Month 2
(May)

East Suffolk and North Essex NHS Foundation Trust

Performance report

East Suffolk and North Essex NHS Foundation Trust

Board of Directors

This month's performance report provides detail of the May 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 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*

NHSI 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 NHS England 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 was published for 2022/23, however further guidance is still awaited on the 'data definition' and detail of many of the indicators included. This has been highlighted to East of England NHS England and work is ongoing to understand the reporting requirements for 2023/24. 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 to stop reporting (such as caesarean section targets).

Following consideration by the NHSE 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 April's performance were were held at the beginning of June.

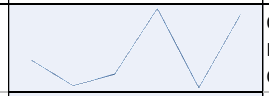
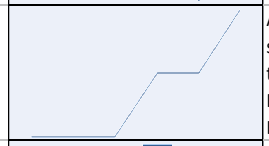
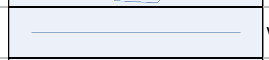
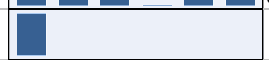
Spotlight reports are also included to provide more detail on performance, and where necessary, corrective actions that are being implemented.

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.

① Oversight Framework: NHS England

May 2023

Quality : Safe, Effective & Caring

Indicator	Domain	Frequency	Target / Standard	Mar-23	Apr-23	May-23	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	*n/a*	124	89	121	↑		Overall complaint numbers for ESNEFT in May were 121. Colchester reported 64 (44) complaints and Ipswich reported 57 (45). There was 1 high level complaint recorded in month in Neurology Colchester.
Never Events	Safe	M	0	1	1	2	↑		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. In April there was a wrong site pain injection. There was no harm caused. There were two Never Events in May, a patient was connected to air instead of oxygen in error during an emergency resuscitation in ED Colchester, and a misplaced NG tube was identified on CCU Colchester.
Mixed sex accommodation Breaches	Caring	M	0	198	145	157	↑		The high number of breaches recorded has been added to divisional risk registers.
F&F: Inpatients % Recommending	Caring	M	90%	92.9%	92.7%	93.2%	↑		
F&F: % Recommending - A&E	Caring	M	90%	78.2%	85.9%	86.8%	↑		
Maternity scores from Friends and Family Test – % positive :									
F&F: Birth % Recommending	Caring	M	90%	79.2%	94.4%	100.0%	↑		
F&F: Post Natal Ward % Recommending	Caring	M	90%	93.3%	97.7%	96.9%	↓		
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	3	5	9	↑		There were 9 C.difficile cases reported in May. There were 4 on the Colchester site -all HOHA, and 5 on the Ipswich site - all HOHA.
MRSA Bacteraemia: Hospital	Safe	M	0	0	0	0	→		
HSMR (DFI Published - By Month Data Available)	Effective	Q	100.0	108.4	109.6	108.8	↓		
HSMR Weekend (By Month Data Available)	Effective	Q	100.0	111.0	113.7	113.4	↓		
Summary Hospital Mortality Indicator	Effective	Q	1.00	1.086	1.093	1.078	↓		12 mths to December 2022. This is 'as expected' when compared to the previous annual position (November 2022 data) of 1.09.

Operational Performance

Indicator	Domain	Frequency	Target / Standard	Mar-23	Apr-23	May-23	Mov't	Trend	Comments
A&E: Total Wait - 4 Hour Performance	Responsive	M	76.0%	68.7%	75.2%	74.2%	↓		A&E waiting time performance based on economy. Performance for May 2023 was 78% for NEE, and 67.5% for IES.
RTT: Incomplete pathway >78 weeks	Responsive	M	0	524	193	137	↓		
Cancer: 62 days Urgent GP Ref to 1st Treatment	Responsive	M	85.0%	69.1%	71.8%	73.7%	↑		
Cancer: 28 Day Faster Diagnosis Standard	Responsive	M	75.0%	64.1%	64.5%	65.2%	↑		
Diagnostics: % Patients waiting 6 weeks or longer	Responsive	M	3.0%	10.6%	8.1%	7.2%	↓		

N/S – Not Submitted

① Oversight Framework: NHS England

May 2023

Quality : Organisational Health									
Indicator	**Domain**	**Frequency**	**Target / Standard**	**Mar-23**	**Apr-23**	**May-23**	**Mov't**	**Trend**	**Comments**
Absence- Total	Well-Led	M	0.0%	4.7%	4.1%	4.2%	↑		Short term sickness 2.16%, long term sickness 1.99%
Staff turnover	Well-led	M	*tbc*	8.8%	8.6%	8.4%	↓		Voluntary turnover.
Executive team turnover	Well-led	M	*tbc*	1	0	0	→		
Proportion of temporary staff	Well-led	Q	*tbc*	2.4%	2.3%	2.5%	↑		Bank & Agency staff 12%.
CIP Forecast Outturn to plan (variance fav/(adv))	Use of Resources	M	0	(8,512)	(14,915)	(12,734)	↑		

Finance and Use of Resources									
Indicator	**Domain**	**Frequency**	**Target / Standard**	**Mar-23**	**Apr-23**	**May-23**	**Mov't**	**Trend**	**Comments**
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	1	2	2	→		The Trust is required to deliver a balanced revenue position in 23/24. It has planned for, and expects to achieve this, but with deficits reported for each month from April to September, with in-month surpluses projected from October. This profile is primarily a product of national funding for the EPR development not being anticipated until the second half of the financial year, even though actual costs related to this project, have begun from the beginning of the year. This explains why the Trust's I+E margin scores will be poor in the first half of the financial year. Indeed, a score of 4 (worst) for I+E margin was recorded in April, and then a 3 in May (the deficit as a % of total operating income reduced slightly in May which resulted in this improvement). With no metric now scoring a 4, this consequently meant that the overall use of resources rating also improved to a 3.
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	0	4	3	3	→		
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	0	2	4	3	↓		
I&E MARGIN : Variance from Plan	Finance	M	0	1	1	1	→		
Agency Spend : Remain within agency ceiling	Finance	M	0	2	1	1	→		
Overall: Use of Resources Rating	Finance	M	0	3	3	2	↓		

Overall : NHS system oversight framework segmentation									
Indicator	**Domain**	**Frequency**	**Target / Standard**	**Mar-23**	**Apr-23**	**May-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).

N/S – Not Submitted

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 was updated and agreed through the Executive Management Committee in October 2022.

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' occuring 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

2023/24 reporting – Month 1 (April performance)

Clinical divisions performance

Divisional Accountability Meetings to discuss April's performance took place on the 6th, 7th and 9th of June. Meetings for Corporate services took place on 12th June.

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

- MSK & Specialist Surgery and Surgery, Gastroenterology & Anaesthetics each scored a 1 in April.
- Cancer & Diagnostics, Medicine Colchester, NEECS and Women's & Children's achieved a 2 in month.
- Integrated Pathways and Medicine Ipswich scored a 3 overall in April.

Corporate performance

- 4 corporate areas scored a 2 in April: Estates & Facilities, Nursing, Operations and Research & Innovation
- 7 corporate areas scored a 3 in April: Communications, Faculty of Education, Finance & Information, Human Resources, ICT and Medical Director

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

Score Rating	1 Inadequate	2 Requires Improvement	3 Good	4 Outstanding

Mortality Ratios - Data Sources DF Intelligence (Telstra Health)

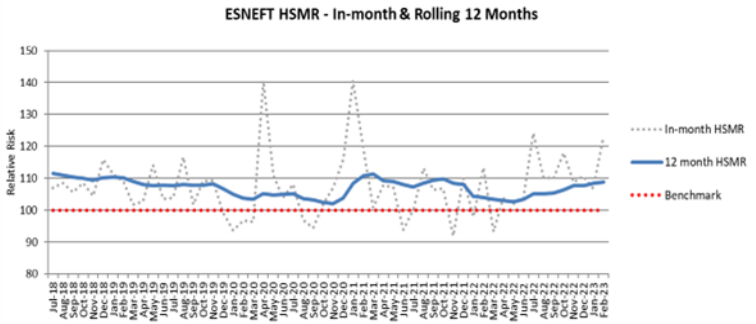
Summary

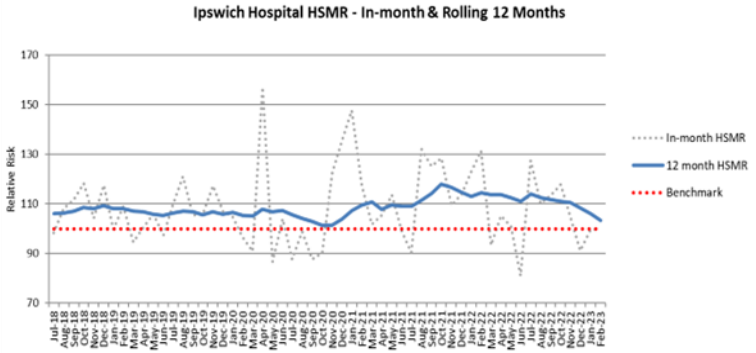
ESNEFT 12-mth HSMR to February 2023, 108.8 'higher than expected' (to January 2023 was 108.5) - incomplete coding.

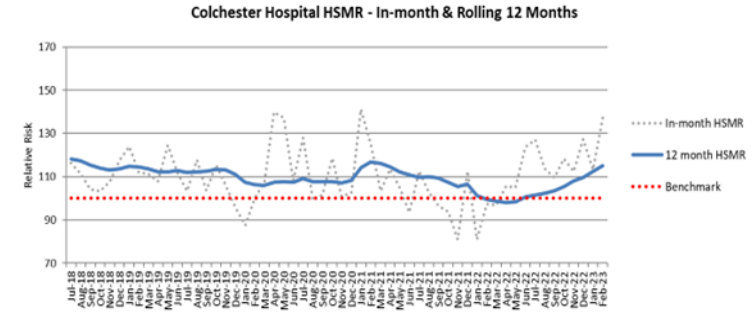
ESNEFT all-diagnoses (SMR) to February 2023, 107.1 'higher than expected' (to January was 106.0) – incomplete coding so February in-month figure will drop.

ESNEFT SHMI to December 2022 1.0780 'as expected'

- Slightly higher than England COVID-19 coding
- Palliative care coding change has resulted in trust staying outside the top quintile for coding i.e. not an outlier.







Dr Foster Summary

Feb 2023 12 month rolling data except where specified	ESNEFT	IPS	COL
HSMR in-month EXCLUDES C-19 ON ADMISSION	122.8	100.4	137.7
HSMR – INCOMPLETE DATA* EXCLUDES C-19 ON ADMISSION	▼ 108.8*	▼ 103.3*	▲ 115.0*
HSMR Lower confidence limit EXCLUDES C-19 ON ADMISSION	▼ 104.6 Outlier	▼ 97.2* As expected	▲ 109.2* Outlier
HSMR NO C-19 PATIENTS	▼ 104.6	▼ 99.6*	▲ 110.6*
HSMR Lower confidence limit NO C-19 PATIENTS	▼ 100.3 Outlier	▼ 93.3 As expected	▲ 104.5 Outlier
HSMR Death rate (nat. 3.3%➤)	➤ 3.3%	▼ 2.8 %*	➤ 3.9%
All diagnosis groups - INCMPLT INCLUDES C-19 DURING ADM	▼ 106.5	▼ 104.0	▼ 110.5
Lower confidence limit (all)	▼ 102.9 Outlier	▼ 98.7 As expected	▼ 105.4 Outlier

The SUS Reconciliation Inclusion date for February discharges was missed, resulting in ++3,391 spells including ++81 deaths being submitted with no clinical coding (Ipswich 2,075 discharges and 70 deaths, so the results for this site will be the most affected). The next publication should reduce the relative risk for 'all diagnosis groups'. The Clinical Coding teams have a plan to reduce the backlog.

Weekend/Weekday HSMR Admissions

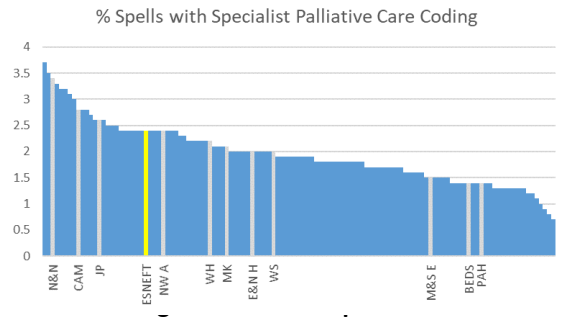
In the 12 months to both January and February 2023, both weekday and weekend ESNEFT HSMR emergency admissions were 'higher than expected'. Ipswich weekday and weekend emergency admissions were 'as expected'.

SHMI – 12 months to December 2022

ESNEFT – ▼1.0780– 'as expected'
Ipswich acute ▼1.0310– 'as expected'
Colchester acute – ▼1.1127 'as expected'.

SHMI Metric	ESNEFT	Eng Avg
% pall deaths 39%	39%	40%
% pall spells	2.5%	1.9% 0.7-3.7%)
NEL mortality rate	4.4%	3.4%
% deaths 30 days +	32%	30%
% COVID coding	5.2%	4.6%

The decision to capture all specialist palliative care input was made in September 2021. At that point, 2.1% spells and 33% deaths had SPC coding. There were initial concerns this change would make the Trust an outlier, even given the higher mortality rate necessitating additional patient support. ESNEFT was the 25th highest coding trust for SPC spells out of 121 Trusts to December 2022.



The Trust is 1 of 8 in the regional peer group with a 'higher than expected' relative risk.

Mortality: Stillbirths & Perinatal Mortality April data

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

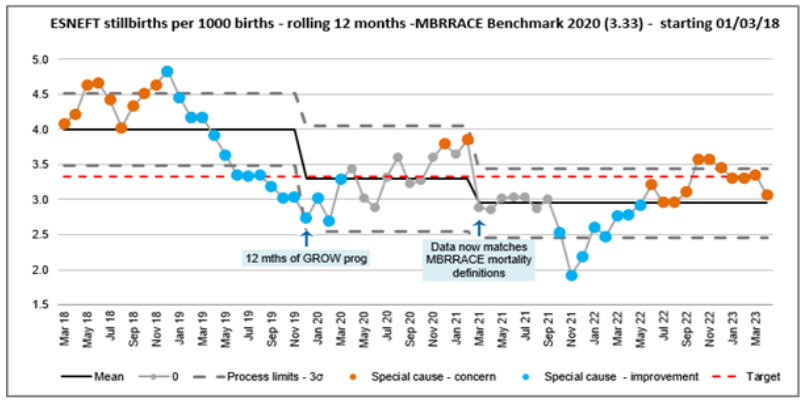
Provisional Data

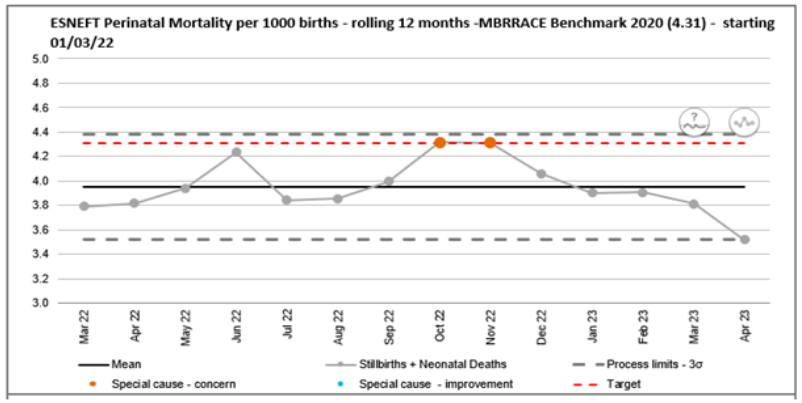
Summary 12 months to April 2023

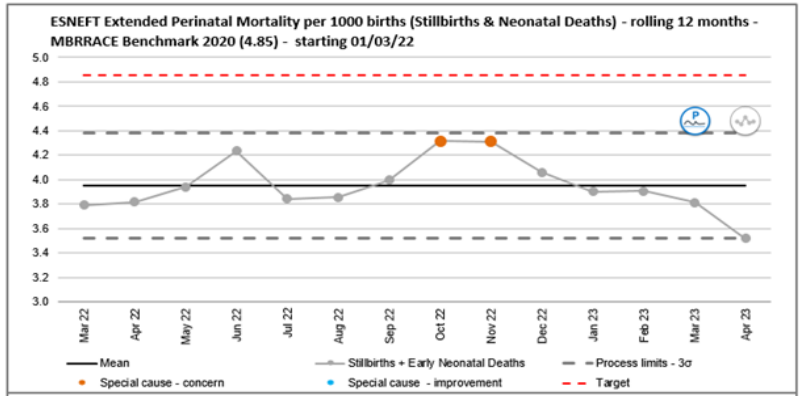
- Stillbirths/1,000 births ¤ 3.1 – 2020 MBRRACE* 2020 benchmark 3.3 (3.15-3.44)
- Perinatal mortality 3.5/1,000 births ¤ – MBRRACE* 2020 benchmark 4.3 (4.09-4.42)
- Extended perinatal mortality 3.5/1,000 births ¤ – MBRRACE* 2020 benchmark 4.8 (4.61-4.96)

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

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







12 months to April 2023 (April data awaiting validation)

Metric – Benchmark reflects rates for England	Benchmark (MBRRACE 2020)	Ips	Col
Stillbirths¤	3.3	3.5	2.6
Perinatal Mortality¤ (stillbirths and early neonatal deaths within 7 days of delivery)	4.3	3.9	3.2
Extended Perinatal Mortality¤ (stillbirths and neonatal deaths up to 28 days following delivery)	4.8	3.9	3.2

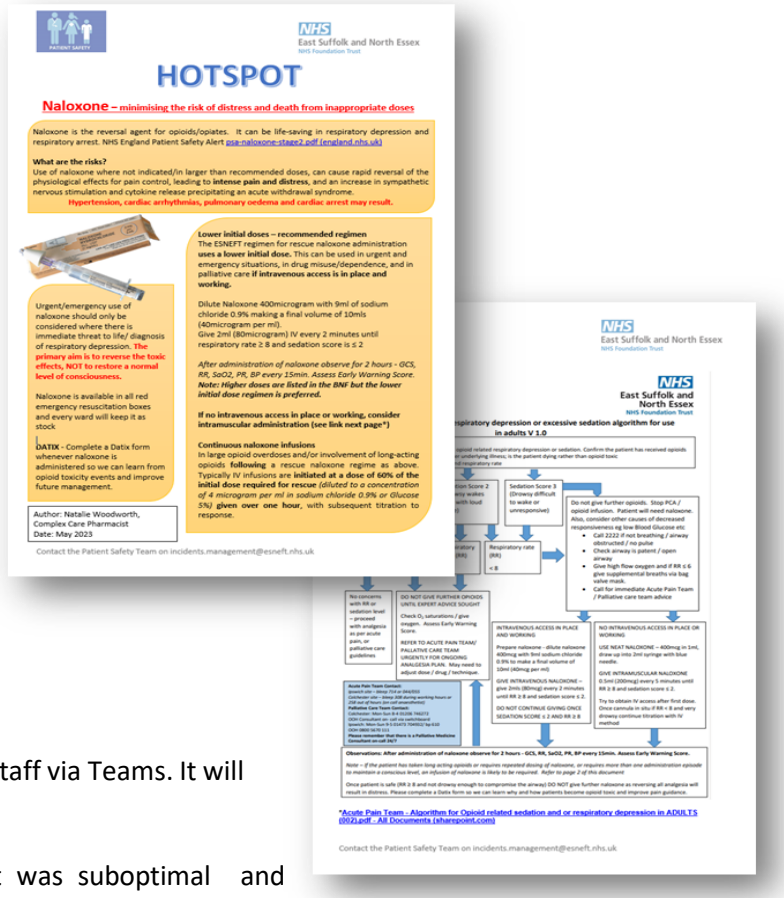
Mortality – Senior SJR Review & Learning from Deaths Group 2nd June 2023

Summary

- **Coroner verdict - multiple ward moves 'more than minimally' contributed to death. A new protocol was shared with the coroner aimed at minimizing ward moves;**
- **HotSpot issued for naloxone use;**
- **Senior input must always be sought for frail patients with ongoing hypo/ hypervolemia;**
- **Senior MDT for long stay complex patients required**

Coroner Verdict Case COL1489 - narrative conclusion stated the patient suffered with hyperthyroidism and was admitted to hospital with rare but recognised complication of treatment. She developed sepsis during her hospital admission which was sadly diagnosed and treated late due to lack of continuity care caused by **multiple ward moves**. The belated diagnosis and treatment of sepsis more than minimally contributed to her death.

The SJR (mortality review) completed by the senior review group, was submitted as evidence. Following feedback from the coroner, the Deputy AMD for Patient Safety has issued a statement to Ipswich and Suffolk Coroners to explain what an SJR is and how it is used, i.e. a subjective hypercritical review of care, with comparison to best practice standards, used to identify and share learning.


HOTSPOT

Naloxone – minimising the risk of distress and death from inappropriate doses

Naloxone is the reversal agent for opioids/opiates. It can be life-saving in respiratory depression and respiratory arrest. NHS England Patient Safety Alert psa-naloxone-stage2.pdf (england.nhs.uk)

What are the risks?
Use of naloxone where not indicated/in larger than recommended doses, can cause rapid reversal of the physiological effects for pain control, leading to **intense pain and distress**, and an increase in sympathetic nervous stimulation and cytokine release precipitating an acute withdrawal syndrome.
Hypertension, cardiac arrhythmias, pulmonary oedema and cardiac arrest may result.

Urgent/emergency use of naloxone should only be considered where there is immediate threat to life/ diagnosis of respiratory depression. **The primary aim is to reverse the toxic effects, NOT to restore a normal level of consciousness.**

Naloxone is available in all red emergency resuscitation boxes and every ward will keep it as stock

DATIX - Complete a Datix form whenever naloxone is administered so we can learn from opioid toxicity events and improve future management.

