



Month 12
(March)

Performance report

East Suffolk and North Essex NHS Foundation Trust
Board of Directors

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This month's performance report provides detail of the March 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 February's performance were cancelled in April due to operational pressures and to allow divisions to prepare for industrial action.

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	Jan-23	Feb-23	Mar-23	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	90	95	124	↑		Overall complaint numbers for ESNEFT in March were 124 (95). There were no high level complaints recorded in month. Colchester reported 73 (56) complaints and Ipswich reported 51 (39).
Never Events	Safe	M	0	0	0	1	↑		A Near Miss Never Event was reported in March. This was a near miss for a wrong site surgery - a left sided nerve block. The error was discovered and corrected before the procedure took place.
Mixed sex accommodation Breaches	Caring	M	0	143	195	198	↑		The high number of breaches recorded has been added to divisional risk registers.
F&F: Inpatients % Recommending	Caring	M	90%	92.8%	93.2%	92.9%	↓		
F&F: % Recommending - A&E	Caring	M	90%	87.8%	81.6%	78.2%	↓		
Maternity scores from Friends and Family Test – % positive :									
F&F: Birth % Recommending	Caring	M	90%	94.7%	100.0%	79.2%	↓		
F&F: Post Natal Ward % Recommending	Caring	M	90%	96.3%	95.6%	93.3%	↓		
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.
C.Diff Infection: Hospital (Total)	Safe	M	0	9	8	3	↓		There were 3 C.difficile cases reported in March. All were reported in the Colchester site (1 HOHA, 2 COHA). There are a total of 114 cases against the threshold of 102 for 22/23
MRSA Bacteraemia: Hospital	Safe	M	0	0	0	0	→		
HSMR (DFI Published - By Month Data Available)	Effective	Q	100.0	105.0	106.2	106.1	↓		
HSMR Weekend (By Month Data Available)	Effective	Q	100.0	105.9	106.5	107.0	↑		
Summary Hospital Mortality Indicator	Effective	Q	1.00	1.075	1.081	1.086	↑		12 mths to October 2022. This is 'as expected' when compared to the previous annual position (September 2022 data) of 1.08.
Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Jan-23	Feb-23	Mar-23	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	72.8%	72.3%	68.7%	↓		A&E waiting time performance based on economy. Performance for March 2023 was 72.3% for NEE, and 62.2% 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%	58.8%	58.2%	57.9%	↓		
All cancers – maximum 62-day wait for first treatment from:									
Cancer: 62 days Urgent GP Ref to 1st Treatment	Responsive	M	85.0%	64.1%	69.3%	68.5%	↓		
Cancer: 62 days Screening Treatments	Responsive	M	90.0%	87.5%	81.8%	90.0%	↑		Screening service performance snapshot as reported in Accountability Framework taken at 24th April 2023. The February position has now been validated, the March data will be validated for the April data release.
Diagnostics: % Patients waiting 6 weeks or longer	Responsive	M	1.0%	7.7%	5.4%	5.3%	↓		

Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Jan-23	Feb-23	Mar-23	Mov't	Trend	Comments
Absence- Total	Well-Led	M	3.5%	5.0%	4.6%	4.7%	↑		Short term sickness 2.79%, long term sickness 1.87%
Staff turnover	Well-led	M	tbc	8.8%	8.8%	8.8%	↓		Voluntary turnover.
Executive team turnover	Well-led	M	tbc	0	0	1	↑		The Director of Estates and Facilities left the organisation in March.
Proportion of temporary staff	Well-led	Q	tbc	3.4%	3.3%	2.4%	↓		Bank & Agency staff 12.3%.
CIP Forecast Outturn to plan (variance fav/(adv))	Use of Resources	M	0	(8,277)	(8,740)	(8,512)	↑		
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Jan-23	Feb-23	Mar-23	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	1	1	1	→		From M3 the Trust plan has reflected the revised plan submitted to NHSE on the 28th June: a breakeven revenue position. In March, the Trust recorded a small deficit but ultimately delivered a breakeven position (£7k surplus) for the year. The overall use of resources score improved to a 2. This is because liquidity strengthened to a 3, the product of a better working capital position with cash holdings increasing to £75.1m at the end of March. Agency spend performance in 22/23 was measured against a notified ceiling of £15.9m (the 21/22 ceiling was £24m). Although the Trust exceeded this target (agency spend of £19.4m) , as total agency spend was less than 25% of the total pay bill a score of 2 was still achieved.
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	0	4	4	3	↓		
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	0	2	2	2	→		
I&E MARGIN : Variance from Plan	Finance	M	0	1	1	1	→		
Agency Spend : Remain within agency ceiling	Finance	M	0	2	2	2	→		
Overall: Use of Resources Rating	Finance	M	0	3	3	2	↓		
Overall : NHS system oversight framework segmentation									
Indicator	Domain	Frequency	Target / Standard	Jan-23	Feb-23	Mar-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 11 (February performance)

Clinical divisions performance

Divisional Accountability Meetings to discuss February's performance were cancelled in April due to operational pressures.

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

- The AF aggregated score remained static for four of the eight Clinical Divisions.
- The aggregated score deteriorated from a 2 to a 1 in Cancer & Diagnostics and improved from a 1 to a 2 in MSK & Specialist Surgery and Women's & Children's.
- Movements in scores for Safe and Effective in February were impacted by non-submission of data for clinical audit metrics in January.

Corporate performance

- 6 corporate areas maintained their score from the prior month.
- Human Resources and Research & Innovation improved their score from a 3 to a 4 & Operations improved from a 2 to a 3 in February, however the Medical Director directorate deteriorated from a 3 to a 2.

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

Aggregated AF Score Classification Explained

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

Score Rating	1 Inadequate	2 Requires Improvement	3 Good	4 Outstanding
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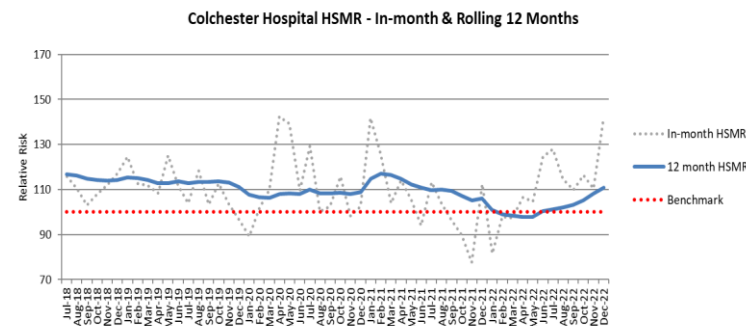
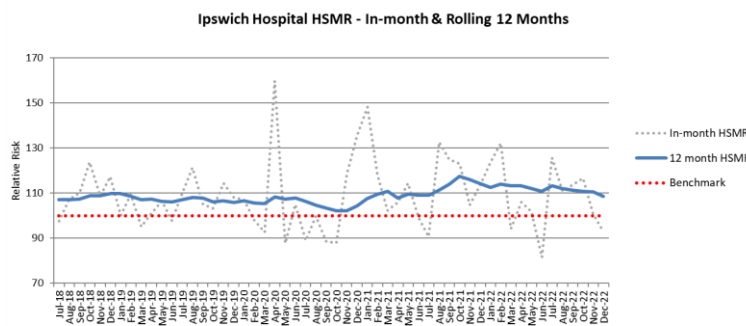
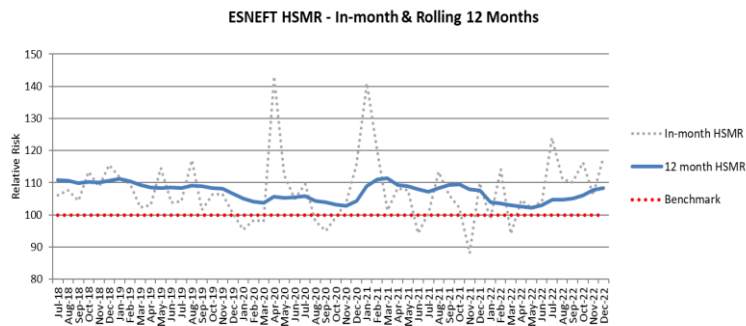
Mortality Ratios - Data Sources DF Intelligence (Telstra Health)

Summary

ESNEFT 12-mth HSMR to December 2022, 108.4 'higher than expected'.

ESNEFT all-diagnoses (SMR) to December 2022, 106.1 'higher than expected'.

ESNEFT SHMI to October 2022 1.0862 'as expected'.



Dr Foster Summary

Dec 2022 12 month rolling data except where specified	ESNEFT	IPS	COL
HSMR in-month EXCLUDES C-19 ON ADMISSION	118.2	92.7	141.4
HSMR EXCLUDES C-19 ON ADMISSION	▲ 108.4*	▼ 108.5	▲ 110.7
HSMR Lower confidence limit EXCLUDES C-19 ON ADMISSION	▲ 104.3 Outlier	▼ 102.3 Outlier	▲ 105 Outlier
HSMR NO C-19 PATIENTS	▲ 104.4*	▼ 104.8	► 104.1
HSMR Lower confidence limit NO C-19 PATIENTS	▲ 100.1 Outlier	▼ 98.4 As expected	▲ 98.8 As expected
HSMR Death rate (nat. 3.3%►)	▲ 3.3%	► 3.0%	► 3.7%
All diagnosis groups INCLUDES C-19 DURING ADM	▼ 106.1*	▼ 105.4	▲ 108.9
Lower confidence limit (all)	▼ 102.5 Outlier	▼ 100.2 Outlier	▲ 103.8 Outlier

*The overall figures for ESNEFT are lower than either of the acute sites owing to the coding contribution made by Suffolk community hospitals.

The SUS Reconciliation Inclusion date for December discharges was missed because of delays in patient records being sent for scanning to Evolve. This resulted in ▲952 spells including ▲36 deaths being submitted with no clinical coding. The next publication should reduce the relative risk for 'all diagnosis groups'.

Weekend/Weekday HSMR Admissions

In the 12 months to December 2022, both weekday and weekend emergency admissions were 'higher than expected'. Only Ipswich weekend admissions are 'as expected'.

SHMI – 12 months to October 2022

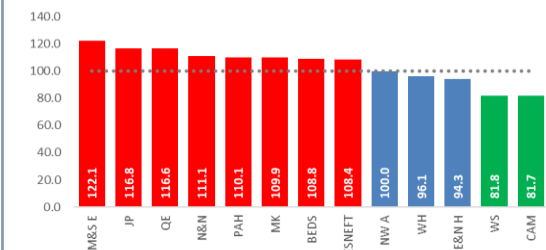
ESNEFT – ▲1.0862– 'as expected'
Ipswich acute ▼1.0449 – 'as expected'
Colchester acute – ▲1.1125 'as expected'

National & Regional Peer Group

Out of 121 acute non-specialist trusts, 47 have a higher than expected HSMR, 39 are as expected and 35 are better than expected. The Trust's HSMR was ranked 85/121.

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

HSMR 12 Months to December 2022

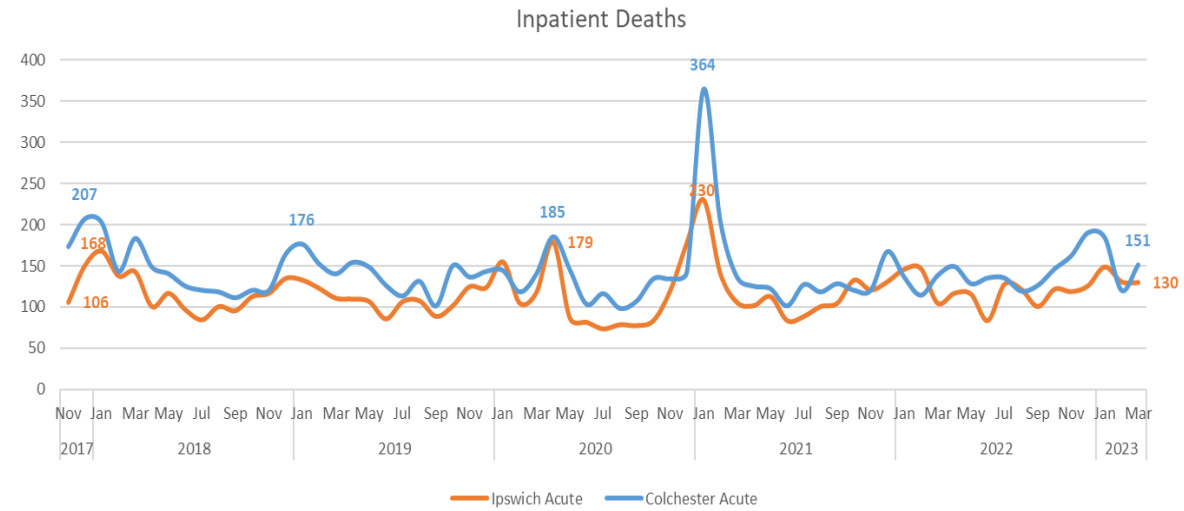


Mortality Trend Data – All Inpatients

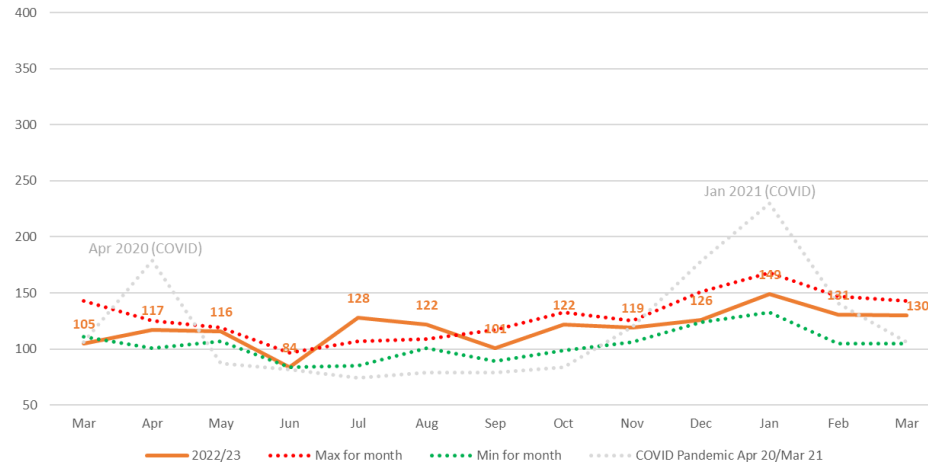
March 2023

281 inpatient deaths (251 in February):

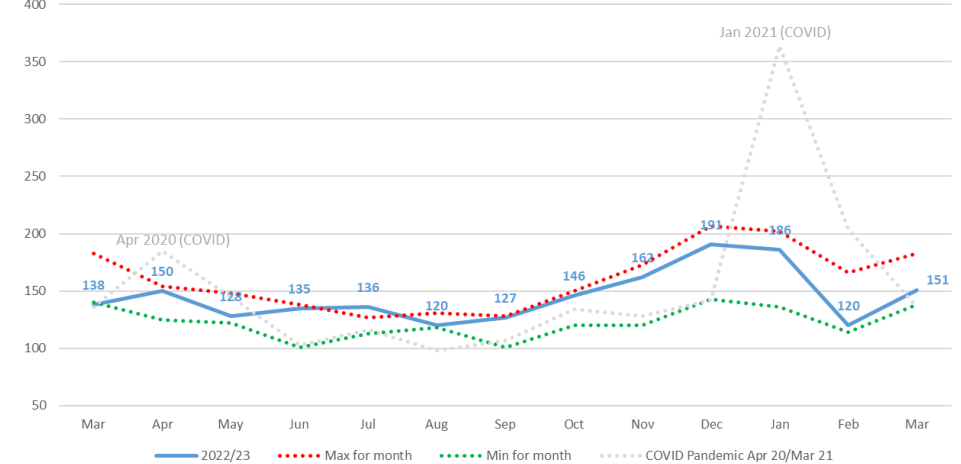
- Ipswich 130 - within seasonal 'norm';
- Colchester 151 - at bottom end of seasonal 'norm';
- Both acute sites saw an increase in death numbers in 2022/23.



Ipswich Hospital 'Excess' Inpatient Deaths 2017 - 2023
(Max & Min exclude COVID-19 pandemic months)



Colchester Hospital 'Excess' Inpatient Deaths 2017 - 2023
(Max & Min exclude COVID-19 pandemic months)

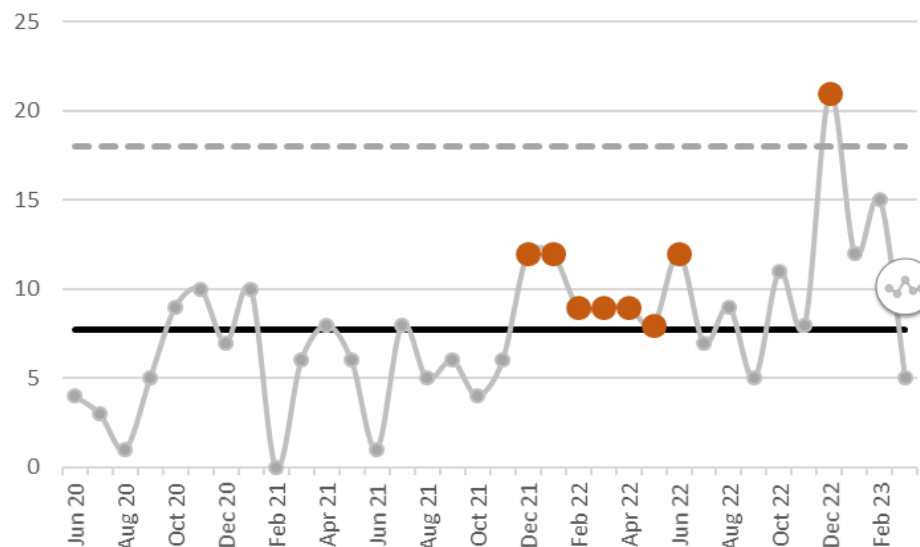


Mortality Trend Data – ED Attendees

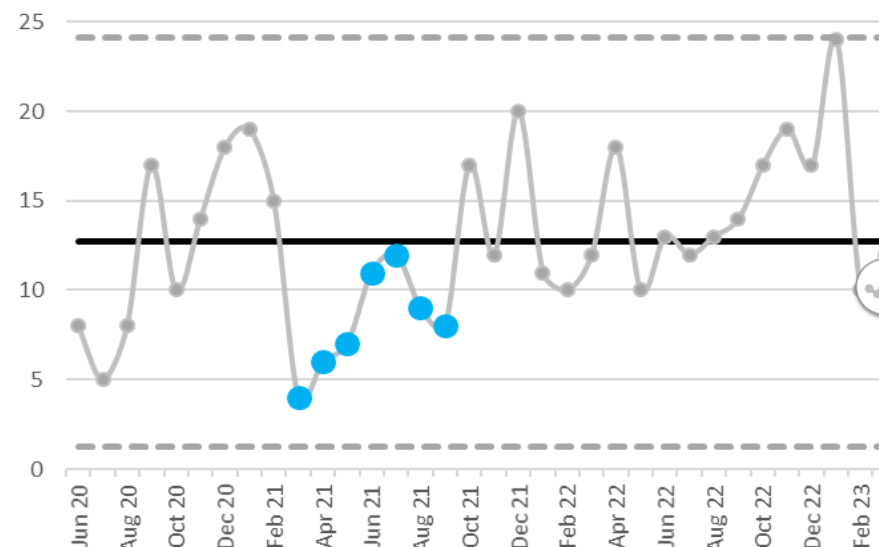
March 2023

17 deaths in EDs (25 deaths in February).

Deaths in Ipswich ED



Deaths in Colchester ED



(IP = inpatient)	Mar 23 No. Deaths	Mar 22 No. deaths	Rolling 12 mths avg
Ips acute IP	128 (131)	105	118
Col acute IP	151 (120)	138	144
Ips ED	5 (15)	9	11
Col ED	12 (10)	12	15

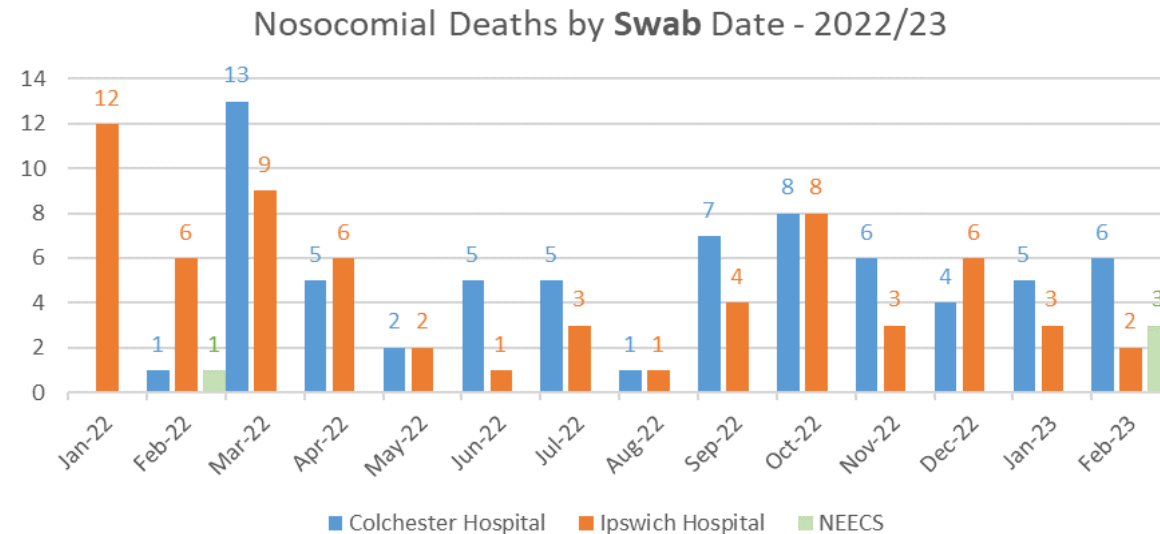
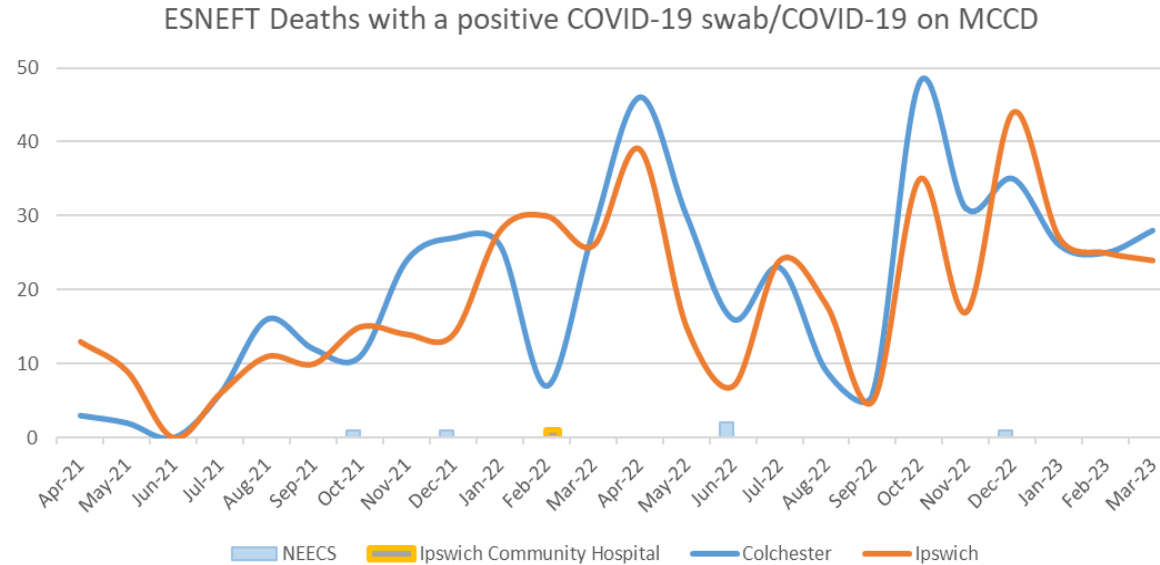
Figure in brackets = previous month

Colchester ED M&M meeting. 16 cases from January were discussed. Death was unavoidable in all cases discussed but there were instances of issues in organisational care identified, owing to overcrowding. This is still having a significant impact on care at times and this remains on the risk register.

Mortality Trend Data – Reported COVID-19 deaths and *Nosocomial COVID-19

Reporting to the national dataset has now been brought up to date. 155 deceased patients with a COVID-19 diagnosis were reported to the national data set in Q4.

(NB from 4/8/22 to 1/11/22, the swabbing protocol was revised – swabs only taken after day 5 of admission if patient symptomatic/ being discharged to residential/ healthcare setting. From 1/11/22, swabbing on admission of asymptomatic patients was reinstated. From 03/04/23, swabbing of emergency asymptomatic patients ceased.)



There were 11 patients that died on the acute sites in February and 2 on NEE Community sites. COVID-19 was the primary cause of death for 6 patients. For the 6 patients who died in March COVID-19 was the primary cause of death for 4 patients.

Mortality: Stillbirths & Perinatal Mortality (February data)

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

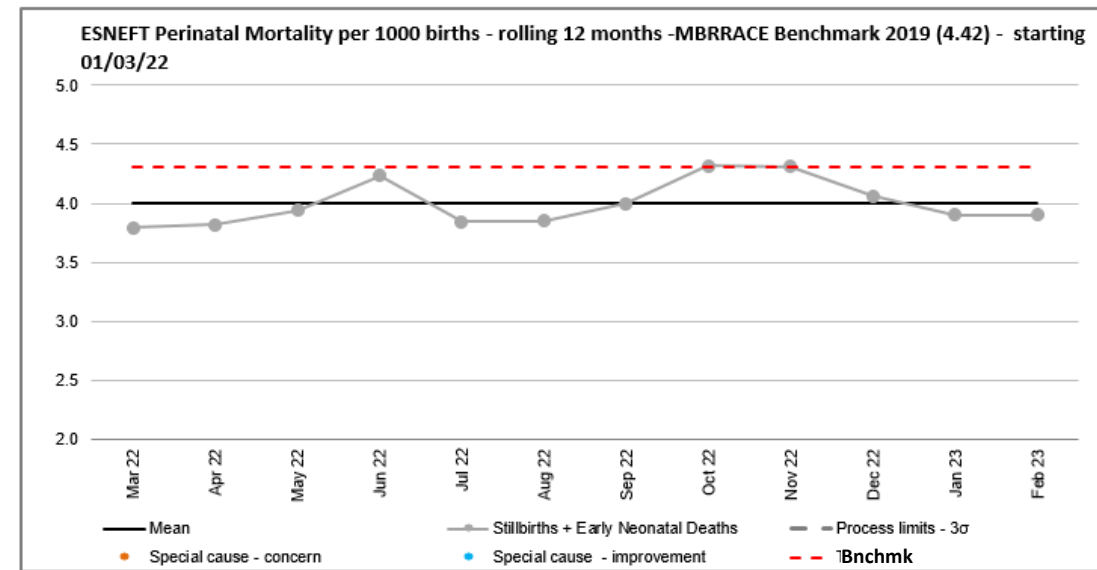
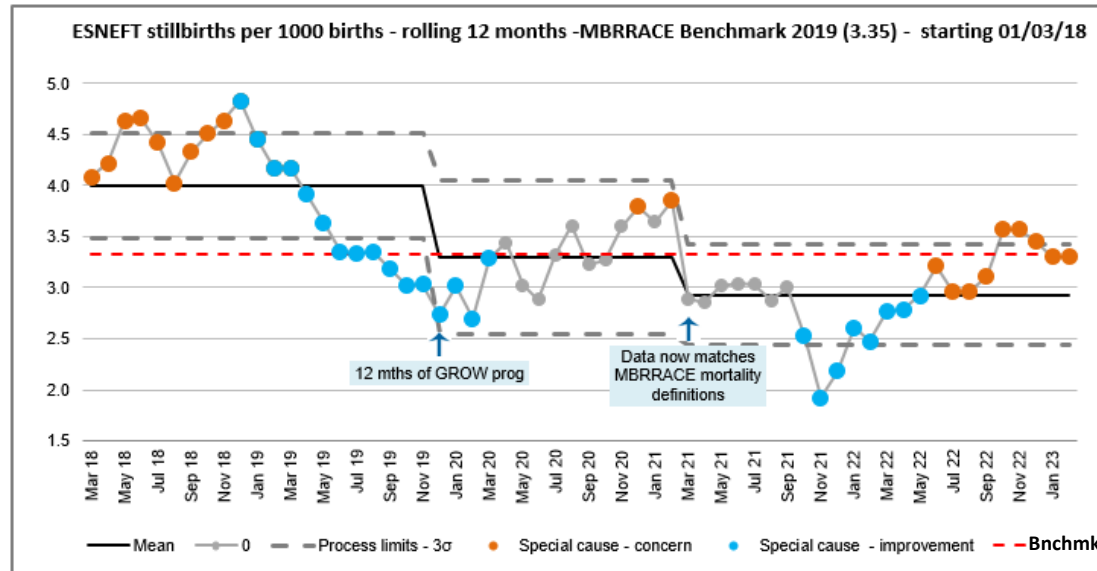
Provisional Data

Summary 12 months to February 2023:

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

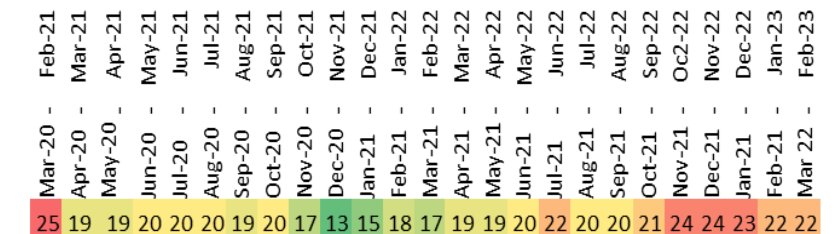
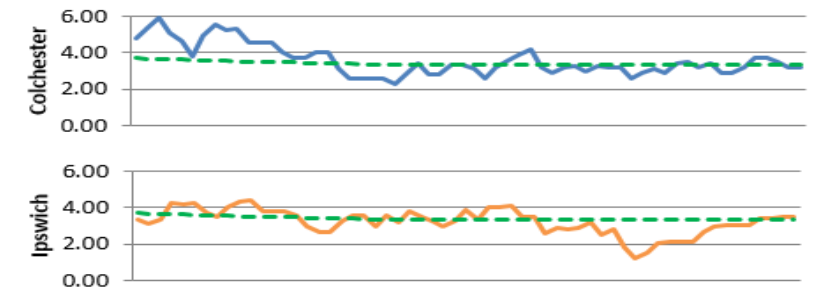
*Mothers and Babies: reducing risks through audits and confidential enquiries

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



12 months to February 2023

Metric	Benchmark (MBRRACE 2020)	Ips	Col
Stillbirths [†]	3.3	*3.5	3.1
Perinatal Mortality [†] (stillbirths and early neonatal deaths within 7 days of delivery)	4.3	3.8	4.0

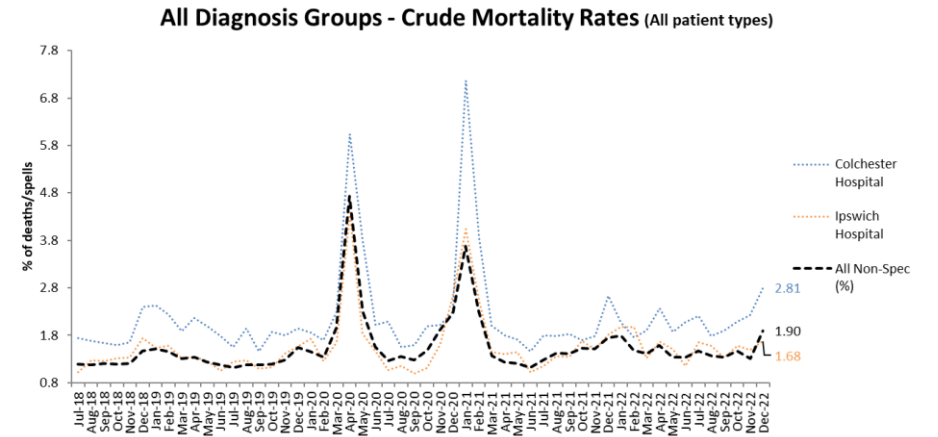
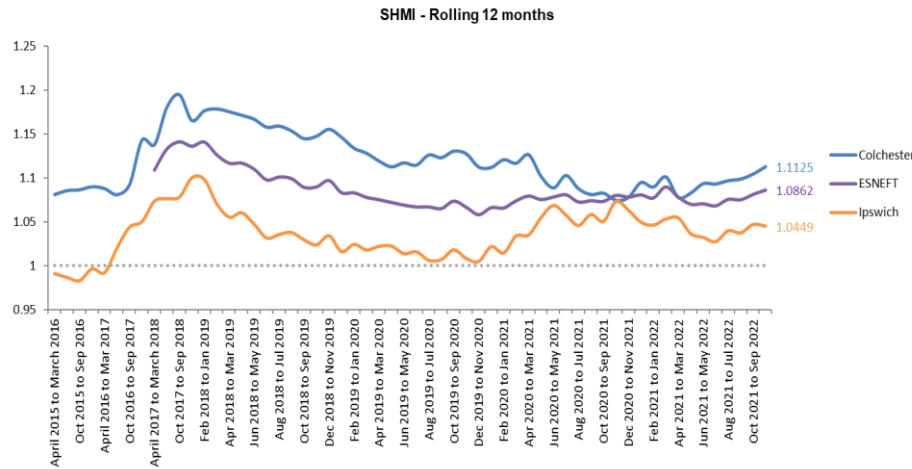


*Both sites had 11 stillbirths but Ipswich had fewer births.

