatory Training

January’s compliance rate decreased slightly to 87.5%, from 87.9% in December.

The Mandatory Training & Role Essential Steering Group started work on reviewing the training matrix. This will be communicated once finalised.

Work continues within the OLM Optimisation programme to transfer remaining role essential training from Moodle to OLM as a priority.

The Information page on mandatory training for staff has been updated and includes a list of the role essential courses still found on Moodle. A notice has also been added to the ESR homepage.

Face to face training delivery – Colchester Institute has been secured as an additional venue for training delivery, with 3 rooms available including one with the capacity to accommodate up to 50. This meets the brief set out in the capacity requirement plan. A booking system is in place and the Education team are working closely with Colchester Institute to ensure a smooth transition. Building works commence in Villa 8 during February.

Appraisal

January’s compliance rate decreased slightly to 86.4%, from 86.9% in December.

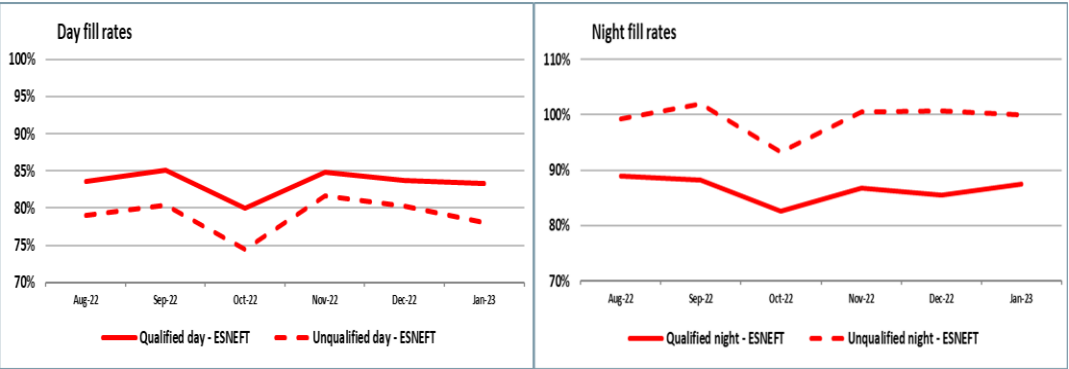
Weekly appraisal bite size training sessions are continuing and the management essential module “121 conversation and appraisal” continues to be run monthly.

A report will be presented to the People & Organisational Development Committee in March following the audit of appraisals for Band 8+ completed in the Autumn 2022.

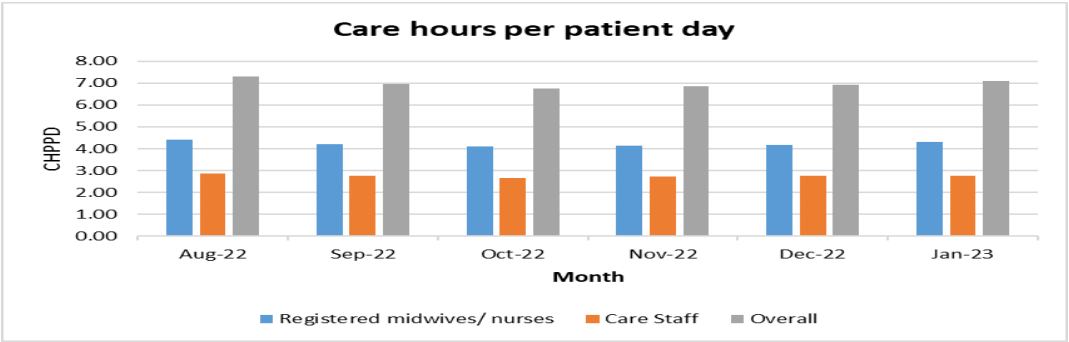
Nursing, Midwifery and AHP Workforce Update

Fill Rates (including care hours per patient day)

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Qualified day - ESNEFT	83.6%	85.1%	80.0%	84.8%	83.8%	83.3%
Qualified night - ESNEFT	88.9%	88.1%	82.5%	86.8%	85.5%	87.4%
Unqualified day - ESNEFT	79.0%	80.4%	74.4%	81.6%	80.2%	78.1%
Unqualified night - ESNEFT	99.2%	102.0%	93.4%	100.5%	100.7%	99.9%
Overall (average) fill - ESNEFT	86.2%	87.2%	81.3%	86.9%	85.9%	85.6%



Care hours per patient day	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Registered midwives/ nurses	4.42	4.20	4.10	4.14	4.18	4.32
Care Staff	2.87	2.77	2.65	2.72	2.76	2.78
Overall	7.29	6.96	6.75	6.86	6.94	7.09



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:

Our ongoing 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

We are on schedule to welcome 24 INR from Jan-March.