Author: Natalie Woodworth, Complex Care Pharmacist
Date: May 2023

Contact the Patient Safety Team on incidents.management@esneft.nhs.uk

Lower initial doses – recommended regimen
The ESNEFT regimen for rescue naloxone administration **uses a lower initial dose.** This can be used in urgent and emergency situations, in drug misuse/dependence, and in palliative care **if intravenous access is in place and working.**

Dilute Naloxone 400microgram with 9ml of sodium chloride 0.9% making a final volume of 10mls (40microgram per ml).
Give 2ml (80microgram) IV every 2 minutes until respiratory rate ≥ 8 and sedation score is ≤ 2

After administration of naloxone observe for 2 hours - GCS, RR, SaO2, PR, BP every 15min. Assess Early Warning Score.
Note: Higher doses are listed in the BNF but the lower initial dose regimen is preferred.

If no intravenous access in place or working, consider intramuscular administration (see link next page*)

Continuous naloxone infusions
In large opioid overdoses and/or involvement of long-acting opioids **following** a rescue naloxone regime as above. Typically IV infusions are **initiated at a dose of 60% of the initial dose required for rescue** *(diluted to a concentration of 4 microgram per ml in sodium chloride 0.9% or Glucose 5%)* **given over one hour**, with subsequent titration to response.

NHS East Suffolk and North Essex NHS Foundation Trust

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…spiratory depression or excessive sedation algorithm for use in adults V 1.0

Sedation Score 3 (Drowsy difficult to wake or unresponsive)

Respiratory rate (RR) < 8

Do not give further opioids. Stop PCA / opioid infusion. Patient will need naloxone. Also, consider other causes of decreased responsiveness eg low Blood Glucose etc
- Call 2222 if not breathing / airway obstructed / no pulse
- Check airway is patent / open airway
- Give high flow oxygen and if RR ≤ 6 give supplemental breaths via bag valve mask.
- Call for immediate Acute Pain Team / Palliative care team advice

No concerns with RR or sedation level – proceed with analgesia as per acute pain, or palliative care guidelines

DO NOT GIVE FURTHER OPIOIDS UNTIL EXPERT ADVICE SOUGHT

Check O_2 saturations / give oxygen. Assess Early Warning Score.

REFER TO ACUTE PAIN TEAM/ PALLIATIVE CARE TEAM URGENTLY FOR ONGOING ANALGESIA PLAN. May need to adjust dose / drug / technique.

INTRAVENOUS ACCESS IN PLACE AND WORKING

Prepare naloxone - dilute naloxone 400mcg with 9ml sodium chloride 0.9% to make a final volume of 10ml (40mcg per ml)

GIVE INTRAVENOUS NALOXONE – give 2mls (80mcg) every 2 minutes until RR ≥ 8 and sedation score ≤ 2.

DO NOT CONTINUE GIVING ONCE SEDATION SCORE ≤ 2 AND RR ≥ 8

NO INTRAVENOUS ACCESS IN PLACE OR WORKING

USE NEAT NALOXONE – 400mcg in 1ml, draw up into 2ml syringe with blue needle.

GIVE INTRAMUSCULAR NALOXONE
0.5ml (200mcg) every 5 minutes until RR ≥ 8 and sedation score ≤ 2.

Try to obtain IV access after first dose. Once cannula in situ if RR < 8 and very drowsy continue titration with IV method

Observations: After administration of naloxone observe for 2 hours - GCS, RR, SaO2, PR, BP every 15min. Assess Early Warning Score.

Note – if the patient has taken long-acting opioids or requires repeated dosing of naloxone, or requires more than one administration episode to maintain a conscious level, an infusion of naloxone is likely to be required. Refer to page 2 of this document

Once patient is safe (RR ≥ 8 and not drowsy enough to compromise the airway) DO NOT give further naloxone as reversing all analgesia will result in distress. Please complete a Datix form so we can learn why and how patients become opioid toxic and improve pain guidance.

*Acute Pain Team - Algorithm for Opioid related sedation and or respiratory depression in ADULTS (002).pdf - All Documents (sharepoint.com)

Contact the Patient Safety Team on incidents.management@esneft.nhs.uk

2 other patient cases were reviewed where learning was identified:

1. PSII 136004 - a patient admitted with otitis externa sadly deteriorated and died. During the course of the review it was noted that naloxone were delivered without titration. The patient did not respond to treatment as the cause of the reduced conscious level was not related to opioid toxicity however the clinical teams have been reminded of the guidance in relation to opioid management

   Action: a HotSpot has been produced by the senior SJR pharmacist and shared with nursing staff via Teams. It will also be included in the Doctors' Round newsletter.

2. A complex patient became severely hypovolemic and malnourished. Fluid management was suboptimal and consultant input should have been sought/the patient should have been moved to another specialty.

   Action: a draft proposal for the management of long stay patients with changing needs was presented by the AMD for Clinical Effectiveness and Quality Improvement. This would require the formation of a senior MDT which would meet to review the holistic needs of complex patients with unresolved issues in order to ensure care is delivered by the right specialty.

Mortality – Senior SJR Review & Learning from Deaths Group 2nd June 2023

Summary

- **Learning following patient death where**
- **Winter weekend AOS staffing improved patient care**
- **Focus on communication skills following a thematic review of complaints**

Presentation by Cancer and Diagnostics – ADoN

A case was discussed involving a patient with complex care needs and
- Communication difficulties
- Complex family/staff relationships
- Family found it difficult to accept poor prognosis and futility of resuscitation
- Heightened staff anxiety around patient/family contact impacting the care that could be given
- Chaperoning of attending staff resulted in levels of care being impacted for other patients

Learning Points:
- Earlier intervention should have occurred following challenging behaviour, with set boundaries and implementation of the violence and aggression policy earlier
- Earlier discussions around prognosis and comfort-based decisions

What went well:
- Excellent documentation with frequent MDT meetings
- Health & Wellbeing support for staff with regular debriefs
- Rotation of staff allocation
- Ultimately a peaceful death with no unnecessary medical intervention

Service Improvements
- A weekend AOS nurse presence over the winter resulted in reduced ED attendance for vulnerable patients (patients were managed at home) and improved inpatient care as ward staff were freed from being primary bleep-holders.
- New Neutropenic Sepsis ALERT Cards – rolling out
- Standardising MSCC pathway against EoE Cancer Alliance guidelines – incorporating pathway work for Hospice patients
- Emergency assessment provision for unwell oncology patients – scoping exercise of AMSDEC attendees
- Potential utilisation of Virtual Wards for oncology patients – further avoidance of ED admissions, more appropriate utilisation of SDEC (same day emergency care)
- The recurrent theme of prognosis communication (breaking bad news) has resulted in the team developing communication specifically for the consultant body in Oncology and Haematology. The ReSPECT tool will be introduced and embedded into day to day business.

Mortality – Senior SJR Review & Learning from Deaths Group 2nd June 2023

Summary

- **Repeated use of antibiotics may have impacted patient prognosis.**
- **Dysphagia is a mortality risk factor for patients with learning disability/autism – additional focus is required to engage with patients in a calm atmosphere with carefully chosen food conducive to stimulating safe swallowing.**

Presentation by the Governance Manager for Women's Services/Learning Disabilities

Following a mortality review, a case was brought for discussion involving the death of a patient with learning disabilities.

- The patient re-presented to hospital with ongoing abdominal pain having been previously treated with antibiotics. Elevated infection markers were found and more antibiotics were prescribed.
- . There was a 'best interest' meeting with father where the decision was for oncology treatment as the patient was not a candidate for surgery.
- The patient was discharged to a care home with a plan to return to Oncology OPD to discuss treatment. Noted to have liquid stool on discharge, no sample sent.
- 'Reasonable adjustments' made during the patient's stay, including family visitation and MDT meetings to assist the patient with decisions around investigations and treatments. Pt deemed to not have capacity to make treatment decisions.
- Over two months, the patient received five different antibiotics over 33 days, without bacterial origin being established.
- The patient was readmitted with abdominal pain and liquid stools following a long ambulance off-load delay – c diff subsequently detected
- Issues identified included:
    - Lack of clearly defined responsible team following admission.
    - Lack of decision-making for a patient with advanced/progressing palliative disease therefore delayed DNACPR and TEP form.
    - Stool samples not sent on discharge or arrival, despite diarrhoea being an admitting condition.
- Although the diagnosis meant prognosis was extremely poor, the hospital-acquired c.*diff* may have shortened the patient's life.

Learning Disabilities & Autism (LD/A) – Dysphagia

- A study found that found that lung inflammation caused by solids/liquids/foreign bodies in the windpipe, were involved in 14% of people with learning disabilities compared to 2% in neurotypical people. The majority of admissions to ESNEFT for LD/A have dysphagia/aspiration as a feature. LeDeR identified that 38% of people who died in 2021 had a dysphagia diagnosis.
- Risks can be mitigated by considering food temperature/taste/flavour/patient preference/bolus size and viscosity. Also, feeding support by people who know the patient well in a quiet environment without distractions and with appropriate equipment is essential.

Actions include:

- Use of existing guidelines for eating and drinking
- Patient-held notes, hospital passports, RA tool etc., swallow assessment
- SALT referral
- Mealtime supervision
- Care planning and most importantly, ensuring that instructions about eating and drinking are acted on by the whole ward team (case is under investigation currently where information was available but not adhered to).

Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,844 (2,575) incidents reported in April. 2,429 of these incidents were Patient Safety related and 2,427 were reported to the NRLS.

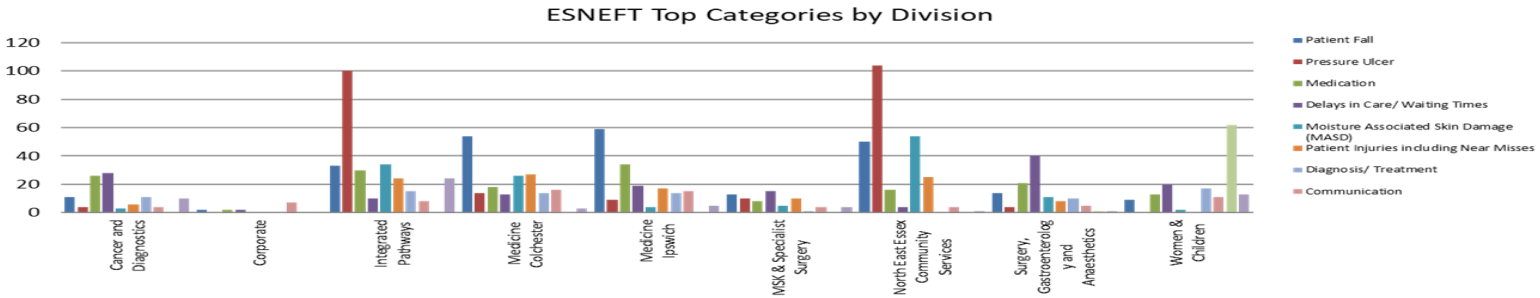
Overdue incidents have shown a decrease to 818 (955).

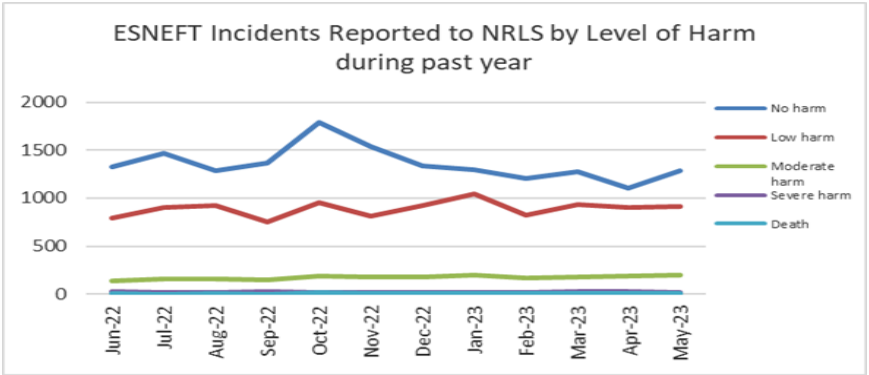
There were 40,933 (42,606) admissions resulting in 59.29 incidents per 1000 bed days across ESNEFT.

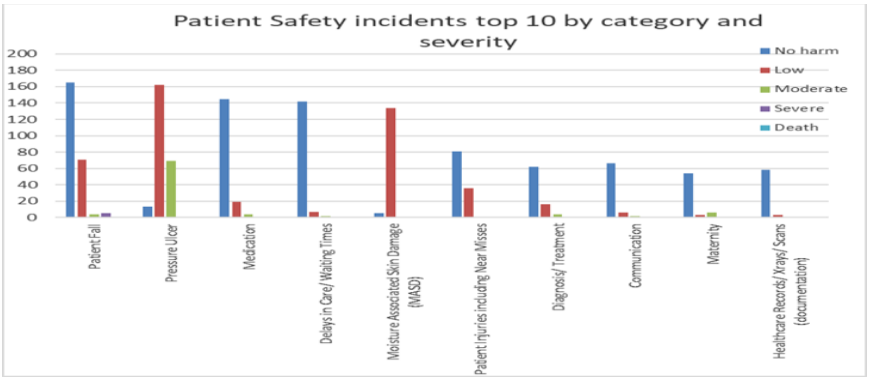
There were 247 (221) incidents reported as a Patient Fall, 5 of which were severe harm which occurred on Acute Cardiac Unit (Col), Emergency Department (Col), Birch Ward, West Bergholt Ward and Peldon Ward and 3 of these were unwitnessed.

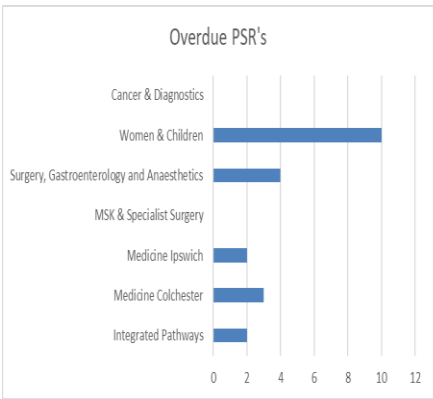
The 2nd highest incident reporting category was Pressure Ulcer damage. There were 240 (312) incidents reported as Pressure Ulcer damage, 1 severe harm within the community at NEECS in relation to Community Nursing and 1 severe harm which was an unstageable PU which has deteriorated.

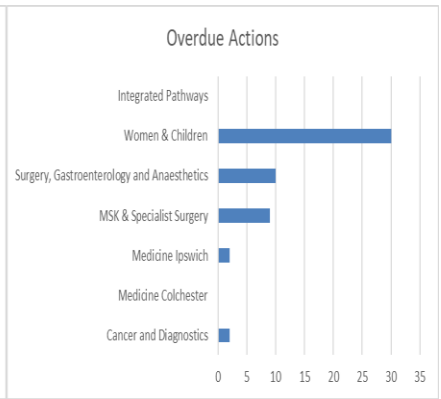
The 3rd highest reported category was Medication with 168 (162) incidents with 2 graded as moderate and the remainder low and no harm.











Patient Safety Reviews Overdue and with Actions outstanding

- 6 PSRs were completed in May 2023. 2 for Medicine Colchester, 1 for Surgery, Gastroenterology and Anaesthetics and 3 for Women & Children.
- There are 21 overdue PSRs, Integrated Pathways (2), Medicine Colchester (3), Medicine Ipswich (2), Surgery, Gastroenterology & Anaesthetics (4), and Women & Children (10).
- There are currently 53 (60) actions overdue for May 2023 a decrease from March 2023: Medicine Colchester (0), Medicine Ipswich (2), Surgery, Gastroenterology & Anaesthetics (10), MSK & Specialist Surgery (9), Cancer & Diagnostics (2) and Women & Children (30).

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

Never Events

There were two Never Events reported in the month. A patient was connected to air instead of oxygen in error during an emergency resuscitation in ED Colchester, and a misplaced NG tube was identified on CCU Colchester.

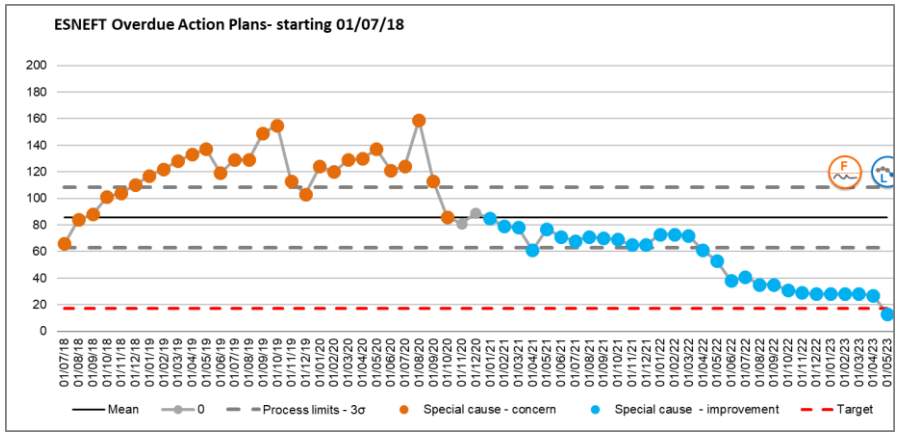
All air outlets have been capped across the organisation and the PSA alert resent.

An improvement programme has commenced in response to the NG tube incident including training and competency assessments.

Number of Completed Action Plans closed in the Month

15 action have been closed since last month There are currently 13 (28) 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.



Duty of Candour

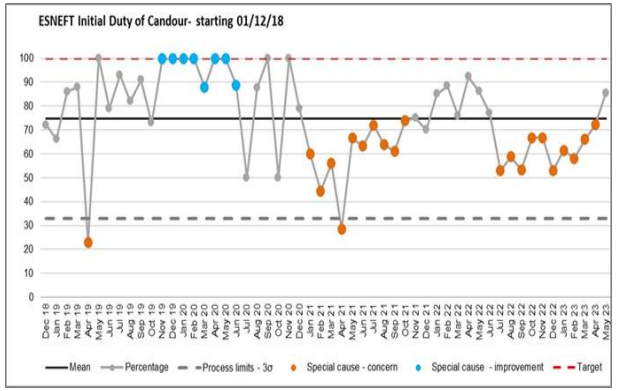
A total of 83 initial Duty of Candour were due in the month of May, of which 71 were completed within the timeframe. The Trust compliance is 85.5% (72%).

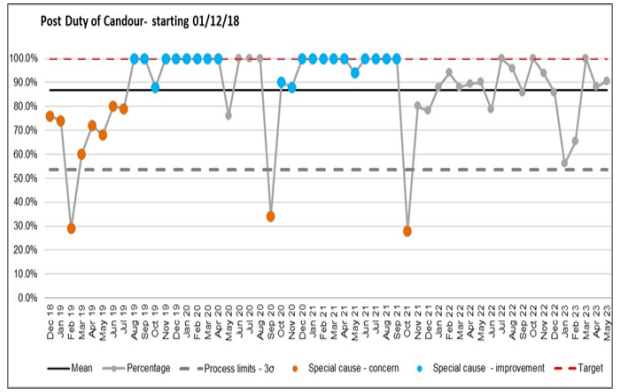
A total of 21 post Duty of Candour letters were due in the month of May and 19 were completed within the timeframe. The Trust compliance is 90.4% (88%)

Integrated Pathways is working to improve DOC compliance across their community areas. They are linking in with NEECS to design patient information for patients who develop pressure ulcers in the community where the Community Nursing teams who offer expert advice, but where other agencies (care and care homes) are delivering the care

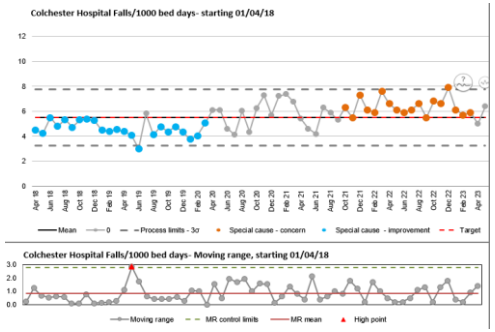
Division	Due	Completed
Cancer & Diagnostics	1	1
Integrated Pathways	18	10
Medicine Colchester	12	12
Medicine Ipswich	3	3
Surgery, Gastro & Anaesthetics	10	8
Women's & Children	11	11
MSK & Specialist Surgery	4	4
NEECS	24	22

Division	Due	Completed
Cancer & Diagnostics	0	0
Integrated Pathways	2	0
Medicine Colchester	0	0
Medicine Ipswich	5	5
Surgery, Gastro & Anaesthetics	1	1
Women's & Children	10	10
MSK & Specialist Surgery	3	3
NEECS	0	0





Patient Safety – Falls

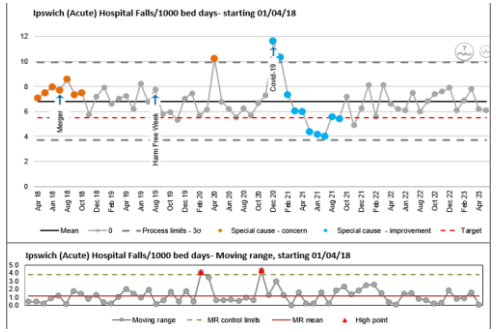


Colchester Acute		
Prev. & in-mth total	80	106
Serious harm falls		7
No harm falls		75
Low harm falls		24
Falls/1,000 bed days (ceiling ≤ 5.0)		6.4

Summary

Headlines:
Colchester saw a sharp rise in falls (33% increase). 46 % of the falls were in the Medicine division and 38% in the NEECs division. We had 2 # NOFs on the acute elderly wards, 2 #NOFs in the Medicine division, 1 intra-cranial bleed in Medicine, 1 intracranial bleed in Cancer and diagnostics and 1 intracranial bleed in NEECs (acute COTE).