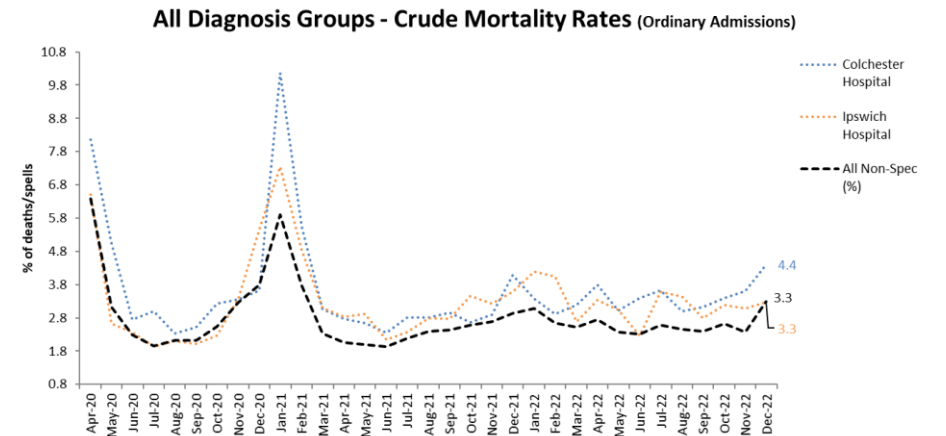
Action – the CMO has requested a summary be presented in May of neonatal and child deaths. This includes: a comparison with national and with peers; learning from these deaths and a brief narrative around the governance oversight – both within the trust and externally, following fluctuations in extended perinatal mortality and child deaths.

Mortality: Ratios - SHMI & Crude Mortality Rates

- SHMI – upward trend for Colchester.
- For December, Ipswich crude mortality for ordinary admissions matched national acute non-specialist hospitals (3.3%). Colchester was significantly higher (4.4%).
- December rates for patients admitted as an emergency indicate higher activity % for Colchester – 79% compared to 72% nationally.



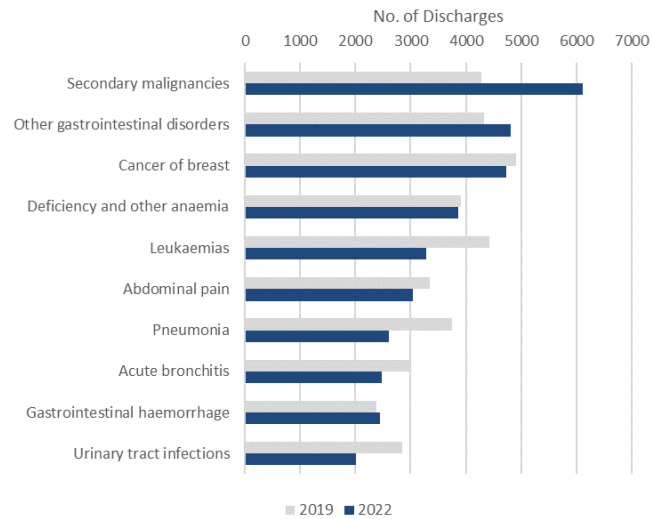
Site (Dec 22)	Emergency Adm Discharges	All Discharges (Ordinary Adm)	%
National	505215	701830	72%
Ipswich	2841	3825	74%
Colchester	3541	4483	79%



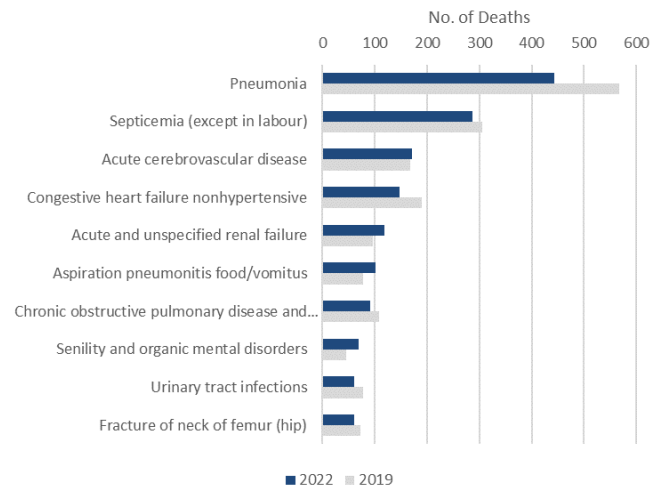
Mortality: Ratios - Activity Changes & High Risk Conditions – Source Dr Foster

- Pre/post first COVID wave – increase in secondary malignancy activity, drop in leukaemia, pneumonia & UTI (top chart shows top 10 HSMR admission diagnoses in 2022).
- Top HSMR admission diagnosis resulting in death is still pneumonia, followed by sepsis and stroke.
- Sepsis and pneumonia diagnosis groups relative risks are ‘higher than expected’ and COPD is ‘as expected’

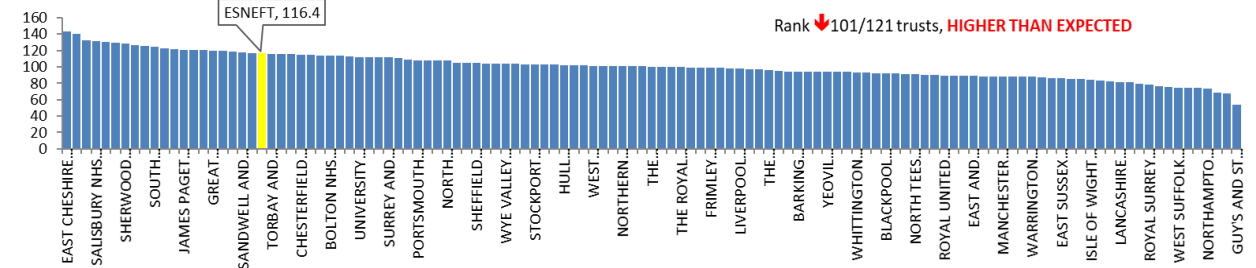
2019/2022 HSMR Diagnosis on Admission



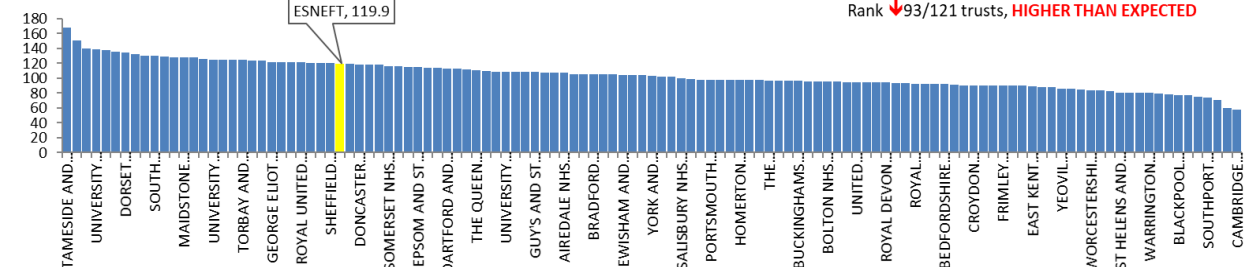
2019/2022 HSMR Diagnosis on Admission - Deceased Patients



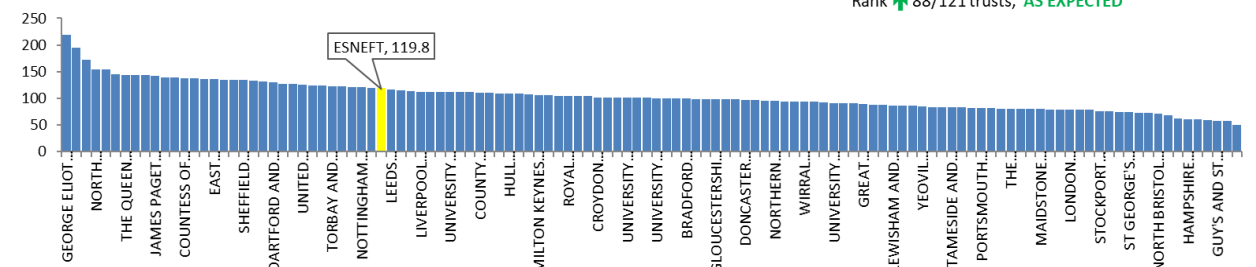
Pneumonia Ranking by Relative Risk



Sepsis Ranking by Relative Risk



COPD Ranking by Relative Risk



Mortality: Ratios - CUSUM Alerts

Summary

Patient identifiers are still not being provided by tertiary mortality providers. This means that CUSUM investigation is limited – BI provides a report every quarter of all coded activity which supports patient identification for review, but it is a labour-intensive process to match records manually using admission periods and patient demographics.

ESNEFT

Relative risk & CUSUM alerts							
Title	CUSUM	Vol	Obs	Exp	%	Relative risk	
All Diagnoses	1 5	188480	3215	3029.7	1.7	106.1	
HSMR (56 diagnosis groups)	1 1	78563	2557	2358.7	3.3	108.4	
Cancer of other male genital organs	1	9	1	0.1	11.1	1948.0	
Schizophrenia and related disorders	1	9	1	0.1	11.1	1658.2	
Sickle cell anaemia	1	111	1	0.1	0.9	1636.3	
Superficial injury, contusion	1	704	33	18.3	4.7	180.8	

Colchester

Relative risk & CUSUM alerts							
Title	CUSUM	Vol	Obs	Exp	%	Relative risk	
All Diagnoses	2 10	83494	1745	1603.0	2.1	108.9	
HSMR (56 diagnosis groups)	2 2	37113	1389	1254.4	3.7	110.7	
Cardiac arrest and ventricular fibrillation	1	20	14	10.8	70.0	130.1	
Chronic obstructive pulmonary disease and bronchiectasis	1	951	70	47.0	7.4	148.9	
Congestive heart failure, nonhypertensive	1	633	88	73.3	13.9	120.1	
Other ear and sense organ disorders	1	135	1	0.1	0.7	1053.4	
Other haematologic conditions	1	12	1	0.2	8.3	573.5	
Pneumonia	1	1248	232	187.5	18.6	123.7	
Sickle cell anaemia	1	57	1	0.0	1.8	2677.3	
Superficial injury, contusion	1	312	16	8.0	5.1	200.3	
Viral infection	1	1467	84	74.2	5.7	113.2	

Ipswich

Relative risk & CUSUM alerts							
Title	CUSUM	Vol	Obs	Exp	%	Relative risk	
All Diagnoses	1 12	92337	1449	1373.1	1.6	105.5	
HSMR (56 diagnosis groups)	1	38753	1169	1077.7	3.0	108.5	
Aortic, peripheral, and visceral artery aneurysms	1	28	5	3.3	17.9	152.1	
Cardiac dysrhythmias	1	1106	15	9.9	1.4	151.6	
Melanomas of skin	1	199	5	1.3	2.5	399.4	
Other gastrointestinal disorders	1	2188	15	10.9	0.7	138.2	
Other infections, including parasitic	1	178	13	10.8	7.3	120.5	
Other injuries and conditions due to external causes	1	123	5	2.3	4.1	213.0	
Pneumonia	1	1317	213	187.9	16.2	113.3	
Schizophrenia and related disorders	1	4	1	0.0	25.0	3230.5	
Senility and organic mental disorders	1	376	46	31.9	12.2	144.0	
Septicemia (except in labour)	1	462	112	85.9	24.2	130.4	
Viral infection	1 1	1789	60	75.7	3.4	79.3	

CUSUM Alerts

The Clinical Coding site managers have reviewed the coding for the CUSUMs. The depth of coding was assessed as ‘very good’, based on the documentation, which again relating to the patient’s history was good. The diagnoses between the first consultant episode and the second, were accurately coded and most of the time did reflect a more specific diagnosis which had been made after the patient was transferred to a deeper ward.

Summary Findings – all identified issues have been corrected and training needs addressed. It should be noted that some of the initial coding was done from the EDS owing to issues with accessing the scanned records. In total, 69 patients were reviewed across both sites.

- Changes were made to the primary diagnoses for the majority of Senility & Organic mental disorders cases and less than half of Cardiac Arrest and VF, and Acute and Unspecified Renal Failure. It might be beneficial to undertake spot-audits of patient notes with these diagnoses going forwards to ensure consistency.
- 45% of cases reviewed had a primary diagnosis revision by medical staff on a deep ward. This could be as a result of the admission model (using assessment units) reducing the ‘diagnostic window’ in the first FCE. The primary diagnosis was revised the most for:
 - Cardiac dysrhythmias
 - Fluid & Electrolyte Disorders
 - Other infections, including parasitic
 - Acute and unspecified renal failure
 - Superficial injury, contusion

- Charlson comorbidity capture was good. Only 4% required additional coding.
- Specialist palliative care documentation was also well captured with only 3 changes (4%) being made.
- In the 30 cases where previous admission coding history was reviewed, the coding auditor noted that there were 6 patients (20%) where chronic conditions had not been re-documented in the new admission. In 2 cases this was for OOH cardiac arrest so complete clerking would not have been possible without reference to scanned notes. Clinical reviews to be done when coding changes are uplifted.

Mortality – Learning from Deaths meeting 6th April 2023

Summary

- **National ME Service delays.**
- **Work is ongoing locally to prepare for community roll out but more staff are needed.**
- **Actions following unintentional community overdose.**

Medical Examiner Update – Mortuary and Bereavement Services Manager

- Regional Medical Examiner update - the Medical Examiner service will not be fully ready to be statutory on the 1st April 2023. ESNEFT will continue the work started on GP engagement and establishing processes,- the national IT and reporting systems are not yet in place and therefore the steer from the regional group is to continue with pilot sites in the community.
- Current issues include access to records, transfer of documents and tracking progress. The Regional ME has adopted a recommendation made by ESNEFT staff during her visit to use eRS for 'Advice and Guidance', providing a fluid service for MEs and GPs.

Surgery and Anaesthetics Update – Consultant in Critical Care – Coronial Case

- Case of a patient presenting with a staggered 'paracetamol overdose' was discussed. Issues in care identified following M&M discussion were that:
 - The patient should not have been sent home following first presentation to ED, owing to deranged blood results;
 - No red flag was raised on re-presentation;
 - Blood results were not in keeping with the medication history from the patient . Liver damage was irreversible. A second hepatotoxic agent was present.
 - Administration of medication (NAC) was delayed by 6 hours – staff expected transfer out of ED however this was delayed;
 - Delays to the patient arriving in ITU and Admission notes not immediately apparent on Metavision;
 - There were no available beds in Addenbrooke's, Queens or the Royal Free. The patient deteriorated quickly and died.
- **Actions** – following feedback, Addenbrooke's is putting an SOP in place not refuse patients on a bed-basis; training has been given to staff accessing Metavision so that notes started before the electronic admission time of the patient can be accessed; EDS training has been given to staff to ensure that all details can be included.

Mortality – Learning from Deaths meeting 6th April 2023**Summary**

- **Service improvements – theatres and ITU.**
- **Increase in group A infections leading to deaths, increased demand for dialysis and use of other resources.**
- **Actions following in-hospital fall.**

Learning from the division included:

- anaesthetic teams identifying protracted surgery and alerting CCU;
- ensuring that staff from different teams present a consensus on treatment options to patients and families;
- education for staff uncomfortable with the process for preparing patients donating organs so that they are assured that patient comfort is always a priority;
- CTPA (scan) being part of the cardiac bundle;
- increase in invasive group A sepsis and staph toxicity – treatment protocols reviewed;
- rising group A strep infections resulting in necrotising fasciitis – use of gamma globulins, increased need for dialysis and longer admissions.

Patient Safety Update (Datix 77797) – Patient Safety Manager

- A patient identified as a falls ‘high risk’ was placed in a cohorted (bay-watch) bay. The patient fell at the bedside during a period where the supervising nurse had left the area to complete nursing documentation.
- The medical team was informed, assessed the patient and requested a CT scan which showed an extensive intracerebral, extra-axial and subarachnoid haemorrhage (anticoagulants had been stopped owing to a high INR). Sadly neurosurgeons confirmed the patient was not a candidate for surgical intervention and the patient died a few hours later.
- The investigation identified lapses in care owing to out of hours transfer, lapse in supervision and inappropriate use of bed rails.
- Actions:
 - Bed rails awareness training;
 - Bay-watch rules to be displayed at the bay entrance;
 - Bed rail policy reviewed;
 - Ward newsletter reminding staff of correct actions.
- Post fall monitoring has evidenced a reduction in falls with harm.
- The patient safety team will be undertaking unannounced visits in April.



Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,792 (2628) incidents reported in March. 2,435 of these incidents were Patient Safety related and 2,434 were reported to the NRLS.

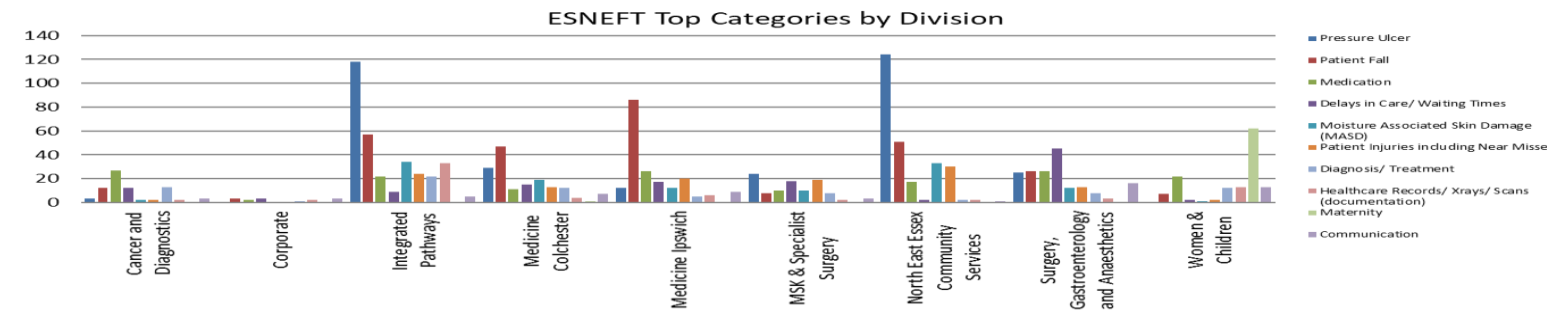
Overdue incidents have shown an increase to 1,186 (1,060).

There were 42,606 (42,333) admissions resulting in 57.13 incidents per 1,000 bed days across ESNEFT.

The highest reported category was pressure ulcer damage: There were 306 (260) incidents reported, 1 severe harm reported within the community at NEECS in relation to a heel wound in a care home and 71 moderate harm incidents.

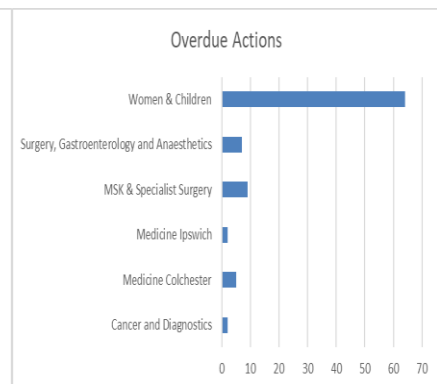
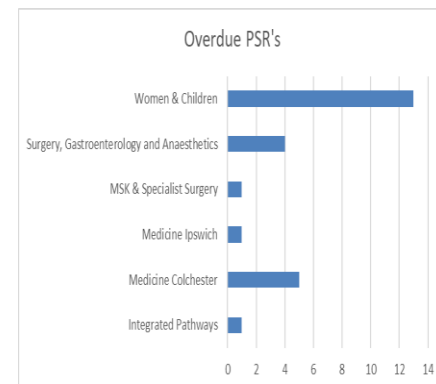
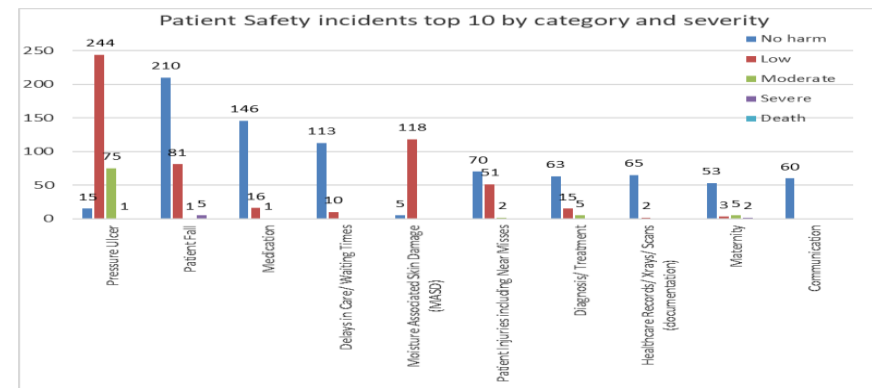
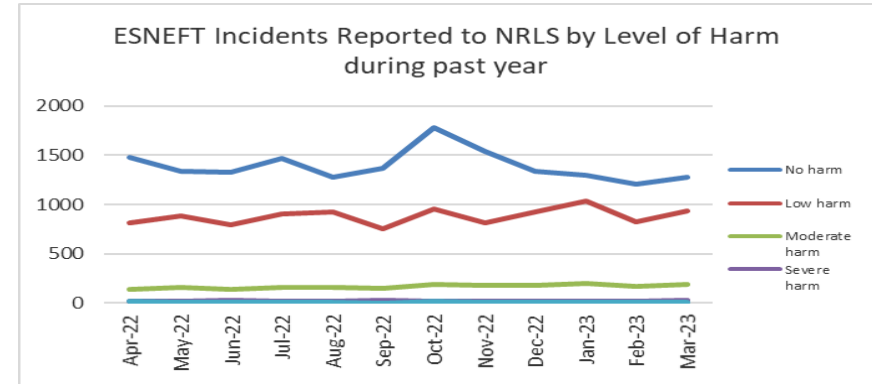
The 2nd highest reported category was Patient Falls with 297 (246) incidents. 5 were graded as severe, 4 of which were unwitnessed. 1 was graded as moderate and this was unwitnessed and the remainder low and no harm.

The 3rd highest reported category in the month of March was Medication. There were 170 (163) incidents reported across the Trust, with 1 reported as moderate harm and the rest all reported as low and no harm.



Patient Safety Reviews Overdue and with Actions outstanding

- There were 10 PSR investigations completed in March.
- There are 25 overdue PSRs, Integrated Pathways (1), Medicine Colchester (5), Medicine Ipswich (1), MSKSS (1), Surgery, Gastroenterology & Anaesthetics (4), and Women & Children (13).
- There are currently 89 (101) actions overdue for March 2023 a decrease from February 2023: Medicine Colchester (5), Medicine Ipswich (2), Surgery, Gastroenterology & Anaesthetics (7), MSK & Specialist Surgery (9), Cancer & Diagnostics (2) and Women & Children (64).



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

Never Events

There was 1 Never Event reported in March.

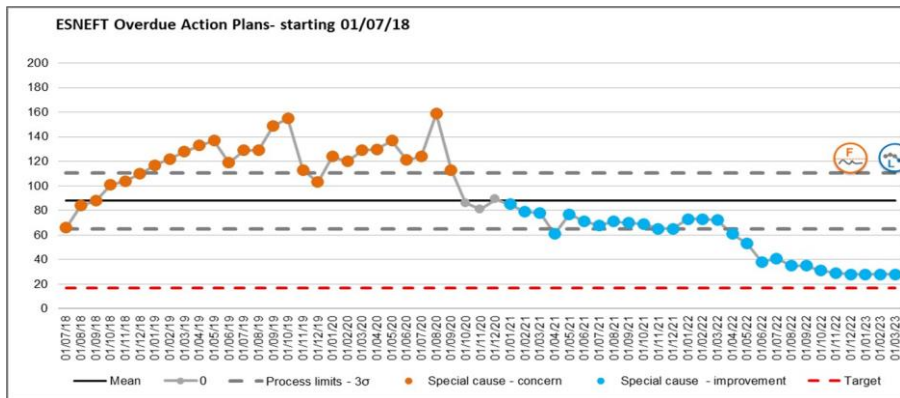
The patient was listed for a left sided nerve block at sacral nerve level. The patient was collected by a member of the theatre team and it was noted, once in theatre, that the site was not marked. A discussion was held between the team and the patient and it was confirmed that the procedure was to continue to be performed on the left. The surgical safety check list was performed and the patient was prepped and draped. The procedure commenced, the anaesthetist inserted the needle containing the local anaesthetic. The radiographer noticed that the needle was positioned on the patients right side of the spine and not left as expected. She questioned the anaesthetist who immediately realised his error. The procedure continued on the left side as planned. The incident was discussed at the Patient Safety Oversight Panel and it was agreed to raise this incident as a Near Miss Never Event and a PSII was declared.

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 majority of the overdue action plans have been received by the patient safety team and are under review prior to submission to the ICB for closure. There are currently 6 with limited actions remaining.

Integrated Pathways is working to improve DOC compliance across their community areas.