ESNEFT have submitted an application to the regional team in relation to INRs for from April 2023- March 2023. It is proposed that we welcome 120 INR within this timeframe.

International AHP Recruitment:

The trust has secured funding for 16 international AHPs (10 Diagnostic radiographers, 5 OTs, 1 Podiatrist). We have also successfully recruited international dieticians and physiotherapists into the organisation. International pipeline is limited for SLT, Podiatry and ODP. Relocation offer and induction for AHPs has been aligned with international nurses, with plans to review experiences of international AHPs through monthly supervision/engagement sessions, the first to start in February.

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:

Staffing review meetings will commence with all departments by July 2023. All areas now have access to the Power BI reporting tool and can get up to date data.

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 Deputy Chief Nurse continues to undertake 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 (Community Nursing Safer Staffing Tool) to our community services with an intended rollout in April 2023

HCA retention

ESNEFT continue to host HCA taster days across the trust ensuring potential candidates are provided with a real life experience into the role of the HCA.

The Trust’s induction process has been revamped with a HCA specific pathway which aims to improve the employees experience and provides additional pastoral support.

We are in the process of developing an ESNEFT Support Worker Awards. This will hopefully be completed by August 2023.

HCA adverts are due to be reviewed by the Head of workforce and HR to ensure ‘New to Care’ is included.

The trust have submitted the evidence required for the Quality Pastoral Award for our support workers. We are due to have a regional visit on 29th from NHS England March and will know the outcome shortly thereafter.

POD Profiles - Trust Level

	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23
All Staff													
Headcount	11,552	11,589	11,637	11,613	11,606	11,630	11,679	11,851	11,807	11,833	11,821	11,804	11,844
Establishment (including agency)	11,113	11,113	11,132	10,967	10,970	10,888	10,890	11,018	11,127	11,180	11,133	11,265	11,347
In post	9,996	10,020	10,029	10,028	10,018	10,053	10,194	10,128	10,186	10,222	10,287	10,319	10,357
Vacancy	1,116	1,094	1,103	938	952	835	697	889	941	958	846	945	990
Vacancy %	10.0%	9.8%	9.9%	8.6%	8.7%	7.7%	6.4%	8.1%	8.5%	8.6%	7.6%	8.4%	8.7%
Establishment (excluding agency)	10,600	10,613	10,779	10,529	10,588	10,578	10,632	10,671	10,810	10,858	10,921	10,949	11,011
Vacancy (excluding agency)	603	593	750	500	570	525	438	542	624	636	634	629	654
Vacancy % (excluding agency)	5.7%	5.6%	7.0%	4.8%	5.4%	5.0%	4.1%	5.1%	5.8%	5.9%	5.8%	5.7%	5.9%
Turnover													
¹ Turnover (12 Month)	13.0%	13.0%	13.2%	12.5%	12.4%	12.0%	12.1%	12.0%	12.3%	12.0%	11.6%	11.6%	11.5%
¹ Voluntary Turnover (12 Month)	8.9%	9.0%	9.2%	9.3%	9.4%	9.0%	9.1%	9.0%	9.2%	9.0%	8.9%	8.9%	8.8%
¹ Starters (to Trust)	163	112	137	129	97	114	132	159	177	195	162	125	186
¹ Leavers (from Trust)	107	83	147	116	102	95	125	117	143	94	84	116	97
Sickness													
% In Mth	6.3%	5.9%	7.0%	6.2%	4.1%	4.5%	5.4%	4.2%	4.5%	5.5%	5.0%	6.2%	5.0%
WTE Days Absent In Mth	19,430	16,277	21,537	18,592	12,564	13,425	16,810	13,134	13,479	17,265	15,339	19,741	15,917
Mandatory Training & Appraisal Compliance													
Mandatory Training	87.6%	87.1%	86.3%	87.3%	87.4%	87.2%	88.4%	87.8%	87.4%	87.2%	87.0%	87.9%	87.5%
Appraisal	85.8%	85.4%	84.8%	83.9%	85.3%	82.6%	83.0%	84.2%	85.6%	85.3%	86.4%	86.9%	86.4%
Temporary staffing as a % of spend													
Substantive Pay Spend	40,414	40,995	42,240	40,712	41,264	41,305	40,232	41,591	45,661	43,046	42,008	42,126	42,810
Overtime Pay Spend	174	161	156	221	176	167	162	163	233	164	153	145	162
Bank Pay Spend	6,005	4,371	4,815	4,024	3,996	4,310	4,343	4,475	5,414	4,346	4,588	4,515	5,024
Agency Pay Spend	1,490	1,927	2,410	1,679	1,848	1,400	1,572	1,718	1,552	1,669	1,562	1,406	1,682
Total Pay Spend	48,084	47,454	49,621	46,636	47,284	47,182	46,309	47,947	52,860	49,224	48,311	48,192	49,679
Agency & Bank %	15.6%	13.3%	14.6%	12.2%	12.4%	12.1%	12.8%	12.9%	13.2%	12.2%	12.7%	12.3%	13.5%
Agency %	3.1%	4.1%	4.9%	3.6%	3.9%	3.0%	3.4%	3.6%	2.9%	3.4%	3.2%	2.9%	3.4%
Nurse staffing fill rate													
% Filled	86.7%	89.4%	87.8%	89.3%	93.5%	94.6%	84.0%	86.2%	87.2%	81.3%	86.9%	85.9%	85.6%