Priority Actions/Mitigation:
Number of falls ranked by wards. Face to face induction goes on. Some training needs on the wards with the highest number of falls identified and training being organised.

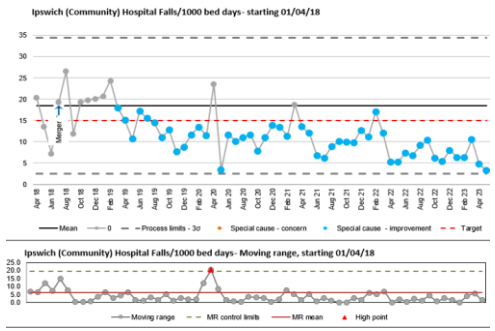


Ipswich Acute		
Prev. & in-mth total	101	100
Serious harm falls		3
No harm falls		64
Low harm falls		33
Falls/1,000 bed days (ceiling ≤ 5.0)		6.1

Summary

Headlines: Ipswich Acute saw the falls rate remain the same in May as April meaning that the 27% reduction seen from March was maintained for a further month. There were three falls that resulted in serious harm. A pubic rami fracture that occurred prior to admission was made slightly worse post inpatient fall. A fractured wrist and a fractured humerus.

Priority Actions/Mitigation: Focused ward-based training in areas with higher falls rates. Deep dives completed to support leadership team in identifying trends. Ward based support to identify and manage potential at risk patients. Harm Free Study days continue as does f2f induction.

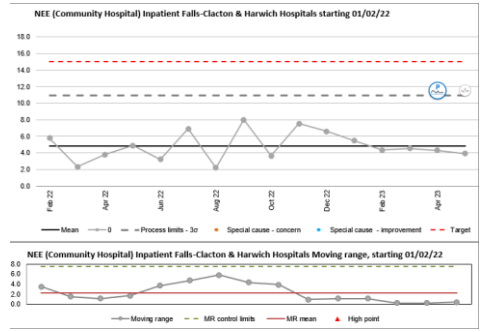


Suffolk Community Hospital		
Prev. & in-mth total	10	10
Serious harm falls		0
No harm falls		4
Low harm falls		6
Falls/1,000 bed days (ceiling ≤ 15)		3.2

Summary

Headlines: Collectively the Suffolk Community Hospitals saw no change in the number of falls in May in comparison to April. This meant the 58% reduction in falls since in March was maintained. There were no falls with 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. The AAR completed from last month's serious harm fall generated some excellent learning.

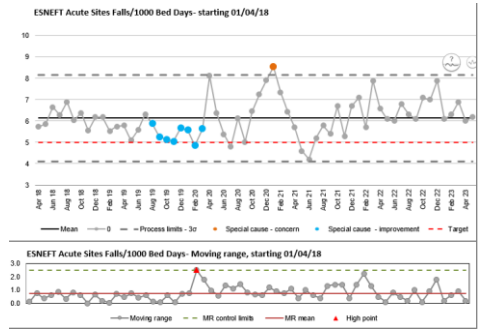


NEE Community Hospital		
Prev. & in-mth total	15	9
Serious harm falls		0
No harm falls		6
Low harm falls		3
Falls/1,000 bed days (ceiling ≤ 15)		3.9

Summary

Headlines:
Our Community Hospitals saw a decrease in the total number of falls and none of their falls resulted in serious harm.

Priority Actions/Mitigation:
Carry on with effective collaboration with Acute hospital during transfers. Face to face induction carries on.

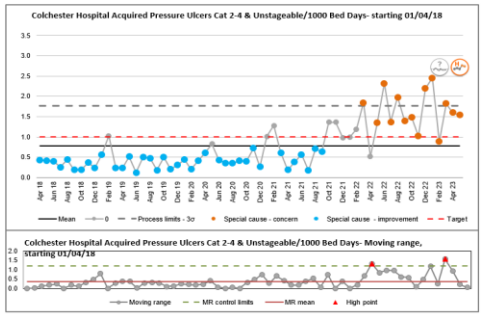


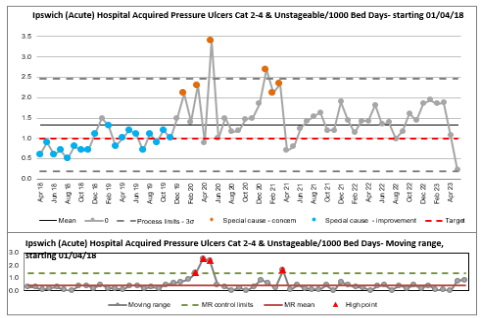
ESNEFT (acute)	Prev.	Mth
Prev. & in-mth total	181	**206**
Serious harm falls	**4**	10
No harm falls	146	139
Low harm falls	31	57
Acute 6.2	**Com**	19

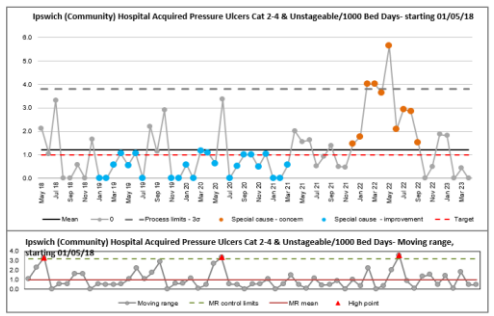
Summary

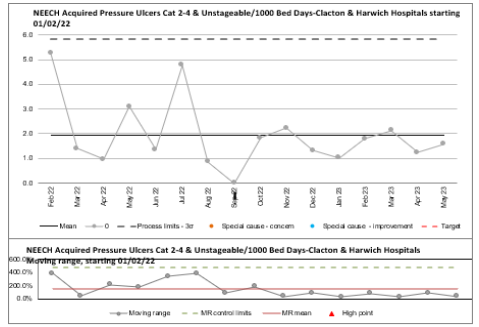
Context/Strategy/Long Term Plans:
The team continue to support wards and advise on managing high risk patients. A continued Trust-wide focus on continence and ensuring patients' needs are met has highlighted the importance of good continence care and link with falls risk. The falls team are prioritising safe use of bedrails and accurate risk assessment and have seen a further decrease this month in incidents involving unwitnessed falls where bed rails have been in use. The E-learning package is ready to launch and there are two new QI projects planned – the use of a fall prevention pack for admission areas and one on the use of activity trolleys to reduce patient agitation.

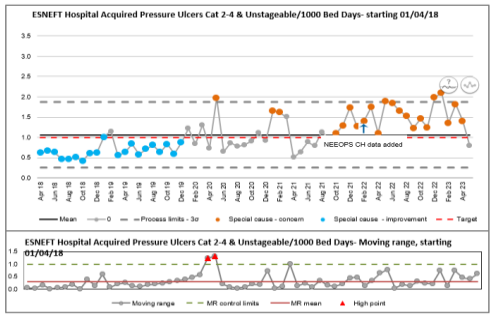
Patient Safety – Tissue Viability











Colchester Acute		
Cat 2		19
Cat 3		0
Cat 4		0
Unstageable		9
Prev. & in-mth total	19	↑28
Rate per 1,000 bed days	0.59	1.09

Summary

Headlines: This month's increase is mainly in Cat 2 pressure damage. NHS Productivity Calculator gives a Central Estimated cost of £230k per 1,000 bed days - an increase of £70k.

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

Ipswich Acute		
Cat 2		1
Cat 3		3
Cat 4		0
Unstageable		0
Prev. & in-mth total	9	↓4
Rate per 1,000 bed days	1.69	0.51

Summary

Headlines: This month's decrease is in Cat 2 pressure damage. NHS Productivity Calculator gives a Central Estimated cost of £41k per 1,000 bed days, a reduction of £23k.

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	0.00

Summary

Headlines: This month has been unchanged with the incidence of pressure damage. NHS Productivity Calculator gives a Central Estimated cost of £7k per 1,000 bed days, an increase 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	4	↑5
Rate per 1,000 bed days	1.8	1.24

Summary

Headlines: This month there was a slight increase in pressure damage in unstageable ulcers. NHS Productivity Calculator gives a Central Estimated cost of £31k per 1,000 bed days this is the same as last month.

Priority Actions/Mitigation: Aim is to maintain and monitor low level of pressure damage.

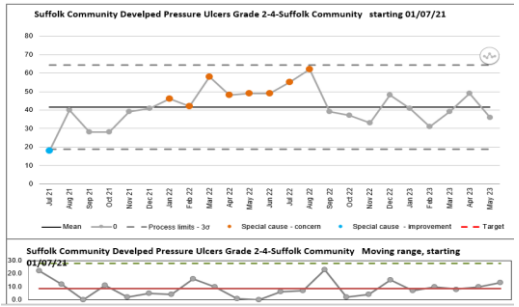
ESNEFT	Prev.	Mth
Cat 2	**23**	**24**
Cat 3	**2**	**3**
Cat 4	**0**	**0**
Unstageable	**7**	**11**
Totals	**32**	**↑38**
Rate per 1,000 bed days	**1.16**	**0.79**

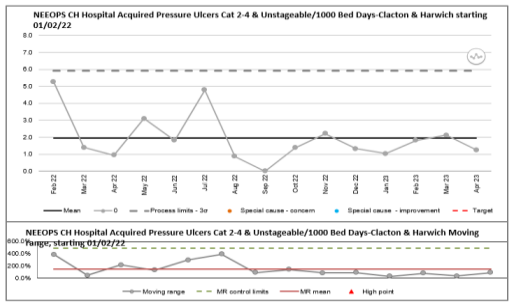
Summary

NHS Productivity Calculator gives a Central Estimated cost of £320k per 1,000 bed days, this is increase of £63k on the previous months figure. There has been a increase across the trust. The education and training for all staff and validating for Band 6/7 continues. Pressure ulcer training days are set for future months

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

Patient Safety – Tissue Viability





Suffolk Community Teams		
Cat 2		24
Cat 3		1
Cat 4		0
Unstageable		21
Prev. & in-mth total	39	46
DTIs (Deep Tissue Inj)	6	13

NE Essex Community Teams		
Cat 2		20
Cat 3		6
Cat 4		2
Unstageable		20
Prev. & in-mth total	43	48
DTIs (Deep Tissue Inj)	20	7

Summary

Headlines: This month shown increases across cat 2 and DTIs.

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

Summary

Headlines: This month has seen increases in unstageable PUs and DTIs.

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

May Updates

- In ESNEFT as a whole there has been an increase in pressure injuries in May with most of this from community sites.
- The NEECS community TVN service is now under the harm free care domain in ESNEFT.
- 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. TVNs are focusing on areas with high levels of pressure ulcers and are working more collaboratively with the Continence Nurse Specialist and Falls Teams as there are clear links between moisture lesions, falls and pressure ulcer development.
- There has been new engagement with adult and community safeguarding teams and the TV service to improve outcomes for patients especially with complex health and social care needs.
- New Interim Community Senior Tissue Viability Nurse specialist to commence in July/August (to cover maternity leave).
- Patient Safety Team is undertaking a thematic review of pressure ulcers, expected at end of quarter 2.

Patient Safety – Infection Control

Clostridioides difficile

Ipswich & East Suffolk
5 HOHA, Grundisburgh, Woodbridge, Somersham, Stradbroke, Waveney
No COHA

Colchester and North East Essex
4 HOHA, Langham (2), Trinity, Stroke
No COHA

Overview
The C.difficile case threshold for 2023/24 is 101. There have been a total of 14 C.difficile cases April 2023-end of May 2023 (the total number of HOHA and COHA cases).

MSSA

Ipswich & East Suffolk: 1 HOHA, 3 COHA
HOHA – Skin/soft tissue - MSSA Infected wound following left hemiarthroplasty 27.04.23, Pt. has dementia and kept removing dressing and picking at wound.

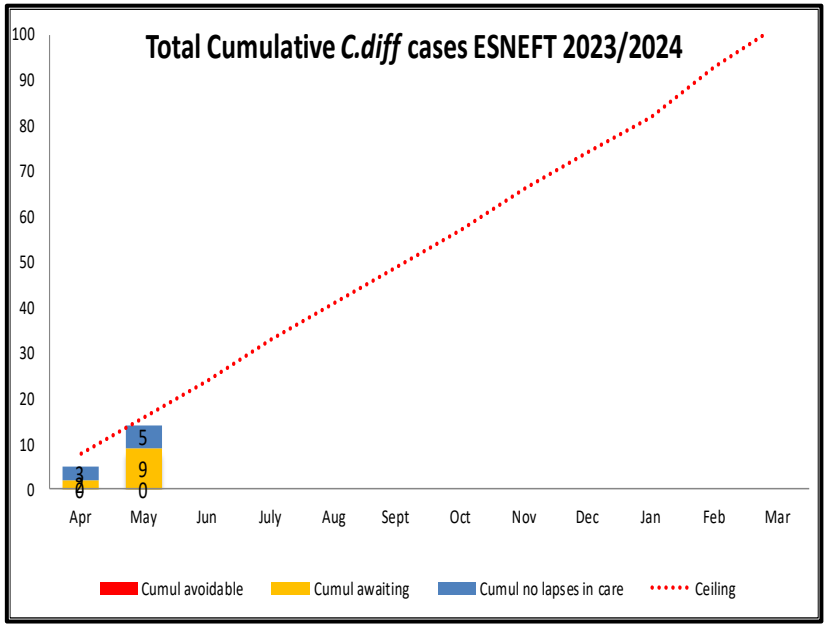
COHA - Grundisburgh, OPD/Woodbridge, Washbrook

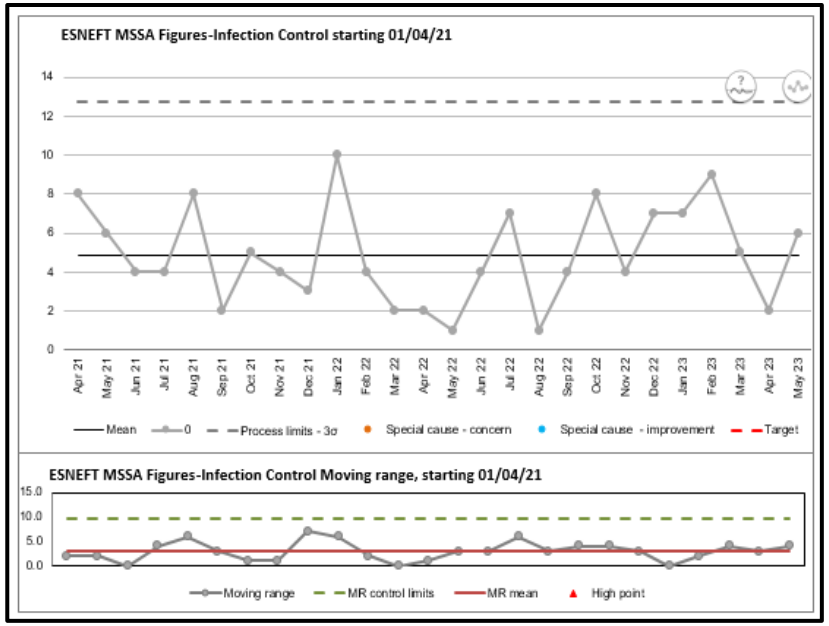
Colchester and North East Essex: 2 HOHA, 0 COHA
HOHA:
Brightlingsea Ward – source of infection unknown. Admitted following multiple falls. Inconsistent PVD documentation; VIP scores and site not always recorded. PVD site variable without supporting evidence of cannula change.
Wivenhoe Ward – Source of infection unknown

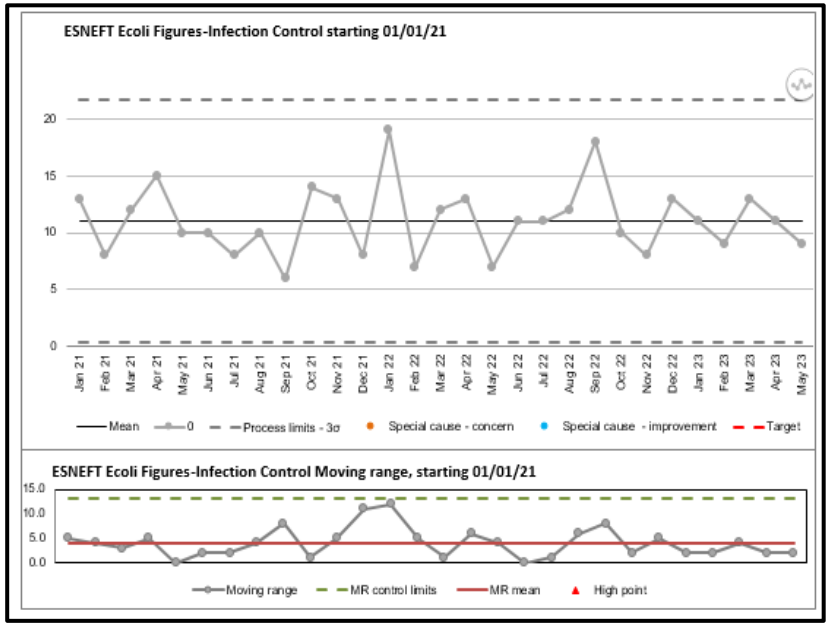
E.coli bacteraemia

Ipswich & East Suffolk: 3 HOHA, 2 COHA
HOHA:
Sproughton – Lower Urinary Tract, Haematuria UTI
Capel - Upper urinary tract , Pyelonephritis
Martlesham - Lower Urinary Tract, Septic shock secondary to UTI, traumatic catheterisation on admission
COHA - Somersham (2)

Colchester and North East Essex: 2 HOHA, 2 COHA
HOHA:
SOP (taken in ED), source of infection gastrointestinal. Transferred from SOP to ED with bowel obstruction. CT abdomen and pelvis with contrast revealed dilated small bowel loops.
Brightlingsea source of infection intraabdominal
COHA – Birch, Nayland



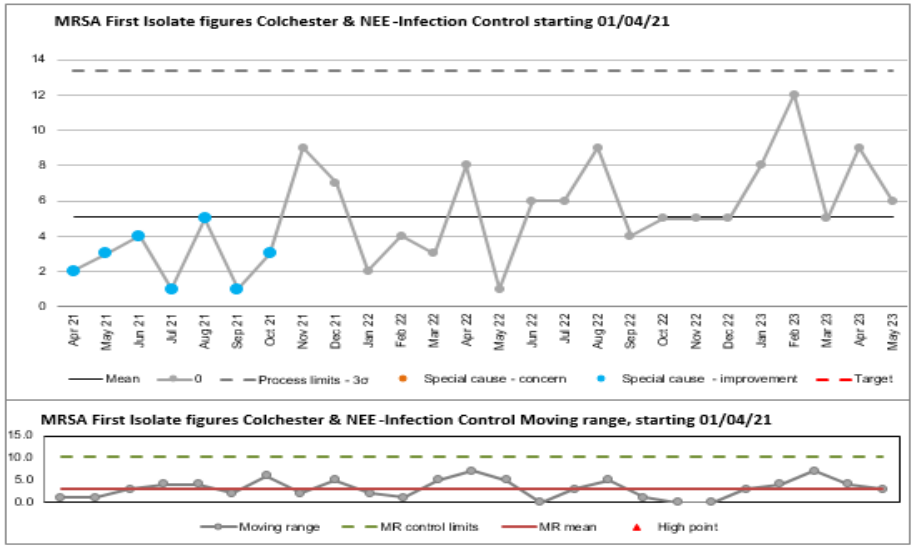


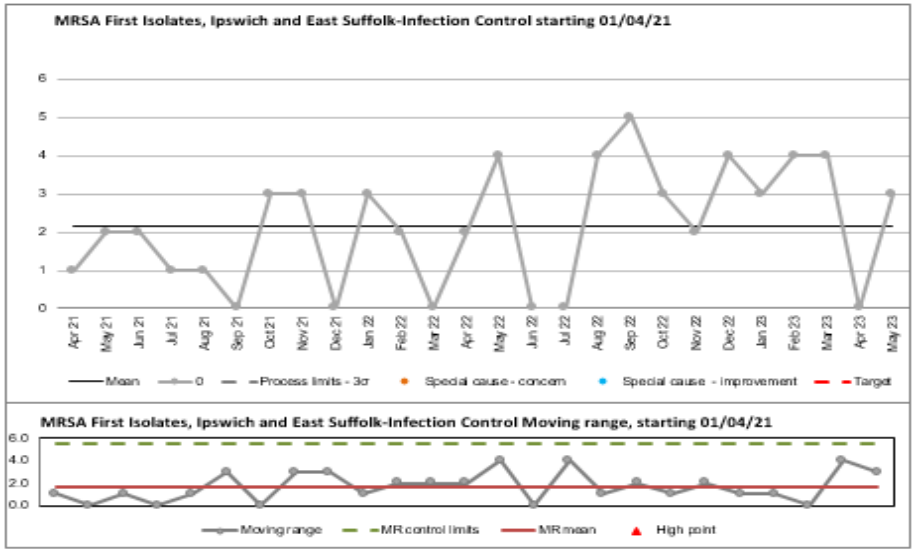


Patient Safety – Infection Control: MRSA

There were no healthcare onset MRSA bacteraemias in May 2023. There were 9 new MRSA isolates (6 at Colchester/NEE and 3 at Ipswich/East Suffolk) - see table below.