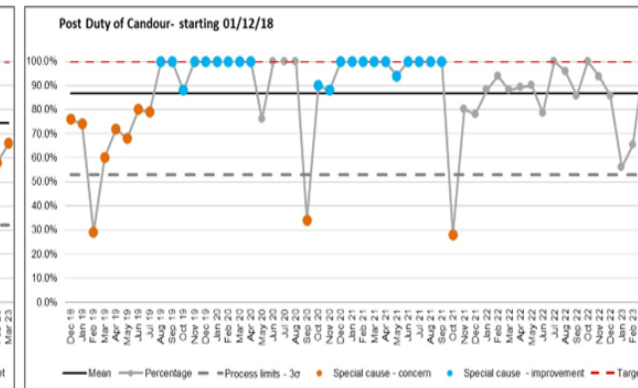
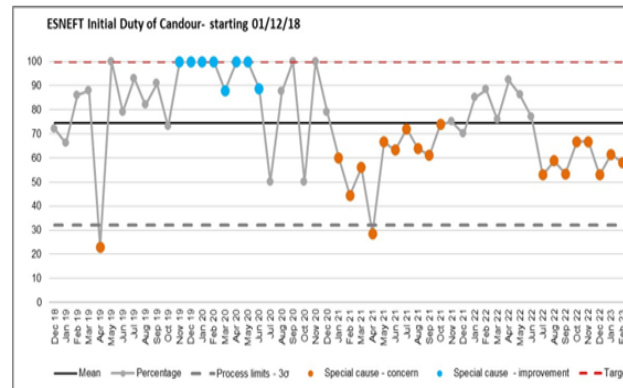


Duty of Candour

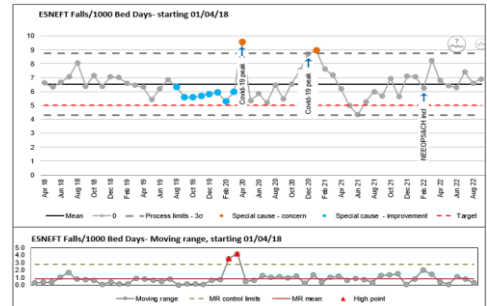
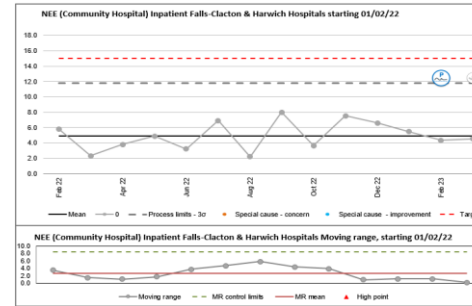
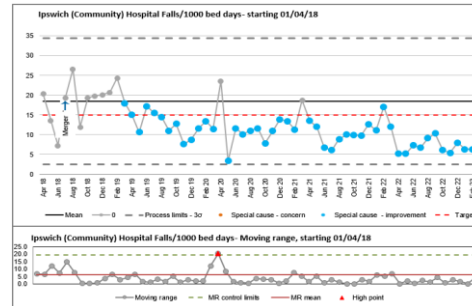
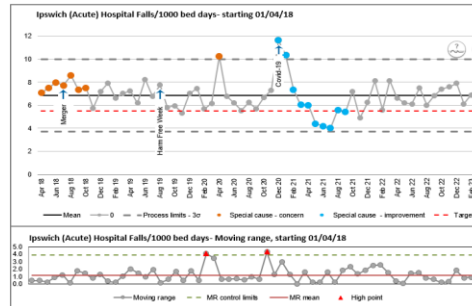
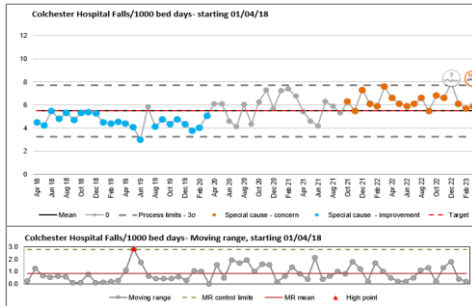
A total of 53 initial Duty of Candour were due in the month of March, of which 35 were completed within the timeframe. The Trust compliance is 66% (58.1%).

A total of 19 post Duty of Candour letters were due in the month of March and all were completed within the timeframe. The Trust compliance is 100% (65.2%).

Division - Initial	Due	Completed	Division – Post Investigation	Due	Completed
Cancer & Diagnostics	0	0	Cancer & Diagnostics	0	0
Integrated Pathways	18	11	Integrated Pathways	1	1
Medicine Colchester	3	3	Medicine Colchester	3	3
Medicine Ipswich	3	3	Medicine Ipswich	2	2
Surgery, Gastro & Anaesthetics	2	1	Surgery, Gastro & Anaesthetics	0	0
Women's & Children	4	3	Women's & Children	7	7
MSK & Specialist Surgery	10	9	MSK & Specialist Surgery	1	1
NEECS	13	5	NEECS	5	5



Patient Safety – Falls



Colchester Acute		
Prev. & in-mth total	88	102
Serious harm falls	3	
No harm falls	72	
Low harm falls	27	
Falls/1,000 bed days (ceiling ≤ 5.5)		5.9

Ipswich Acute		
Prev. & in-mth total	122	138
Serious harm falls	4	
No harm falls	103	
Low harm falls	31	
Falls/1,000 bed days (ceiling ≤ 5.5)		7.8

Suffolk Community Hospital		
Prev. & in-mth total	13	24
Serious harm falls	1	
No harm falls	19	
Low harm falls	3	
Falls/1,000 bed days (ceiling ≤ 5.5)		10.5

NEE Community Hospital		
Prev. & in-mth total	12	15
Serious harm falls	1	
No harm falls	10	
Low harm falls	4	
Falls/1,000 bed days (ceiling ≤ 5.5)		4.5

ESNEFT (acute)	Prev.	Mth
Prev. & in-mth total	210	240
Serious harm falls	9	7
No harm falls	225	175
Low harm falls	63	58
Acute	6.9	Com
		7.0

Summary

Headlines: Colchester acute has seen an increase in incidents in March in comparison to February (increase of 14 incidents). Unfortunately, there were 3 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 increase in the number of falls in March in comparison to February. Unfortunately, there were 4 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 also saw an increase in the number of falls in March in comparison to February, with 1 fall unfortunately 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

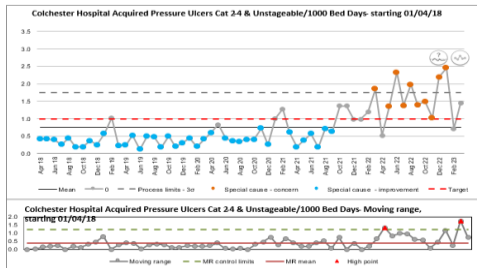
Headlines: Collectively NEECHs have seen a slight increase in falls incidents in comparison to February. Unfortunately, there was 1 fall resulting in serious harm.

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



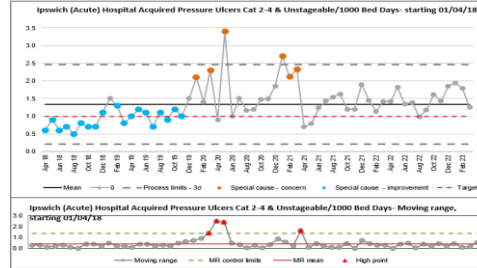
Colchester Acute

Cat 2	18
Cat 3	0
Cat 4	0
Unstageable	6
Prev. & in-mth total	10 ↑ 24
Rate per 1,000 bed days	0.59 2.40

Summary

Headlines: This month's increase is mainly in Cat 2 pressure damage. NHS Productivity Calculator gives a Central Estimated cost of £168k per 1,000 bed days - an increase of £82k.

Priority Actions/Mitigation: Colchester hospital has continued to provide extra training to staff to improve pressure ulcer outcomes and decrease in harm



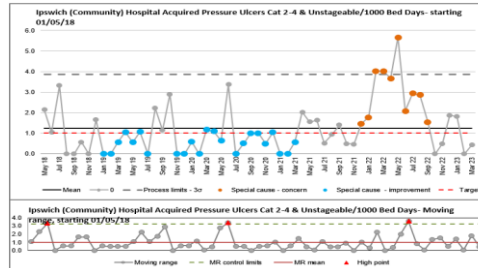
Ipswich Acute

Cat 2	15
Cat 3	1
Cat 4	0
Unstageable	7
Prev. & in-mth total	27 ↓ 23
Rate per 1,000 bed days	1.69 1.48

Summary

Headlines: This month's decrease is in Cat 2 pressure damage. NHS Productivity Calculator gives a Central Estimated cost of £169k per 1,000 bed days - a decrease of £54k.

Priority Actions/Mitigation: Ipswich Hospital has continued to provide extra training to all staff to improve pressure ulcer outcomes and reduce harm.



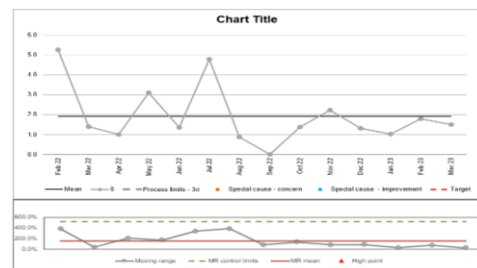
Ipswich Community Hospital

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

Summary

Headlines: This month has been unchanged with the incidence of pressure damage. NHS Productivity Calculator gives a Central Estimated cost of £6k per 1,000 bed days - a decrease of £1k.

Priority Actions/Mitigation: To monitor and maintain low level of pressure damage.



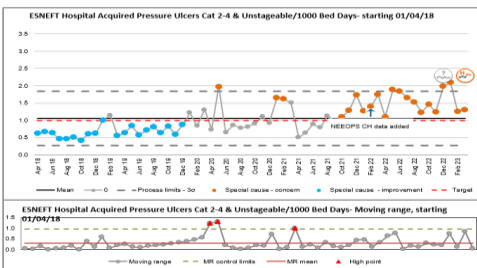
NEE Community Hospital

Cat 2	3
Cat 3	0
Cat 4	0
Unstageable	2
Prev. & in-mth total	3 ↑ 5
Rate per 1,000 bed days	1.02 1.8

Summary

Headlines: This month saw a slight increase in pressure damage. NHS Productivity Calculator gives a Central Estimated cost of £38k per 1,000 bed days, this is increase of £9k from last month.

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



ESNEFT

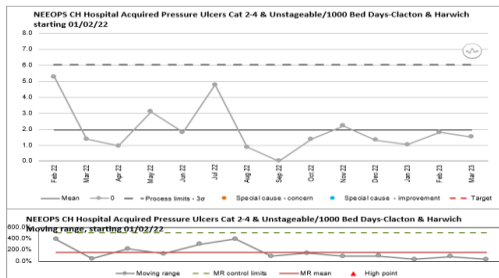
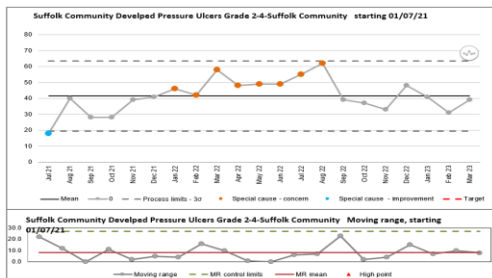
	Prev.	Mth
Cat 2	26	37
Cat 3	3	1
Cat 4	0	0
Unstageable	13	15
Totals	41	53
Rate per 1,000 bed days	1.16	1.78

Summary

NHS Productivity Calculator gives a Central Estimated cost of £380k per 1,000 bed days, this is an increase of £31k on previous months figures. The education and training for all staff and validating for Band 6/7 continues. There has been a slight increase across the trust.

Moving forward: To continue to support best practice and improve delivery of harm free care through increased education and awareness.

Patient Safety – Tissue Viability



Suffolk Community Teams

Cat 2	18
Cat 3	0
Cat 4	0
Unstageable	21
Prev. & in-mth total	31 ↑ 39

DTIs (Deep Tissue Inj)	8 ↓ 6
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Summary

Headlines: This month shown increases across cat 2 and unstageable. NHS Productivity Calculator gives a Central Estimated cost of £317k per 1,000 bed days, an increase of £40k.

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

NE Essex Community Teams

Cat 2	20
Cat 3	10
Cat 4	1
Unstageable	9
Prev. & in-mth total	26 ↑ 40

DTIs (Deep Tissue Inj)	25	12
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Summary

Headlines: This month has seen increases in all categories PUs. NHS Productivity Calculator gives a Central Estimated cost of £319k per 1,000 bed days, that is an increase of £93k.

Priority Actions/Mitigation: The increase in community acquired PUs is felt to be due to better more accurate validation from community band 7s.

March Updates

- In ESNEFT as a whole there has been an increase in pressure injuries in March.
- 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, though extra training and guidance has been given to the NE Essex teams recently.
- 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. The main aim is to reduce the incidence of pressure related damage across the trust, to work more collaboratively, to improve reporting processes and to increase education and training for all staff across the trust ultimately to improve care provision and prevention of harm and this continues.
- Accelerate Ltd, a tissue viability training academy have now started their training packages of both face to face 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.
- A new pressure ulcer prevention leaflet has been devised for all patients and is currently with the design team and very near completion.
- New core care plans for all forms of pressure damage have been revised and will be available to all staff across all sites very soon.

Patient Safety – Infection Control

Clostridioides difficile

Ipswich & East Suffolk

0 HOHA
0 COHA

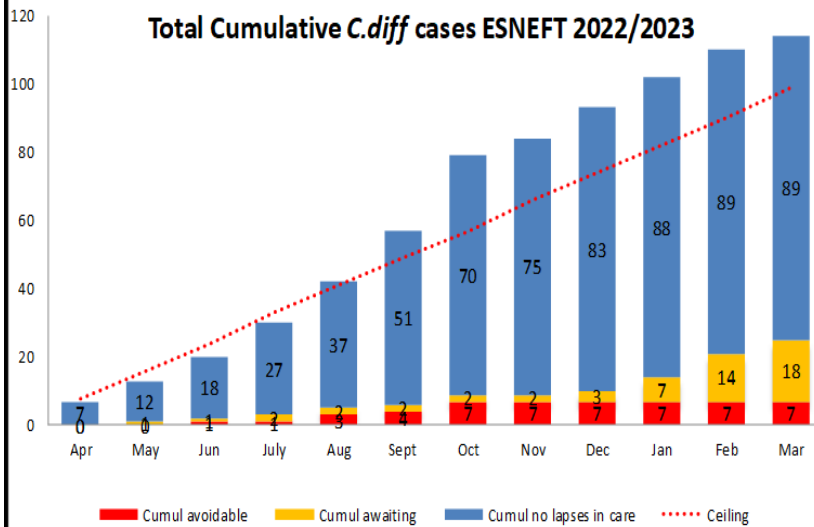
Colchester and North East Essex

1 HOHA, Peldon Ward
2 COHA, Nayland ward and Langham Ward

Overview

There was a total of 1 HOHA and 2 COHA *C.diff* cases in March 2023. There is a total of 114 cases against the threshold of 102 for 2022/23. There are 7/96 (7.3%) of the cases to date where lapses in care were determined. Top three themes are delay in sampling, delay in isolation and adherence to antibiotic guidelines.

(Outcomes determined at panel reviews below, some awaiting closure from ICB IPCT)



MSSA

Ipswich: 2 HOHA, 1 COHA

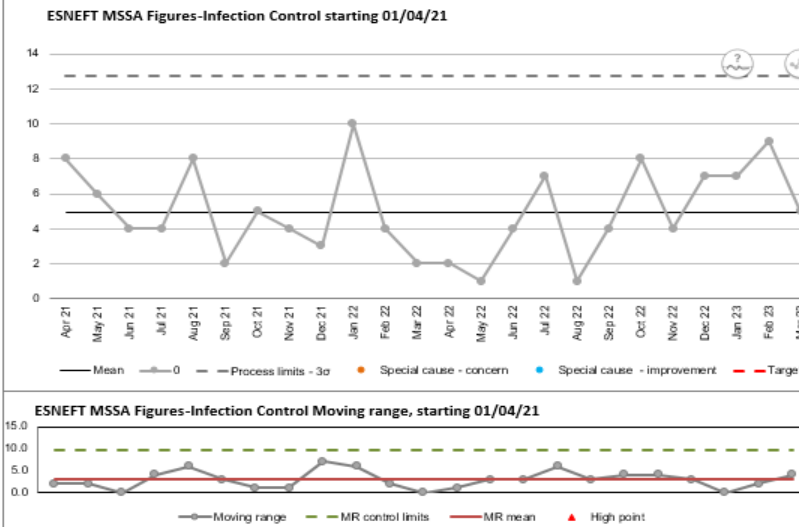
HOHA

- Stradbroke Ward - Vascath tip MSSA positive, used by Renal unit only - follow up BC neg.
- ACH/ED- Soft tissue – New Parotid abscess also MSSA

COHA - Grundisburgh

Colchester: 2 HOHA, 0 COHA

HOHA – Langham (2) - Skin or soft tissue source, right and left leg swab isolated MSSA. Case 2 - unknown source



E.coli bacteraemia

Ipswich: 5 HOHA, 3 COHA

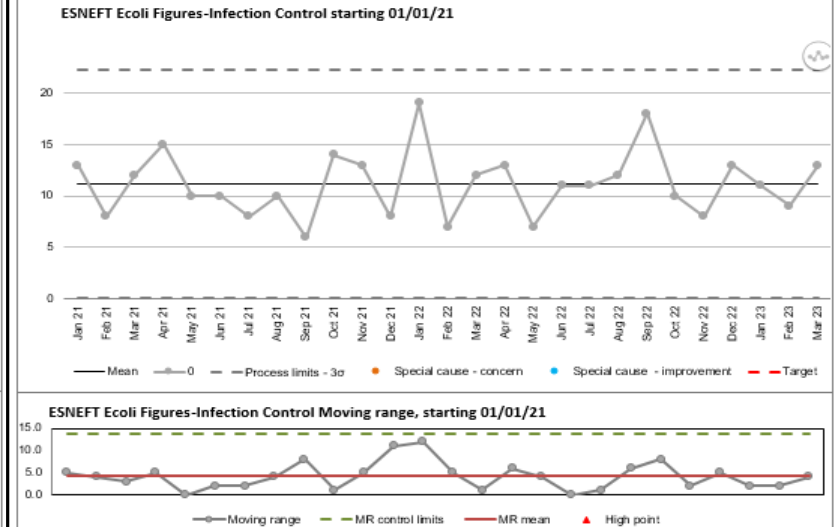
HOHA – **Stour** - Cholecystitis , **Stowupland** - Hepatobiliary - post ERCP in previous 28 days, **Kirton** - UTI - Long term catheter, **Bluebird Lodge** – UTI, **Aldeburgh Community Hospital** - Continuation of Ecoli infection from admission - UTI

COHA - Saxmundham, Capel, Grundisburgh

Colchester: 2 HOHA, 3 COHA

HOHA – **Brightlingsea** - upper urinary tract source, prostate Ca, with flip-flow catheter, urine isolated *E. coli*
Aldham - skin/soft tissue source, urostomy, stoma, chronic abdominal wound dehiscence (infected)

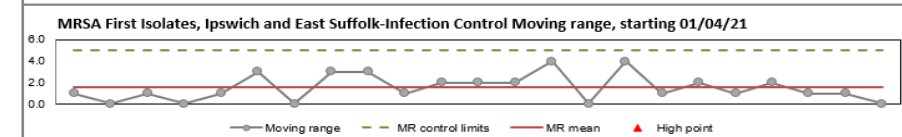
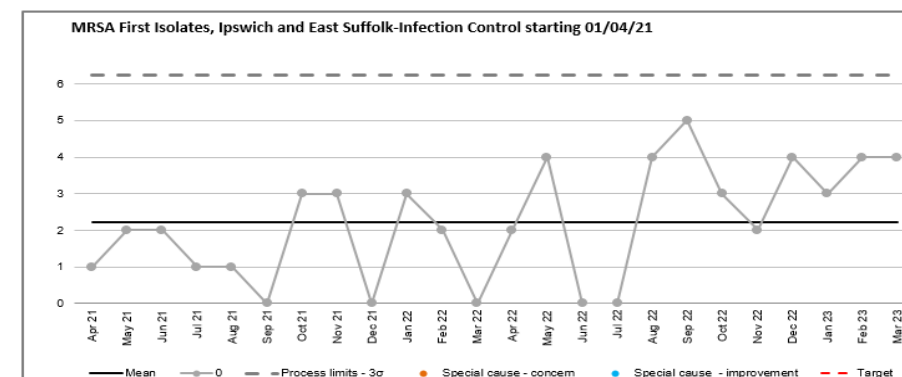
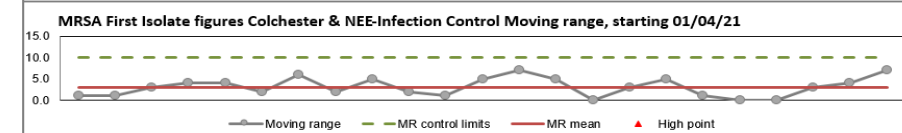
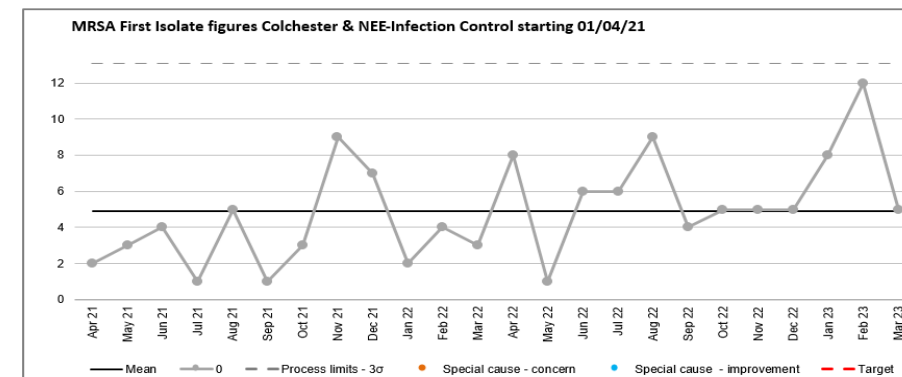
COHA – EAU, Stanway, Langham



Patient Safety – Infection Control: MRSA

There were no healthcare onset MRSA bacteraemias in March 2023. There were 9 new MRSA isolates (5 at Colchester/NEE and 4 at Ipswich/East Suffolk) - see table below.

Ward	Comments
Colchester and NEE	
Nayland Ward (previously Easthorpe Ward)	MRSA screen (nose & groin) negative on admission. MRSA isolated nose and groin obtained 15 days after hospital admission/the day the patient was transferred from Easthorpe Ward to Nayland Ward.
Nayland Ward	MRSA screen (nose & groin) negative on admission. MRSA isolated unspecified site 6 days after hospital admission (MRSA screening exercise).
MDU (Previously Durban Ward)	MRSA screen (nose & groin) negative on admission. MRSA screen repeated after internal ward transfers at Colchester Hospital. MRSA screen NOT obtained after transfer to Durban Ward at Clacton Hospital. MRSA isolated nose swab obtained after transfer from Durban Ward to Colchester Hospital (30 days after hospital admission).
ECC (previously Brightlingsea Ward)	MRSA screen NOT obtained on admission. MRSA isolated nose swab obtained the day the patient was transferred from Brightlingsea Ward to ECC/3 days after hospital admission.
Birch Ward (previously Peldon)	MRSA screen NOT obtained on admission. MRSA isolated unspecified site obtained the day the patient was transferred from Peldon Ward to Birch/13 days after hospital admission.
Ipswich and East Suffolk	
Waveney ward	Admitted 23/03/23 admission screen negative, positive 25/03/23 existing diabetic toe ulcer swab positive MRSA
Stradbroke ward	Admitted 04/03/23 admission screen negative, positive 24/03/23 nose & groin Swab on transfer to Stradbroke ward.
Stowupland Ward	Admitted 28/02/23, admission screen negative 02/03/23, wound swab positive 02/02/23 eye swab.
Croydon Unit - FCH	Admitted 23/02/23, MRSA admission screen negative, positive 09/03/23 nose Swab on transfer to Felixstowe Hospital



Patient Safety – Infection Control: COVID-19

Month/Site	Number of HOIHA		Number of HOPHA		Number of HODHA		Total ESNEFT attributable (HOPHA and HODHA cases)
	Colchester	Ipswich	Colchester	Ipswich	Colchester	Ipswich	
April	48	40	24	51	24	61	160
May	8	10	9	4	9	9	31
June	17	23	17	13	19	14	63
July	35	19	24	30 (plus 3 LFT)	24	27 (plus 1 LFT)	105 (plus 4 LFT)
August	11	13	9	12	11	10	42
September	33	8	26	19	34	14 (plus 1 LFT)	93 (plus 1 LFT)
October	90	81	69	52	58	79	258
November	73	26	48	36	32	31	147
December	128	72	67	57	75	79	278
January	64	35	64	22	37	24	147
February	68	72	50	30	46	43	169
March	45	72	37	50	40	54	181

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

Colchester and North East Essex (12)
 St Osyth Priory Ward (Clacton Hospital) 02/03/2023
 West Bergholt 04/03/2023
 Birch Ward 07/03/2023
 Discharge Lounge 09/03/2023
 Layer Marney Ward 13/03/2023
 Dialysis Unit (PCC) 13/03/2023
 Copford Ward 16/03/2023
 Waverley Ward (Harwich Hospital) 20/03/2023
 ACU 22/03/2023
 Peldon Ward 22/03/2023
 Stroke Unit 28/03/2023
 Nayland Ward 31/03/2023
Cluster
 Frailty Unit 08/03/2023
 Tiptree Ward 31/03/2023

Ipswich and East Suffolk (9):
 Shotley 03.03.23
 Stowupland 06.03.23
 Stradbroke 07.03.23
 Needham 12.03.23
 Woodbridge 15.03.23
 Haughley 18.03.23
 Grundisburgh 19.03.23
 Debenham 21.03.23
 Claydon 28.03.23

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.

March 2023 is the last month of asymptomatic testing of patients on admission.

Patient Safety – Maternity Dashboard – February data

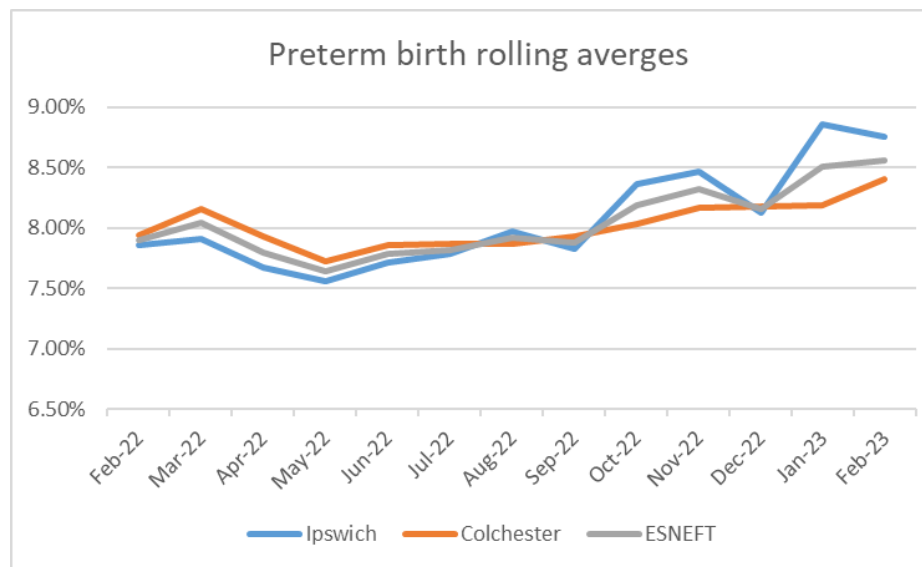
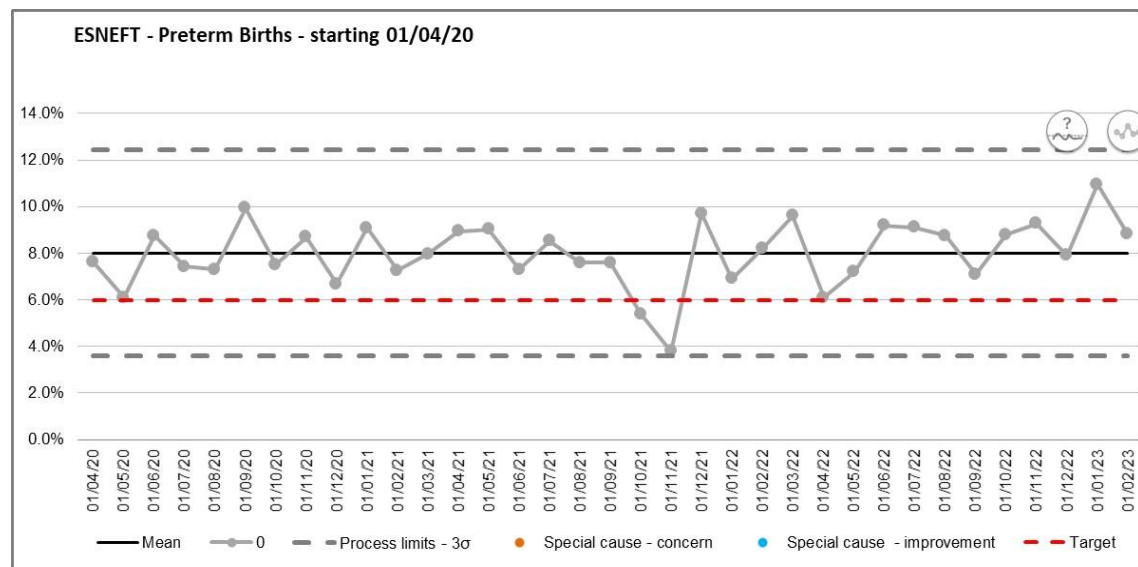
	Indicator	ESNEFT															
		Green	Amber	Red	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Numbers	Pre term Births (<37 weeks) annual rolling rate	<6%		>=6%	7.90%	8.04%	7.80%	7.64%	7.79%	7.82%	7.92%	7.88%	8.19%	8.32%	8.16%	8.51%	8.56%
Smoking	% of Women Smoking at Delivery	<=10%	10-11%	>=11%	8.14%	10.92%	8.96%	8.87%	11.57%	9.34%	10.91%	10.94%	8.77%	8.20%	7.78%	8.54%	8.37%
Mode of Delivery	% of Non operative vaginal deliveries	>=58%		<58%	55.46%	54.25%	50.00%	50.09%	54.21%	53.26%	54.12%	55.10%	53.89%	54.64%	51.16%	53.60%	50.94%
Maternal Morbidity and	% PPH >=1500mls - Vaginal (NMPA Criteria)	<=2.9%	2.9-3%	>=3%	3.99%	4.55%	2.76%	2.80%	3.68%	3.69%	3.99%	3.38%	3.97%	2.95%	1.96%	2.54%	3.25%
Neonatal Morbidity and Mortality	HIE Grades 2 & 3	0		>=1	1	1	0	0	0	0	1	0	0	0	3	0	0
	Term Admissions to NNU as a % of babies born	<=6%		>6%	5.36%	3.91%	4.96%	6.30%	4.67%	5.98%	4.03%	5.61%	3.45%	3.04%	5.02%	4.62%	4.82%
	APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	1.03%	0.68%	1.10%	1.05%	0.56%	1.09%	1.05%	0.51%	1.04%	1.43%	1.35%	1.03%	0.84%
	Number of Stillbirths	0	1-2	>=3	0	2	2	2	4	3	2	2	3	0	2	5	0

Preterm birth: The Trust is fully compliant with Saving Babies Lives version 2, element 5.

General trend showing an increase in preterm birth within ESNEFT over the past year and so the team is planning a deep dive into care elements to determine areas for further improvement.