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,241	3,223	3,238	3,149	3,122	3,094	3,105	3,140	3,177	3,183	3,211	3,244	3,268
In post	2,919	2,953	2,987	2,967	2,976	2,979	2,988	3,003	3,009	3,007	3,032	3,020	3,021
Vacancy	322	270	251	182	145	115	117	137	167	176	179	224	247
Vacancy %	9.9%	8.4%	7.8%	5.8%	4.7%	3.7%	3.8%	4.4%	5.3%	5.5%	5.6%	6.9%	7.6%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,553	1,529	1,537	1,504	1,504	1,493	1,497	1,497	1,540	1,554	1,548	1,563	1,567
In post	1,441	1,456	1,466	1,478	1,476	1,472	1,483	1,492	1,486	1,476	1,485	1,472	1,450
Vacancy	112	73	71	26	29	21	15	4	54	78	63	91	116
Vacancy %	7.2%	4.8%	4.6%	1.7%	1.9%	1.4%	1.0%	0.3%	3.5%	5.0%	4.1%	5.8%	7.4%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,399	1,358	1,378	1,341	1,351	1,306	1,294	1,329	1,365	1,342	1,343	1,357	1,378
In post	1,192	1,137	1,171	1,158	1,142	1,146	1,142	1,139	1,128	1,126	1,128	1,149	1,161
Vacancy	207	221	207	183	209	160	152	191	238	216	215	208	217
Vacancy %	14.8%	16.3%	15.0%	13.7%	15.5%	12.2%	11.7%	14.3%	17.4%	16.1%	16.0%	15.3%	15.8%
Consultants													
Establishment (including agency)	523	512	519	517	512	512	512	510	511	513	511	511	512
In post	433	438	443	448	444	445	449	457	456	460	460	461	460
Vacancy	90	74	75	70	67	68	64	54	55	53	51	50	53
Vacancy %	17.3%	14.5%	14.5%	13.5%	13.1%	13.2%	12.4%	10.5%	10.8%	10.3%	10.0%	9.8%	10.3%
Junior Medical													
Establishment (including agency)	742	744	745	735	739	731	730	750	786	777	783	770	767
In post	700	712	707	695	707	703	699	832	756	754	742	750	742
Vacancy	43	32	38	39	32	29	32	(82)	30	24	41	20	25
Vacancy %	5.7%	4.3%	5.1%	5.4%	4.3%	3.9%	4.3%	-10.9%	3.8%	3.0%	5.2%	2.6%	3.3%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,115	2,141	2,156	2,153	2,155	2,191	2,170	2,172	2,166	2,161	2,173	2,195	2,237
In post	1,897	1,959	1,920	1,945	1,938	1,953	1,959	1,957	1,996	2,005	2,008	2,027	2,041
Vacancy	218	182	236	208	217	238	211	216	170	155	165	168	196
Vacancy %	10.3%	8.5%	10.9%	9.7%	10.1%	10.9%	9.7%	9.9%	7.9%	7.2%	7.6%	7.6%	8.8%

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		