Ward	Comments
Colchester and NEE	
Nayland Ward	Negative MRSA screen the day after admission and after transfer from Langham Ward to Nayland ward. 12 days after transfer to Nayland Ward MRSA isolated Nose (MRSA screening exercise)
Durban Ward (Clacton Hospital) (previously Fordham Ward)	MRSA screen not obtained on admission. MRSA isolated nose groin & CSU obtained day after transfer to Durban/17 days after admission to Colchester Hospital.
Nayland Ward (previously EAU)	Negative MRSA screen obtained the day after admission. MRSA isolated nose swab on day of transfer from EAU to Nayland Ward/3 days after admission to Colchester Hospital.
Durban Ward (Clacton Hospital) (previously Nayland Ward)	Negative MRSA screen obtained on admission. MRSA isolated groin swab obtained day after transfer to Durban Ward/8 days after admission to Colchester Hospital.
Critical Care (previously Mersea Ward)	Elective admission. MRSA screen obtained pre admission and on admission MRSA negative (sites of swabs not recorded for admission screen). MRSA isolated on day of transfer to Critical Care/6 days after admission to Colchester Hospital.
Mersea Ward (previously SAU)	MRSA screen not obtained on admission. MRSA screen obtained on transfer from SAU to Mersea Ward/4 days after admission.
Ipswich and East Suffolk	
Felixstowe Community Hospital	Admission 29.01.23, has been back and forth from IH and Felixstowe during this admission. Numerous negative MRSA screens when transferred and on admission. Positive Nose and groin 09.05.23, follow up screen following decolonisation by GP neg 26.05.23
Aldeburgh Community Hospital	Admission 30.04.23 neg MRSA screen on admission, transferred to Aldeburgh 09.05.23 transfer screen positive nose 10.05.23.
Levington ward	Admitted 16.05.23 for elective Discectomy preadmission MRSA screen neg 04.05.23, positive Nose 19.05.23 on discharge. Follow up screen neg 31.05.23 after decolonisation





Patient Safety – Infection Control: COVID-19

	Number of HOIHA		Number of HOPHA		Number of HODHA	
Month/Site	Colchester	Ipswich	Colchester	Ipswich	Colchester	Ipswich
May	8	10	9	4	9	9
June	17	23	17	13	19	14
July	35	19	24	30 (plus 3 LFT)	24	27 (plus 1 LFT)
August	11	13	9	12	11	10
September	33	8	26	19	34	14 (plus 1 LFT)
October	90	81	69	52	58	79
November	73	26	48	36	32	31
December	128	72	67	57	75	79
January	64	35	64	22	37	24
February	68	72	50	30	46	43
March	45	72	37	50	40	54
April 2023	37	34	34	24	10	18
May 2023	47	33	39	35	20	39

COVID-19 outbreaks identified in May 2023 (17):

Colchester and North East Essex (7)

West Bergholt Ward	02/05/2023
St Osyth Priory Ward (Clacton Hospital)	09/05/2023
Durban Ward (Clacton Hospital)	09/05/2023
Birch Ward	09/05/2023
Tiptree Ward	11/05/2023
Langham Ward	11/05/2023
Aldham Ward	30/05/2023

Ipswich and East Suffolk (10):

Kirton	01.05.23
Saxmundham	30.04.23
Kesgrave	09.05.23
Haughley	11.05.23
Claydon	15.05.23
Stowupland	21.05.23
Shotley	25.05.23
Washbrook	21.05.23
Stradbroke	22.05.23
Grundisburgh	29.05.23

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.

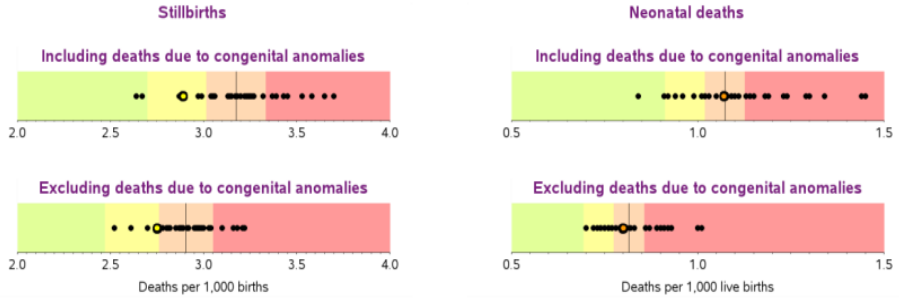
Patient Safety – Maternity Dashboard and highlights – April data

	Indicator	Green	Amber	Red	ESNEFT Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Numbers	Pre term Births (<37 weeks) annual rolling rate	<6%		>=6%	7.80%	7.64%	7.79%	7.82%	7.92%	7.88%	8.19%	8.32%	8.16%	8.51%	8.56%	8.36%	8.54%
Smoking	% of Women Smoking at Delivery	<=10%	10-11%	>=11%	8.96%	8.87%	11.57%	9.34%	10.91%	10.94%	8.77%	8.20%	7.78%	8.54%	8.37%	6.20%	7.97%
Mode of Delivery	% of Non operative vaginal deliveries	>=58%		<58%	50.00%	50.09%	54.21%	53.26%	54.12%	55.10%	53.89%	54.64%	51.16%	53.60%	50.94%	48.16%	49.90%
Maternal Morbidity and	% PPH >=1500mls - Vaginal (NMPA Criteria)	<=2.9%	2.9-3%	>=3%	2.76%	2.80%	3.68%	3.69%	3.99%	3.38%	3.97%	2.95%	1.96%	2.54%	3.25%	4.74%	2.79%
Neonatal Morbidity and Mortality	HIE Grades 2 & 3	0		>=1	0	0	0	0	1	0	0	0	3	0	0	1	0
	Term Admissions to NNU as a % of babies born	<=6%		>6%	4.96%	6.30%	4.67%	5.98%	4.03%	5.61%	3.45%	3.04%	5.02%	4.62%	5.03%	4.90%	3.91%
	APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	1.10%	1.05%	0.56%	1.09%	1.05%	0.51%	1.04%	1.43%	1.35%	1.03%	0.84%	0.82%	0.59%

Stillbirths – 0 Stillbirths reported to MBRRACE

The MBRRACE-UK (May 2023) perinatal mortality report for 2021: the stabilised & adjusted mortality rates were similar to, or lower than, those seen across similar Trusts and Health Boards

Recommended MBRRACE action:
Ensure that a review using the PMRT has been carried out for all the deaths in this report to assess care, identify and implement service improvements to prevent future similar deaths.



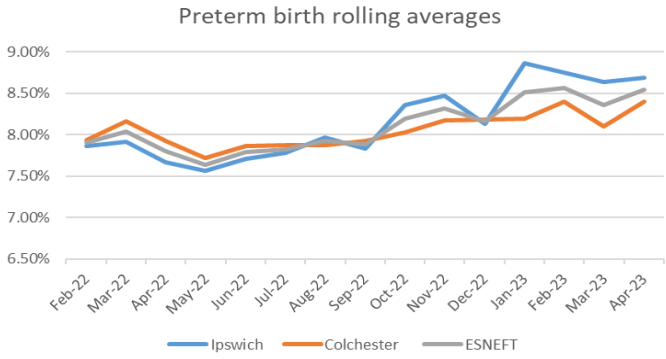
Perinatal mortality (all deaths)

Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)		Comparison to the average for similar Trusts & Health Boards
Stillbirth	14	2.04	2.89	(2.18 to 3.70)	More than 5% and up to 15% lower
Neonatal	7	1.02	1.07	(0.71 to 1.66)	Up to 5% higher or up to 5% lower
Extended perinatal	21	3.06	3.96	(3.26 to 5.15)	More than 5% and up to 15% lower

Perinatal mortality (excluding deaths due to congenital anomalies)

Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)		Comparison to the average for similar Trusts & Health Boards
Stillbirth	14	2.04	2.75	(2.18 to 3.45)	More than 5% and up to 15% lower
Neonatal	5	0.73	0.80	(0.52 to 1.24)	Up to 5% higher or up to 5% lower
Extended perinatal	19	2.77	3.55	(3.01 to 4.46)	Up to 5% higher or up to 5% lower

ESNEFT stabilised and adjusted stillbirth rate: 2.89 per 1,000 live births (lower than average). Neonatal mortality rate: 1.07 per 1,000 live births (around average). Extended perinatal mortality: 3.96 per 1,000 live births (lower than average).



Preterm births –
Quality improvement projects linking with the National ambition to reduce rate of preterm birth from 8% to ≤6% (in conjunction with SBL element 5 – to reduce preterm birth or optimise it where it cannot be prevented) include:

- PERIPrem – Regional QI project (implemented in Ipswich with aim to launch in Colchester within the next month)
- Right place of birth – ongoing. Now directly links to PERIPrem work
- Delayed cord clamping – in the process of being finalised with submission to the Trust QI team. Improvements demonstrated.
- Smoking cessation – Enhanced pathway currently funded by the LMNS, monitoring trends. Linking with inequalities Trust team.
- Normothermia – demonstrating sustained improvements for the Ipswich site, specifically in preterm hypothermia

Coming soon:

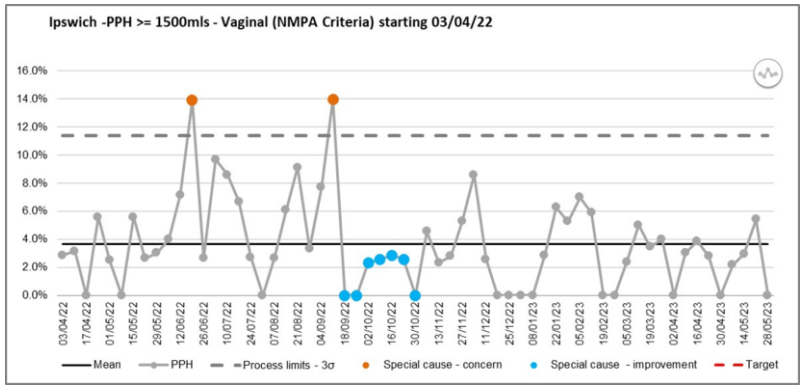
- BSOTS – to ensure prompt triage assessment and review based on symptoms and individual risk factors
- Early breast milk for neonatal admissions to the NNU – links with PERIPrem work but not limited to preterm gestations for this QI

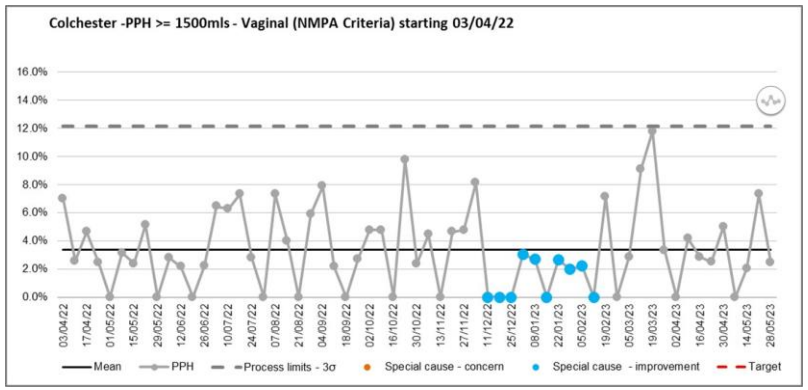
Patient Safety – Maternity Dashboard and highlights – April data

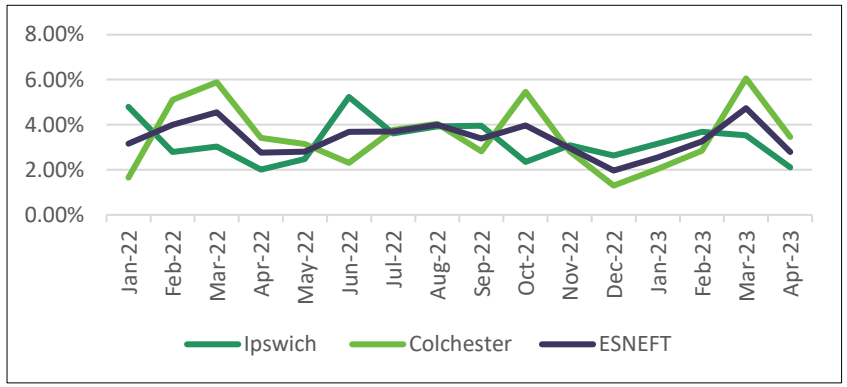
Postpartum haemorrhage –

Improvements seen from both sites at the beginning of 2023 from the weekly data (see below), coincided with new guideline implementation - focussed attention of new guidance and additional information being provided has potentially contributed to improvements. Improvements not yet sustained, but improvement work ongoing. Skills and drills increasing in Colchester with delivery suite coordinators also providing valuable contributions. PGD for Tranexamic acid going to PGD group next week. Implementation of ROTEM into the PPH/MOH pathway to be actioned with input from POCT, anaesthetics and haematology.

ESNEFT PPH (NMPA vaginal) rate: 2.11% (KPI ≤3.3%) **ESNEFT PPH (NMPA CS) rate: 3.9% (KPI ≤4.5%)**

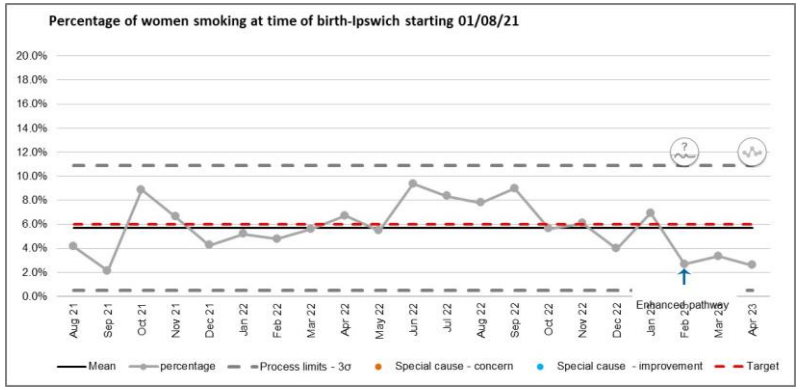


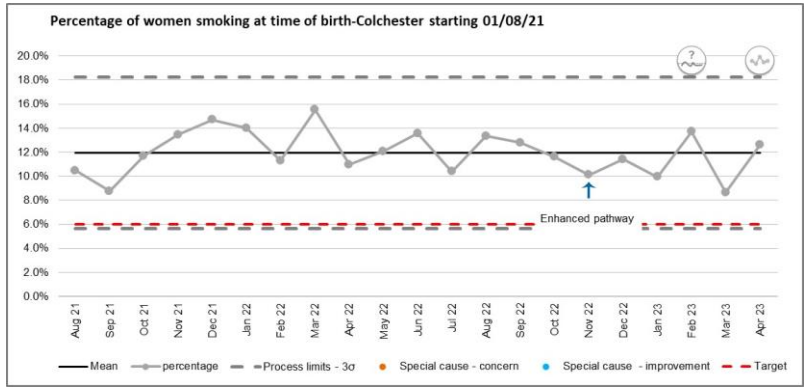


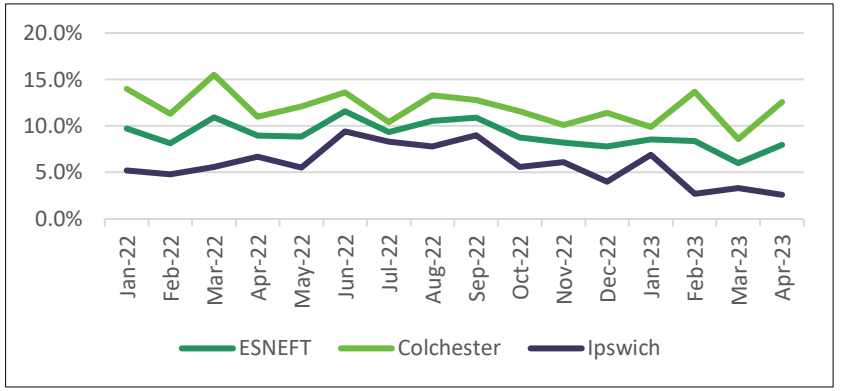


Smoking at time of delivery –

ESNEFT SATOD rate of 7.97% for April is above the National target of ≤ 6% (Tobacco control plan 2017). Although rates overall appear to be showing a downward trend, this is not yet translating into the SPC charts as sustained improvement. Enhanced pathway currently funded by the LMNS, with ongoing funding arrangements to be finalised. The additional midwife in the Ipswich team has now left the service, with a newly employed midwife starting imminently at the Trust.







Patient Safety – Maternity Assurance Report: SBL, CNST and Ockenden IEA updates – April data

SBLCB V3			
Element	Please identify unit	Colchester	Ipswich
1	Reducing smoking in pregnancy		
2	Fetal Growth; Risk assessment, surveillance and management		
3	Raising awareness of reduced fetal movement		
4	Effective fetal monitoring during labour		
5	Reducing pre-term birth and optimising perinatal care		
6	Management of Pre-existing Diabetes in Pregnancy		

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 :		
• Fully compliant (self assessment)	no	no

The CNST MIS Year 5 scheme has launched, with monitoring period commencing from 30/05/23.
Whilst the ten maternity safety actions remain broadly similar many elements have enhanced requirements.

	Safety Action	Year 4 position	Elements and changes
1	Use of PMRT to review perinatal deaths		All eligible perinatal deaths should be notified to MBRRACE within 7 working days. Timelines for completion of surveillance information and investigation. Increase in % investigated from 50% to 60%. Quarterly reports to Trust Board from 30/05/23
2	Submission of data to the MSDS		Increase from 9 to 10 of 11 CQIMs submitted to correct standard in July 23. Data submission in relation to MCoC (as we have x2 pilot teams this will be required). Trusts to have at least 2 people registered to submit MSDS data (new)
3	Transitional care services and ATAIN		Pathways into transitional care, robust audit of term admissions (ATAIN) involving maternity and neonates, develop TC pathway in alignment with the BAPM Transitional Care Framework for Practice with clear timeframe (NEW)
4	Clinical Workforce Planning		Obstetric workforce – specific criteria for short and long term locums (NEW), implementation of compensatory rest for obstetricians (NEW), compliance of consultant attendance. Anaesthetic workforce unchanged. Neonatal workforce unchanged but must show progress against action plan. Neonatal nursing – meeting BAPM standards / progress against action plan
5	Midwifery workforce		Systematic process to calculate midwifery establishment, budget reflects calculated establishment, LWCs supernumerary, 1:1 care for women in active labour, no change from Yr. 4
6	Saving Babies Lives Care Bundle V3		Version 3 should be fully implemented by March 2024. New implementation tool available by the end of June to track evidence. Assurance to be provided to trust Board and ICB. Quarterly improvement discussions with ICB (NEW)
7	MNVP / coproduction		Funded MNVP in place, action plan co-produced with MNVP following annual CQC maternity Survey, monitored by safety champions and board, user feedback collated and acted upon within maternity and neonates (significant changes and increased requirements since MIS Yr. 4)
8	Local training / Multi-professional training		Local training plan covering Core Competency Framework, updated for V2 and signed off by quadumvirate, ICB and Board. 90% compliance. 90% compliant for different staff groups and elements
9	Board Assurance		All six requirements of Principle 1 of perinatal Quality Surveillance Model fully embedded. Discussions regarding safety intelligence, concerns raised by staff and service users, actions / progress on improvement plan using Patient Safety Incident response Framework – in minutes of Board, LMNS/ICS, local and regional learning system meetings. Safety Champions supporting the quadumvirate = more stringent than last year
10	Reporting to HSIB and NHS Resolution Early Notification Scheme		Reporting of all qualifying cases to HSIB and NHS resolution – no change from Yr. 4

Outcomes were published at the end of May 2023 for MIS year 4 as detailed above. Only 5 Trusts in the EoE Region successfully completed all 10 safety actions this year which is significantly lower than last year and a reflection on the pressures maternity services have been under in this reporting period. Safety actions 1 and 2 are the only actions that are not self declared and whilst we believed we had not met the threshold to pass safety action one, following communication with NHSR it appears we were successful. However, we are putting in place robust systems and processes to ensure that this continues for year 5.

The Trust submitted an action plan for compliance against safety action 5 going forwards, with plans to secure additional operational support for maternity teams in embedding these safety actions into business as usual and ensure the Trust maintains safe standards of care at all times.

Patient Safety – Maternity Assurance Report: Ockenden Action Plan Update – April 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	3	1	7	63.6%
Section 2: Safe Staffing	10	0	1	2	7	70.0%
Section 3: Escalation and Accountability	5	0	1	0	4	80.0%
Section 4: Clinical Governance Leadership	7	0	0	0	7	100.0%
Section 5: Clinical Governance - Incident Investigation and Complaints Handling	7	0	0	0	7	100.0%
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	0	2	3	60.0%
Section 9: Preterm Birth	4	0	0	0	4	100.0%
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	0	4	100.0%
Section 13: Bereavement Care	4	0	0	0	4	100.0%
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**	**9**	**65**	**70.7%**

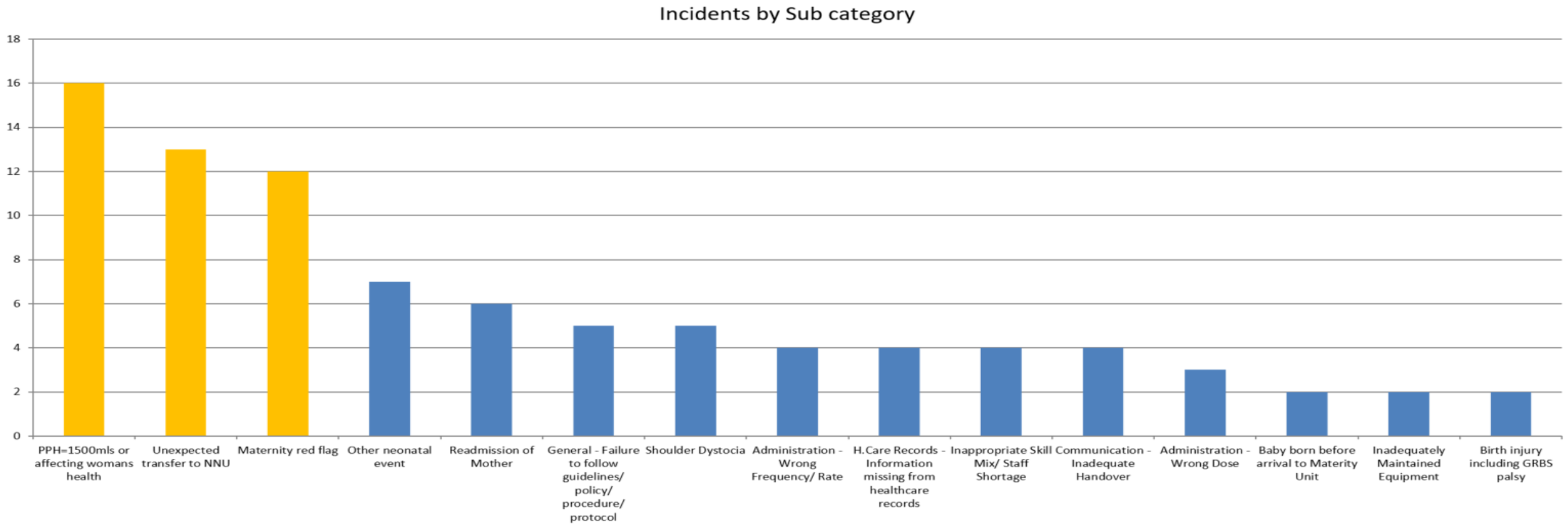
Highlights and exceptions

Since March 2023, work has taken place and we have tried to address the areas where gaps remain. We have intended to provide the evidential information to close off some of the actions, and we now have 8 of the 15 sections completed. Our overall compliance figure, for the completion of Ockenden actions, has risen from 47.8% at the end of March 2023, to 70.7% at the beginning of June 2023.