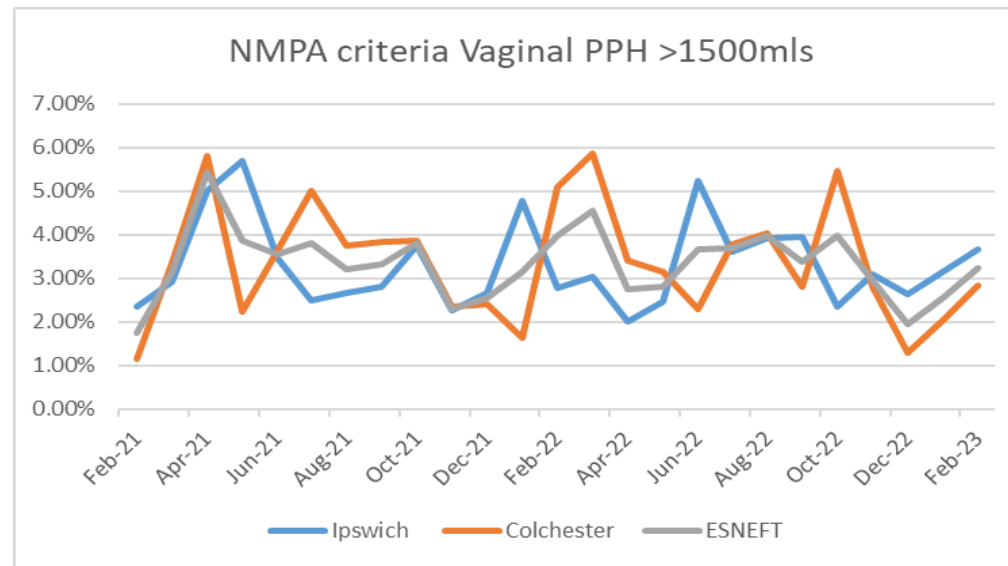
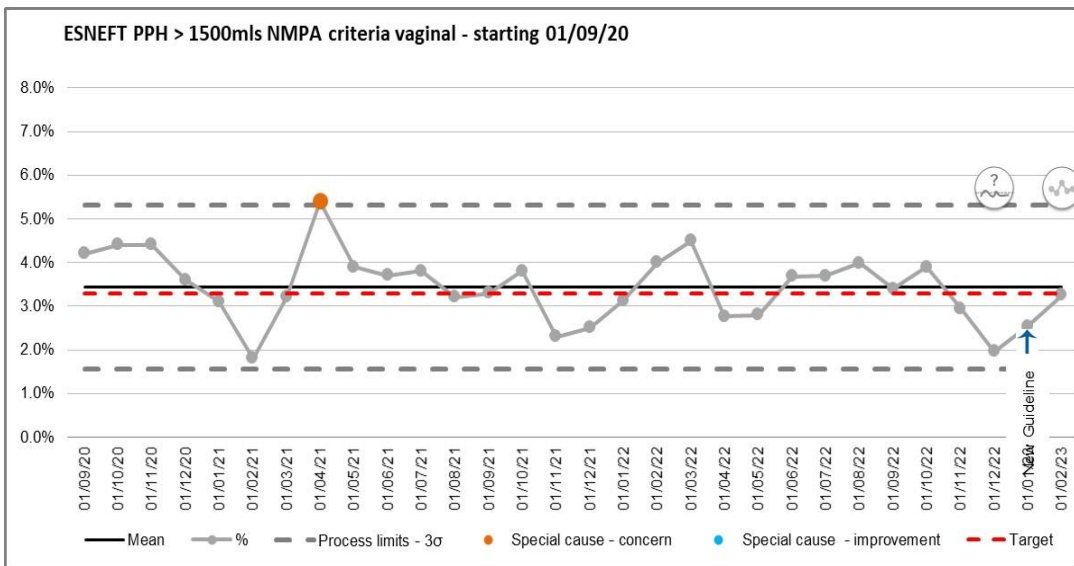
PERIPrem Regional QI project launched at Ipswich 13/03/23 (Perinatal Excellence to Reduce Injury in Premature birth) which is a unique perinatal care bundle of eleven interventions that demonstrate a significant impact on brain injury and mortality rates amongst babies born prematurely.

Discussion is ongoing with the Colchester team to ascertain if implementation can be facilitated throughout ESNEFT.



National ambition from Maternity Safety Strategy (2016), is to achieve a 25% reduction in the preterm birth rate from an 8% baseline in 2015 to 6% in 2025

Patient Safety – Maternity Dashboard – February data



NMPA KPI target vaginal birth PPH: 3.3%
ESNEFT mean for 2022: 3.4%

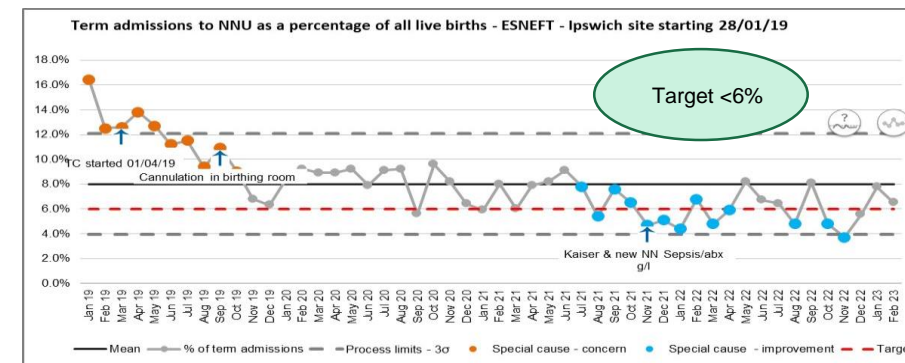
NMPA KPI target caesarean birth PPH: 4.5%
ESNEFT mean for 2022: 4.0%

ESNEFT PPH:

ESNEFT have been within the updated NMPA target range for vaginal birth since Nov 22 (although ESNEFT has seen an increased rate of 3.68% in February 23). For NMPA criteria women having PPH ≥ 1500mls at Caesarean birth, the KPI target has also been updated to ≤4.5%. For February the rate for Colchester is 2.44% and 8.3% for Ipswich. All PPH ≥1500ml continue to be subject to review and investigation. ESNEFT has active involvement in LMNS MDT meetings with the objective of shared learning regarding PPH rates. Learning has been taken from successes at WSFT around PPH rates following vaginal births with plans to test changes as part of ongoing QI work.

Ipswich Term Admissions into NNU:

Ipswich site remains an outlier for term admissions to the NNU, although we have remained under 6% as a Trust since June 2022. Work continues at Ipswich to identify learning from all cases with weekly MDT ATAIN meetings (which include Regional oversight). Teams have identified that data entry differences on the Ipswich site impact on term admission data taken from Badgernet. The Badgernet system allows for the daily recording of events within a neonatal unit, including statutory data collection and reporting. For the 'location of care', babies are 'admitted' to Badgernet immediately; even though they may be admitted straight to "Transitional Care" after a period of observation up to 4 hours (not included as a NNU admission - as per BAPM guidance). Teams are reviewing the validated data following full MDT review. The Trust has been below the target of 6% for over 12 months.



Patient Safety – Maternity Assurance Report: Saving Babies Lives, CNST & Ockenden Updates – February data

Evidence of SBLCB V2 Compliance			
Element	Please identify unit	Colchester	Ipswich
1	Reducing smoking		
2	Risk assessment , prevention & surveillance of pregnancies at risk of fetal growth restriction		
3	Reduced Fetal Movements		
4	Effective Fetal monitoring during labour		
5	Reducing pre-term birth		

Assessment against Ockenden Immediate and Essential Actions (IEA) – to achieve full compliance will all elements of each IEA

	Colchester	Ipswich
IEA1 : Enhanced Safety		
IEA2: Listening to Women & Families		
IEA3: Staff training & Working Together		
iEA4: Managing complex pregnancy		
IEA5: Risk Assessment Throughout pregnancy		
IEA6: Monitoring Fetal wellbeing		
IEA7 Informed consent :		

Trust/ Unit	Initiative	Element/ Safety Action/IEA	Reasons, mitigation in place, progress and actions to be undertaken, timescales due to be met to achieve compliance.
Colchester	SBLCBv2	Element 2: Fetal Growth Restriction	<p>Lower than national average rate of detection for FGR at Colchester site – included on Risk Register.</p> <p>Ipswich have sustained a higher than average detection rate, but this information is completed with the patient’s GROW chart and antenatal notes available for reference. The GAP app is embedded into Maternity Medway on the Colchester site meaning that staff have to exit out of their current workflow to identify if SGA was suspected antenatally.</p> <p>GAP e-learning now above 97% and Quarter 3 has shown a drop in babies being born <3rd centile.</p> <p>Audit into data entry errors has identified that 80% of known SGA babies were incorrectly added into the GROW app from Q2. Intensive training and dissemination to staff undertaken with an improvement demonstrated in Q3 to 65%. Audit ongoing.</p> <p>GROW 2.0 delayed.</p>
ESNEFT	Ockenden IEA3	Staff Training and Working Together	PDM and training teams are focused on achieving target of 90% for each maternity unit staff group to have attended our 'in-house' multi-professional maternity emergencies training sessions.
ESNEFT	Ockenden IEA6	Monitoring Fetal wellbeing	SBLCBv2 - As highlighted above
ESNEFT	Ockenden IEA7	Informed Consent	Further reviews and auditing is needed to ensure that women are being fully enabled to participate equally in all decision-making processes with shared and informed decision-making process. This work is ongoing and being monitored through governance processes.
ESNEFT	Ockenden IEA	Workforce	BR+ submitted and currently in progress - awaiting outcomes from review

Patient Safety – Maternity Assurance Report: Ockenden Update – February data

Section	Number of actions	Overdue actions (Red)	On-target actions (Amber)	Completed actions (Green)	Actions completed and evidence signed off (Blue)	% complete with evidence signed off
Section 1: Workforce Planning and Sustainability	11	0	1	10	0	0.0%
Section 2: Safe Staffing	10	0	1	6	3	30.0%
Section 3: Escalation and Accountability	5	0	0	1	4	80.0%
Section 4: Clinical Governance Leadership	7	0	2	0	5	71.4%
Section 5: Clinical Governance - Incident Investigation and Complaints Handling	7	0	0	1	6	85.7%
Section 6: Learning from Maternal Deaths	3	0	0	0	3	100.0%
Section 7: Multidisciplinary Training	7	0	0	0	7	100.0%
Section 8: Complex Antenatal Care	5	0	1	4	0	0.0%
Section 9: Preterm Birth	4	0	0	1	3	75.0%
Section 10: Labour and Birth	6	0	1	0	5	83.3%
Section 11: Obstetric Anaesthesia	8	0	4	4	0	0.0%
Section 12: Postnatal Care	4	0	0	1	3	75.0%
Section 13: Bereavement Care	4	0	0	2	2	50.0%
Section 14: Neonatal Care	8	0	8	0	0	0.0%
Section 15: Supporting Families	3	0	0	0	3	100.0%
Total	92	0	18	30	44	47.8%

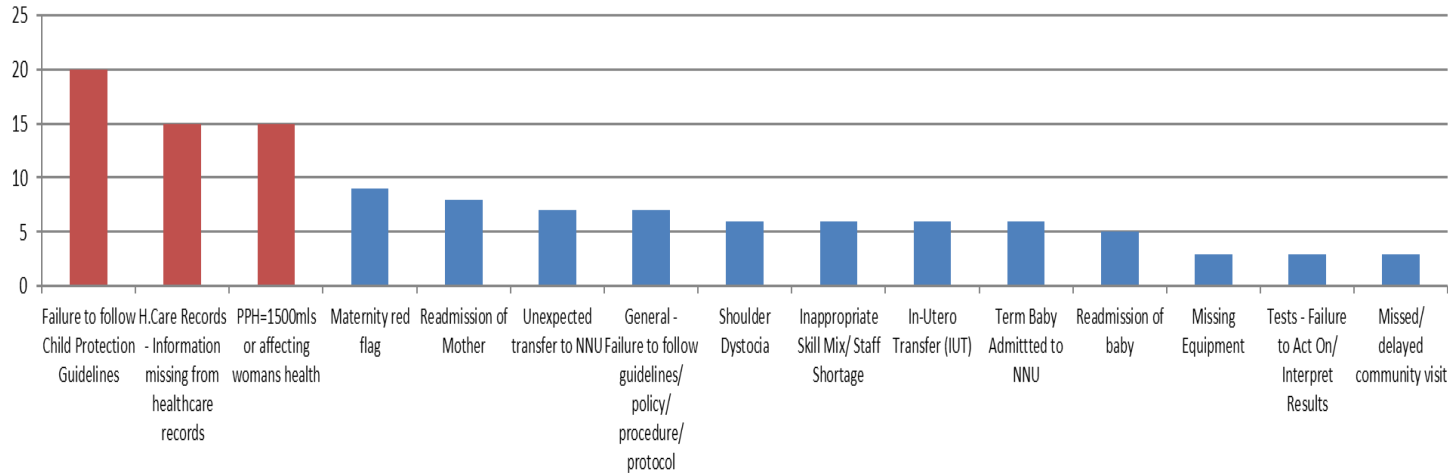
Highlights and exceptions

Our current position against the 92 actions shows that we have 44 that are fully completed, 30 where we are on track with progress being made, 18 actions that are at risk, and none overdue. From the 15 main sections we have 3 that are fully completed, and 6 scoring as over 75% complete. We do have some concern areas, with 4 sections currently scoring at 0% and indicating that those sections have no completed actions.

As part of our forward planning we are focusing on those 4 sections that currently have no fully complete actions, namely 'Workforce Planning and Sustainability', 'Complex Antenatal Care', 'Obstetric Anaesthesia', and 'Neonatal Care'. We are also aiming to move the 18 'on target' actions from amber to green within the first quarter of 2023/24.

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

Top 15 Maternity Incidents



ESNEFT top three incidents:

1. Failure to follow child protection guidelines
2. H/Records – missing GROW charts/SFH plots
3. PPH ≥1500ml

ITU Admissions:

- 2 ITU admission datixed for Ipswich
- 0 ITU admissions for Colchester

PSII and HSIB investigations:

- 0 New HSIB criteria cases within reporting month
- 0 Closed HSIB cases (none on-going)
- 0 new PSII investigations raised

Unit Diverts

- No ‘External’ diverts within ESNEFT in reporting month

Risk Register

- 2 Risks closed in reporting period

New risks

- 1 new risk

CGH: Patients in theatre could come to harm due to malfunctioning theatre bed.

2 recent incidents reported via Datix due to malfunction of theatre bed resulting in patients falling. Impact on patient safety affecting a small number of patients.

Patient Safety – Maternity Assurance Report: CNST Quarterly Update to Board – February data

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

Maternity Safety Support Programme (MSSP)

ESNEFT continues to receive support from our designated Maternity Improvement Advisors (MIA) as part of this programme. Our 2 MIAs have been looking at staffing and governance process, and in February we completed a program of deep dives into governance work processes. We are currently compiling process maps for 14 separate areas of governance and will then be producing an action plan to address any gaps or identified improvement areas. This work is being done collaboratively between the governance team and the MIAs and we aim to have the action plan monitored through the EBED program.

Requests/concerns raised by external bodies

A planned visit took place on both sites from our regional team in January, and walk rounds were led by the Interim Heads of Midwifery. There was positive feedback from the review group, including how welcoming and friendly staff were, how students felt supported, and some great ideas were shared with the visiting team. Both sites have received feedback on our positive practices, issues that require quick fixes, and areas where continued improvement is needed. Full Action Plans have been compiled in relation to these actions, and these are being monitored through governance processes.

Coroner Regulation 28 reports made directly to the Trust

None received in the reporting period

Midwifery staffing

The BirthRate Plus acuity tool is used on both sites to monitor safe staffing levels within the unit at four-hourly intervals. The tool provides a RAG rating according to staff numbers, acuity and any “red flags”, to highlight when mitigating actions are required. Alongside its usage in real-time, the tool does have reporting functions for identification of themes, ongoing areas of concern etc. These reports will be used to triangulate evidence for 10 Steps to Safety SA#5. BR+ Staffing Requirement Assessment (cross site) commissioned to commence Autumn 2022.

Medical staffing

2X SPRs have been appointed into new roles there start dates are TBC.

We also will have 2x consultant roles out to cover MAT leave, this has been appointed into and 1x role for a job share reduction.

Patient Safety – Maternity Assurance Report: CNST Quarterly Update to Board – February data

Training compliance

A 4 day cross-site training plan has been developed for implementation from April 2023, and 50% of training is moving back to being face-to-face however we are still sourcing venues to facilitate larger groups. We need to ensure that obstetric staff are attending PROMPT training sessions per faculty as well as helping with the planning of the training. There are still some challenges that are impacting compliance on the Ipswich site: we need to ensure PDM is being informed of all new staff and leavers to ensure oversight of training compliance and that returners from maternity or sick leave are being allocated time to complete training in their first month back.

Colchester

Colchester - 18 month Rolling Compliance								
Saving Babies Lives and Audit (day 1)			Maternity Statutory Training (Day 2)			PROMPT		
Overall			Overall			Overall		
99.44%			98.74%			98.03%		
Midwives	147	99.32%	Midwives	147	99.32%	Midwives	145	97.97%
Consultants	13	100.00%	Nurses	4	100.00%	Nurses	4	100.00%
Doctors	17	100.00%	Support Workers	56	98.25%	Support Workers	56	98.25%
			Consultants & Doctors	12	92.31%	Consultants	13	100.00%
			Doctors	17	100.00%	Doctors	17	100.00%
						Neonatal Nurse	31	93.94%
						Anaesthetic Consultant	16	100.00%
						Anaesthetic Doctor	16	100.00%

Ipswich

Ipswich - 18 month Rolling Compliance								
Saving Babies Lives and Audit			Maternity Statutory Training			PROMPT		
Overall			Overall			Overall		
97.77%			95.48%			94.96%		
Midwives	143	97.95%	Midwives	143	97.95%	Midwives	144	98.63%
Consultants	12	100.00%	Nurses	5	100.00%	Nurses	4	80.00%
Doctors	20	95.24%	Support Workers	33	89.19%	Support Workers	35	94.59%
			Consultants & Doctors	12	100.00%	Consultants	12	100.00%
			Doctors	18	85.71%	Doctors	19	90.48%
						Neonatal Nurse	0	
						Anaesthetic Consultant	12	100.00%
						Anaesthetic Doctor	14	82.35%

Service user feedback

In partnership with our MVPs and the LMNS we are currently seeking feedback ‘Did We Listen?’ This is a frequent theme from Complaints and Incidents, so this is an important piece of work to understand how we can get better. MVP ‘15 Steps’ was completed in July on both sites, positive feedback received was that the units are welcoming, safe and clean with friendly staff creating a organised and calm environment. Some areas of improvement were also highlighted which we are working on making changes.

Staff feedback from frontline champions and walkabouts

Midwifery and Board level safety champions undertake regular walkabouts in addition to monthly “safety counts” feedback sessions for all maternity and neonatal staff. Recent feedback has included:

- A positive response to the Maternity Triage telephone line now in place on the Colchester site. Implementing this on the Ipswich site is now being explored;
- Colchester is in the process of moving the Day Assessment Unit into Antenatal clinic;
- IT equipment were raised as causes for concern, together with new couches for Ipswich Maternity Triage and each has been resolved;
- New CTG monitors have been delivered to both sites and these are now being utilised;
- Breast feeding rates at Colchester site have been audited and a plan under review to focus on areas with low feeding rates;
- Planned ‘focused’ walkabouts will continue as business as usual.

Patient Safety – Maternity Assurance Report: CNST Quarterly Update to Board – Claims Scorecard – February data

Notification Window (Years)		
Specialty	2.01	The average notification window for Obstetrics claims is 0.30 year(s) shorter than the average notification window for all claims received by the trust.
Trust	2.31	

Specialty - Volume of Claims
106

% of Trust Clinical Claims - Volume
13%

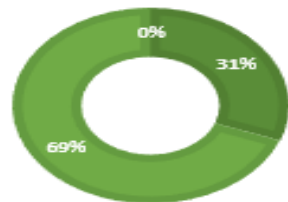
Specialty - Value of claims (£)
98,918,889

% of Trust Clinical Claims - Value
41%

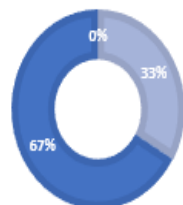
Specialty - Ave. Claim Value (£)
933,197

% Trust - Ave. Clinical Claim Value
317%

■ Open ■ Closed ■ Periodical Payments



■ Closed - Nil Damages ■ Settled - Damages Paid ■ Periodical Payments



Top 5 injuries by volume for Obstetrics

Injury	Volume	Value	Ave Claim Value	% of Specialty	
				Volume	Value
1 Fatality	15	2,709,274	180,618	14%	3%
2 Psychiatric/Psychological Dmge	14	560,060	40,004	13%	1%
3 Stillborn	12	1,351,742	112,645	11%	1%
4 Unnecessary Pain	10	248,694	24,869	9%	0%
5 Brain Damage	6	15,292,653	2,548,775	6%	15%
Total Top 5 injuries by Volume for Obstetrics	57	20,162,422	353,727	54%	20%

Top 5 causes by volume for Obstetrics

Causes	Volume	Value	Ave Claim Value	% of Specialty	
				Volume	Value
1 Fail / Delay Treatment	28	2,767,278	98,831	26%	3%
2 Fail To Monitor 2nd Stg Labour	11	16,249,219	1,477,202	10%	16%
3 Fail Antenatal Screening	10	17,676,092	1,767,609	9%	18%
4 Failure/Delay Diagnosis	7	3,156,078	450,868	7%	3%
5 Fail To Warn-Informed Consent	5	665,101	133,020	5%	1%
Total Top 5 causes by Volume for Obstetrics	61	40,513,768	664,160	58%	41%

Volume of claims by Incident Year

Year	Open	Closed	Periodical Payments
2012/13	1	10	0
2013/14	2	12	0
2014/15	1	12	0
2015/16	2	8	0
2016/17	2	11	0
2017/18	5	7	0
2018/19	6	8	0
2019/20	10	3	0
2020/21	1	1	0
2021/22	2	0	0
Total	32	72	0

Claim Outcomes

	Volume	Value	Ave Total Value	%
Closed - Nil Damages	24	66,363	2,765	33%
Settled - Damages Paid	48	5,638,417	117,467	67%
Periodical Payments	0	-	-	0%
Total	72	5,704,781	79,233	

Top 5 injuries by value for Obstetrics

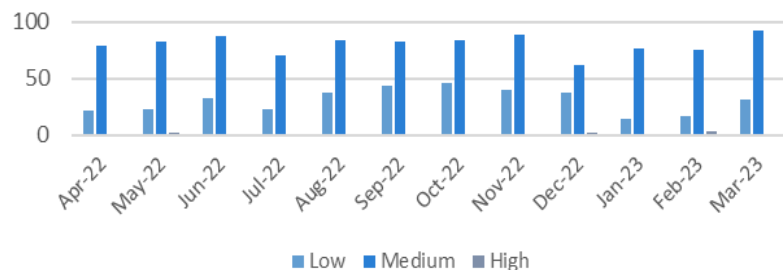
Injury	Volume	Value	Ave Claim Value	% of Specialty	
				Volume	Value
1 Cerebral Palsy	3	39,835,000	13,278,333	3%	40%
2 Not Specified	4	26,388,929	6,597,232	4%	27%
3 Brain Damage	6	15,292,653	2,548,775	6%	15%
4 Wrongful Birth	1	3,370,000	3,370,000	1%	3%
5 Incontinence	3	3,197,803	1,065,934	3%	3%
Total Top 5 injuries by Value for Obstetrics	17	88,084,385	5,181,434	16%	89%

Top 5 causes by value for Obstetrics

Causes	Volume	Value	Ave Claim Value	% of Specialty	
				Volume	Value
1 Not Specified	3	26,538,258	8,846,086	3%	27%
2 Fail Antenatal Screening	10	17,676,092	1,767,609	9%	18%
3 Fail To Monitor 2nd Stg Labour	11	16,249,219	1,477,202	10%	16%
4 Birth Defects	2	14,249,420	7,124,710	2%	14%
5 Fail/Delay Admitting To Hosp.	3	13,415,000	4,471,667	3%	14%
Total Top 5 causes by Value for Obstetrics	29	88,127,989	3,038,896	27%	89%

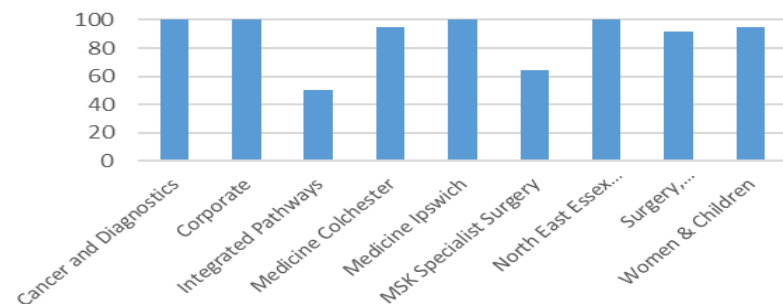
Patient Experience – Complaints

Total number of Complaints by Level



Overall complaint numbers for ESNEFT in March were 124 (95). There were no high level complaints recorded in month. Colchester reported 73 (56) complaints and Ipswich reported 51 (39).

Complaint Response Compliance %



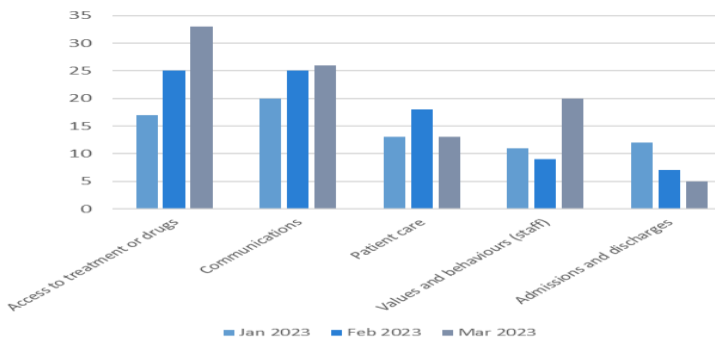
Overall response rate compliance increased to 88% (82%). There were 142 (107) complaints closed in the month of March. Overdue complaints decreased to 6 (9).

Complaint themes

The two most common themes for complaints in March 2023 remain 'Access to Treatment or Drugs' and 'Communication'.

Values and behaviours (staff) was the next highest number of complaints received for the month of March 2023

Top 5 Complaint Themes



Top themes from PALS:

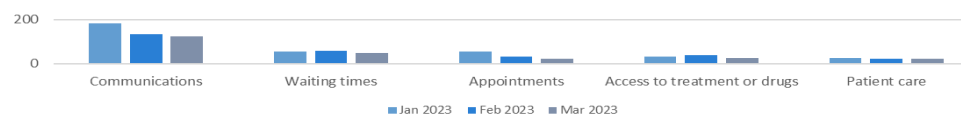
There were 298 (333) PALS enquiries logged in March 2023:

- 164 (177 February) for Colchester
- 134 (136 February) for Ipswich

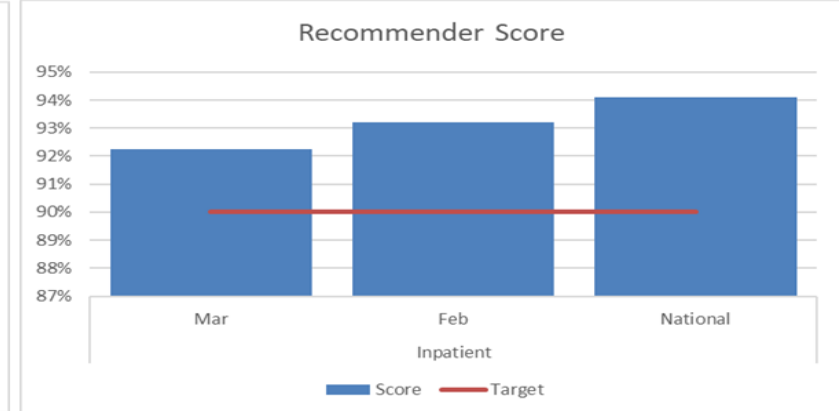
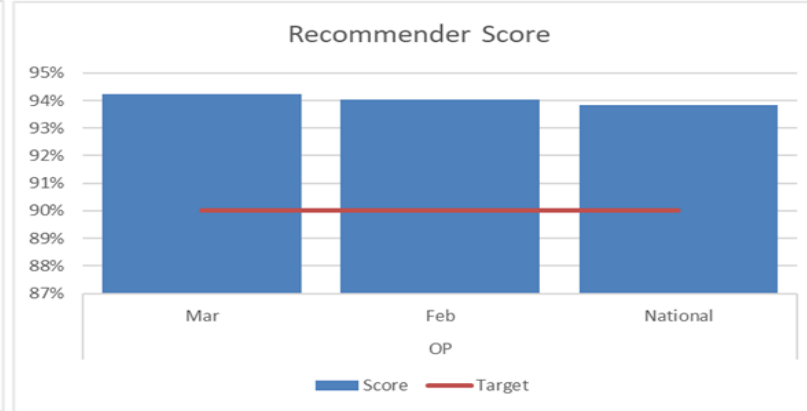
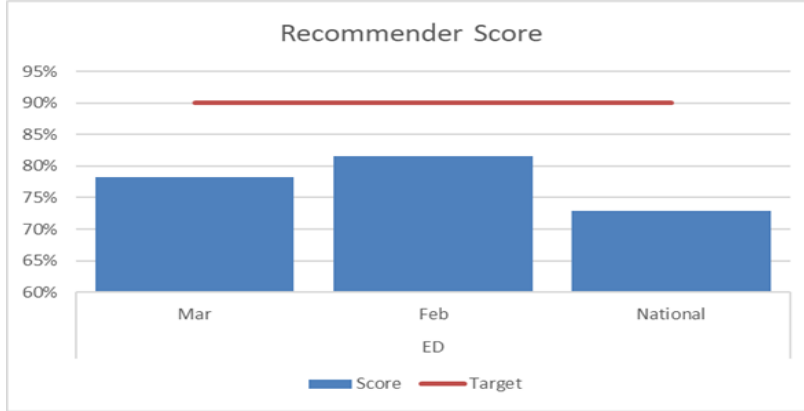
The top theme for PALS enquiries in March remained 'Communication' followed by 'Waiting Times', 'Admissions and Discharges' and 'Access to Treatment or drugs'. PALS enquiries related to issues such as telephones not being answered and queries regarding when follow-up appointments and surgery would be re-scheduled.

There were 3 PALS cases converted into formal complaints for March 2023: 1 for Cancer & Diagnostics, 1 for Medicine Ipswich and 1 for Surgery, Gastro & Anaesthetics.

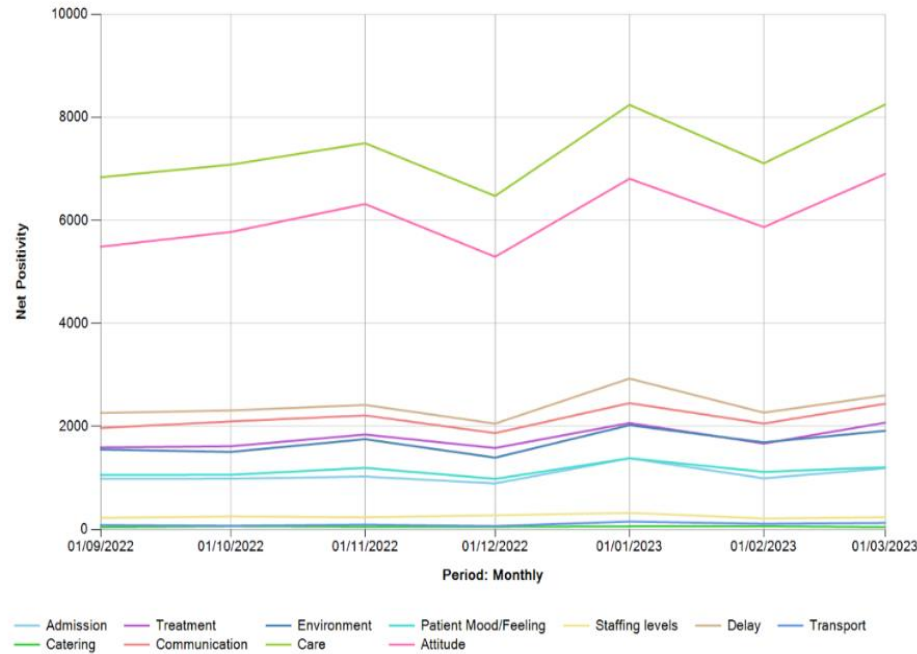
Top PALS Themes - last 3 months



Patient Experience – Friends and Family Test



Figures for FFT taken from Envoy, still to be ratified by Business Informatics and may be subject to change next month. National score is for January 2023.



	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	7,470	2,848	8,803	1,444	2,348	3,255	1,502	179	350	2,392
Negative	569	405	561	253	430	649	291	50	110	316
% Negative	7%	12%	6%	15%	15%	17%	16%	22%	24%	12%
Change	No change	No change	No change	Up 1%	No change	No change	Up 2%	Up 3%	Up 4%	No change

ED		December	January	February	March
ESNEFT	Recommended	77.14%	87.77%	81.59%	78.24%
	Responded	15.00%	18.00%	18.00%	0.00%
National	Recommended	72.91%	82.95%	0.00%	0.00%

Inpatient		December	January	February	March
ESNEFT	Recommended	92.30%	92.83%	93.22%	92.93%
	Responded	22.00%	24.00%	23.00%	0.00%
National	Recommended	94.11%	94.59%	0.00%	0.00%

Birth		December	January	February	March
ESNEFT	Recommended	97.50%	94.74%	100.00%	79.17%
	National	Recommended	92.09%	94.73%	0.00%

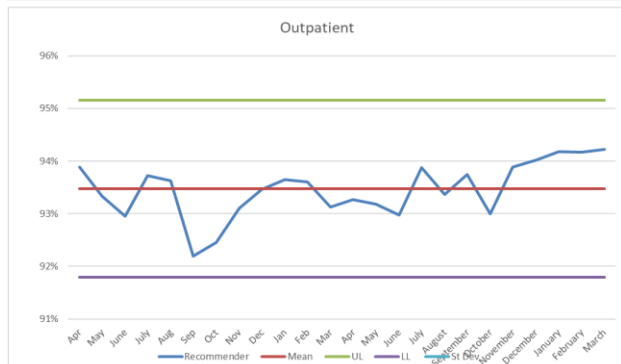
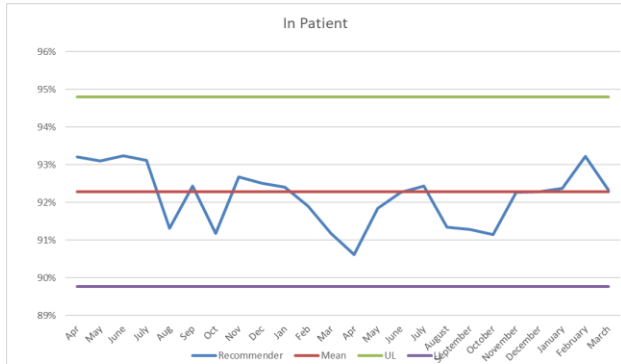
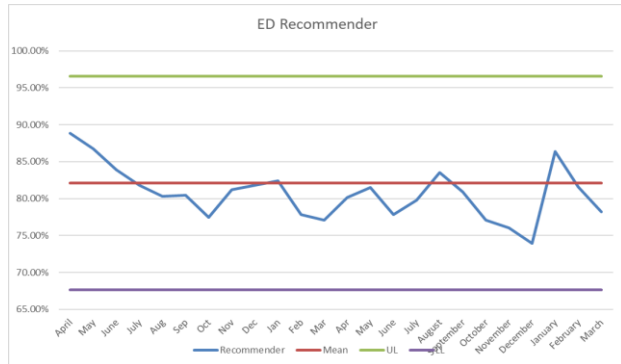
Outpatient		December	January	February	March
ESNEFT	Recommended	94.17%	94.18%	94.17%	94.22%
	National	Recommended	93.82%	93.82%	93.90%

Antenatal		December	January	February	March
ESNEFT	Recommended	93.10%	100.00%	100.00%	100.00%
	National	Recommended	89.23%	89.95%	0.00%

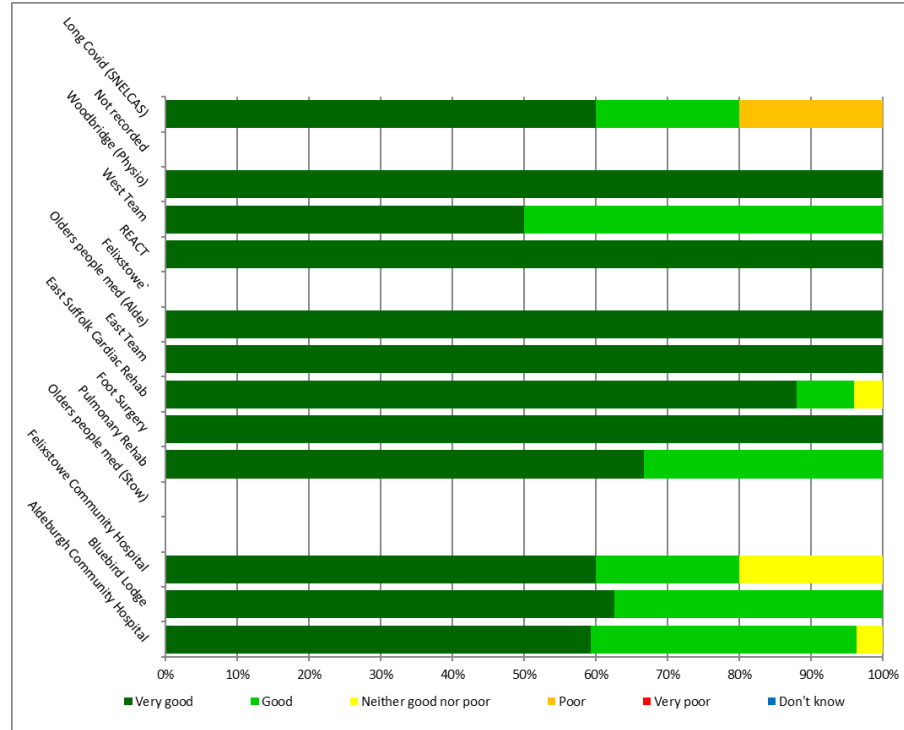
Post Ward		December	January	February	March
ESNEFT	Recommended	96.97%	96.34%	95.56%	93.33%
	National	Recommended	92.83%	92.81%	0.00%

Post Com		December	January	February	March
ESNEFT	Recommended	100.00%	100.00%	100.00%	100.00%
	National	Recommended	90.62%	90.44%	0.00%

Patient Experience – Friends and Family Test



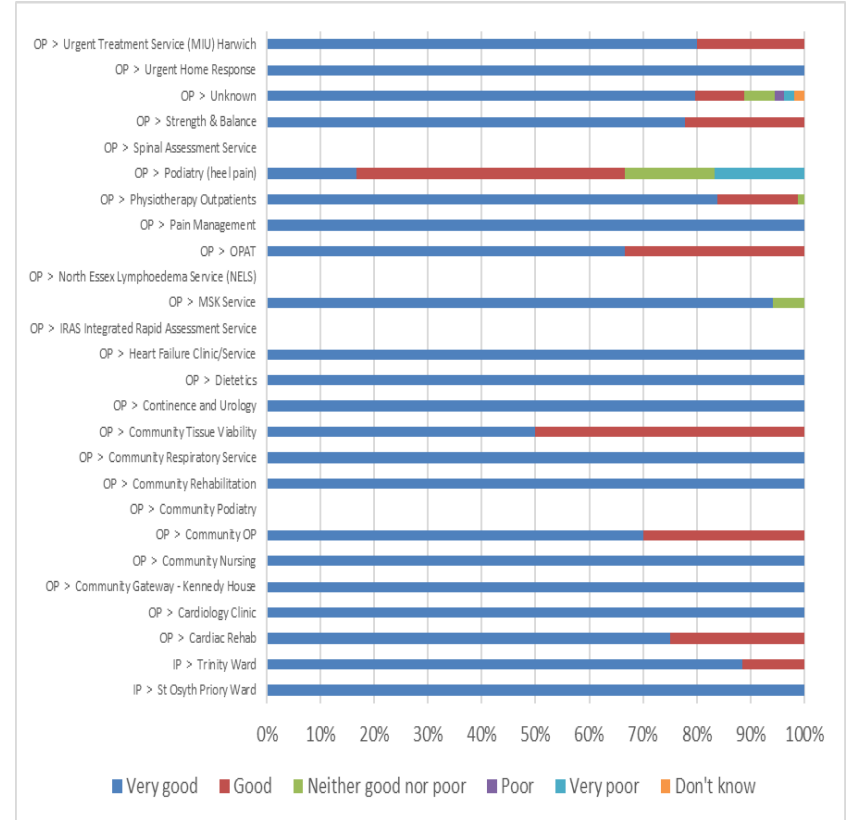
Community - Essex



95% of survey respondents would recommend our service to friends and family.

- ED score has dropped 3.35%. Top themes remain the same, with negative comments regarding waiting reducing. Data still has to be ratified by informatics.
- Outpatients score has increased by 0.05% keeping the score slightly above national average.
- Inpatient score decreased by .85% making the score just above the ESNEFT mean average.

Community - Suffolk



Performance Area	Performance measure	Target	Latest Month			Trend		
			ESNEFT	COL	IPH	ESNEFT	COL	IPH
Emergency Department	Four hour standard (Whole Economy)	95%	● 68.7%	● 72.3%	● 62.2%	● (3.6%)	● (5.5%)	● (0.1%)
	Time to initial assessment - 95th pct	15 mins	● 32	● 26	● 37	● 4	● 8	● 2
	Time to initial assessment- percentage within 15 minutes (new measures)		78.9%	84.3%	72.5%	● (5.5%)	● (8.2%)	● (1.9%)
	Time to treatment - median time in department	60 mins	● 78	● 45	● 121	● 5	● 6	● 2
	Average (mean) time in department- non-admitted patients (new measure)		284	374	217	● 29	● 58	● 5
	Average (mean) time in department- admitted patients (new measure)		599	714	461	● 103	● 162	● 32
	Patients spending more than 12 hours in A&E		1,667	1,325	342	● 740	● 589	● 151
	Proportion of ambulance handovers within 15 minutes (new measure)		15.1%	8.9%	22.3%	● (7.1%)	● (12.3%)	● (1.2%)
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 74.9%			● 0.9%		
	% patients 28 day faster diagnosis		● 64.8%			● (1.5%)		
Diagnostics	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 68.3%			● (1.0%)		
	% patients waiting 6 weeks or more for a diagnostic test*	1%	● 5.6%			● (0.1%)		
RTT	% of incomplete pathways within 18 weeks*	92%	● 57.9%			● (0.1%)		
	Total RTT waiting list (open pathways)*		82,878			● 1,718		

*March's Oaks data not received February 2023 data used for reporting

UEC: The new Colchester ED facility has been handed over and funding agreed for additional nursing staff and the senior clinical assessment teams at the front door. Corridor cohorting has only been agreed until the additional bed capacity is in place. Ambulance handover and the 4-hour wait continued to be challenged in March, however it has significantly improved in April. Urgent and Emergency Care Medium Term Plan has now been drafted and is out to clinical teams for review.

Cancer: Backlog delivery against trajectory was only 11 patients short and ESNEFT came joint top in the region. 28FDS is failing in surgical areas – a trajectory is to be signed off the week commencing 24th April. The cancer transformation fund approved £260k for ESNEFT. This was low compared to the rest of the region.

Elective: There was continued improvement in activity levels throughout March, as well as productivity gains. The end of March position was not met with 262 patients still waiting over 78 weeks – mainly within General Surgery and Gastro. A Waiting List Management audit TOR has been agreed and discussions held with the National Elective Intensive Support team. The focus is on achieving 65 weeks by end of December.

ESNEFT Whole Economy performance declined by 3.6% in month and is sitting below the national average but above the regional average. Both sites declined with Colchester by 5.5% and Ipswich by 0.1%. ESNEFT attendances in month increased by 13.3% compared to February.

4 hour standard- ESNEFT whole economy*

68.7%
↓ vs 72.3% last month

4 hour standard- Colchester

72.3%
↓ vs 77.8% last month

4 hour standard- Ipswich

62.2%
↓ vs 62.3% last month

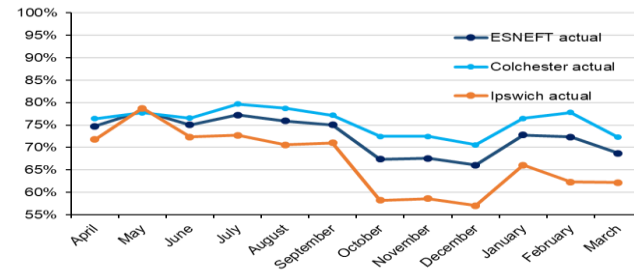
Attendances - ESNEFT
25,220

↑ vs 22,250 last month

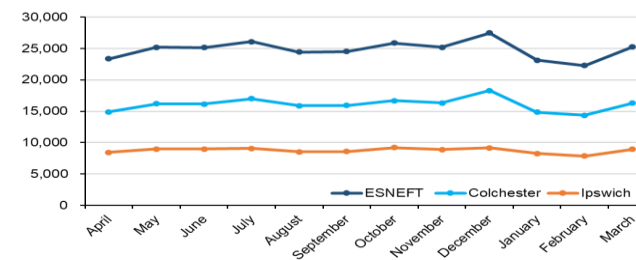
Performance and trajectory				
March		ESNEFT	NEE	IES
	Actual	68.7%	72.3%	62.2%
	Trajectory	92.0%	92.0%	92.0%
	Position	✘	✘	✘

*includes Clacton and Harwich

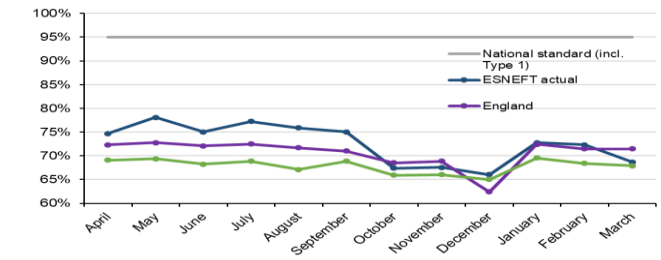
ED Performance: Four hour standard



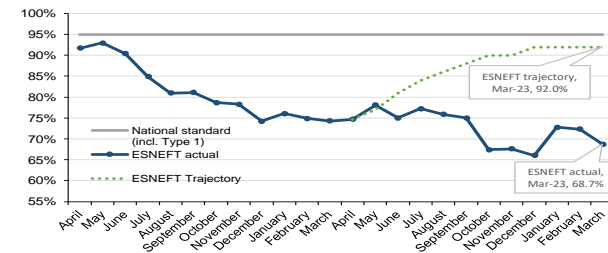
ED Performance: Attendances



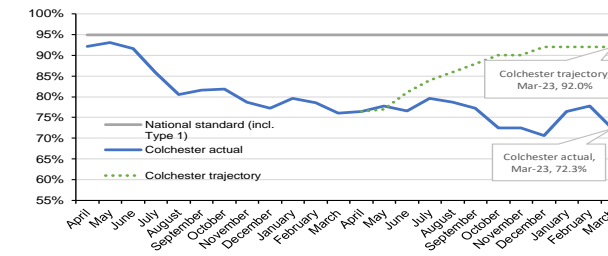
ED Performance: Four hour standard - benchmarking



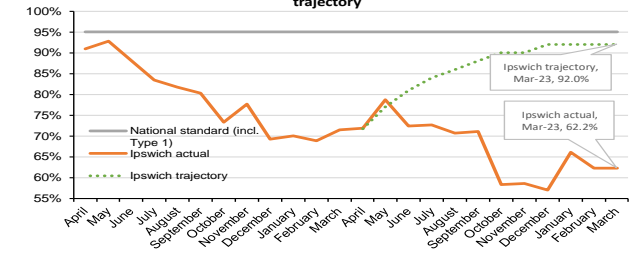
ED Performance: Four hour standard - ESNEFT trajectory



ED Performance: Four hour standard - North East Essex trajectory



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



Ipswich

The 4 hour Standard has continued to be a challenge throughout winter and is yet to achieve the current trajectory performance. The department has been challenged with crowding and significant delays for bed waits.

April's focus is on reducing the wait to be seen and time to treatment. Early decision making and focus on triage will also support improvements in performance. A number of priorities have been identified to support the department in achieving the 76% trajectory for 23/24 and these are currently being actioned and developed. Improved daily reporting and senior oversight of delays and resolutions is in place.

Colchester

Performance was significantly challenged in month, and saw a decline in the 4-hour standard, failing to meet the trajectory.

The focus to recover this position is centred on a reduction in 1st clinician and treatment decision wait times. Emergency Practitioner In Charge Registrar In Charge, and Nurse In Charge roles are to be reviewed and team sessions commenced to reduce variability in performance, particularly out of hours. Real time breach validations are to come into effect, giving the team ownership of the live position and equipping them with the information needed to challenge delays. Process mapping is to take place to secure efficiencies, including decision making processes for diagnostics and referrals. A Performance Lead (Clinical) is to be identified and appointed to ensure clinical buy-in and leadership is achieved. Finally, there will be a review of the ED trainee programme to improve quality & reduce variability; this will include targeted and focused feedback for clinicians.

April performance has significantly improved to date to about 80%.

The number of ambulance handovers increased in month for ESNEFT by 6.9%. This was reflected at both sites with Colchester increasing by 2.8% and Ipswich by 12.1%.

Number of handovers - ESNEFT

4,411

↑ vs 4,126 last month

Number of handovers - Colchester

2,360

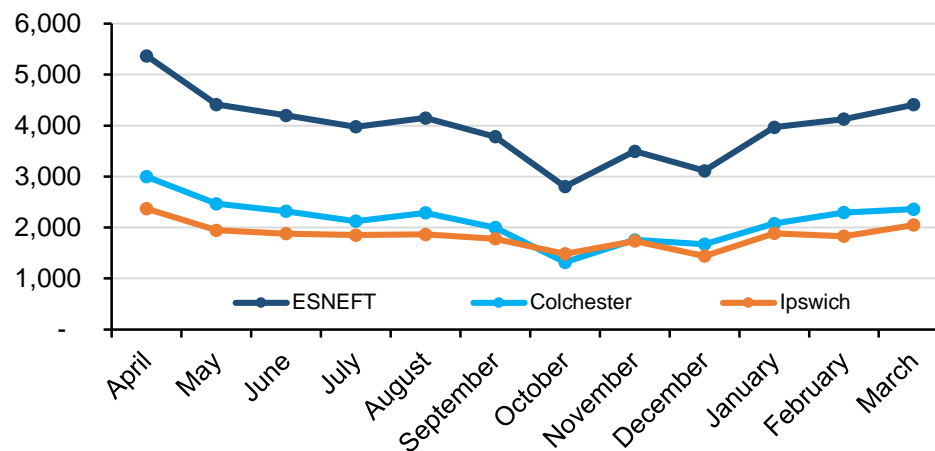
↑ vs 2,296 last month

Number of handovers - Ipswich

2,051

↑ vs 1,830 last month

Ambulances: Number of handovers



Ipswich

Ipswich saw an increase in ambulance conveyances in March. The Trust has committed to continue to utilise reverse corridor care to provide additional space to release cubicle capacity.

In addition, teams continued to support other Trusts via Intelligence Conveyancing and diverts which increase the volume of arrivals to Ipswich Hospital.

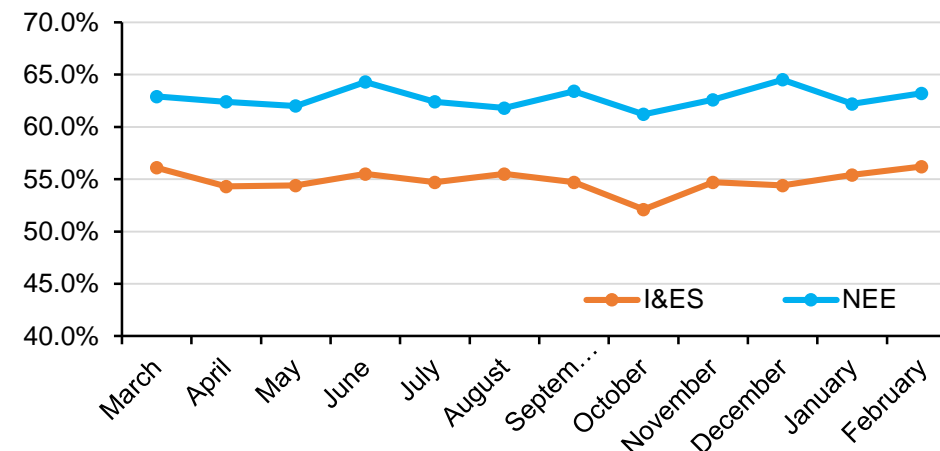
Teams continue to look at improving patient care and experience at the front door with improvements in direct streaming to speciality and the presence of our Older Peoples Care consultant.

Colchester

There was a further increase in ambulance attends in March, following an increase in the two months preceding.

15-minute offload performance remains a key focus for the Trust and the Colchester team are working with speciality colleagues to drive down delays within the department to reduce length of stay. A QI Project team are coming together to reduce diagnostic delays and further support our ability to meet the 4-hour standard which will free up cubical capacity for new patients arriving in the department.

Ambulances: Conveyancing rate



ESNEFT performance has declined across the board in month. For 15 minute handovers this declined for ESNEFT by 7.1% reflected at both sites: Colchester by 12.3% and at Ipswich by 1.2%. The proportion of handovers for ESNEFT that occurred within 15-30 minutes declined by 13.3% and declined at both sites. Both 30-60 minutes and those over 60 minutes both deteriorated.

Handovers within 15 minutes - ESNEFT
15.1%

↓ vs 22.2% last month

Handovers within 15 minutes - Colchester
8.9%

↓ vs 21.2% last month

Handovers within 15 minutes - Ipswich
22.3%

↓ vs 23.5% last month

Handovers within 15 – 30 minutes - ESNEFT
39.9%

↓ vs 53.3% last month

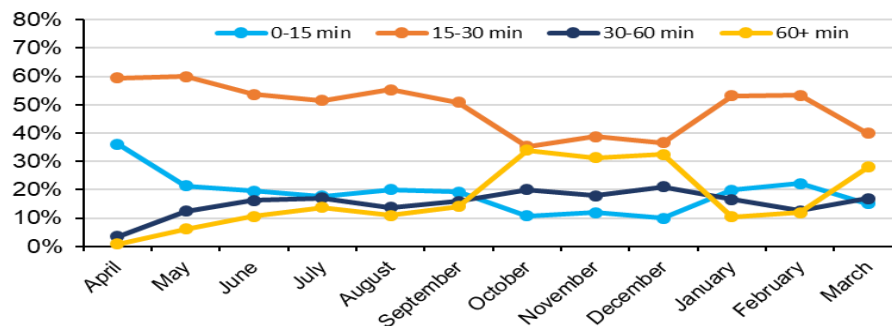
Handovers within 30 – 60 minutes - ESNEFT
17.0%

↑ vs 12.6% last month

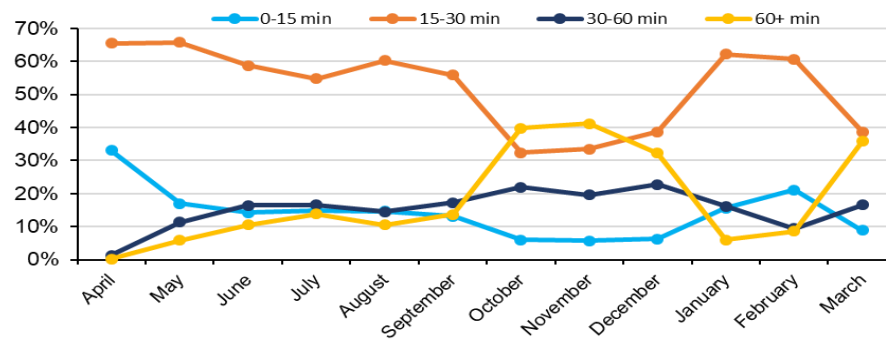
Handovers over 60 minutes - ESNEFT
28.0%

↑ vs 11.9% last month

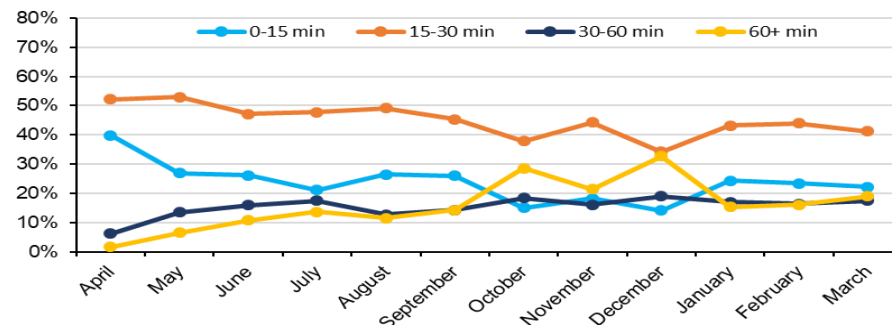
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Ipswich

A continuation of constrained outflow from the department contributed to crowding and a reduction in handover compliance.

In addition, the Trust has continued to support other Trusts via IC and divert which can result in surges in ambulance arrivals impacting handover compliance.

Improved flow has been seen in April and this has shown a significant improvement in handover compliance. A trajectory to improve handover compliance in line with the 4 hour standard is in progress.

Colchester

Disappointingly the 15-minute standard has declined in-month. This is for two reasons:

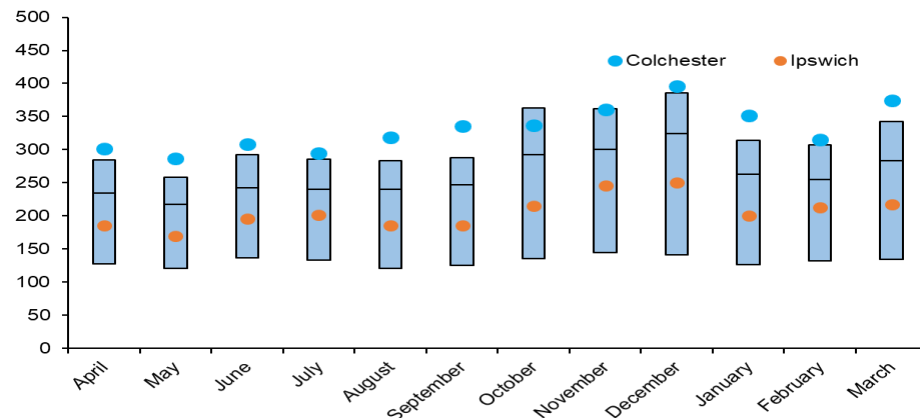
- The number of conveyances has increased in-month for the 3rd consecutive month.
- A significant reduction in flow out of the ED, due to constraints on the bed base as admissions have exceeded discharges.

April data suggests the Colchester position against this standard will be significantly improved, with over 80% of ambulances offloaded within 30-minutes.

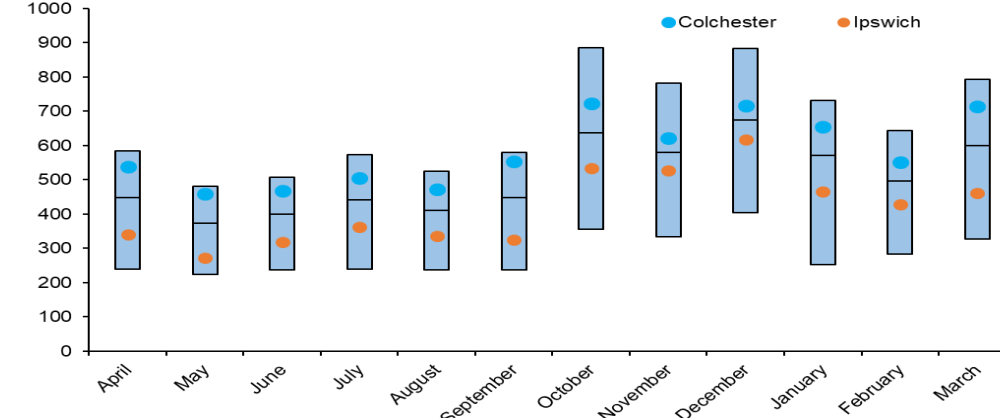
A trajectory for 2023/24 has been pulled together suggesting 95% compliance will be achieved by July 2023. A starting position of 80% expected in April 2023 with a 5% increase month-on-month.