The Obstetric and Maternity service does not currently have a designated lead responsible for reviewing Ockenden action compliance, and currently this is being covered by the Interim Head of Midwifery, and reviewed alongside the Maternity governance team. The updated position will be monitored through the Division's Quality and Risk meetings, and any compliance issues will be addressed through that meeting. Escalations will be through our Clinical Delivery Group, and Divisional Board.

We are currently focused on trying to get more evidence and updates in relation to sections 11 and 14, and we hope to have a much improved picture for both of these areas when we next review the plan.

Patient Safety – Maternity Governance update – April data



ESNEFT top three incidents:

1. PPH ≥1500ml
2. Unexpected transfer to NNU
3. Maternity Red Flag

ITU Admissions:

- 0 ITU admission datixed for Colchester or Ipswich maternity in April.

PSII and HSIB investigations:

- 0 New HSIB criteria cases within reporting month
- 0 Closed HSIB cases
- 0 new PSII investigations raised

Unit Diverts

- No 'External' diverts within ESNEFT in reporting month

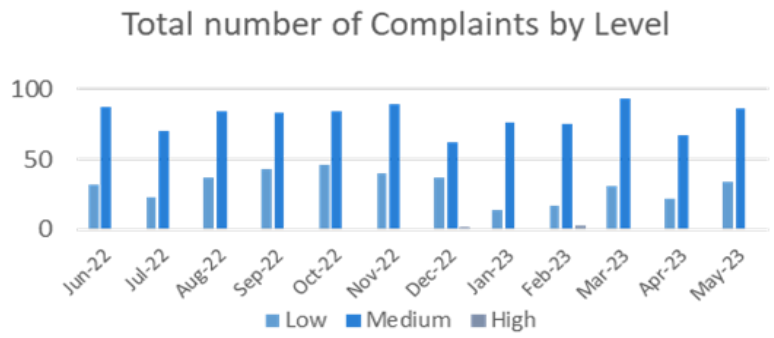
Risk Register

- 0 risks closed in reporting period

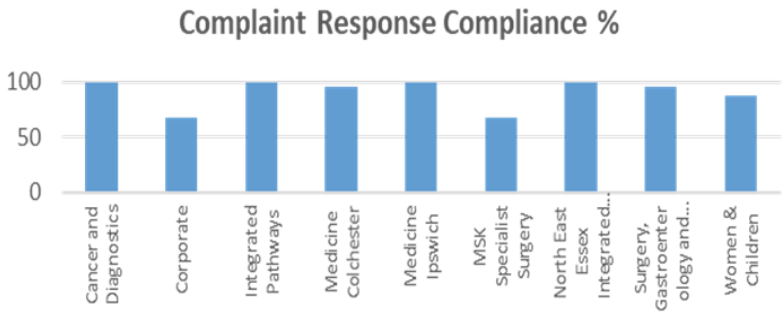
New risks

- 0 new risks approved.

Patient Experience – Complaints



Overall complaint numbers for ESNEFT in May were 121 (89). Colchester reported 64 (44) complaints and Ipswich reported 57 (45). There was 1 high level complaint recorded in month in Neurology Colchester. The complaint is currently under investigation and has been shared by the Information Governance team, with the ICO.

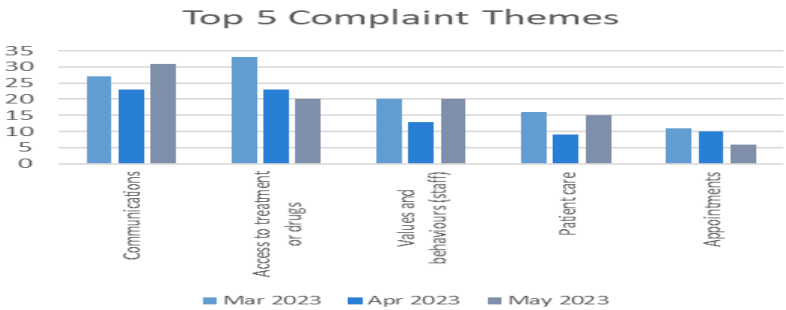


Overall response rate compliance increased to 90% (84%). There were 162 (94) complaints closed in the month of May. Overdue complaints decreased to 4 (11).

Complaint themes

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

Values and Behaviours (staff) was the next highest number of complaints received for the month of May 2023.



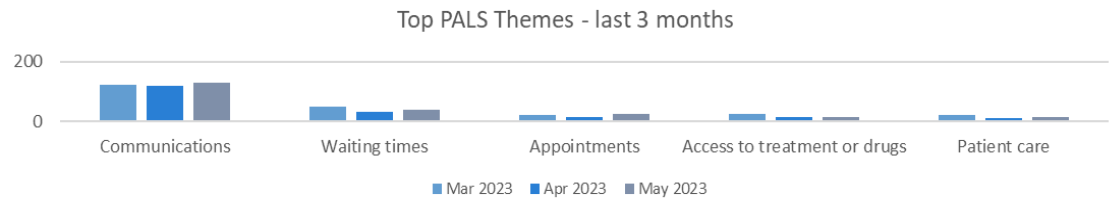
Top themes from PALS:

There were 258 (214) PALS enquiries logged in May 2023:

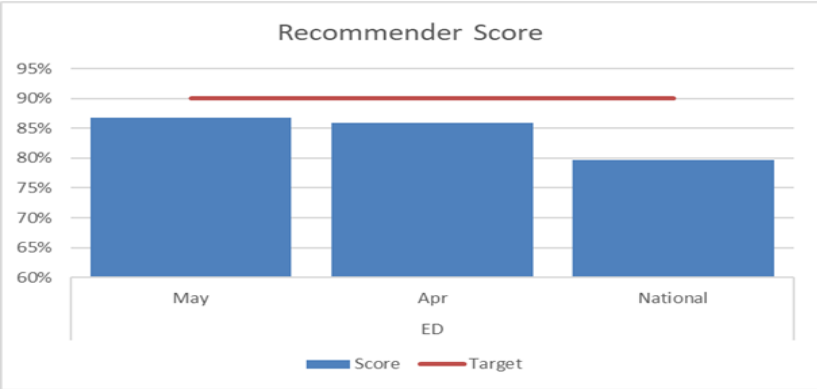
- **136** (122 April) for Colchester
- **122** (92 April) for Ipswich

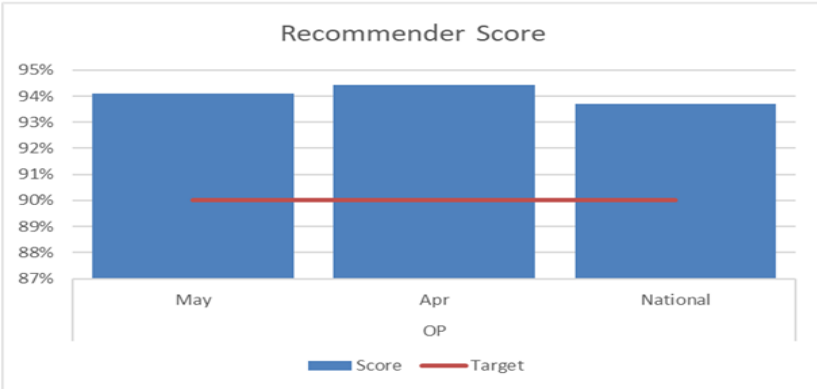
The top theme for PALS enquiries in May remained 'Communication' followed by Waiting Times'. PALS enquiries related to issues such as telephones not being answered and queries regarding when follow-up appointments and surgery would be re-scheduled.

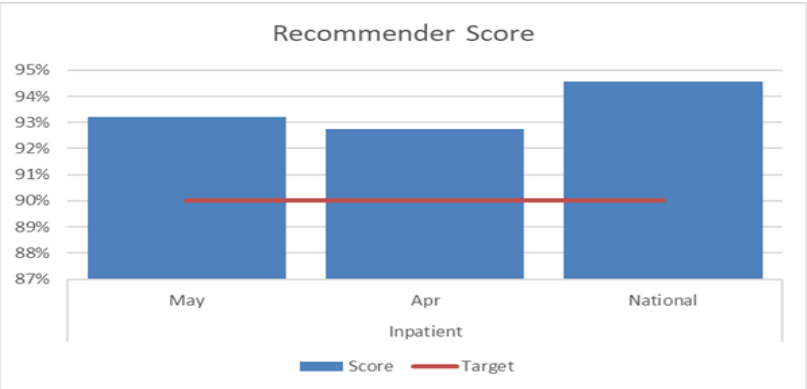
There were 6 PALS cases converted into formal complaints for May 2023: 2 in Medicine Ipswich, 1 for MSK & Specialist Surgery 2 in Surgery, Gastro & Anaesthetics and 1 in Women's & Children's.



Patient Experience – Friends and Family Test

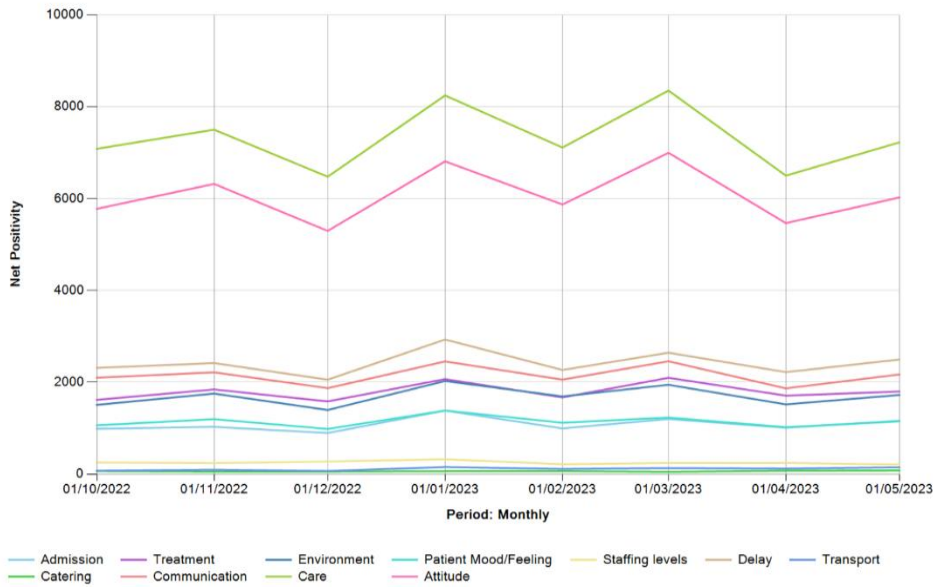






Figures for FFT taken from Envoy, still to be ratified by Business Informatics and may be subject to change next month. National score is for February 2023, March data not yet released.

The table below shows the trends in themes for the previous 7 months



	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	6,460	2,472	7,648	1,333	2,053	2,979	1,389	185	285	2,053
Negative	434	301	423	169	328	482	239	36	75	253
% Negative	6%	11%	5%	11%	14%	14%	15%	16%	21%	11%
Change	Down 1%	Down 1%	Down 1%	No change	No change	Down 3%	Up 1%	Down 2%	Up 4%	No change

ED		February	March	April	May
ESNEFT	Recommended	81.59%	78.24%	85.86%	86.79%
	Responded	18.00%	18.00%	18.00%	18.00%
National	Recommended	79.67%	0.00%	0.00%	0.00%

Inpatient		February	March	April	May
ESNEFT	Recommended	93.22%	92.93%	92.73%	93.21%
	Responded	23.00%	24.00%	0.00%	0.00%
National	Recommended	94.56%	0.00%	0.00%	0.00%

Birth		February	March	April	May
ESNEFT	Recommended	100.00%	79.17%	94.44%	100.00%
National	Recommended	100.00%	0.00%	0.00%	0.00%

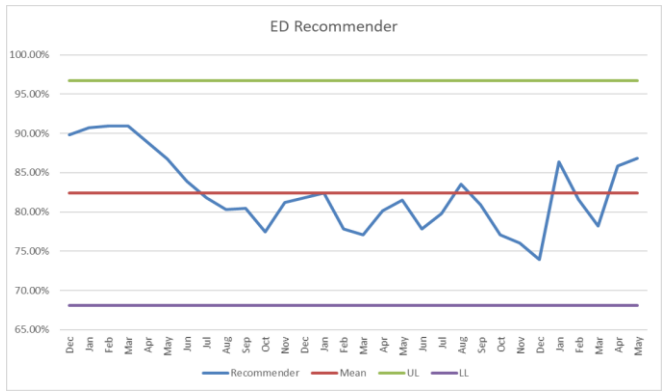
Outpatient		February	March	April	May
ESNEFT	Recommended	94.17%	94.22%	94.40%	94.10%
National	Recommended	93.70%	0.00%	0.00%	0.00%

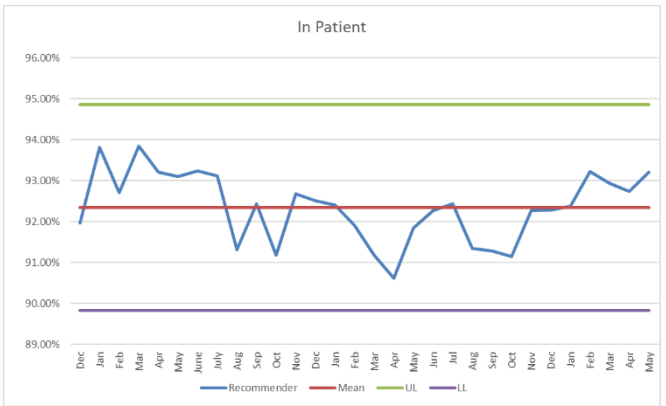
Antenatal		February	March	April	May
ESNEFT	Recommended	100.00%	100.00%	100.00%	95.00%
National	Recommended	100.00%	0.00%	0.00%	0.00%

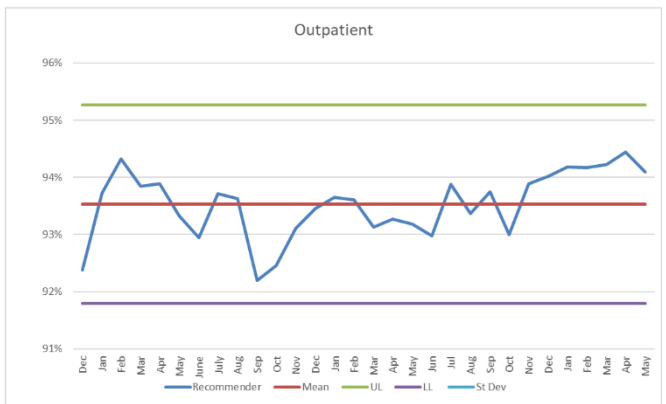
Post Ward		February	March	April	May
ESNEFT	Recommended	93.47%	93.33%	97.70%	96.88%
National	Recommended	92.84%	0.00%	0.00%	0.00%

Post Com		February	March	April	May
ESNEFT	Recommended	100.00%	100.00%	100.00%	0.00%
National	Recommended	93.52%	0.00%	0.00%	0.00%

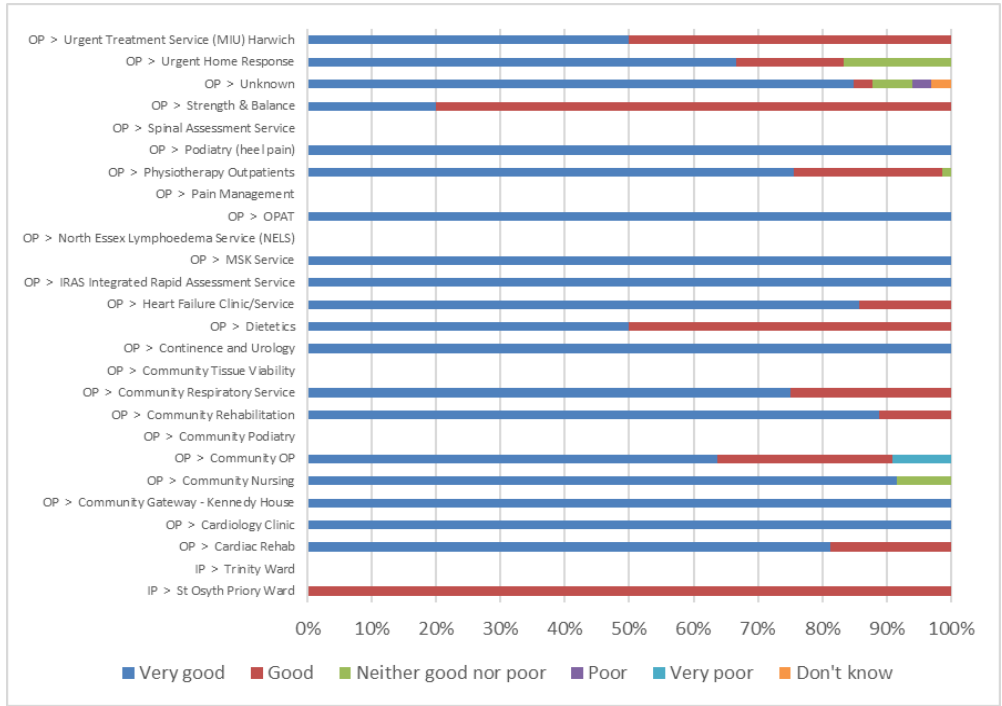
Patient Experience – Friends and Family Test



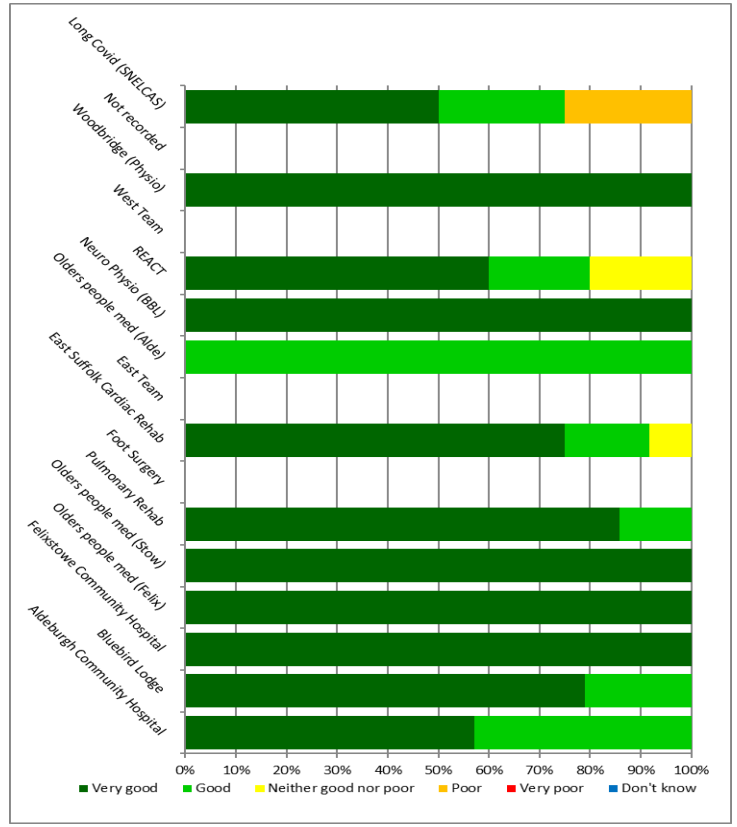




Community - Essex



Community - Suffolk



- ED score has continued to stay higher than the national average. Top themes remain the same, but with negative comments regarding waiting reducing. Data still has to be ratified by informatics
- Outpatients score has decreased by 0.34% keeping the score slightly above the national average.
- Inpatient score increased by 0.52%, still tracking below the national average.

96% of survey respondents would recommend our service to friends and family.

Performance: Executive Summary

May 2023

Performance Area	Performance measure	Target	Latest Month ESNEFT	Latest Month COL	Latest Month IPH	Trend ESNEFT	Trend COL	Trend IPH
Emergency Department	Four hour standard (Whole Economy)	95%	74.2%	78.0%	67.5%	(1.0%)	0.3%	(3.1%)
	Time to initial assessment - 95th pct	15 mins	24	16	32	(2)	(2)	0
	Time to initial assessment- percentage within 15 minutes (new measures)		87.4%	94.9%	77.1%	1.4%	2.3%	(0.1%)
	Time to treatment - median time in department	60 mins	80	44	116	7	(3)	16
	Average (mean) time in department- non-admitted patients (new measure)		260	334	209	6	4	11
	Average (mean) time in department- admitted patients (new measure)		463	539	370	10	24	(2)
	Patients spending more than 12 hours in A&E		987	841	146	62	85	(23)
	Proportion of ambulance handovers within 15 minutes (new measure)		26.5%	24.8%	29.1%	3.3%	3.4%	3.4%
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	71.0%			3.1%		
	% patients 28 day faster diagnosis		65.2%			0.7%		
	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	73.7%			1.9%		
Diagnostics	% patients waiting 6 weeks or more for a diagnostic test	1%	7.2%			(0.8%)		
	% of incomplete pathways within 18 weeks	92%	58.9%			1.1%		
RTT	Total RTT waiting list (open pathways)	83829 (Trajectory)	86,088			500		
	Total 65+ waiters	1977 (Trajectory)	901			-89		

Urgent and Emergency Care - Focus has been on the variability of performance delivery on both sites following the implementation of a new operational team in Medicine Ipswich, the introduction of senior leadership into the Site Operations functions at Ipswich, and the delivery of Same Day Emergency Care and "Tomorrow's Work Today" at Colchester. These are programmes within the medium-term plan. There was significant variation in performance at the Ipswich site impacted by the speed of decisions, the lack of consistency following agreed process and a cultural communication barrier that exists which needs some time to resolve. There was good recovery progress made for ambulance offload issues.

Cancer: Good progress across all standards. Colorectal remains a challenge, and clinical discussions are underway both internally and with primary care.

Elective: The number of patients waiting over 78 weeks continued to decrease this month with increased levels of activity across all points of delivery for the month of May. Detailed plans and trajectories are being finalised for delivery of the 65 week target and where possible achievement by December 23. Three specialities are maintaining an 18-week performance and a further five specialities are working towards that for year end. The IST draft report has been received and is being integrated with the Elective Transformation Programme alongside the Elective, Cancer and Diagnostics medium-term plans.

Performance: Urgent Care

May 2023

ESNEFT Whole Economy performance declined in month by 1.0% although is sitting above the regional/national average. Colchester site improved by 0.3% and has met the agreed trajectory for the month with Ipswich declining by 3.1% and 10.5% under trajectory. ESNEFT attendances have seen an 8.3% increase compared to April.

4 hour standard- ESNEFT whole economy*
74.2%
↓ vs 68.7% last month

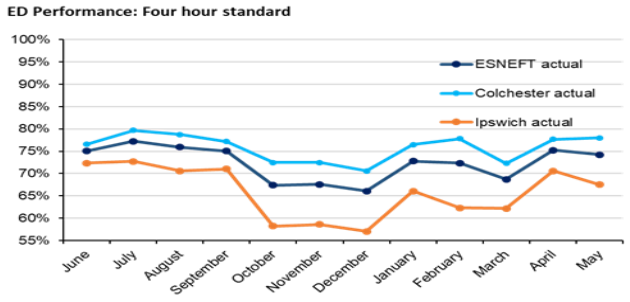
4 hour standard- Colchester
78%
↑ vs 77.7% last month

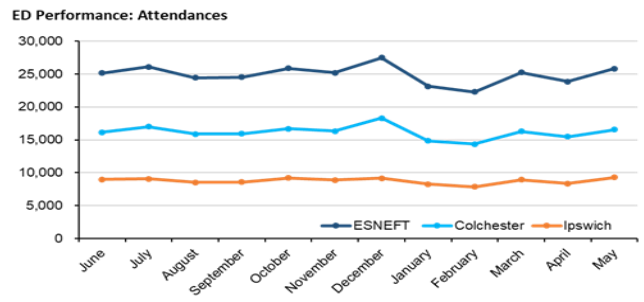
4 hour standard- Ipswich
67.5%
↓ vs 70.6% last month

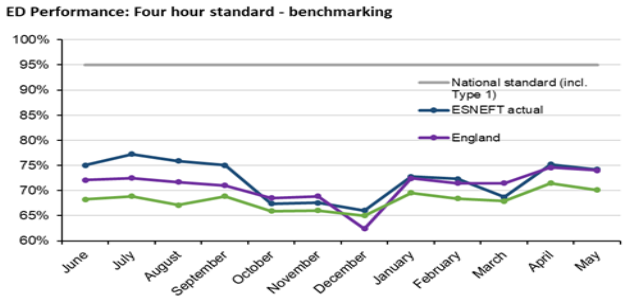
Attendances - ESNEFT
25,829
↑ vs 23,848 last month

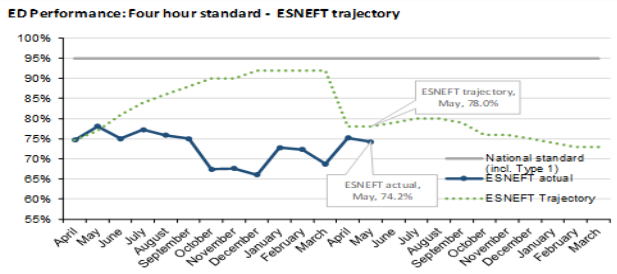
Performance and trajectory				
		ESNEFT	NEE	IES
May	Actual	74.2%	78.0%	67.5%
	Trajectory	78.0%	78.0%	78.0%
	Position	✗	✓	✗

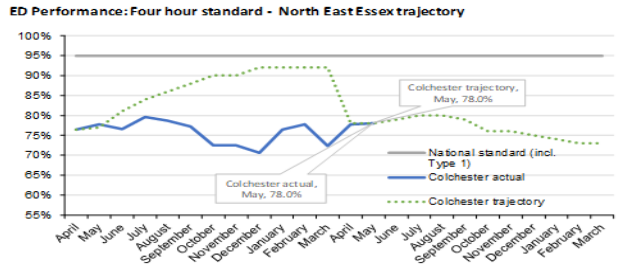
**includes Clacton and Harwich*

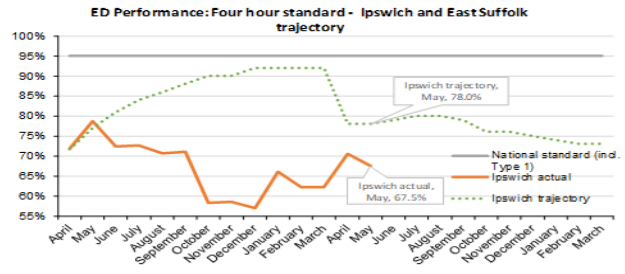












Ipswich:
Performance was significantly challenged in the month impacted with 3 bank holidays and school half term. Attendances increased and acuity in the latter half of the month caused extended LOS which resulted in crowding and flow constraints in ED.

IPC Bed closures impacted on flow and escalation areas were opened to support. Focus on time to treatment, early senior decision making at the front door, early boarding on wards and reviews of long length of stay supported improved performance.

Colchester:
Flow was improved in-month and 4-hour performance was aligned to the recovery trajectory.

There is a clear operational and clinical focus on LOS in the department and a focus on reducing variability with key roles including Nurse in Charge, Consultant in Charge and Registrar in Charge.

Further work is under way to increase night doctors from 5 per night to 6 which is targeted support to better align capacity with demand, reducing overnight first clinician wait times – this goes live in August-2023. Boarding on EAU has now become business as usual between 0800-1400 to support early flow.

Performance: Urgent Care - Ambulances

May 2023

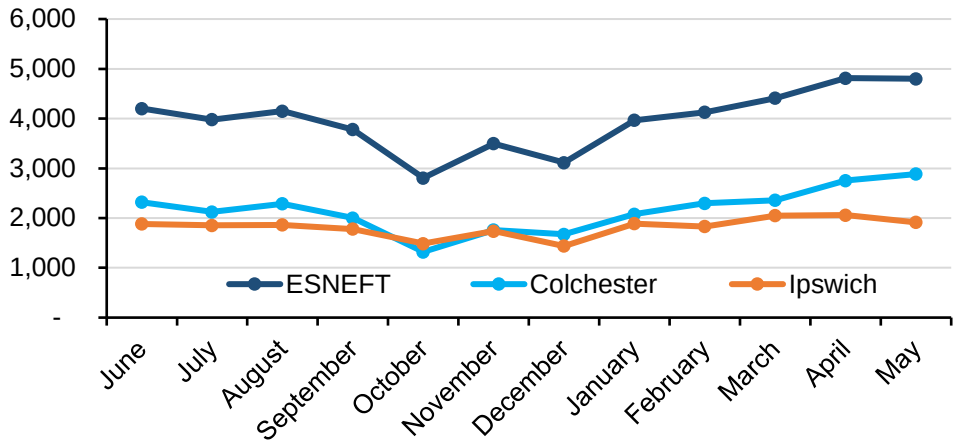
The number of ambulance handovers decreased slightly in month for ESNEFT by 0.2%: this was reflected at Ipswich by 7.0%, but with Colchester increasing by 4.8%.

Number of handovers - ESNEFT
4,801
↓ vs 4,813 last month

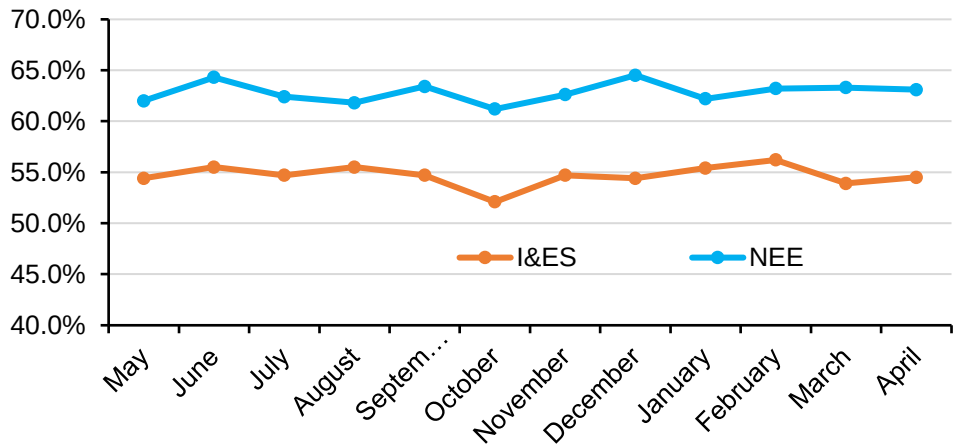
Number of handovers - Colchester
2,885
↑ vs 2,753 last month

Number of handovers - Ipswich
1,916
↓ vs 2,060 last month

Ambulances: Number of handovers



Ambulances: Conveyancing rate



Ipswich:
There was a significant focus in May on ambulance offloads and this has seen improvements in the handover compliance despite the constraints seen in the department.

Corridor care ceased in May and was mitigated with the flexible use of cubicles 8, 9 and 10, timely escalation and support to the wider Trust when offload delays are a risk.

Colchester:
The number of ambulances conveyed to Colchester continues to rise; the Trust has one of the highest for conveyances in the region. This is potentially linked to the EEAST 45-minute drop and go which was introduced in April and crews being aware that Colchester will accommodate drop and go in the inbound corridor. The General Manager is discussing with EEAST to ensure crews are not making unconscious decisions to convey to Colchester due to ease of accessibility. The UEC General Manager is also the Senior Responsible Officer for Same Day Emergency Care pathways and best practice, this is in line with UEC 2-year strategic plan, with the view to increase ambulance conveyance directly to SDECs where appropriate.

Performance: Urgent Care - Ambulances

May 2023

ESNEFT performance has improved across the board in month. Improvements have been seen in the 15 minute handovers for ESNEFT by 3.3%. This is also reflected at both sites: Colchester and Ipswich improved by 3.4%. The proportion of handovers for ESNEFT that occurred within 15-30 minutes increased by 1.6%. Both 30-60 minutes and over 60 minutes also improved.

Handovers within 15 minutes - **ESNEFT**
26.5%
↑ vs 23.3% last month

Handovers within 15 minutes - **Colchester**
24.8%
↑ vs 21.5% last month

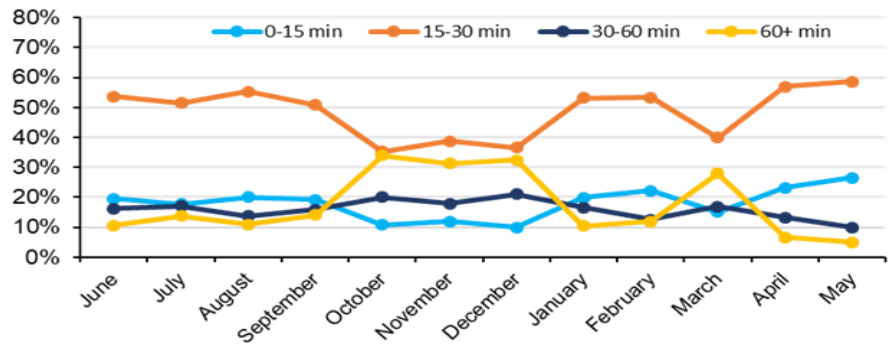
Handovers within 15 minutes - **Ipswich**
29.1%
↑ vs 25.7% last month

Handovers within 15 – 30 minutes - **ESNEFT**
58.6%
↑ vs 56.9% last month

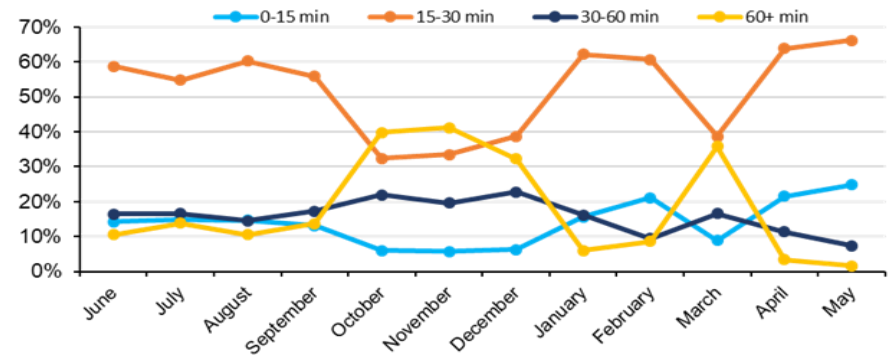
Handovers within 30 – 60 minutes - **ESNEFT**
9.9%
↓ vs 13.2% last month

Handovers over 60 minutes - **ESNEFT**
5%
↓ vs 6.6% last month

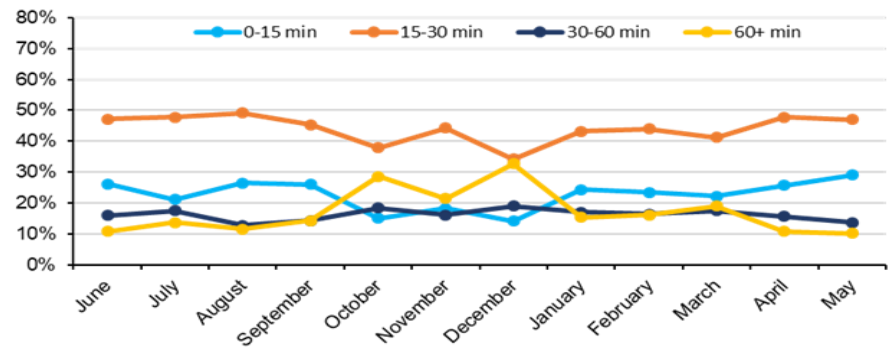
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Ipswich

Handover compliance has improved again in May with 29% of ambulance handovers occurring within 15 minutes.

76% of ambulances were cleared within 30 minutes improving by 2% on last month despite the challenges the dept faced.

With the ending of corridor care, there has been wider hospital support to improve flow out of the department to support offload waits and improvements to utilising space effectively.

Colchester

Handover performance is recovering in line with the recovery trajectory.

91% of ambulances were offloaded within 30 minutes in May, against an 85% trajectory.

Under 1.5% of ambulance handovers breached 60-minutes.

Cohorting has been established as a mandatory escalation area for Trust staffing and the ability to provide sufficient staffing support to offload and cohort has significantly improved.

Performance: Urgent Care – Time in Department

May 2023

ESNEFT performance has improved in month for time to initial assessment within 15 minutes by 1.4% for ESNEFT: Colchester increased by 2.3% with Ipswich deteriorating by 0.1%. Average times in department increased for both non-admitted and admitted patients by 6 minutes and 10 minutes respectively. The number of 12 hour patients increased by 6.7% month on month.

Time to initial assessment (% patients within 15 mins)
87.4%
↑ vs 86% last month

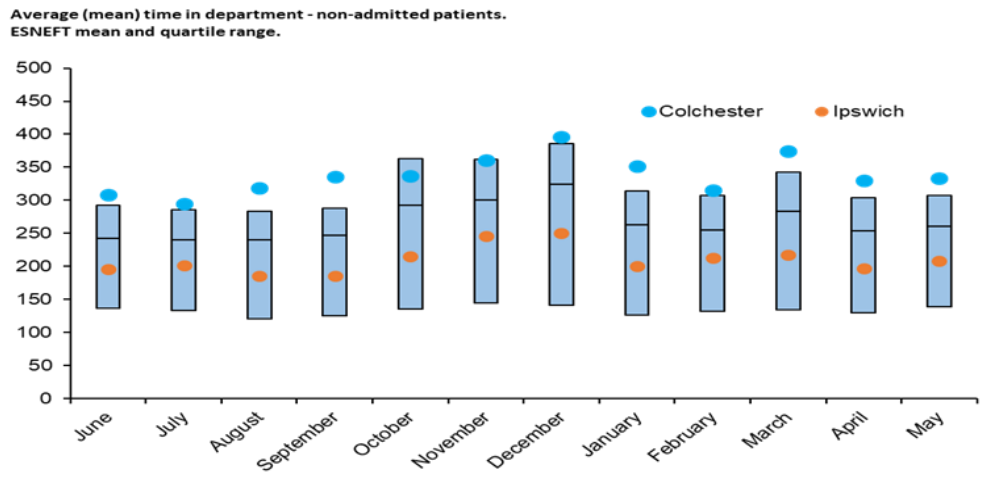
Time to initial assessment: (95pct)
24 min
↓ vs 26 last month

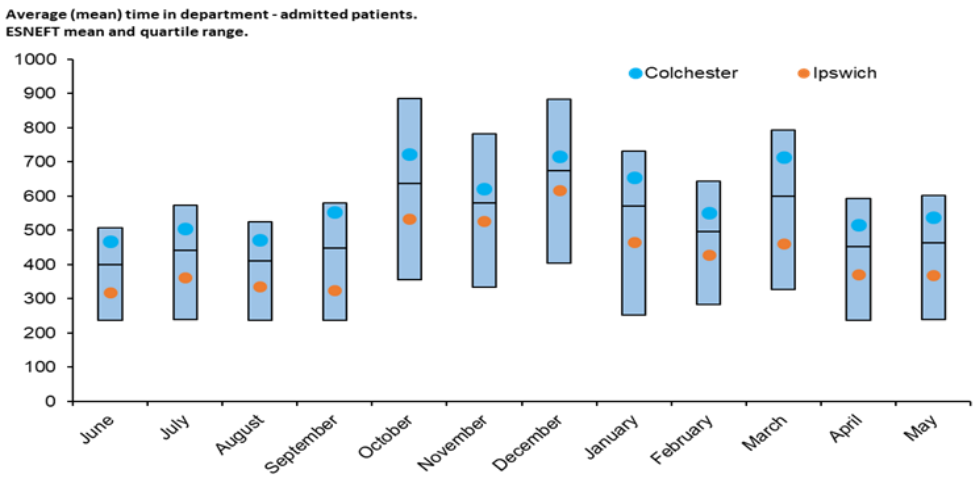
Average time in dept – non-admitted
260 min
↑ vs 254 last month

Average time in dept – admitted
463 min
↑ vs 453 last month

Time to treatment – median time in dept. (60 mins)
80 min
↑ vs 73 last month

12 hour patients
987
↑ vs 925 last month





Ipswich

1.5% of attendances (146 patients) spent more than 12 hours in the department in May and 12 patients waited over 12 hours from DTA to depart. Both metrics improved from April.

There has been improved focus from the team given the constraints to capacity and flow the department saw and the increase in attendances. Time to treatment within 60 minutes has declined in month and the task group continues to work on solutions to improve this focusing on the overnight waits.

Colchester

Time to initial assessment has improved in-month with all other metrics remaining fairly stable.

Acknowledging there is a shortage of permanent beds at the Colchester site, Business Informatics support has been sought to better understand constraints for 'time to treatment' for non-admitted patients so that staff can focus on reducing the length of time this cohort of patients spends in the ED and track progress made in reducing the time to treatment delays for non-admitted patients.

The first task group meeting has taken place to broaden and embed SDEC pathways and accessibility; this should reduce the number of patients attending the ED, getting the patients to the right place, first time.

Performance: Urgent Care – Mental Health

May 2023

MH ED attendances have increased by 13.4% across ESNEFT in month: both sites reflected this Colchester by 15.7% and Ipswich by 7.2%. MH referrals have decreased by 3.3% in month across ESNEFT predominately due to Ipswich which decreased by 25.5% with Colchester increasing by 8.1%.