Time to initial assessment within 15 minutes declined in month by 5.5% for ESNEFT: Colchester declined by 8.2% with Ipswich declining by 1.9%. Both non-admitted and admitted average times in department for patients deteriorated in month by 29 minutes and 103 minutes respectively. The number of 12 hour patients increased for ESNEFT by 79.8% with nearly 80% of these in Colchester.

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



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



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

Ipswich

Length of stay in ED for admitted patients increased in March with 3.87% of attendances spending more than 12 hours in the department. Additional escalation areas remained open during March to support flow.

Changes to triage have been made in April to support compliance with time to initial assessment with all minor injuries now being triaged in the main department. Crowding impacts performance with limited space to see non-admitted patients. Improvements to reduce waits incurred overnight are being implemented.

Colchester

LoS, particularly the number of 12-hour patients, significantly deteriorated in-month.

Flow was seriously compromised in March, all escalation areas including DL, SDEC and Frailty continued to be bedded, further impacting on the ability to move CRTP patients out of the department within an acceptable timeframe.

A key priority for the Medicine division is to un-bed AMSDEC to enhance flow out of ED and reserve ED for life and limb, avoiding ED attendances wherever possible.

The data currently available for April indicates a significantly improved position and teams strive to meet the 2% 12-hour standard and are working on a trajectory and action plan to facilitate this key objective.

Time to initial assessment (% patients within 15 mins)

78.9%

↓ vs 84.5% last month

Time to initial assessment: (95pct)

32 min

↑ vs 28 last month

Average time in dept – non-admitted

284 min

↑ vs 255 last month

Average time in dept – admitted

599 min

↑ vs 496 last month

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

78 min

↑ vs 73 last month

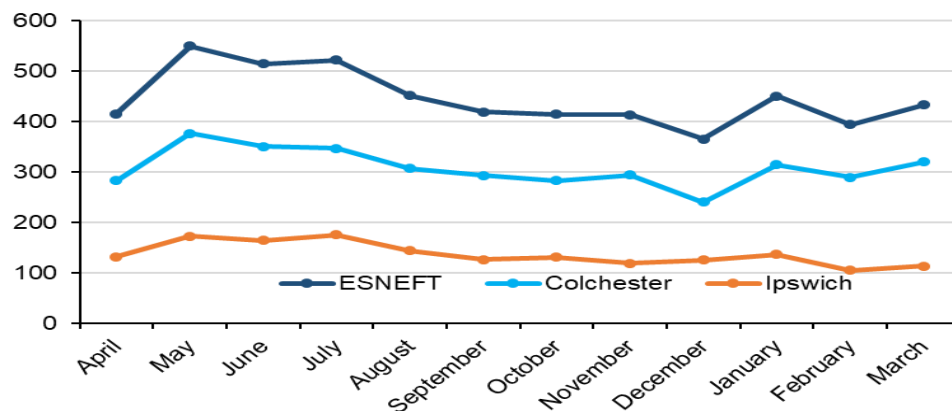
12 hour patients

1,667

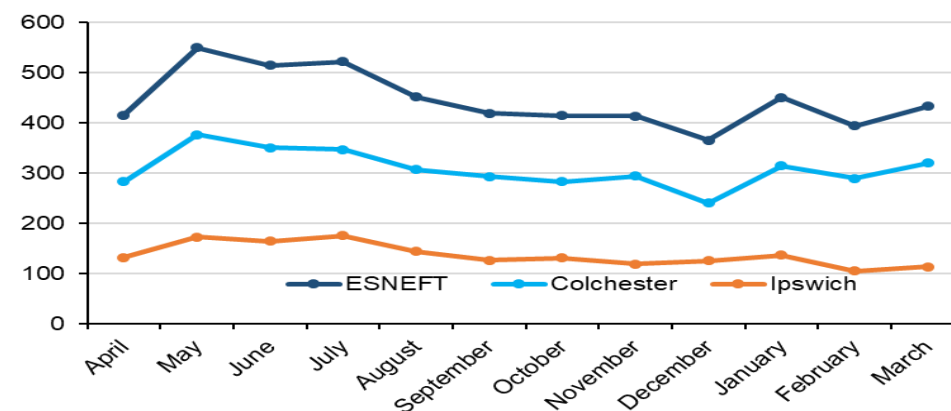
↑ vs 927 last month

MH ED attendances have increased by 9.9% across ESNEFT in month. Both sites reflected this, Colchester by 10.7% and Ipswich by 7.6%. MH referrals have also increased in month by 7.0% across ESNEFT: Colchester increasing by 6.5% with Ipswich increasing by 7.9%.

Number of ED attendances due to Mental Health



Number of ED attendances due to Mental Health



MH attendances - Colchester
320
↑ vs 289 last month

MH attendances - Ipswich
113
↑ vs 105 last month

MHLT referrals - Colchester
196
↑ vs 184 last month

MHLT referrals - Ipswich
96
↑ vs 89 last month

Service Commentary

There had been significant pressures across MH and Social Care services in both Suffolk and Essex resulting in a high number of people experiencing a delay in processes to access different MH services.

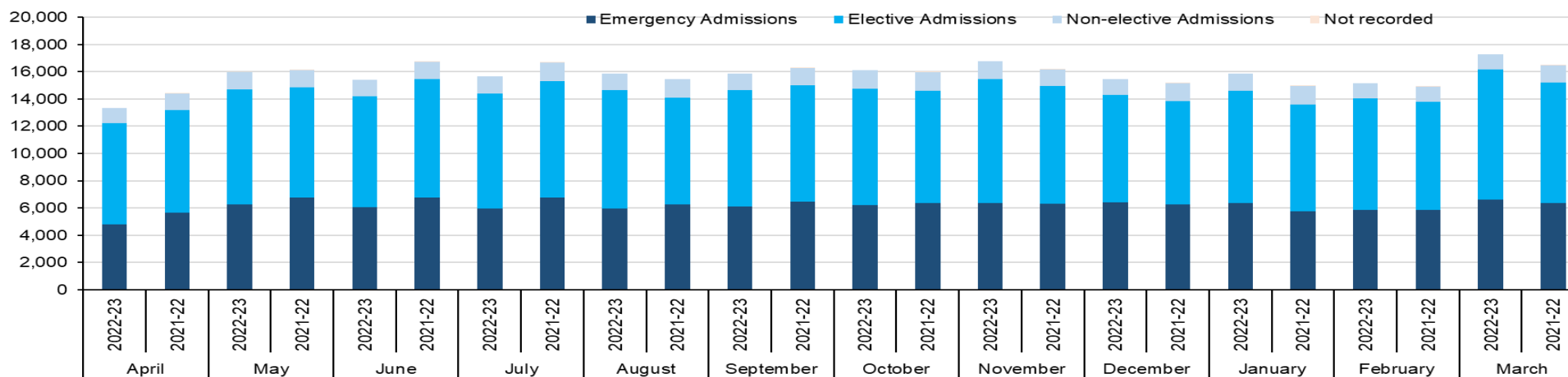
In Colchester escalation meetings were utilised with partnership leaders to address the high and recurring number of people waiting in ED for transfer to EPUT inpatient services.

In Suffolk there was a notable delay in MHA assessments being undertaken due to pressures within the AMHP service which were also escalated within partnership forums. There has been a decrease in the use of Colchester ED for section 136 compared to previous months.

3 people were detained to Colchester Hospital under section of the MHA, 1 person was detained to Ipswich Hospital (although 3 others had a delay in assessment of over two weeks following a request for a MHA assessment).

Admissions increased across the board in month for ESNEFT with total admissions increasing by 13.9%; emergency, electives and non-electives increasing by 12.6%, 16.6% and 1.0% respectively. Compared to 2021-22 admission levels for March; emergencies increased by 3.9%, electives increased by 8.2% whereas non-electives decreased by 12.5%.

Admissions: Inpatient spells by admission type



Emergency admissions
6,596
↑ vs 6,348 last month

Elective admissions
9,557
↑ vs 8,244 last month

Non-elective admissions
1,128
↑ vs 1,117 last month

Total admissions
17,281
↑ vs 15,171 last month

Ipswich

The month saw an increase in admissions and acuity. Escalation wards were open and full. A slight increase in the average number of patients with a LOS >7/14/21 days was seen at all levels.

A MADE Event took place in April to support flow capacity over the Easter weekend and ahead of IA which was a great success and enabled the closure on the winter escalation ward.

There is continued focus on getting the right patients to the right wards in order to support LOS reduction.

Colchester

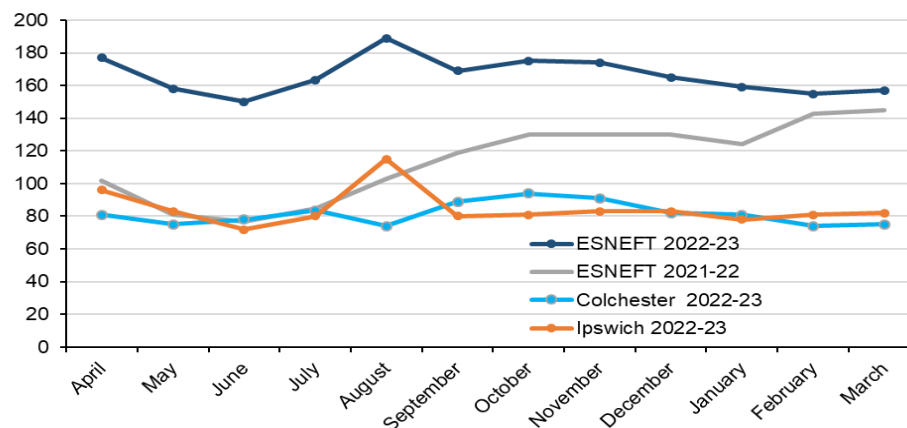
The increase in admissions across the board in month impacted on flow and capacity; requiring all escalation areas to be utilised. There were also some IPC outbreaks that required clinical ward area to be closed to new admissions.

Acuity was high across all clinical areas and the services worked closely with system partners to ensure that all admission avoidance support was utilised.

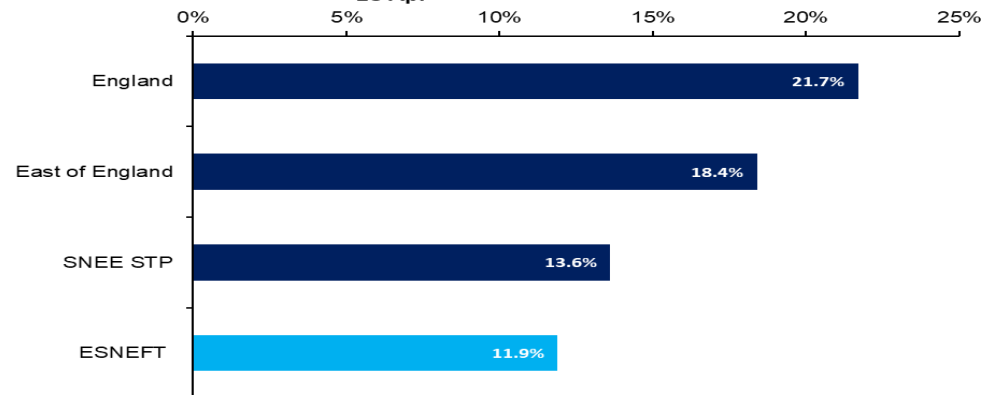
To ensure capacity, bronze command remains, and there is continued daily focus on discharges and robust weekend planning; as well as on boarding patients onto the Virtual Wards.

Average number of long length of stay patients across ESNEFT decreased in month by 2 patients which was echoed at both Colchester and Ipswich by 1 patient each. The percentage of beds occupied by 21+ patients improved by 0.7% in month and remains lower than the national and regional levels.

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



% beds occupied by 21+ day patients (4 week average). Snapshot at 18 Apr



21+ day patients - ESNEFT
157

↑ vs 156 last month

21+ day patients - Colchester
75

↑ vs 74 last month

21+ day patients - Ipswich
82

↑ vs 81 last month

Ipswich

Reviewing patients with a LLOS remains a priority with the support from each division reviewing their own patients and documenting and setting actions via the red day tracker. Escalating delays at the bed meetings is proving beneficial with a noticeable reduction of delays at the end of each day. The TOCH continues to push discharges and ensure all capacity is being utilised to assist with flow in the acute which again aids the reduction in LLOS and the reduction of no criteria to reside figures. The TOCH has seen at least a reduction on average of 1 bed day for PW1 patients in March compared to April.

A weekly complex case panel has been established in April to focus on more complex patients, supporting them out of the acute setting.

Colchester

By continuing with twice weekly Multi-Agency panels which review all patients who have complex needs, teams are beginning to embed an asset based approach, rather than highlighting what patients can't do, which has allowed teams to support patients and families to have much more choice when looking at care package or placements.

Teams are also ensuring that there is continued training and a supportive toolkit available for all ward staff in relation to planning discharge from day one of admission, and ensuring that they do engage in as much prior planning with the patients and their local support systems.

Average number of medically fit for discharge patients has seen an increase in month by 5.5% for ESNEFT. This was reflected at Ipswich site which increased by 9.4%, whereas Colchester reported a decrease of 2.9%.

Medically fit discharges - ESNEFT

230

↑ vs 218 last month

Medically fit discharges - Colchester

67

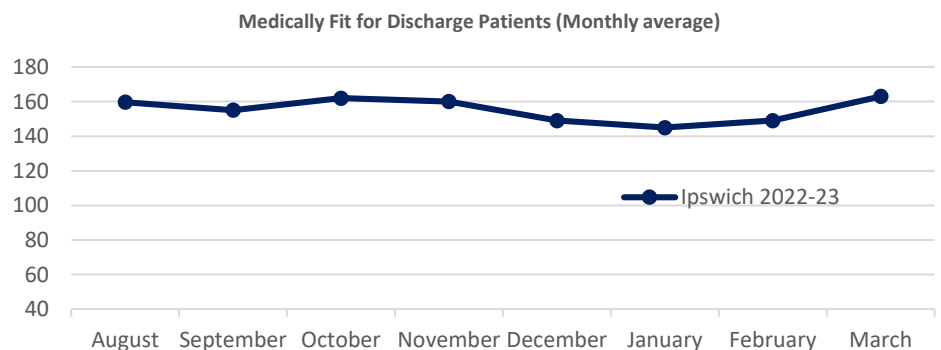
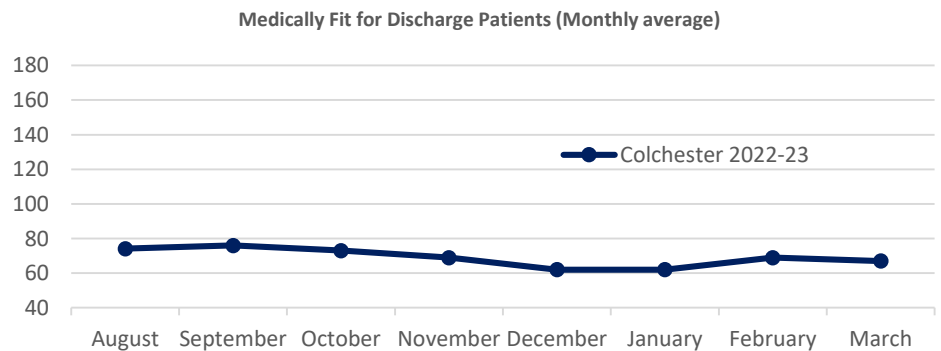
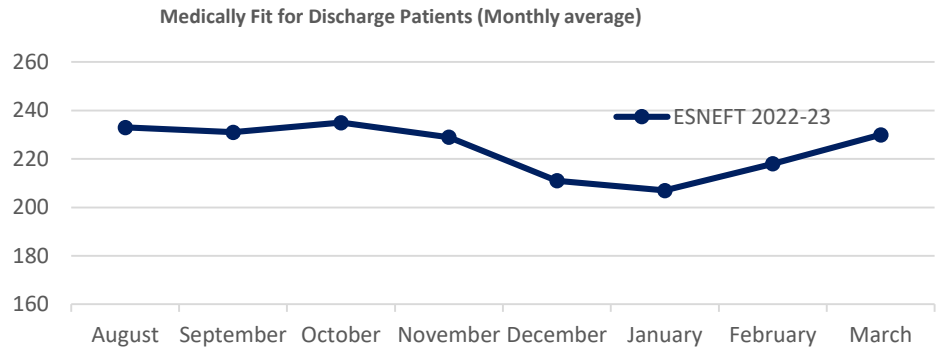
↓ vs 69 last month

Medically fit discharges - Ipswich

163

↑ 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

There was an increase of the overall total of no criteria to reside towards the end of March.

However the number of patients waiting PW1-PW3 remains consistent and there was a decrease in these figures at the tail end of the month.

There has been a dedicated therapy team through 'Ann Mason' working within the TOCH where they have been reviewing all patients within the acute awaiting PW2 rehab beds, resulting in an improvement to the patient's inpatient rehabilitation and identifying then a change in pathway to either PW1 or PW0.

There are also plans being put into place to create a complex discharge panel which will have a system wide approach, which will begin in April. The TOCH discharged 31 more patients between PW1- PW3 in March compared to February.

Colchester

Teams are working with Adult social care and have been able to expand the offer of further care/support for those that require double handed care/QDS and also promote further access to Personal Health budgets, allowing more choice to patients and their families, and most importantly allow them to return home.

ESNEFT cancer performance has improved in month for two week waits by 0.9%. For 62 day waits and 28 day faster diagnosis performance these have declined by 1.0% and 1.5% respectively. The number of patients on the 62 day 1st PTL reduced by 412 patients with those waiting 63 days or more also decreasing by 97 patients in month.

Two week wait performance

74.9%

↑ vs 74.0% last month

62 day wait performance

68.3%

↓ vs 59.3% last month

28 day faster day diagnosis performance

64.8%

↓ vs 66.3% last month

Patients treated after 104 days

32

↑ vs 19 last month

Total patients on 62 day 1st PTL

3,572

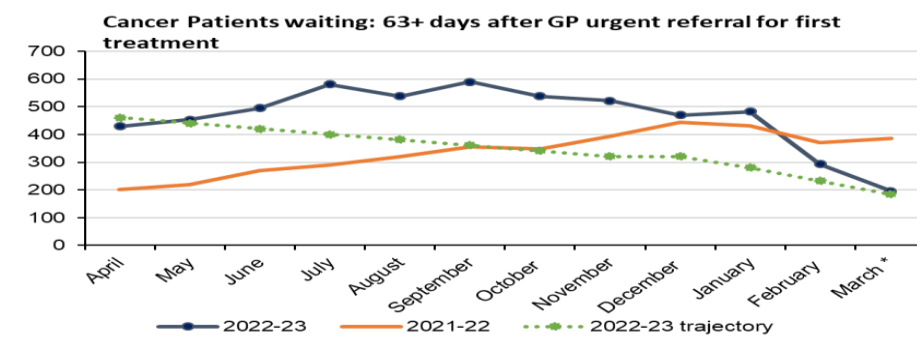
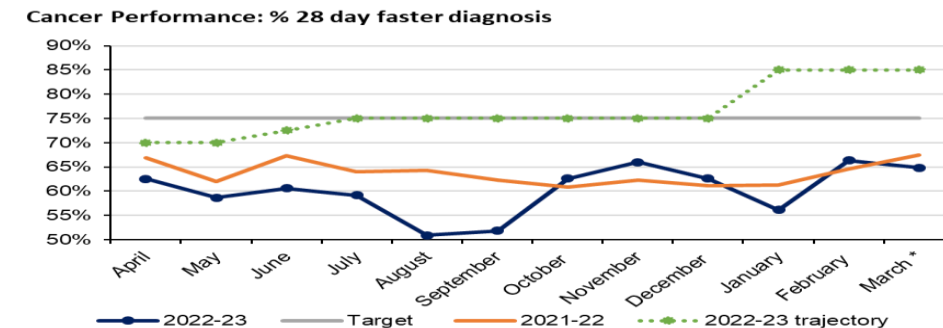
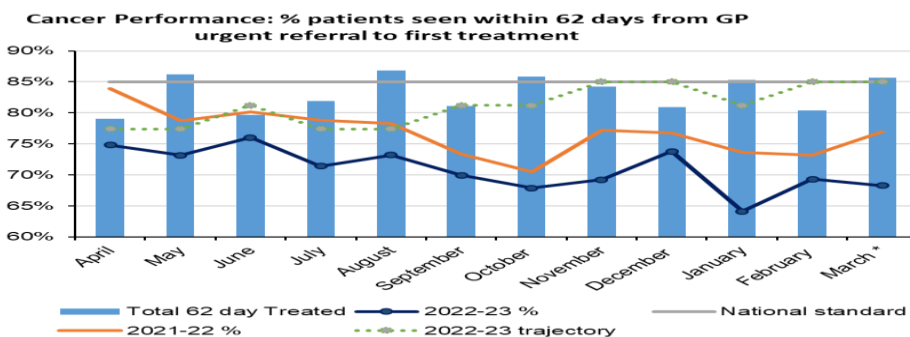
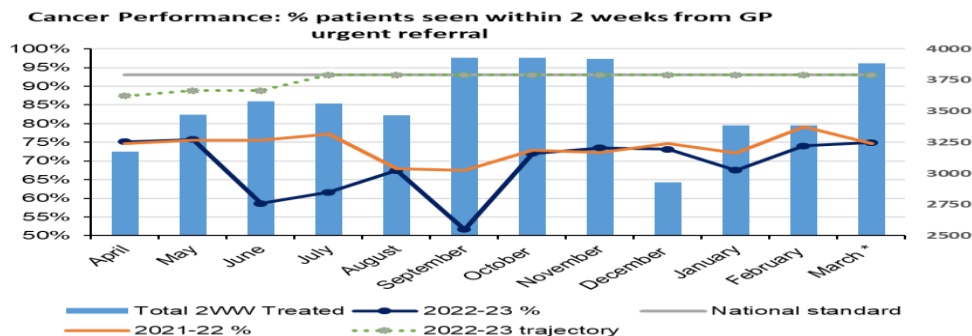
↓ vs 3,984 last month

62 day 1st patients 63+ days

196

↓ vs 293 last month

**Unvalidated figures as of the 14/04/23. Final figures for March 2023 will be available in May 2023 after submission*



28-day performance was impacted by the planned Industrial Action, mainly in terms of delays in clinical and administrative reviews taking place rather than cancelled or delayed appointments. Clinic letters including off pathway updates were delayed, meaning that the 28-day clock stop opportunity was missed for a number of patients.

The teams worked hard across all specialties in the last 2 weeks of the month to ensure all administration was cleared and this is reflected in the significant improvement (reduction) in backlog numbers.

ESNEFT's backlog trajectory target was 185 patients by the end of March and whilst the trajectory was missed by just a few patients, ESNEFT were the joint first in the region in terms of overall backlog recovery.

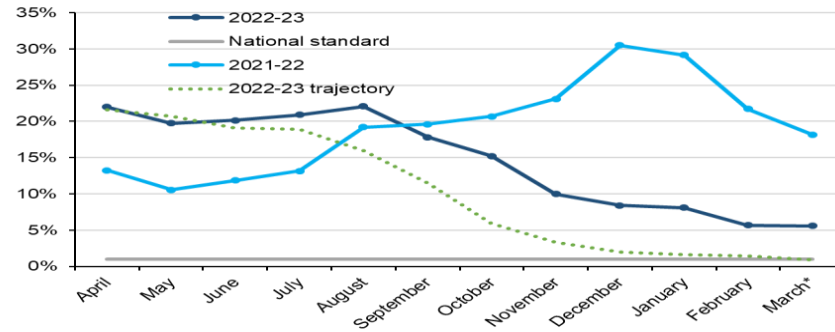
Work now continues on recovery of performance, in particular the 28-day standard. Recovery plans including delivery of Best Practice Pathways are being worked up, which will include recovery trajectories at tumour site level.

Surgery (Urology Colorectal UGI) is still the main concern and are the only areas failing on the 28-day standard

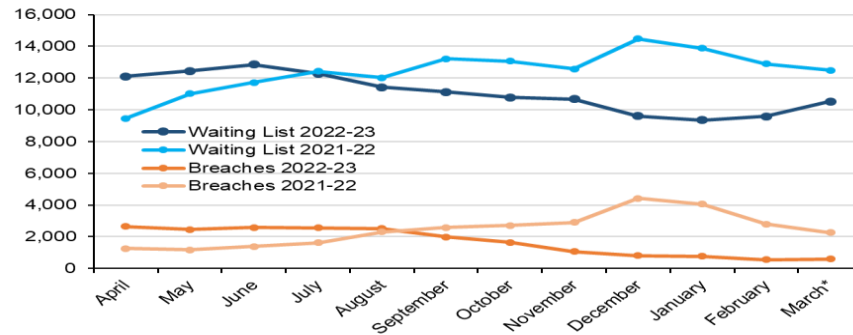
62-day recovery will focus on a number of specific areas to include waiting list management for patients identified as suitable for robotic surgery.

6 week performance improved in month by 0.1% although the number of breaches increased by 42 patients. The waiting list has increased by nearly 10%. Ipswich have 55.2% of the total breaches with non-obstetric ultrasounds accounting for 37.7% of them. For Colchester sleep studies account for 47.1% of their breaches.

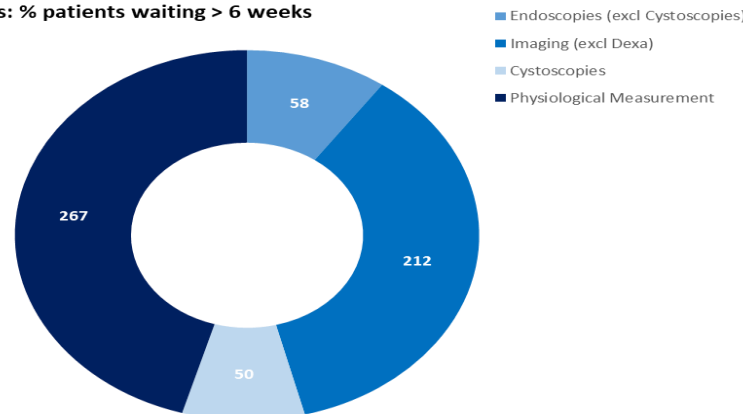
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



% patients waiting > 6 weeks or more

5.6%

↓ vs 5.7% last month

DM01 6 week breaches

587

↑ vs 544 last month

DM01 Waiting List

10,530

↑ vs 9,592 last month

Imaging

ESNEFT performance 97%

Areas at risk are CT in Colchester following increase in demand for cardiac CT. Capacity dependent on availability of trained radiologist and radiographers. MRI & US continue to perform well in Colchester.

US breaches in Ipswich rising – sonographers are currently not undertaking additional lists. Work is ongoing to create capacity with radiologist lists within existing job plans and utilisation of Colchester capacity. Cardiac MRI account for Ipswich breaches due to increase in demand.

Endoscopy

ESNEFT performance 95.6%

Slight increase in breaches, the area at risk is colonoscopy Ipswich.

Audiology

ESNEFT performance 99.1%

Vascular and urology

ESNEFT performance 88.4%

Cystoscopy capacity was again impacted by strikes, additional clinics are in place to reduce the backlog. Further strikes will impede recovery. Urodynamics breaches in Ipswich attributed to availability of suitable couch. This is now resolved, and the backlog is expected to be cleared in April.

Sleep studies and neurophysiology

ESNEFT performance Neurophysiology 99.4%, sleep studies 64.6%

Sleep studies in Colchester saw 124 breaches, a slight increase compared to February. The team are unable to recruit to the vacant sleep respiratory physiologist post, significantly impacting on capacity.

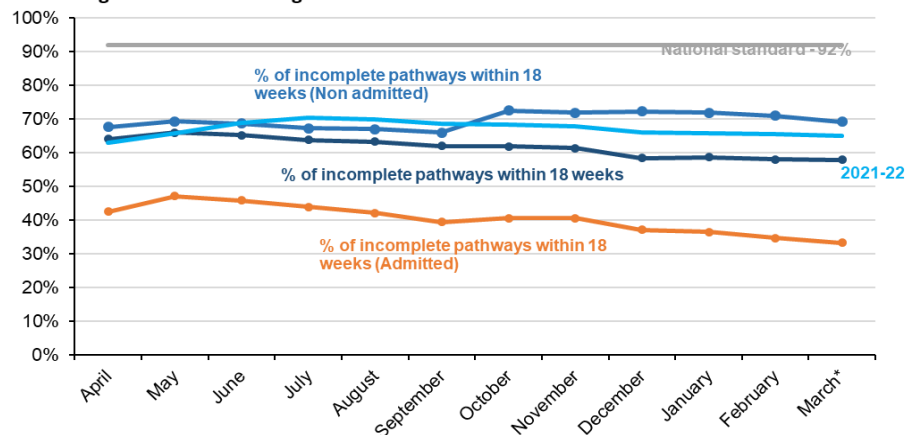
Echocardiography

ESNEFT performance 82.6%

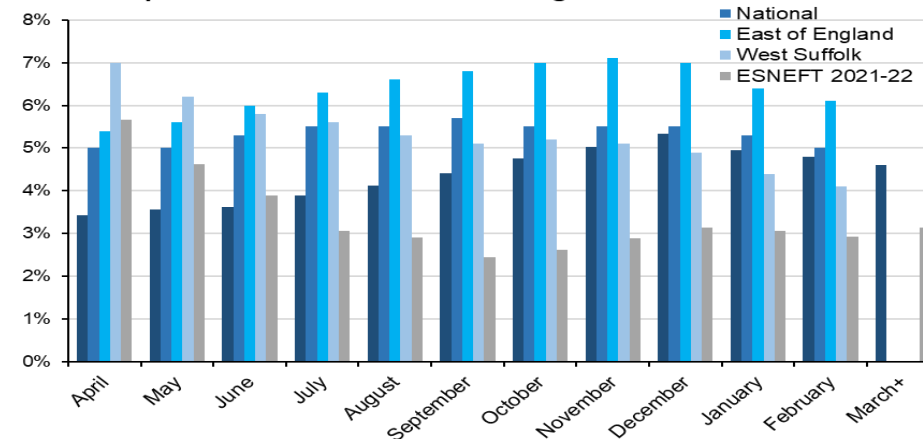
The Ipswich position has worsened. Breaches attributed to consultant led tests due to severe capacity restrictions. Teams are exploring mutual aid from WSH and changes to clinic templates within rota. Physiologist led tests are fully recovered and insourcing has been stepped down. Options are being explored for meeting ongoing demand.