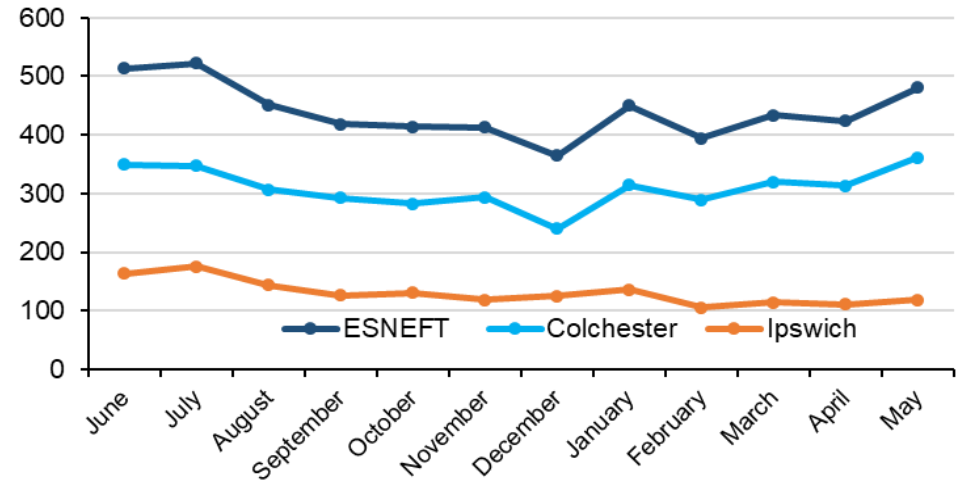
MH attendances - Colchester
362
↑ vs 320 last month

MH attendances - Ipswich
119
↑ vs 111 last month

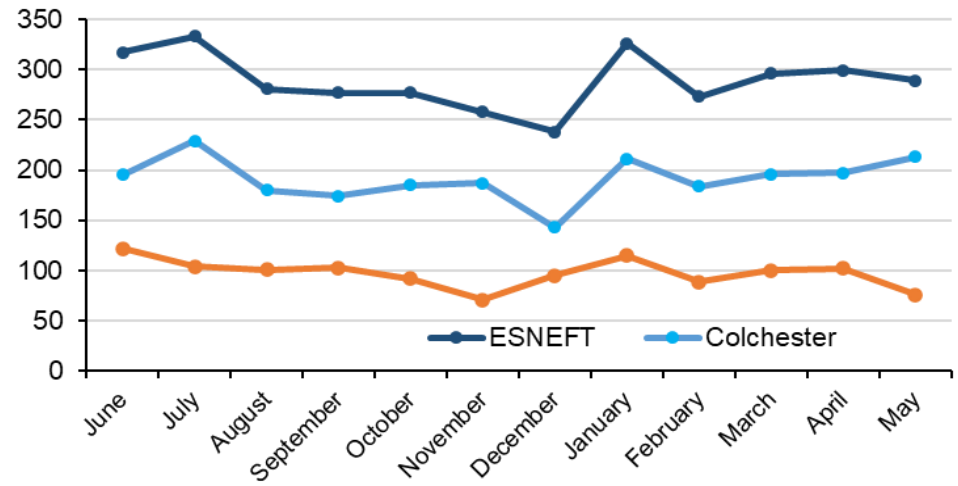
MHLT referrals - Colchester
213
↑ vs 197 last month

MHLT referrals - Ipswich
76
↓ vs 102 last month

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



Service Commentary

The daily meetings with EPUT have continued to ensure safety and discharge planning. There remain challenges in accessing MH beds when patients have been assessed to require them.

A table top case review workshop has been planned for July with CYP partners to understand opportunities to improve experiences for CYP presenting in MH crisis.

There were four people detained under section during their admission at Colchester Hospital.

In Ipswich there has not been a need to instigate daily meetings as the challenge accessing MH beds is not as consistent. Relevant staff across both Trusts have been contacted when this has been an issue. The MHA was not applied during May.

Performance: Admissions

May 2023

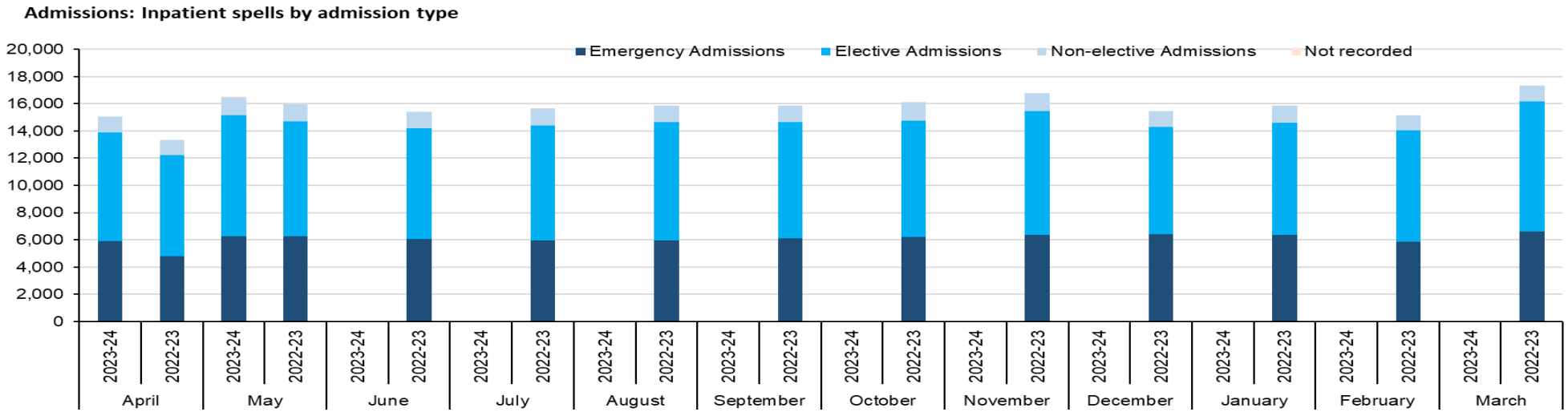
Total admissions increased across the board in month for ESNEFT by 9.5%: emergencies 6.3%, electives 11.6% and non-electives by 11.6%. Compared to 2022-23 admission levels for May, total admissions have increased by 3.2%; emergency, electives and non-electives increasing by 0.2%, 5.2% and 5.2% respectively.

Emergency admissions
6,279
↑ vs 5,906 last month

Elective admissions
8,885
↑ vs 7,965 last month

Non-elective admissions
1,304
↑ vs 1,168 last month

Total admissions
16,469
↑ vs 15,039 last month



Ipswich

Increased acuity at the front door added to the volume of admissions in the month. There were 3 bank holidays in May which reduced the number of consultants and doctors on the wards on these days impacting discharge volumes on base wards. Escalation areas were opened to support.

Colchester

As with Ipswich, the increase in acuity at the front door led to more admissions in the month. As well as the challenges presented with additional bank holidays; there were also some IPC outbreaks that required clinical ward areas to be closed to new admissions. Bedding of assessment areas created extra capacity; and in June there has been a reduction in the need to use this capacity overnight; as well as a reduced number of morning bed waits.

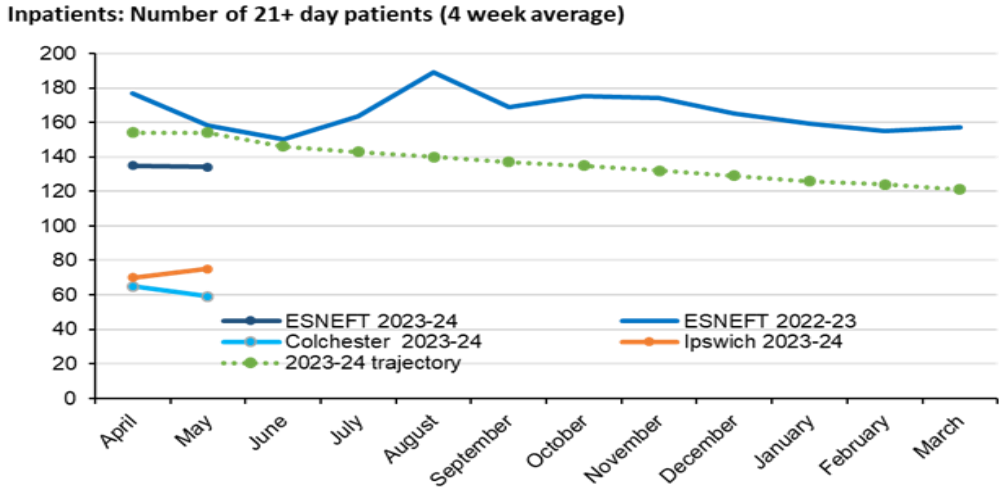
Note: Decreased admissions for emergencies and electives likely due to less working days in the month of April compared to March.

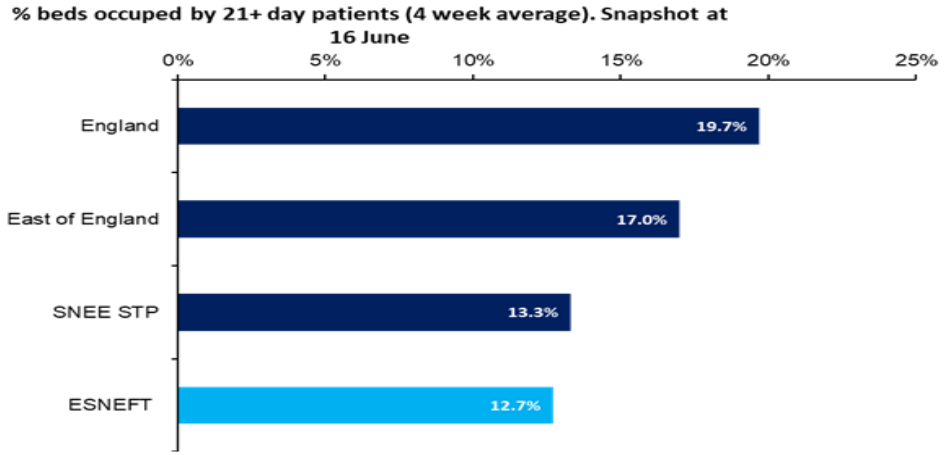
Average number of long length of stay patients across ESNEFT decreased in month by 1 patient and is under trajectory. The reduction was reflected at Colchester by 6 patients with Ipswich increasing by 5 patients. The percentage of beds occupied by 21+ patients deteriorated by 1.1% in month but still remains lower than national and regional levels.

21+ day patients - ESNEFT
134
↓ vs 135 last month

21+ day patients - Colchester
59
↓ vs 65 last month

21+ day patients - Ipswich
75
↑ vs 70 last month





Ipswich

Ipswich has seen an increase of patients in hospital over 21 days, although this is not reflected through the patients who meet no criteria to reside as this has been an improvement. No criteria to reside long length of stay has seen a reduction in the average LOS for all three pathways compared to April. PW1 average LOS reduced from 14.25 days to 13.69. PW2 average LOS reduced from 15.76 to 14.60 and PW3 11.40 reduced to 10.94. Each division remains responsible for completing LLOS reviews on all patients within their areas weekly.

Colchester

By continuing with a focus on reducing deconditioning, use of personal health budgets and improving engagement with patients and their families, there has been a general improvement in LLOS.

Patients and Families particularly have reported they feel better informed about outcomes and more confident to leave hospital.

Performance: Medically Fit for Discharge

May 2023

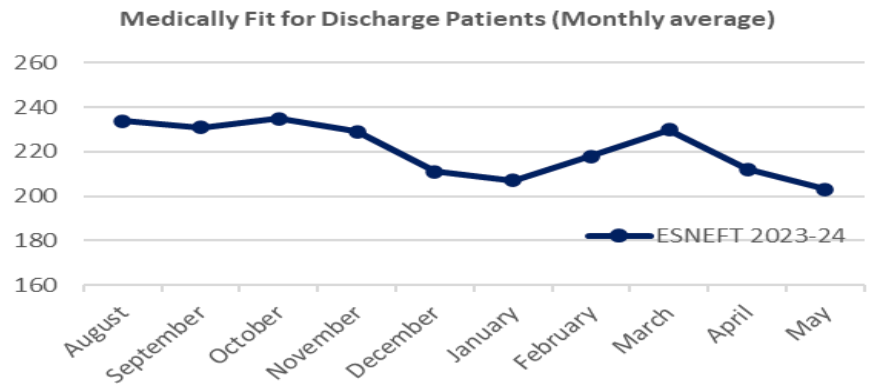
Average number of medically fit for discharge patients has seen a decrease in month by 4.2% for ESNEFT. Both sites reported decreases with Colchester by 6.2% and Ipswich by 3.1%.

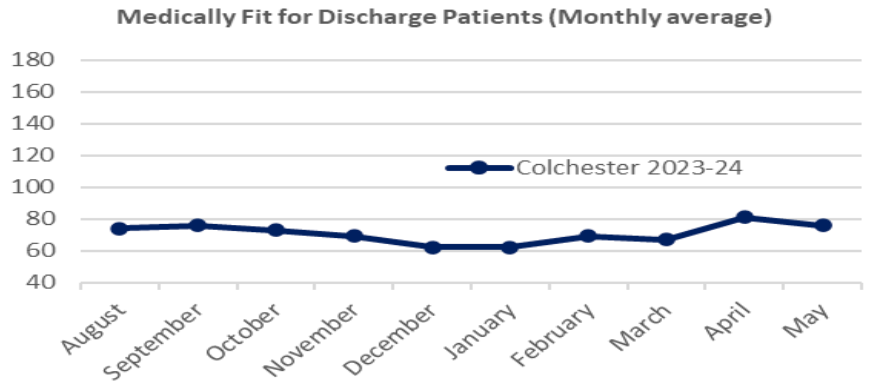
Medically fit discharges - ESNEFT
203
↓ vs 212 last month

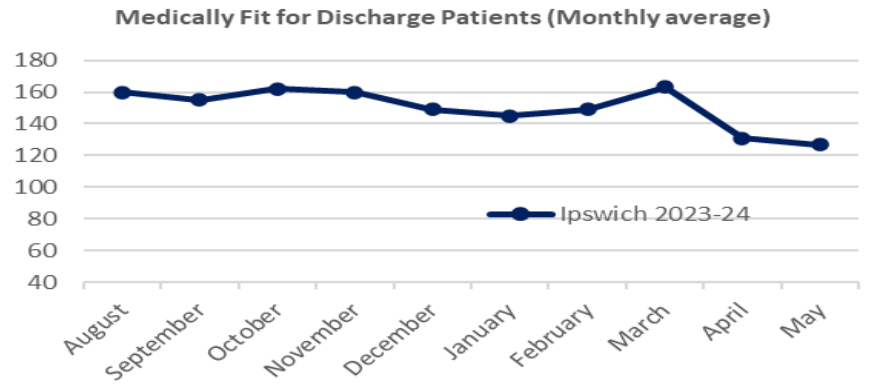
Medically fit discharges - Colchester
76
↓ vs 81 last month

Medically fit discharges - Ipswich
127
↓ vs 131 last month

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







Ipswich

The number of patients with no criteria to reside across Ipswich has reduced, though the figures have remained consistent throughout May. The continuous monitoring of delays via the RDT and at bed capacity meetings is helping to support this reduction.

There continues to be transformation work with Pathway 1 and the complex panel is proving beneficial with great engagement, supporting more challenging patients with no criteria to reside. ACT (Anglia care trust) supported discharge from hospital service has joined the TOCH and have direct access to our D2A referral forms.

Colchester

There has been a general improvement in the discharge of patients with the most complex needs, often related to housing, mental health and those who are out of area.

This continues to be supported by twice weekly Complex MDT panels, and supporting all wards to better understand and request support to plan much earlier in the patients journey.

Performance: Cancer

May 2023

ESNEFT cancer performance has improved across the board in month. Two week waits and 62 day waits by 3.1% and 1.9% respectively. 28 day faster diagnosis performance improved by 0.7% and is 0.3% below trajectory. The number of patients on the 62 day 1st PTL decreased by 37 with those waiting 63 days or more reducing by 25. Patients treated after 104 decreased by 9 patients in month.

Two week wait performance
71.0%
↑ vs 67.9% last month

62 day wait performance
73.7%
↑ vs 71.8% last month

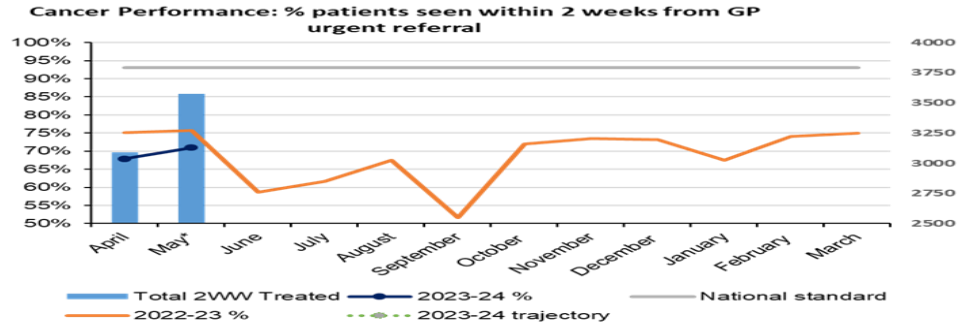
28 day faster day diagnosis performance
65.2%
↑ vs 64.5% last month

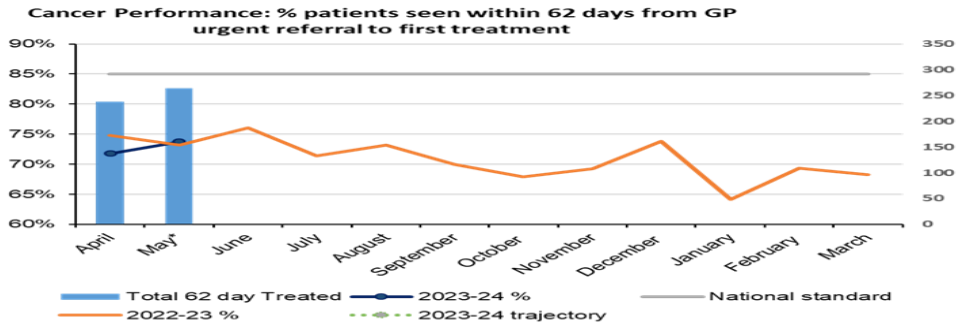
Patients treated after 104 days
14
↓ vs 23 last month

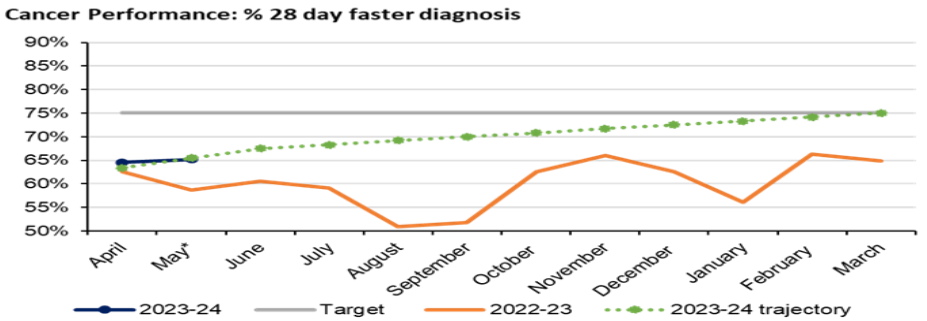
Total patients on 62 day 1st PTL
3,498
↓ vs 3,535 last month

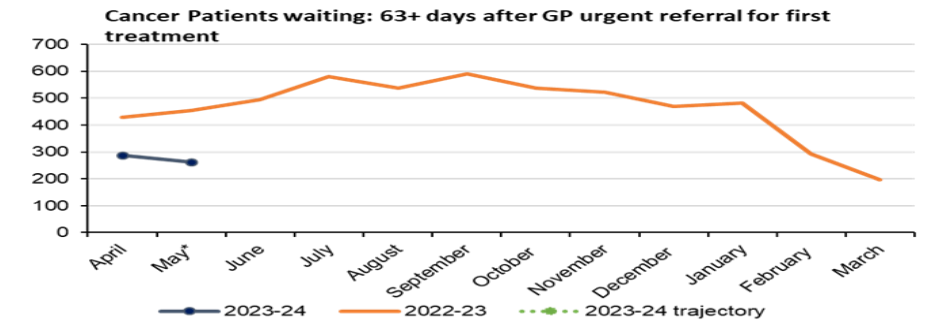
62 day 1st patients 63+ days
262
↓ vs 287 last month

**Unvalidated figures as of the 14/06/23. Final figures for May 2023 will be available in July 2023 after submission*









Despite the challenges of the additional bank holidays in May, delivery against recovery plans remain on track, performance has improved, and the number of patients seen and treated increased significantly from April.

86 more patients were seen on a 2WW pathway, 594 patients completed 28 FDS, 83 more treatments were seen on the 31 day pathway and 32 more treatments were completed on a 62-day pathway.

Over 62-day backlog numbers are decreasing, with all operational teams working with clinicians to 'clean' the PTL which will allow for a more sustainable recovery.

Referrals remain high in colorectal and skin, but the highest percentage increase (22/23) was seen in Gynaecology Oncology, where referrals increased by 13.6%.

Gynaecology performance, mainly due to pathway changes agreed at the beginning of the year, has meant that teams been able to accommodate the increase whilst retaining grip on delivery.

Overall referrals reduced slightly in May, likely due to the impact of additional bank holidays. June to date has already seen increase in breast, colorectal and skin referrals.

Performance: Diagnostics

May 2023

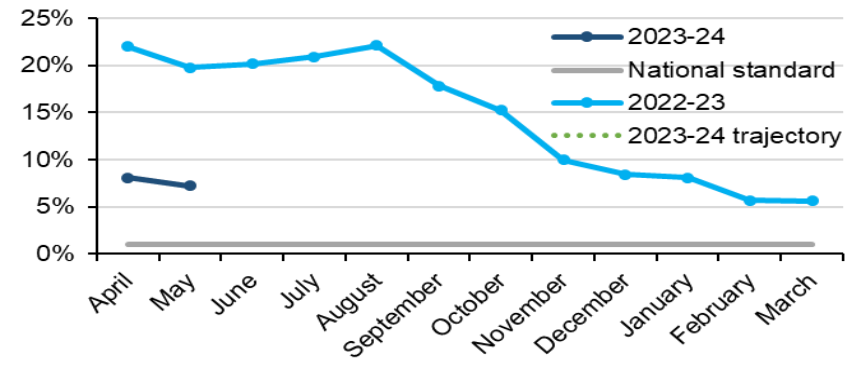
6 week performance improved in month by 0.8% with the number of breaches reducing by 4 patients compared to last month. The waiting list has increased by 10.8%. Ipswich have 58.4% of the total breaches with non-obstetric ultrasounds accounting for 39.9% of them. For Colchester sleep studies account for 35.9% of their breaches.