Performance against the 18 week standard has declined in month by 0.1% and is below the national average but above the regional averages for the previous month. The proportion of the list waiting more than 52 weeks improved in month by 0.2% 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



Incomplete pathways within 18 weeks - ESNEFT

57.9%

↓ vs 58.0% last month

Incomplete pathways within 18 weeks – National

58.5% (February 23)

52+ waiters as % of list - ESNEFT

4.6%

↓ vs 4.8% last month

52+ waiters as % of list – National

5.0% (February 23)

**March's OAKS data not received
February 23 data used for reporting*

Service Commentary

General Surgery and Gastroenterology, as well as complex Gynaecology continue to be most challenged areas. Daily meetings are being held, with executive level attendance to provide senior support and oversight to assist in the progress of complex MDT patient pathways. The focus of these meetings has changed slightly to include patients who are waiting 65 weeks or more.

All available additional capacity opportunities - inhouse and externally - continue to be maximised, including the Oaks/Nuffield and insourcing solutions as appropriate.

Each area has a profiled plan for delivery of 65 weeks which has been worked through with Moorhouse Consultancy.

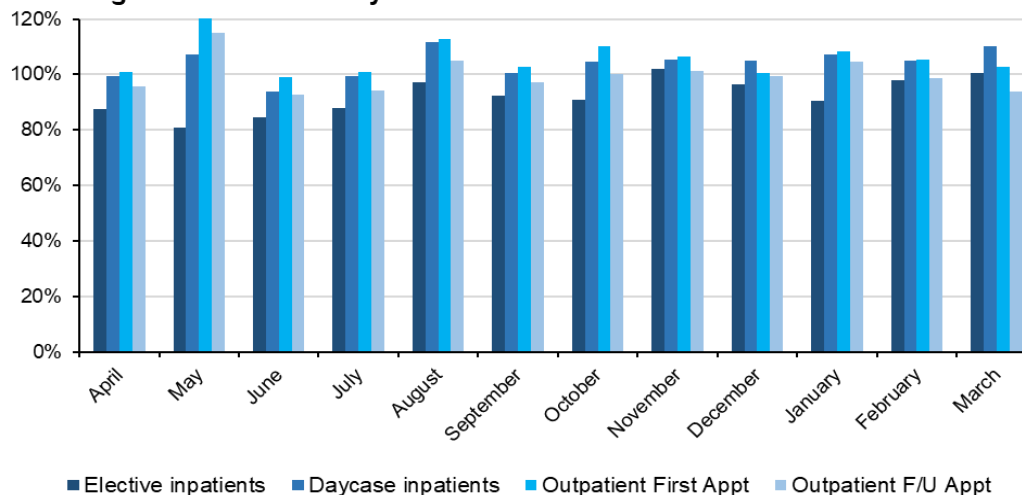
Several specialties are near to delivering 18 weeks i.e. Nephrology, Rheumatology, so work is underway to support these areas to achieve that.

All patients identified as being at risk have been contacted with a view to them travelling outside of the ICB for treatment. Those willing to travel have been added to the national Digital Mutual Aid System (DMAS). Teams have accepted two offers of treatment for long waiting gynae patients.

A national shortage of corneal grafts has led to an instruction to move all patients waiting on to an active RTT pathway so wait times are visible outside of the organisation and grafts can be allocated in date order. We have 3 x 104+ and 10 x 78+ patients requiring corneal grafts – all patient information has been sent to National NHSBT to ensure central management during donor shortages- to date one of these patients has been offered a date in April.

Activity increased across the board in month. Elective and daycase inpatients increased by 22.4% and 16.0% respectively. Outpatient firsts and follow ups also increased by 13.6% and 12.1% respectively. Higher levels were reported against 2021-22 activity levels for the month for all activity types with the exception of follow ups which were 93.8%.

Percentage of 2021-22 activity



Elective inpatients

962

↑ vs 786 last month

Daycase inpatients

8,593

↑ vs 7,406 last month

Outpatient First Appt

30,115

↑ vs 28,506 last month

Outpatient F/U Appt

51,376

↑ vs 45,822 last month

Service Commentary

The ambition for April is to reduce the number of capacity breaches and the overall number of patients waiting over 78 weeks. Key risks for delivery of this:

- **DMAS** has been offered to all long waiting patients – with low acceptance and even lower offers of treatments from others providers (2 offers to date).
- **Industrial Action (IA)** - Lost opportunity and direct impact from IA , particularly on GS (165 lost OPA- 62 lost Admitted). Cancer demand was maintained as a priority.
- 2 week **Easter** impact and high levels of consultant leave – impacted on ability to provide additional activity.

It should also be noted that a proportion of the remaining long waiting patients are reliant on the National Cornea programme and other providers.

Other factors impacting on capacity and recovery:

1. Continued conflicting cancer demand which must continue to take clinical priority
2. Unresolved IA – from Nurses and Jr doctors – which will further impact on capacity
3. Consultants covering for Jr Doctors – this will result in accumulative impact of agreed BMA time owing impacting on capacity

Teams continue to work tirelessly to minimise patient pathway delays and get our very long waiting patients treated.

Activity increased across the board in month for ESNEFT with the exception of endoscopies. Both CT and Ultrasounds exceeded 2021-22 activity levels at 110.6% and 100.3% respectively, with MRI failing to achieve these levels at 93.9% and endoscopies at 90.0%.

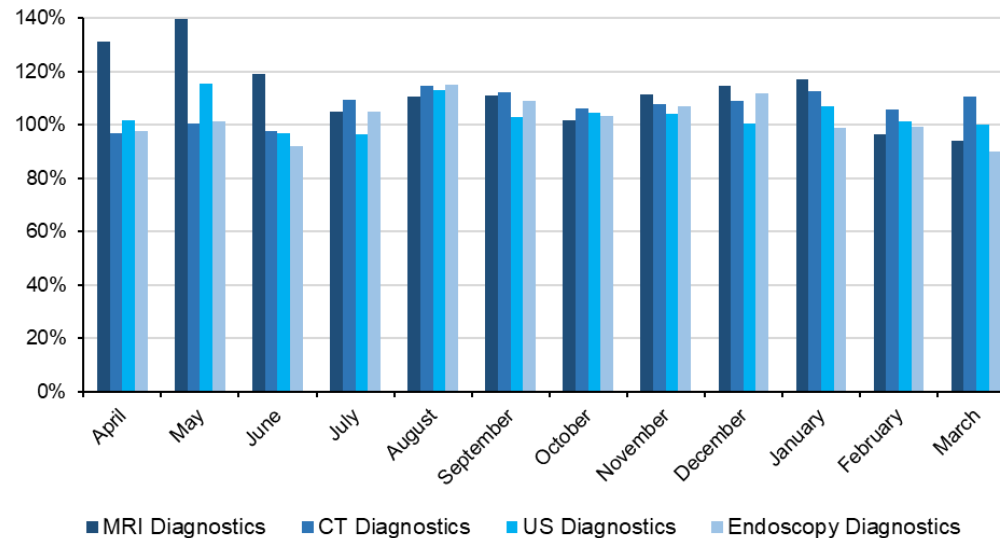
CT
7,312
 ↑ vs 6,617 last month

MRI
3,923
 ↑ vs 3,523 last month

US
11,556
 ↑ vs 9,690 last month

Endoscopy
1,656
 ↓ vs 1,657 last month

Percentage of 2021-22 activity - Diagnostics



Service Commentary

Further capacity for CT and MR has been identified at the CDC. There is a push to utilise and maintain activity levels whilst stepping down outsourcing to the Oaks.

Introduction of 7-day rotas in Ipswich MR and CT will provide more robust weekend capacity.

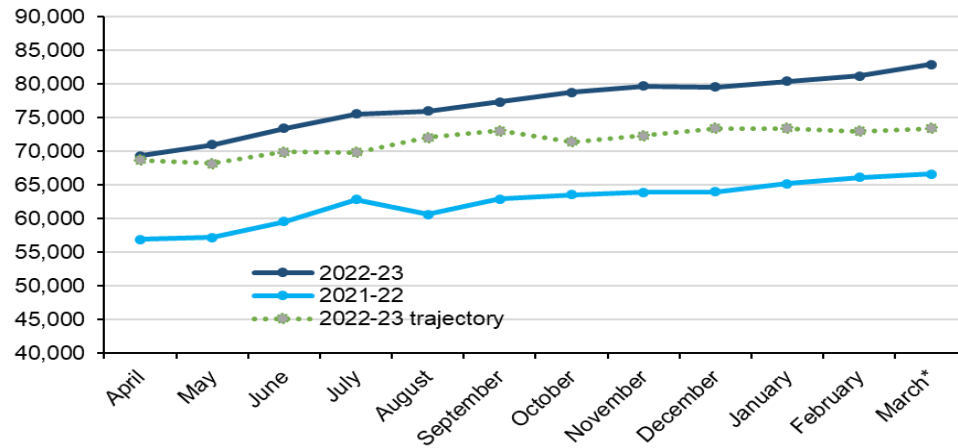
Modular CT in Ipswich is in place and will act as an enabler for introduction of CT colon.

US capacity in Ipswich has been impacted by a reduction in additional sonographer lists.

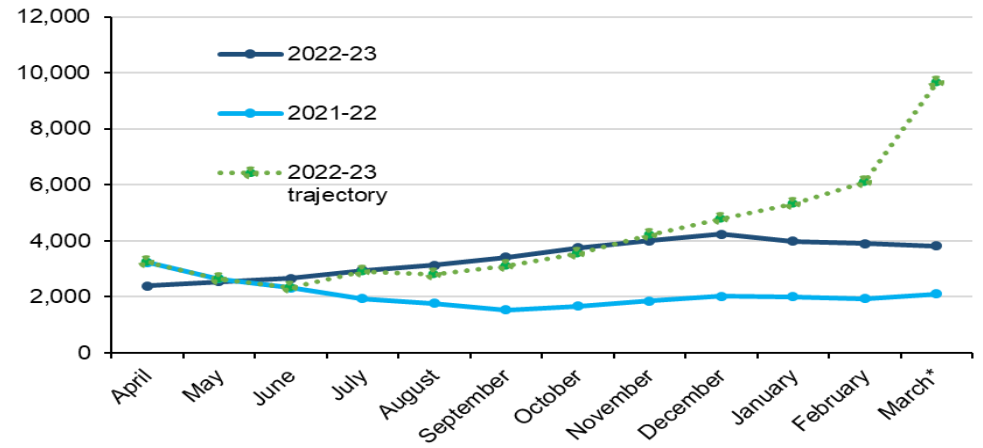
The ICS has approved an endoscopy bid for increasing capacity – this has gone forward to region for approval.

The waiting list increased in month by 2.1% and is above trajectory by 9,509 patients. 52+ week waiters decreased by 0.2% and is under trajectory by 8.6%; decreases were reflected at Ipswich by 9.2% with Colchester increasing by 6.1%. The longest waiting patients decreased; 78+ week waiters by nearly 50% in month the exception were 104+ week waiters which stayed the same at 11 patients.

RTT Waiting List: Total open pathways



RTT Waiting List: Total 52+ week waiters



Total open RTT pathways
82,878

↑ vs 81,150 last month

52+ week waiters

3,814

↓ vs 3,891 last month

78 + week waiters

264

↓ vs 503 last month

98 + week waiters

30

↓ vs 34 last month

104+ week waiters

11

→ vs 11 last month

Service Commentary

The 11 patients at March month end were split:

X4 General Surgery – 2 complex, 2 choice

X4 Gastro – 2 complex, 1 choice (includes one patient on a diagnostic pathway at another provider)

X3 Cornea – all complex

The focus in April is to ensure these, and other patients reaching 104 weeks, have a clear treatment plan.

In addition to increased executive support and focus, teams have commissioned an Internal Audit review of waiting lists to determine learning and have welcomed the support by the National Elective Intensive support team who will be on site from May onwards.

*March's OAKS data not received
February 23 data used for reporting

Month 12 Performance

Summary Income and Expenditure	March			Full Year		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Income from Patient Care	73,313	106,300	32,987	876,715	936,309	59,594
Other Operating Income	4,383	8,610	4,227	52,503	61,850	9,347
Total Income	77,696	114,910	37,214	929,218	998,160	68,942
Pay	(47,449)	(78,397)	(30,948)	(568,429)	(610,979)	(42,550)
Non Pay	(26,261)	(30,728)	(4,467)	(312,952)	(340,909)	(27,957)
Total Expenditure	(73,710)	(109,125)	(35,415)	(881,381)	(951,888)	(70,507)
EBITDA	3,986	5,786	1,800	47,837	46,272	(1,565)
Impairments	-	(6,410)	(6,410)	-	(6,410)	(6,410)
Other Non Operating	(3,725)	(4,850)	(1,125)	(44,716)	(45,419)	(703)
Surplus / (Deficit)	261	(5,474)	(5,735)	3,121	(5,557)	(8,678)
EBITDA %	5.1%	5.0%		5.1%	4.6%	
Performance Against CT						
Impairments	-	6,410	6,410	-	6,410	6,410
Transfers by Absorption	-	-	-	-	-	-
Capital donations I&E impact	(261)	(1,070)	(809)	(3,121)	(770)	2,351
DHSC Donated Consumables	-	45	45	-	(76)	(76)
Loss on DHSC COVID Assets	-	-	-	-	-	-
Total Non CT Items	(261)	5,385	5,646	(3,121)	5,564	8,685
Performance Against CT	-	(89)	(89)	-	7	7

Draft year End position

The Trust is reporting a surplus of £7k for the year (after adjusting for non control total items) against a plan to break-even.

Before adjusting for non-control total items a deficit of £5.6m is incurred, this is largely driven by impairments from the annual valuation of estates (£6.4m).

Work is still ongoing to finalize the accounts for submission on 27th April, but the reported position is not expected to materially change.

This position will then be subject to external audit review.

Non Control Total Items

These are items that are excluded when calculating financial performance against the control total. These include impairment of fixed assets (such as the IRCA centre at Colchester) and donated equipment income and depreciation. For this year, the receipt/return of donated COVID-19 consumables from DHSC are also excluded.

Cash position

The Trust held cash of £75.1m at the end of March. The Trust had forecast to hold cash of £92m at the end of the financial year. The difference is due to the timing of the Trust's weekly creditor's payment run, coupled with a larger than normal payment run; largely due to capital payments.

On 30th March the Trust's cash balance was £93.2m.

On 31st March a weekly payment run of £17.4m (including £8m capital creditors) was actioned. The Trust's average weekly payment run is £9m, including capital creditors.

2022/23 CIP programme

In-month position

£1.8m of cost improvement plans were delivered for March against a target of £2.5m.

All divisions, except Integrated Pathways and MSK, under delivered their CIP targets for the year.

CIP Delivery by Division	March			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	338	165	(173)	4,053	2,611	(1,442)
Integrated Pathways	186	437	251	2,236	2,361	125
Medicine Ipswich	159	140	(19)	1,955	1,763	(192)
Medicine Colchester	156	104	(52)	1,873	1,441	(432)
MSK and Specialist Surgery	231	175	(56)	2,738	2,740	1
NEE Community Services	128	181	53	1,534	1,371	(163)
Surgery, Gastro & Anaesthetics	369	224	(146)	3,954	1,969	(1,985)
Women's and Children's	271	64	(207)	3,249	2,022	(1,227)
Total Operations	1,838	1,489	(349)	21,592	16,278	(5,314)
Estates & Facilities	381	58	(323)	3,966	691	(3,275)
Corporate Services	321	297	(23)	2,255	2,334	79
Non Divisional	-	-	-	-	-	-
Total Trust	2,540	1,844	(695)	27,813	19,302	(8,511)

Year to date position

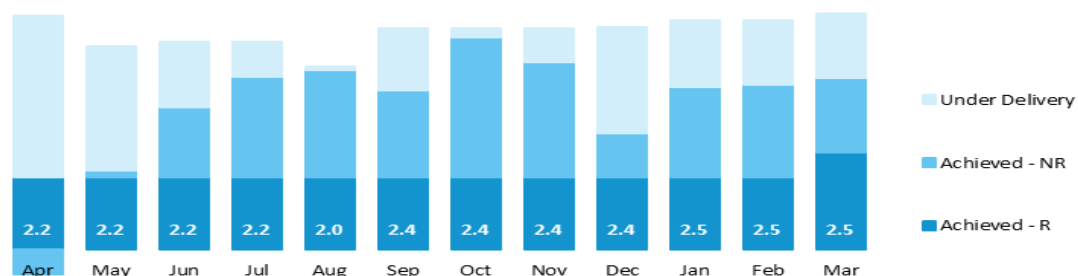
For the year £19.3m of cost improvements were delivered against a target of £27.8m.

Key variances

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

- Estates and Facilities - £3.3m
- Surgery, Gastro & Anaesthetics - £2m
- Cancer & Diagnostics - £1.4m
- Women's and Children's - £1.2m

The recurrent shortfall has been carried forward into 23/24 and added to the in-year target of 1%, resulting in a total CIP requirement of £25.4m for the financial year.



Capital

Capital Plan

The plan has been adjusted to reflect the £30m brokerage agreed, as previously reported. The £30m funding will now be drawn down in 2023/24 to deliver the Building for Better Care schemes.

Comment on the year's performance

With spend in March of £33m, the Trust ultimately achieved its capital plan target, and indeed exceeded it by approximately £0.5m. The Trust was in regular dialogue with East of England NHSE over the closing weeks and days of 2022/23 and this relatively small overspend has been accepted. The region have indicated that this overspend caused no significant issues for the region or ICB and there will be no 'clawback' of this overspend in 2023/24.

Elective Orthopaedic Centre. £23m spend achieved based on the final valuation for the year and includes related enabling works £1.3m. This consisted of 80 units that were on-site and the remainder on a vesting agreement along with equipment that met the vesting criteria. Vested items included 122 completed modules, 85 pre-constructed frames, clean air canopies and pumps.

Emergency reconfiguration. £14.8m spend achieved based on final valuations received and includes both sites and SAU. It was not possible to bring forward the theatre costs that were anticipated.

Capital Programme	Year to date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	2,047	2,988	(941)	2,047	2,988	(941)
Non-Medical Equipment	-	-	-	-	-	-
ICT	7,056	3,259	3,797	7,056	3,259	3,797
Estates & Facilities	17,350	18,894	(1,544)	17,350	18,894	(1,544)
Building for Better Care	41,269	37,861	3,408	41,269	37,861	3,408
Schemes	16,722	21,028	(4,306)	16,722	21,028	(4,306)
Right of Use Asset	3,117	2,613	504	3,117	2,613	504
PFI	1,161	469	692	1,161	469	692
Total Capital Programme	88,722	87,112	1,610	88,722	87,112	1,610
Other Adjustments:						
PFI Lifecycle Costs	(1,161)	(469)	(692)	(1,161)	(469)	(692)
PFI Residual Interest	738	738	-	738	738	-
Disposals	-	(3,429)	3,429	(2,048)	(3,429)	1,381
Donated	(157)	(157)	0	(3,526)	(1,257)	(2,269)
Net Expenditure Position	88,142	83,794	4,348	82,725	82,694	31
Net CDEL				82,725	82,221	(504)
Performance against CDEL						(473)

Clacton CDC. £11m spend, only slightly under plan.

Medical Equipment previously itemised in last month's report:

- Radiotherapy £3.4m – Linac for Ipswich £2.6m and replacement CT Simulator £0.9m, both delivered.
- Additional equipment orders via EBME totalling £1.9m fully achieved
- PDC funded equipment orders £1.4m delivered consisting mainly of Imaging CT scanner £1m and Breast Services equipment £0.3m
- 4th Surgical Robot £2.5m delivered

ICT projects were slightly short of the £3m forecast for March;

- Frontline Digitisation incurred £778k against £860k forecast
- Unified Comms incurred £774k spend against £650k forecast
- Various other ICT schemes including EPR totalled £1m of spend

23/24 financial planning update - ESNEFT

The Trust, along with the Suffolk and North East Essex integrated care system (SNEE ICS) of which it is a partner, is expected to not exceed the capital or revenue resource limits set by NHS England. The objective is to achieve financial balance.

Draft submission (23rd February)

Draft system and provider plans (one year revenue and two year capital) were submitted to NHSE on Thursday 23rd February 2023.

At this stage the Trust submitted a deficit revenue position of £25.4m, which was part of a £58.8m deficit position reported by SNEE ICS.

East of England systems totalled a £460m deficit at 23rd February, with a £6bn national gap.

Final submission (30th March)

Final system and provider plans were due on 30th March 2023. Right up until a few days before this deadline – and as notified to Performance Committee and in March's Board papers – the Trust was modelling a £10m revenue deficit. This was a product of the level of risk carried by the Trust in relation to:

- [uncertainty about the key aspects of the national financial framework for 23/24](#) such as the operation of the Elective Recovery Fund (ERF);
- [-conclusion of contractual discussions and agreements](#), with areas of funding still to be confirmed both by the system and regionally / nationally;
- [-the modelling of bed capacity requirements and winter seasonal variation plans](#) actually identified a gap of approximately £10m.

The Trust was clear, and had communicated to the system, that it would be able to achieve breakeven dependant on:

- 1) additional bed costs that are currently being modelled because of current limits on social care capacity - that frustrate the Trust's ability to discharge - are not needed because social care investment delivers reductions in delayed transfers of care in the Trust
- 2) 2) additional funding is received for capacity.

Just before the submission deadline, the following was subsequently confirmed that provided assurance about additional income and reduced cost, allowing the Trust to credibly project a balanced revenue position:

- favourable baseline changes to the ERF targets set (at both a system and organisational level) were confirmed by the national team, along with arrangements in relation to clawback. Although the risk related to lower levels of activity persists, the risk in relation to ERF is much reduced.
- updates to contract negotiations with commissioners, with additional growth funding (relative to what had previously been assumed) now reasonably expected from both NHSE Specialised and MSE ICB. This contributed an **additional circa £1.5m**.
- Trust's bed model reassessed with operational leads, with greater impact (reducing the pressure on acute G&A beds) deemed reasonable to include for Virtual Ward (in line with business case assumptions) and social care investment. ICB / local government meetings for both Suffolk and Essex to review bids against the better care fund / discharge fund monies, confirmed schemes that will support discharge and flow in the NHS. SNEE ICB also accepted the importance of closely monitoring and ensuring the successful utilisation of the funding that has gone to social care designed to in part help NHS urgency and emergency care. Furthermore there was a rigorous review of bed costs and cost pressures presented which reduced the projected costs for 23/24. Combined, the reduction in expected capacity required and cost review led to a **total £7m reduction** for bed model, seasonal variation plans and COVID costs..
- Funding confirmed for bed capacity. The Trust's share of the £380m national monies for bed capacity (roughly £47m for the East of England) was notified as £3.1m.

The remaining gap to breakeven of approximately £1.5m has been bridged by confirmation of external funding for schemes previously internally resourced.

It is recognised that there is still a high degree of risk in the Trust's position, notably in relation to the assumptions that have been made about what bed capacity the Trust will need and the impact of virtual ward and local authority actions. If these do not actually deliver to the extent assumed, then performance and / or costs will be adversely impacted as a consequence. However the plan is considered to be achievable, if stretching.

23/24 financial planning update - System and Region

System

On Tuesday 28/3 system provider CEOs and DoFs met with the ICB’s CEO and DoF and signed off the system plan below:

	£m				
	WSFT	ESNEFT	EEAST	ICB	Total
23/24 SOCI bottom line Surplus / (Deficit)	(10.00)	0.00	1.10	8.80	0.00
Proposed adjustments	7.30	0.00	(1.10)	(6.10)	0.00
23/24 SOCI bottom line Surplus / (Deficit)	(2.70)	0.00	0.00	2.70	0.00

Specific conditions were agreed on how West Suffolk Hospital NHS Foundation Trust will present their plan, noting their ‘true and fair’ position alongside then the adjustment based on non-recurrent support funding. Then, in-year monitoring by the ICB finance committee will focus on, and expect improvements in relation to, WSFT’s underlying recurrent financial position (as it does for all system partners).

Region

Although the planned revenue positions of all systems in the East of England improved between the draft and final submissions, as set out in the table below, SNEE ICS was the only one to ultimately submit a balanced revenue position.

Integrated Care System	£m	
	Draft (23/2/23)	Final (30/3/23)
Bedfordshire, Luton and Milton Keynes	(71.4)	(15.2)
Cambridgeshire and Peterborough	(99.1)	(37.9)
Hertfordshire and West Essex	(106.7)	(64.0)
Mid and South Essex	(68.8)	(67.8)
Norfolk and Waveney	(56.6)	(13.7)
Suffolk and North East Essex	(58.8)	0.0
Total East of England region	(461.4)	(198.6)

In addition to the actual deficits reported, it is worth noting that a significant value has also been identified for risk by systems but this is not included in the values above.

The vast majority of the remaining deficit lies within the acute provider sector with a total deficit of £163.7m reported by 9 acute providers. The balance of £34.9m deficit is then across 1 ICB and 2 mental health providers.

As has been reported in the HSJ, it is understood that the total national position showed a combined deficit of £3bn based on this second round of submissions.

23/24 financial planning update - Developments since 30th March

On 17th April NHSE's Chief Financial Officer wrote to all Trust and ICB CEOs and CFOs reflecting on the submissions made on 30th March, highlighting the legal responsibility of all NHS bodies to live within the resources allocated to them. It was confirmed that final plans are to be submitted by systems **by 4th May** :

The 2023/24 operational and financial plans submitted on 30 March show progress in closing the gap against the ambitions set out in the NHS Operational Planning Guidance for 2023/24.

In some cases, the plans demonstrate a credible path to delivery, but many still show a significant gap, particularly in terms of financial balance. The NHS must seek to live within the funding Parliament has made available to us, and accordingly individual NHS bodies have legal responsibilities to seek to live within the resources allocated to them by NHS England.

Where appropriate, NHS England will continue to work with ICBs and providers over the next few weeks as plans are finalised. Final plans must be signed off by ICB and partner trust and foundation trust boards. All systems are expected to submit final plans by noon on 4 May.

Though not obliged to because the system has already presented a breakeven revenue position, the Trust along with other partner organisations within the ICS, the Trust intends to resubmit its financial plan on the 4th May, still presenting a breakeven position. This is primarily so that it can ensure that its plan is as accurate as possible in terms of its mapping of costs to NHSE expenditure categories. This includes reflecting some coding changes highlighted by the 22/23 year end process. Budgets have also been loaded and reconciled in the Trust's general ledger to ensure that internal and external plans are as closely aligned as possible.

Control totals have been confirmed for divisions and non-divisional areas:

Area	Opening Control Total
Cancer and Diagnostics	141,578,201
Medicine Colchester	62,420,210
Medicine Ipswich	64,440,867
MSK and Specialist Surgery	92,963,765
Surgery, Gastro & Anaesthetics	107,111,172
Women's and Children's	61,525,773
Integrated Pathways	64,959,479
NEE Community Services	66,970,635
Total Operational Divisions	661,970,102
Communications	2,051,007
Estates & Facilities	57,086,236
Faculty of Education	(12,951,858)
Finance & Information Services	13,697,406
Governance	853,897
Human Resources	6,069,110
ICT	21,023,292
Medical Director	611,788
Nursing	7,379,621
Operations	5,729,196
Research & Innovation	976,150
Trust Board	2,261,194
Total Corporate Division	104,787,040
Apprentice Levy	2,059,371
CNST & Insurance	28,765,507
Committed Reserve	66,685,858
Contingency Reserve	2,500,000
Inflation Reserve	18,383,416
ID/ML Reserve	-
Total Non Divisional Budgets	118,394,152
NHS Clinical Income	(908,651,000)
Non NHS Clinical Income	(19,340,153)
MRET	-
Other Operating Income	(122,644)
Total Central Income	(928,113,797)
Depreciation	32,127,232
PDC	12,029,272
Other Non Operating	(1,194,000)
Total Non Operating	42,962,504
Total Trust	0

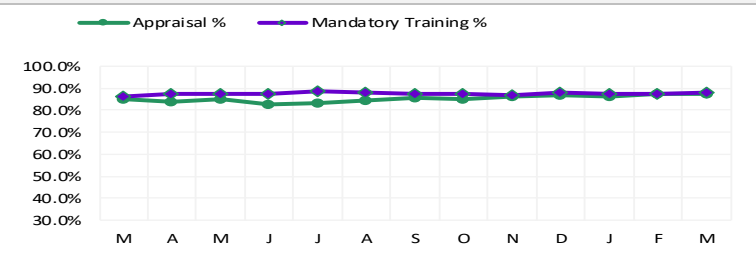
Workforce Dashboard

March 2023

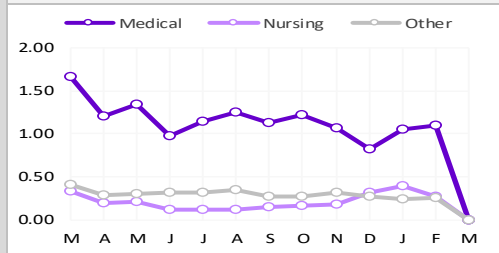
Trust Level

Key Metrics	Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Ceiling	Ward Fill Rate
Performance	3.7%	(£51.3m)	4.7%	87.9%	87.7%	8.8%	£6.84m	89.8%
Target	Budget 10812wte	Budget £583.9m	3.5%	90%	90%	12%	(£24.54m)	95%
Achieved	Contracted 10416wte	Spend £532.6m	4.7%	View portal for detail	87.7 out of 100 staff		(£17.70m)	
Vs Prior Month	↓ 6.0%	↑ (£1.04m)	↑ 4.6%	↑ 87.3%	↑ 87.3%	↓ 8.8%	↑ £4.79m	↑ 85.2%
Prior Month								

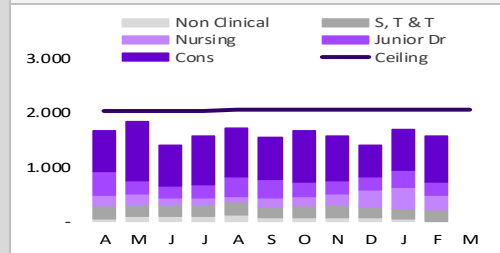
Appraisals & Mandatory Training Compliance %



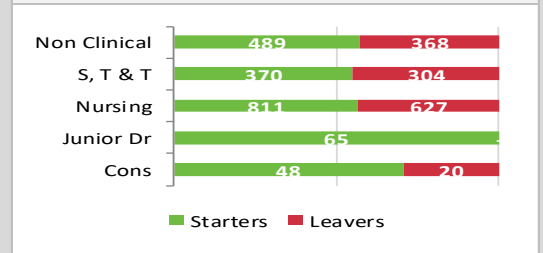
Agency Trends (ex Locum) £m



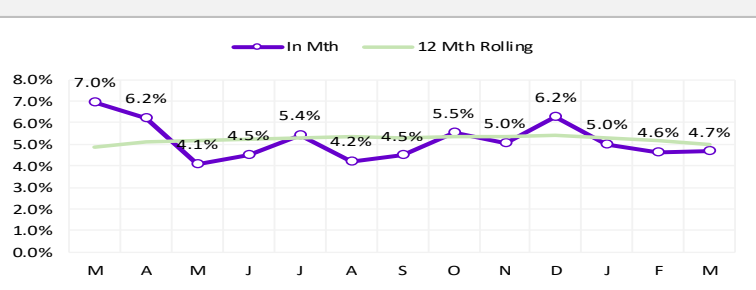
Agency Ceiling £m



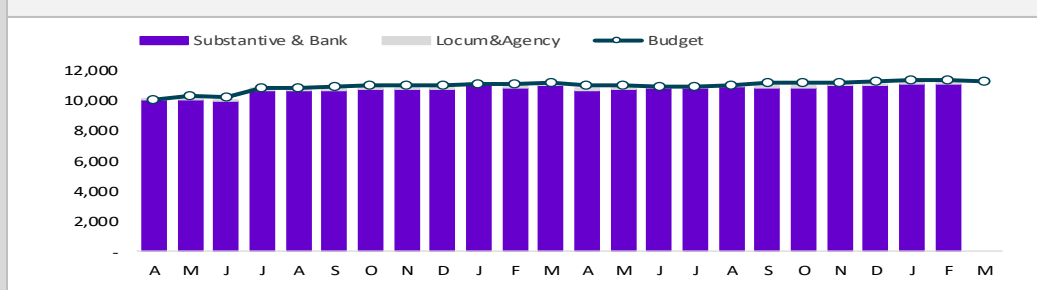
Starter - Leavers (12Mth Rolling) Headcount



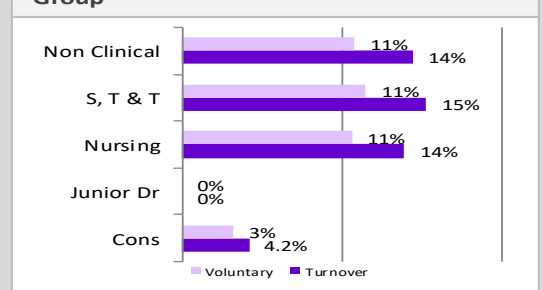
Sickness %



Workforce Trends wte

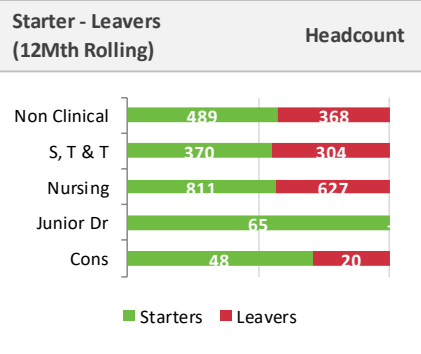
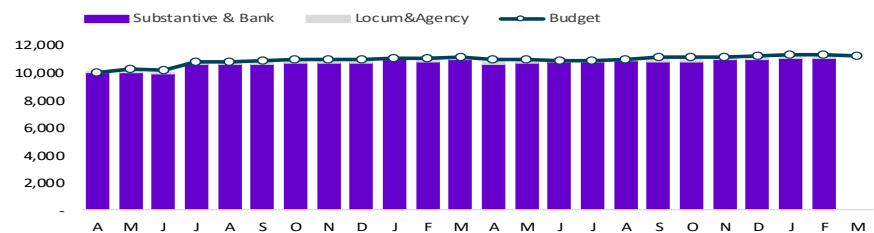


Turnover by Staff Group Headcount



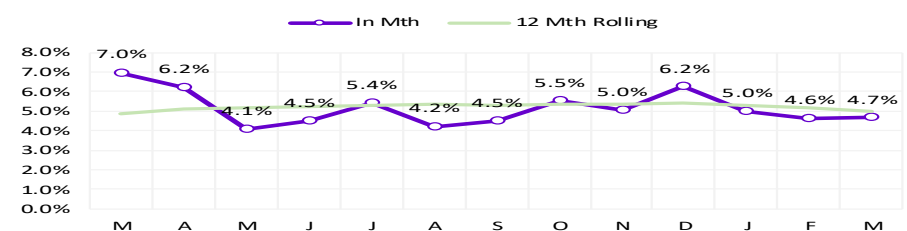
Workforce Trends

wte



Sickness

%



Commentary

Recruitment

In March, the number of staff in post decreased marginally to 10,416 WTE (February 10,419). The Trust continues to have more starters than leavers overall in the majority of clinical groups. The Trust's rolling voluntary turnover for March was 8.8% (February 8.8%)

In February 112.19 WTE (124 headcount) external offers were made (excluding Medical offers).

International Nurse recruitment: Apr 2022-March 2023 - 144 RNs to commence. 12 International Nurses (6 on each main acute site).

Consultant vacancies increased to 38 WTE from 34 WTE due to 4 additional posts to accommodate the new 7 Day Medical Model in Ipswich. 22 Consultants are going through on-boarding. There are 4 SAS vacancies.

Agency spend M12 @ £1.8m of which £1m was spent on Medical Locums. NHSE / EoE System controls of a 10% reduction on previous year finished at £3.6m above target. Contributory factors include an increased spend on Medical Consultants (up £1.6m on previous year) and contracts for corridor care / ambulance handover staff which commenced in M08 (Est costs circa @ around £250k/m).

Direct engagement VAT savings (Medical) of £893k FY22-23 (M12 @ £87k)

Bank spend in M12 was up by almost £1m to £5.5m. Contributory factors include, increased annual leave coverage within the N&M workforce and increased Medical Bank pay rates.

Sickness

Sickness absence increased marginally to 4.7%, from 4.6% in February and remains above the target of 4%. The main reason for absence is due to Coughs, colds and flu (including COVID-19) and we saw a decrease increase in sickness absence due to stress, anxiety and depression (20.03% in February v 18.97% in March).

The number of FTE days lost due to sickness remains higher for short term sickness (59.88%) than long term sickness (40.12%).

The number of employees absent on Long Term sickness has decreased this month (42.69% to 40.12%) and this is likely due to the continued targeted work being conducted by the ER team in liaison with Occupational Health.

Risks & Mitigating Actions

Recruitment, Resourcing and Planning

There has been a decrease in the number of vacancies to 3.7% (from 6.0% in February).

ICB recruitment event planning workshop held, event planned for summer months, locations to be confirmed.

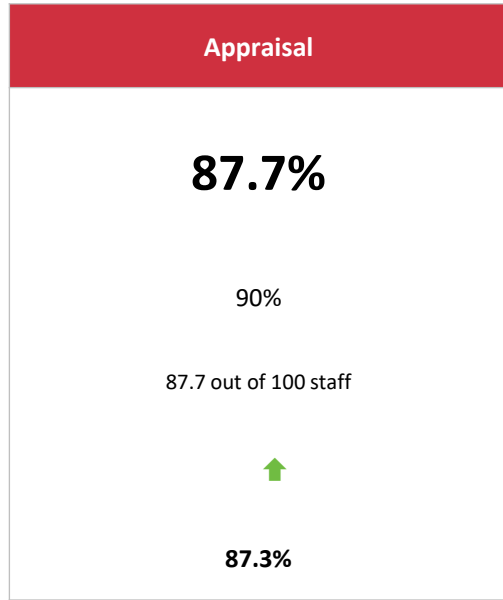
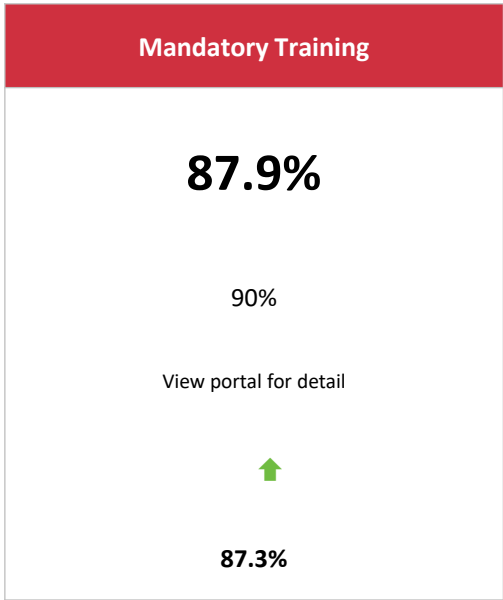
Newly qualified recruitment events for each site scheduled for early April.

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

Sickness

Bitesize training sessions focussed on absence are being held and the sickness review group continues to meet on a monthly basis and is making good progress and focus on 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.



Commentary

Mandatory Training

March’s compliance rate increased slightly to 87.9%, from 87.3% in February.

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

Email reminders to staff and their managers, notifying them of expired or about to expire training commenced in April. Daily compliance figures have seen an improvement since these started.

Targeted work on improving compliance with Information Governance training is underway to meet the 95% target by June, and daily compliance is showing an increase. HRBPs are working with divisions on this area.

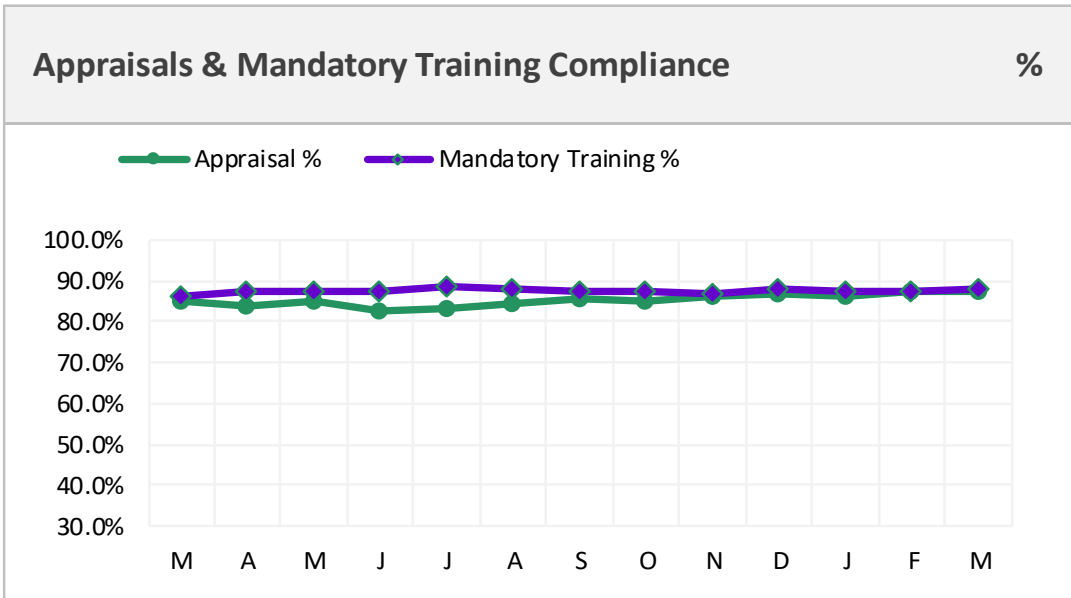
Building works are continuing in Villa 8 at Colchester and we are still waiting for confirmation of a completion date. Disruption continues to be fairly low level.

Appraisal

March’s compliance rate increased slightly to 87.7%, from 87.3% in February.

Feedback led appraisals for managers at bands 7 and above has been introduced. Appraisal documentation has been updated, alongside a refreshed information page and an easier method of recording completed appraisals.

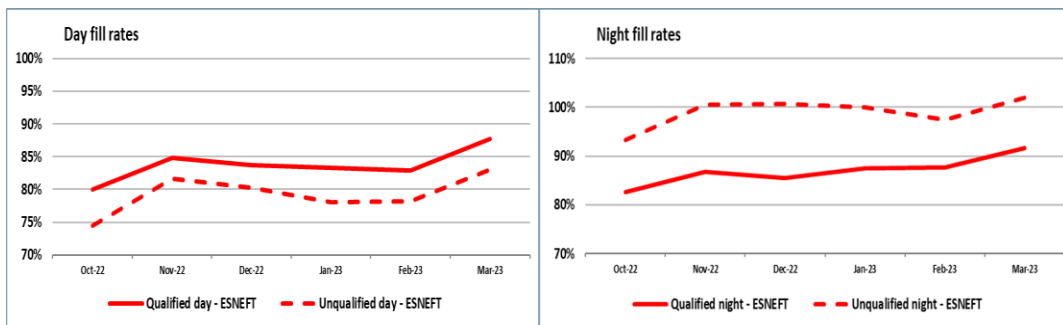
Email reminders to staff and their managers alerting them of expired or about to expire appraisals have commenced.



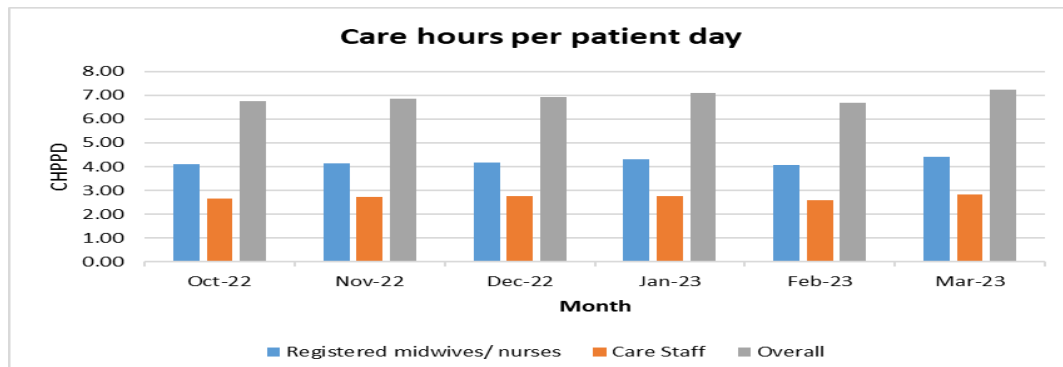
Nursing, Midwifery and AHP Workforce Update

Fill Rates (including care hours per patient day)

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Qualified day - ESNEFT	80.0%	84.8%	83.8%	83.3%	83.0%	87.8%
Qualified night - ESNEFT	82.5%	86.8%	85.5%	87.4%	87.7%	91.6%
Unqualified day - ESNEFT	74.4%	81.6%	80.2%	78.1%	78.2%	83.0%
Unqualified night - ESNEFT	93.4%	100.5%	100.7%	99.9%	97.4%	102.0%
Overall (average) fill - ESNEFT	81.3%	86.9%	85.9%	85.6%	85.2%	89.8%



Care hours per patient day	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Registered midwives/ nurses	4.10	4.14	4.18	4.32	4.08	4.40
Care Staff	2.65	2.72	2.76	2.78	2.60	2.82
Overall	6.75	6.86	6.94	7.09	6.68	7.23



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 currently on target to meet our objective of welcoming 120 International Nurses into the trust from April 2023-March 2024.

Work is currently underway to ensure we retain the pastoral award which will come up for review 2024.

The changes made by the NMC regarding the English language requirements, have led to a significant increase in Internal employees wishing to complete the OSCE. As a trust we have developed a new Intensive bespoke support package to offer our internal OSCE candidates, if they should require it.

International AHP Recruitment:

The trust has secured funding for 16 international AHPs (10 Diagnostic radiographers, 5 OTs, 1 Podiatrist). We have recruited 9 radiographers and 4 OTs. Unfortunately we have been unable to recruit Podiatrists, no other provider within region has done this. We have also successfully recruited 3 international dieticians and 12 physiotherapists into the organisation since April 22. International pipeline is limited for SLT, Podiatry and ODP. Relocation offer and induction for AHPs has been aligned with international nurses, we have attempted to review experiences of international AHPs through monthly supervision/engagement sessions which have been poorly attended. Further discussions are taking place about how to review experiences on international recruits and provide robust ongoing pastoral care.

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.

We are also looking to embed Birth Rate plus into the daily staff meetings.

We are working with the Divisions to cascade CNSST (Community Nursing Safer Staffing Tool) to our community services and are currently on schedule with an intended rollout in April 2023

A trust SafeCare Lead position is in development and an active post will be available in the next month.

HCA retention

We are working collaboratively with the ICB. Three bus recruitment drives targeting Tendering and Clacton are being organised. These are due to commence in June 2023.

Links have been established with Colchester Institute and Suffolk College to arrange 'Introduction to Care' days

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. We continue to work closely with the outreach team to ensure we are inclusive and hit pockets of diversity.

Work on developing an ESNEFT Support Worker Award is continuing and will be completed by Sept 2023.

The trust have submitted the evidence required for the Quality Pastoral Award for our support workers. The Regional team visited Ipswich hospital on 13th April in relation to the award. We will be formally notified of the outcome in the next two weeks.

POD Profiles - Trust Level

	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
All Staff													
Headcount	11,637	11,613	11,606	11,630	11,679	11,851	11,807	11,833	11,821	11,804	11,844	11,901	12,090
Establishment (including agency)	11,132	10,967	10,970	10,888	10,890	11,018	11,127	11,180	11,133	11,265	11,347	11,363	11,394
In post	10,029	10,028	10,018	10,053	10,194	10,128	10,186	10,222	10,287	10,319	10,357	10,419	10,416
Vacancy	1,103	938	952	835	697	889	941	958	846	945	990	945	978
Vacancy %	9.9%	8.6%	8.7%	7.7%	6.4%	8.1%	8.5%	8.6%	7.6%	8.4%	8.7%	8.3%	8.6%
Establishment (excluding agency)	10,779	10,529	10,588	10,578	10,632	10,671	10,810	10,858	10,921	10,949	11,011	11,079	10,812
Vacancy (excluding agency)	750	500	570	525	438	542	624	636	634	629	654	660	395
Vacancy % (excluding agency)	7.0%	4.8%	5.4%	5.0%	4.1%	5.1%	5.8%	5.9%	5.8%	5.7%	5.9%	6.0%	3.7%
Turnover													
¹ Turnover (12 Month)	13.2%	12.5%	12.4%	12.0%	12.1%	12.0%	12.3%	12.0%	11.6%	11.6%	11.5%	11.5%	11.5%
¹ Voluntary Turnover (12 Month)	9.2%	9.3%	9.4%	9.0%	9.1%	9.0%	9.2%	9.0%	8.9%	8.9%	8.8%	8.8%	8.8%
¹ Starters (to Trust)	137	129	97	114	132	159	177	195	162	125	186	160	147
¹ Leavers (from Trust)	147	116	102	95	125	117	143	94	84	116	97	82	148
Sickness													
% In Mth	7.0%	6.2%	4.1%	4.5%	5.4%	4.2%	4.5%	5.5%	5.0%	6.2%	5.0%	4.6%	4.7%
WTE Days Absent In Mth	21,537	18,592	12,564	13,425	16,810	13,134	13,479	17,265	15,339	19,741	15,917	13,343	14,941
Mandatory Training & Appraisal Compliance													
Mandatory Training	86.3%	87.3%	87.4%	87.2%	88.4%	87.8%	87.4%	87.2%	87.0%	87.9%	87.5%	87.3%	87.9%
Appraisal	84.8%	83.9%	85.3%	82.6%	83.0%	84.2%	85.6%	85.3%	86.4%	86.9%	86.4%	87.3%	87.7%
Temporary staffing as a % of spend													
Substantive Pay Spend	42,240	40,712	41,264	41,305	40,232	41,591	45,661	43,046	42,008	42,126	42,810	42,585	64,961
Overtime Pay Spend	156	221	176	167	162	163	233	164	153	145	162	166	173
Bank Pay Spend	4,815	4,024	3,996	4,310	4,343	4,475	5,414	4,346	4,588	4,515	5,024	4,595	7,317
Agency Pay Spend	2,410	1,679	1,848	1,400	1,572	1,718	1,552	1,669	1,562	1,406	1,682	1,611	1,777
Total Pay Spend	49,621	46,636	47,284	47,182	46,309	47,947	52,860	49,224	48,311	48,192	49,679	48,957	74,228
Agency & Bank %	14.6%	12.2%	12.4%	12.1%	12.8%	12.9%	13.2%	12.2%	12.7%	12.3%	13.5%	12.7%	12.3%
Agency %	4.9%	3.6%	3.9%	3.0%	3.4%	3.6%	2.9%	3.4%	3.2%	2.9%	3.4%	3.3%	2.4%
Nurse staffing fill rate													
% Filled	87.8%	89.3%	93.5%	94.6%	84.0%	86.2%	87.2%	81.3%	86.9%	85.9%	85.6%	85.2%	89.8%

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,238	3,149	3,122	3,094	3,105	3,140	3,177	3,183	3,211	3,244	3,268	3,265	3,262
In post	2,987	2,967	2,976	2,979	2,988	3,003	3,009	3,007	3,032	3,020	3,021	3,018	-
Vacancy	251	182	145	115	117	137	167	176	179	224	247	247	3,262
Vacancy %	7.8%	5.8%	4.7%	3.7%	3.8%	4.4%	5.3%	5.5%	5.6%	6.9%	7.6%	7.6%	100.0%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,537	1,504	1,504	1,493	1,497	1,497	1,540	1,554	1,548	1,563	1,567	1,566	1,571
In post	1,466	1,478	1,476	1,472	1,483	1,492	1,486	1,476	1,485	1,472	1,450	1,436	-
Vacancy	71	26	29	21	15	4	54	78	63	91	116	130	1,571
Vacancy %	4.6%	1.7%	1.9%	1.4%	1.0%	0.3%	3.5%	5.0%	4.1%	5.8%	7.4%	8.3%	100.0%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,378	1,341	1,351	1,306	1,294	1,329	1,365	1,342	1,343	1,357	1,378	1,388	1,382
In post	1,171	1,158	1,142	1,146	1,142	1,139	1,128	1,126	1,128	1,149	1,161	1,186	-
Vacancy	207	183	209	160	152	191	238	216	215	208	217	202	1,382
Vacancy %	15.0%	13.7%	15.5%	12.2%	11.7%	14.3%	17.4%	16.1%	16.0%	15.3%	15.8%	14.5%	100.0%
Consultants													
Establishment (including agency)	519	517	512	512	512	510	511	513	511	511	512	512	516
In post	443	448	444	445	449	457	456	460	460	461	460	465	469
Vacancy	75	70	67	68	64	54	55	53	51	50	53	48	47
Vacancy %	14.5%	13.5%	13.1%	13.2%	12.4%	10.5%	10.8%	10.3%	10.0%	9.8%	10.3%	9.3%	9.2%
Junior Medical													
Establishment (including agency)	745	735	739	731	730	750	786	777	783	770	767	778	772
In post	707	695	707	703	699	832	756	754	742	750	742	750	-
Vacancy	38	39	32	29	32	(82)	30	24	41	20	25	27	772
Vacancy %	5.1%	5.4%	4.3%	3.9%	4.3%	-10.9%	3.8%	3.0%	5.2%	2.6%	3.3%	3.5%	100.0%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,156	2,153	2,155	2,191	2,170	2,172	2,166	2,161	2,173	2,195	2,237	2,229	2,177
In post	1,920	1,945	1,938	1,953	1,959	1,957	1,996	2,005	2,008	2,027	2,041	2,040	-
Vacancy	236	208	217	238	211	216	170	155	165	168	196	189	2,177
Vacancy %	10.9%	9.7%	10.1%	10.9%	9.7%	9.9%	7.9%	7.2%	7.6%	7.6%	8.8%	8.5%	100.0%

2WW	2 Week Wait	FDS	Faster Diagnosis Standard	OGD	Gastroscopy
ADO	Associate Director of Operations	FFT	Friends and Family Test	OLM	Oracle Learning Management
AF	Accountability Framework	FGR	Fetal Growth Restriction	OPD	Outpatient department
AHP	Allied Health Professional	FTE	Full Time Equivalent	OSCE	Objective Structured Clinical Examination
AMD	Associate Medical Director	HALO	Hospital Ambulance Liaison Officer	OT	Occupational Therapist
AMSDEC	Acute Medical Same Day Emergency Care	HCA	Health Care Assistant	PAH	Princess Alexandra Hospital
ANDU	Antenatal Day Unit	HCP	Healthcare Professional	PALS	Patient Advice and Liaison Service
APGAR	Appearance, Pulse, Grimace, Activity and Respiration	HIE	Hyoxic-ischaemic encephalopathy	PAS	Patient Administration System
ARCU	Acute Respiratory Care Unit	HOHA	Healthcare Onset Healthcare Associated	PDC	Public Dividend Capital
ARU	Anglia Ruskin University	HSIB	Healthcare Safety Investigation Branch	PPH	Postpartum haemorrhage
ATAIN	Avoiding Term Admissions Into Neonatal Units	HSMR	Hospital Standardised Mortality Ratio	PPM	Patient Pathway Manager
CBD	Corticobasal Degeneration	I&E	Income & Expenditure	PROMPT	Practical Obstetric Multi-professional Training
CCG	Clinical Commissioning Group	ICB	Integrated Care Board	PSIRP	Patient Safety Incident Response Plan
CCU	Critical Care Unit	IES	Ipswich & East Suffolk	PSR	Patient Safety Response
CDC	Community Diagnostic Centres	IH	Ipswich Hospital	PTL	Patient Tracking List
CDEL	Capital Departmental Expenditure Limit	INR	International Registered Nurse	PW1	To intermediate care & reablement services at home
CDG	Clinical Delivery Group	IP&C	Infection Prevention & Control	PW2	To residential care within the independent & community sector.
CDH	Community Diagnostic Hub	IPC	Infection Prevention & Control	PW3	To nursing care within the independent sector.
CGH	Colchester General Hospital	K2	Learning Package for Midwives	Q1	Quarter 1
CHF	Congestive Heart Failure	KPI	Key Performance Indicator	QI	Quality Improvement
CIP	Cost Improvement Plan	LD	Learning Disabilities	QIA	Quality Impact Assessment
CLC	Consultant Led Care	LD&A	Learning Disabilities & Autism	R2G	Red 2 Green
CMO	Chief Medical Officer	LFT	Lateral Flow Test	RCA	Root Cause Analysis
CNST	Clinical Negligence Scheme for Trusts	LLOS	Long length of stay	RCN	Royal College of Nursing
CO	Carbon monoxide	LMNS	Local Maternity and Neonatal System	RCOG	Royal College of Obstetrics & Gynaecology
COC	Continuity of Care	LMNSB	Local Maternity and Neonatal System Board	REACT	Reactive Emergency Assessment Community Team
COHA	Community Onset Healthcare Associated	MASD	Moisture-Associated Skin Damage	RN	Registered Nurse
CQC	Care Quality Commission	MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries	RTT	Referral to Treatment
CRG	Clinical Reference Group	MCCD	Medical Certificate Cause of Death	SBLCBv2	Saving Babies Lives Care Bundle v2
CT	Computerised Tomography	MDT	Multidisciplinary Team	SHMI	Summary Hospital Mortality Indicator
CTG	Cardiotocography	MH	Mental health	SI	Serious Incident
DAM	Divisional Accountability Meeting	MHLT	Mental Health Liaison Team	SJR	Structured Judgement Review
DEXA	Dual energy X-ray absorptiometry	MIS	Maternity Incentive Scheme	SOF	Single Oversight Framework
DFI	Doctor Foster Intelligence	MLC	Midwifery Led Care	SOP	Standard Operating Procedure
DM01	Diagnostics Waiting Times and Activity	MSK	Musculoskeletal	SPC	Statistical Process Control
DMT	Divisional Management Team	MUST	Malnutrition Universal Screening Tool	SUS	Secondary Uses Service
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	MVP	Maternity Voices Partnership	T&O	Trauma & Orthopaedics
DOC	Duty of Care	NAD	Nothing Abnormal Discovered	TCI	Appointment Booked (To Come In)
DTI	Deep Tissue Injury	NEE	North East Essex	ToCH	Transfer of Care Hub
EAU	Emergency Assessment Unit	NEECS	North East Essex Community Services	TVN	Tissue Viability Nurse
ECC	Essex County Council	NHSP	NHS Professionals	UCRS	Urgent Community Response Standards
EEAST	East of England Ambulance Service	NHSR	NHS Resolution	UEC	Urgent & Emergency Care
EIR	Environment Information Regulations	NICU	Neonatal Intensive Care Unit	UKHSA	UK Health Security Agency
EOE	East of England	NMPA	National Maternity and Perinatal Audit	VBAC	Vaginal Birth After Caesarean
EOL	End of Life	NND	Neonatal Death	VHD	Valvular Heart Disease
ER	Employee Relations	NNU	Neonatal Unit	VLAD	Variable Life Adjusted Display
ERF	Elective Recovery Fund	NQB	National Quality Board	VTE	Venous thromboembolism
ESRF	End Stage Renal Failure	NRLS	National Reporting and Learning System	WABA	World Alliance for Breastfeeding Action
F2F	Face to Face	ODN	Operational Delivery Network	WTE	Whole Time Equivalent
FCH	Felixstowe Community Hospital	ODP	Operating Department Practitioner	YTD	Year to Date