% patients waiting > 6 weeks or more
7.2%
↓ vs 8.1% last month

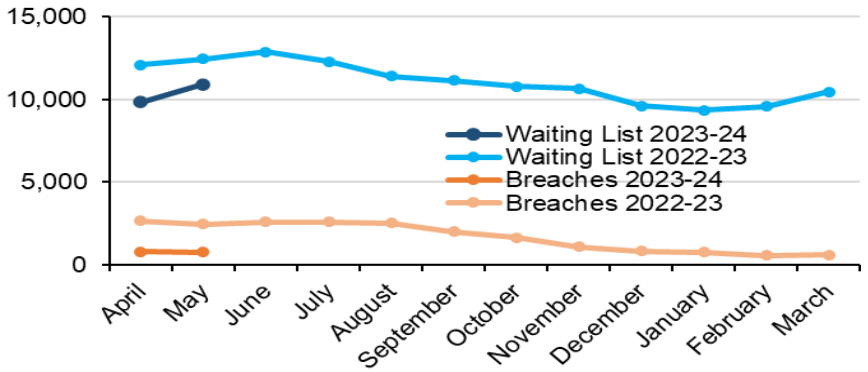
DM01 6 week breaches
790
↓ vs 794 last month

DM01 Waiting List
10,916
↑ vs 9,848 last month

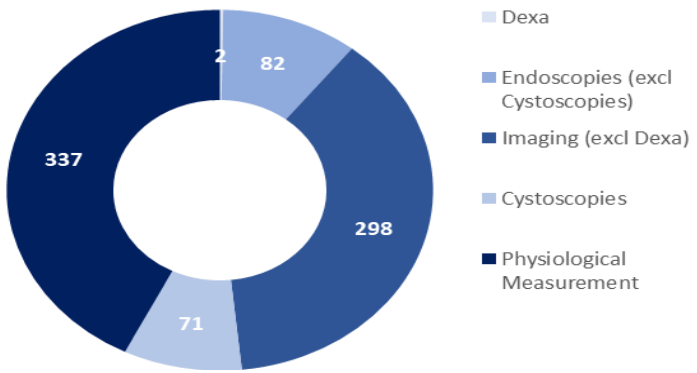
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



Imaging

ESNEFT performance 95.8% (Colchester 98.0%, Ipswich 93.3%)
Overall improvement in month. US is still a concern however actual breach numbers are better than trajectory. A combination of locums, insourcing and temporary rooms at Ipswich are boosting capacity to reduce backlog. MRI breaches are also better than trajectory, the backlog is associated with cardiac MRI. CT performing well.

Endoscopy

ESNEFT performance 93.6%
Majority of breaches continue to be colonoscopy Ipswich. The demand for complex colonoscopy increased following an increase in bowel cancer screening; consultant capacity is being reviewed. 24 of 32 endoscopy breaches in Colchester were at the Oaks.

Audiology

ESNEFT performance 99.4%

Vascular and Urology

ESNEFT performance 80.5%
Slight increase in cystoscopy breaches compared to April. Patient choice and on the day cancellations for emergencies contributed. A high number of bookings in June should bring breaches within trajectory. A significant proportion of Colchester breaches were at the Oaks. There has been a reduction in urodynamics breaches.

Sleep studies and Neurophysiology

ESNEFT performance Neurophysiology 89.1%, sleep studies 61.9%
Sleep studies breaches higher than trajectory, there was an admin issue that resulted in "missed" referrals in Colchester. The backlog now being addressed. The booking processes are also being reviewed in Ipswich.

Echocardiography

ESNEFT performance 87.5%
Breach numbers better than trajectory on both sites. Majority of breaches associated with backlog of consultant led tests in Ipswich. Additional sessions and possible mutual aid from WSH to reduce backlog . Demand for physiologist led tests being met.

Performance: RTT

May 2023

Performance against the 18 week standard has improved in month by 1.1% and is above the national / regional average for the previous month. The proportion of the list waiting 65 weeks or more improved in month by 0.2% and is lower than the national/ regional averages reported for April.

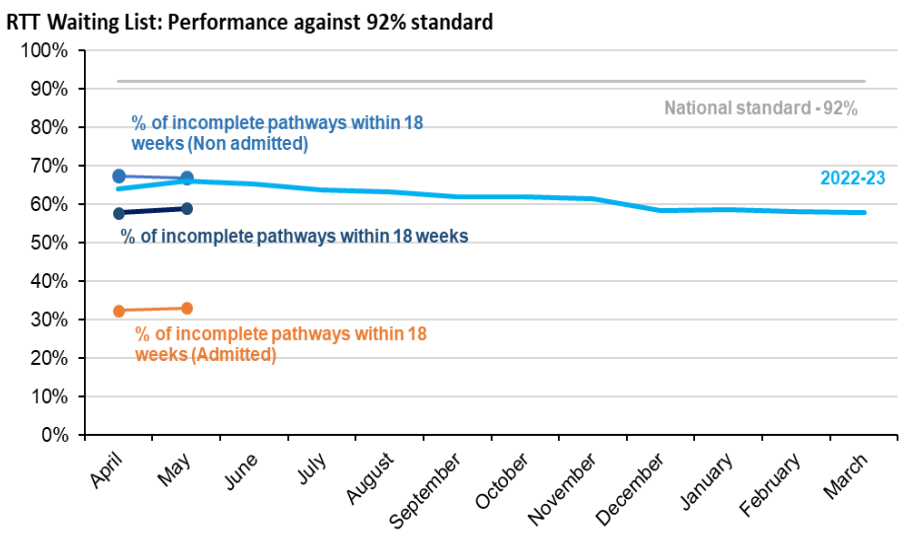
Incomplete pathways within 18 weeks - ESNEFT
58.9%
↑ vs 57.8% last month

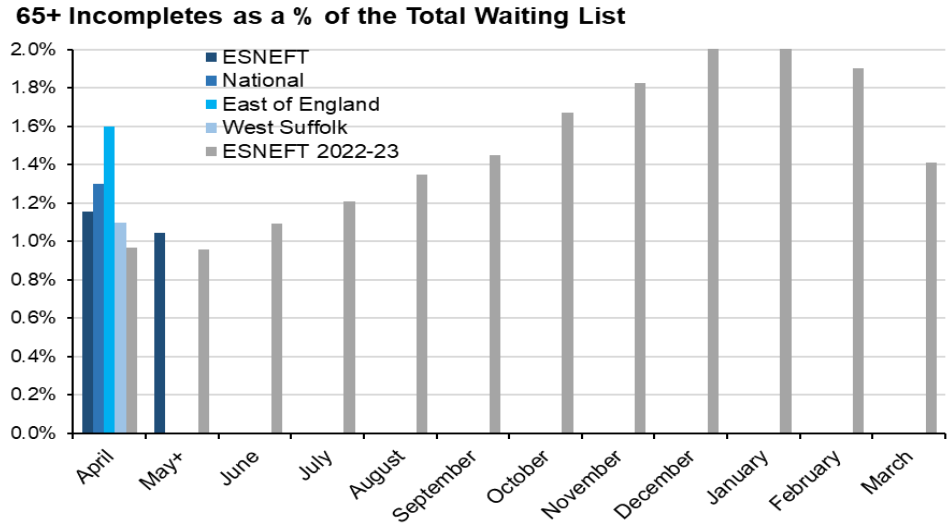
Incomplete pathways within 18 weeks – National
58.3% (April 23)

65+ waiters as % of list - ESNEFT
↓ **1.0%**
vs 1.2% last month

65+ waiters as % of list – National
1.3% (April 23)

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





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

Service Commentary

There has been an improvement in month on 18-week pathways – there are now 3 specialities that are achieving 18 weeks – Geriatric Medicine, Paediatrics and Rheumatology.

There are a further five specialities that are above 70% and are developing plans to get back to an 18-week compliance.

Each specialty has a plan developed for the delivery of the 65 week target with varying achievement times between now and March 2024. Where possible if specialties can go beyond that they are being encouraged to do so.

Corneal Grafts continue to be a national issue with shortages, however two patients over 104 weeks both have dates to be treated in June. There are a further 8 patients over 78 weeks who still require corneal grafts.

Activity increased across the board in month. Elective and daycase inpatients increased by 11.5% and 11.6% respectively. Outpatient firsts and follow ups also increased by 22.1% and 9.3% respectively.

Higher levels were reported against 2022-23 activity levels for the month for all activity types with the exception of follow ups which were 92.4%.

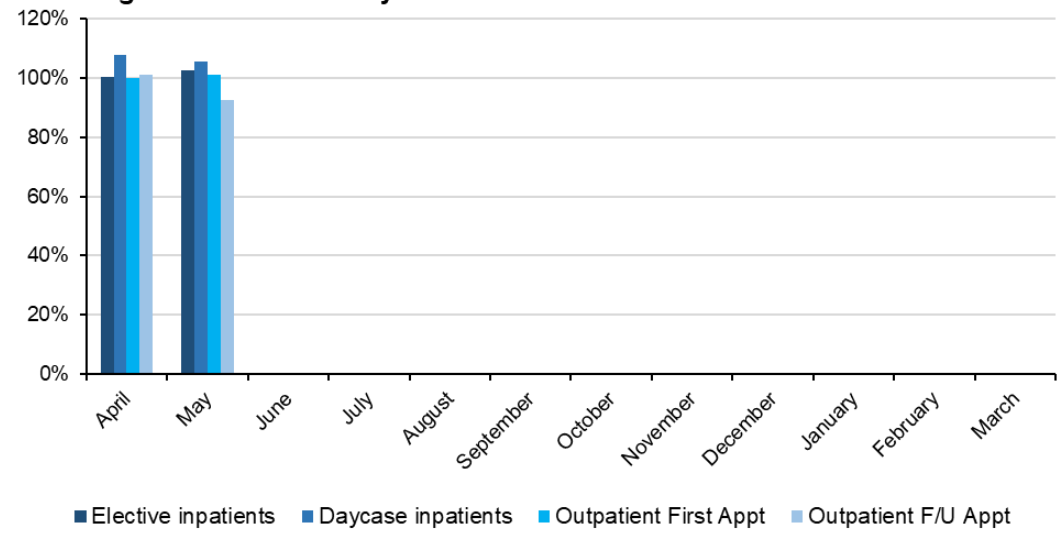
Elective inpatients
827
↑ vs 742 last month

Daycase inpatients
8,058
↑ vs 7,223 last month

Outpatient First Appt
28,915
↑ vs 23,675 last month

Outpatient F/U Appt
48,787
↑ vs 44,653 last month

Percentage of 2022-23 activity



Service Commentary

The focus remains on reducing all patients waiting over 78 weeks across General Surgery, Gynaecology and Gastroenterology.

There was increased activity during May, despite the loss of capacity with an additional bank holiday.

TSC continues to provide activity for General Surgery over weekends for both outpatients and inpatients.

Polling times is a focus for those areas with longer waiting times and plans support the delivery of reducing these in key areas

A first draft of the IST (Improvement Support Team) review was received in May – factual accuracy has been undertaken and finalisation of the report is due in June. This will sit alongside the Elective Transformation plan this year.

Performance: Diagnostics Recovery

May 2023

Activity increased for both CT and ultrasounds in month for ESNEFT by 0.9% and 14.3% respectively. Lower levels were seen in MRI which decreased by 0.8% and endoscopies by 13.4%. Both CT and Ultrasounds exceeded 2022-23 activity levels, but with MRI failing to achieve the prior year level at 88.2% and endoscopies were also down at 87.6%.

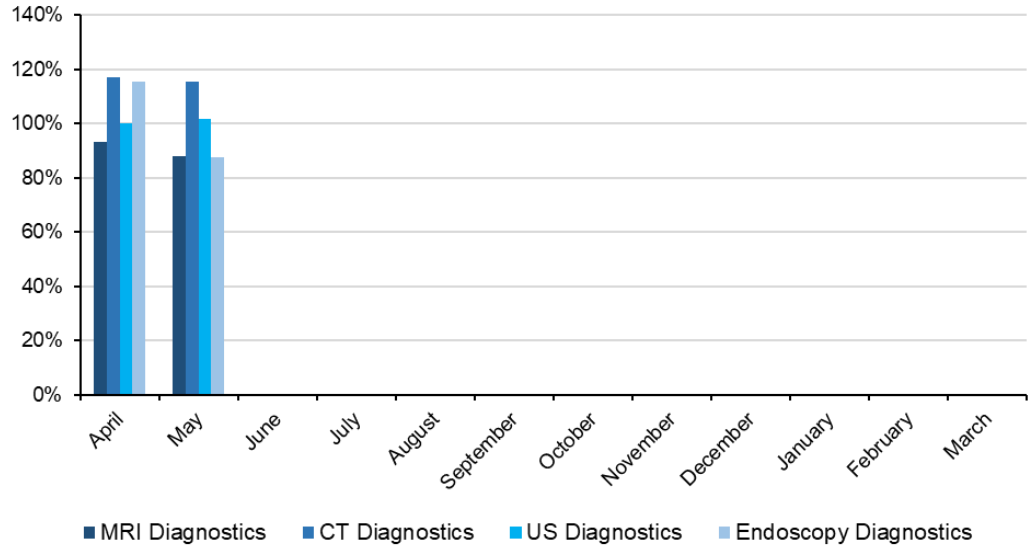
CT
6,885
↑ vs 6,826 last month

MRI
3,574
↓ vs 3,602 last month

US
11,144
↑ vs 9,749 last month

Endoscopy
1,583
↓ vs 1,828 last month

Percentage of 2022-23 activity - Diagnostics



Service Commentary

CT delivered 123.1% activity compared to 19/20. Colchester 130.5% and Ipswich 112.6%. CDC capacity can be further utilised. Introduction of 7 day rotas in Ipswich will result in a more robust service. Relocatable CT now in place in Ipswich for CT colon and to further boost capacity generally.

MRI delivered 115.7% activity compared to 19/20. Colchester 119.1% and Ipswich 112.4%. Colchester capacity being maintained with CDC. Reduction in scan length has boosted Ipswich capacity. 7 day rotas will result in a more sustainable weekend service in Ipswich

US delivered 102.1% activity compared to 19/20. Colchester 110.6% and Ipswich 94.1%. Capacity limited by under-establishment of sonographers on both sites. Recruitment in progress and locums in place to boost capacity.

Endoscopy delivered 85.7% activity compared to 19/20. Colchester 95.0% and Ipswich 75.9%. Service continues to rely on insourcing and private sector for >900 procedures per month. Additional room at CDC from January 2024. National funding for new endoscopy build in Colchester has been approved.

Performance: RTT Recovery

May 2023

The waiting list increased in month by 0.6% for ESNEFT and is 2,259 patients over trajectory. Long waiting patients metrics all improved in month with 65+ week waiters decreasing by 89 patients this was reflected at both sites with Colchester reducing by 34 patients and Ipswich reducing by 55 patients. Reductions were also seen in 78+ week waiters, 98+ week waiters and 104+ week waiters.

Total open RTT pathways
86,088
↑ vs 85,588 last month

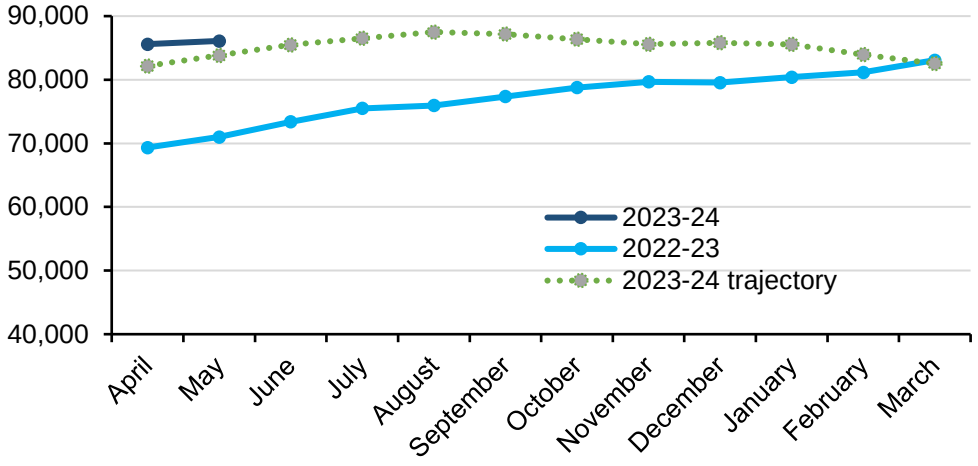
65+ week waiters
901
↓ vs 990 last month

78 + week waiters
137
↓ vs 193 last month

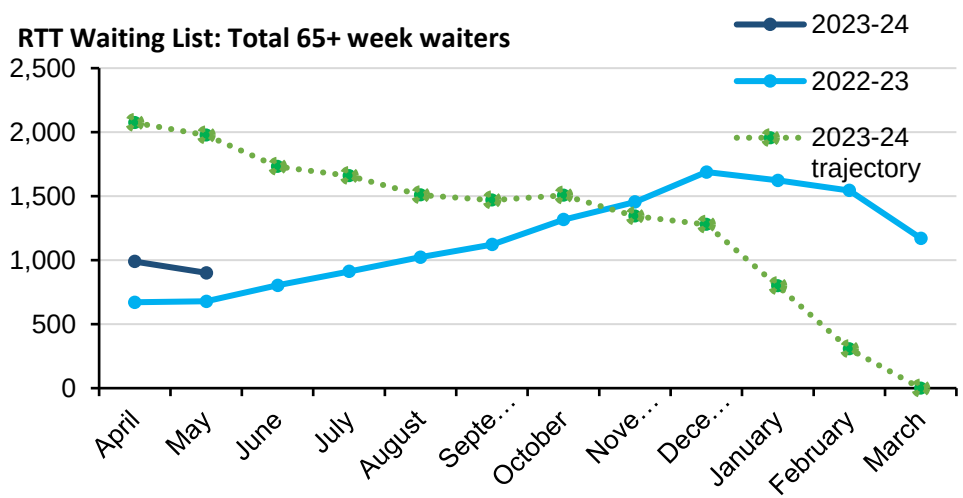
98 + week waiters
13
↓ vs 31 last month

104+ week waiters
5
↓ vs 9 last month

RTT Waiting List: Total open pathways



RTT Waiting List: Total 65+ week waiters



Service Commentary

Positive progress has been seem in all cohorts of waiting times during May.

The daily focus on General Surgery and Gastro continues with the ambition that there will be no capacity breaches at the end of June for over 78 weeks. Whilst the overall number will reduce in June, it will not be zero given the impact of the industrial action.

A monthly 65-week session is in place with all teams to monitor progress against plans. Currently overall, teams are ahead of trajectory for the 65 week target for the end of March.

A national outpatient session is planned with ESNEFT on July 3rd to review outpatients plans and a HVLC follow up visit is planned July 31st to review progress against the GIRFT pathways. The Trust currently remains in tier one nationally, with bi- weekly meetings with national and regional colleagues.

Month 2 Performance

Summary Income and Expenditure	May Plan £000	May Actual £000	May Fav / (Adv) v Plan	Year to Date Plan £000	Year to Date Actual £000	Year to Date Fav / (Adv) v Plan
Income from Patient Care	80,172	81,521	**1,349**	157,978	158,362	**384**
Other Operating Income	3,921	4,890	**969**	7,848	9,614	**1,766**
Total Income	**84,093**	**86,411**	**2,318**	**165,826**	**167,976**	**2,150**
Pay	(52,747)	(52,997)	**(250)**	(103,699)	(103,469)	**230**
Non Pay	(27,774)	(30,389)	**(2,615)**	(55,567)	(58,527)	**(2,960)**
Total Expenditure	**(80,521)**	**(83,386)**	**(2,865)**	**(159,266)**	**(161,996)**	**(2,730)**
EBITDA	**3,572**	**3,025**	**(547)**	**6,560**	**5,980**	**(580)**
Other Non Operating	(4,202)	(3,867)	**335**	(8,398)	(7,717)	**681**
Surplus / (Deficit)	**(630)**	**(842)**	**(212)**	**(1,838)**	**(1,737)**	**101**
EBITDA %	*4.2%*	*3.5%*		*4.0%*	*3.6%*	
Performance Against CT						
Capital donations I&E impact	28	28	(0)	56	55	(1)
Total Non CT Items	**28**	**28**	**(0)**	**56**	**55**	**(1)**
Performance Against CT	**(602)**	**(815)**	**(213)**	**(1,782)**	**(1,682)**	**100**
Less gains on disposal of assets	-	**(0)**	(0)	-	**(3)**	(3)
Performance for System Purposes	**(602)**	**(815)**	**(213)**	**(1,782)**	**(1,684)**	**98**

M2 Revenue Headlines

In May the Trust reported an actual deficit of £0.842m which was an adverse variance of £0.212m against the external plan, a deficit of £0.630m.

The planned deficit is primarily related to the EPR scheme where costs are being incurred from April but national revenue funding is not expected until September.

Key Variances

Whilst the Trust reported an adverse position against the plan in month, the YTD position is favourable although there are a number of key variances.

Income reported a favourable variance to plan in May predominately related to contract variations agreed after the plan was set.

The Trust also benefitted in month in relation to ERF and the associated risk that had been reflected in April. This has been reviewed and reduced. Additional income in relation to high cost drugs (funded on a cost and volume basis) also impacted on the Trust position with an over recovery offsetting the associated over spend in non-pay.

Other operating income continued to report an over recovery with HEE and R&I monies exceeding plan. Lease car income also reported an over performance which offset over spends in non-pay.

In May, the Trust reported an over spend of £0.250m within pay, which has contributed to a small favourable variance £0.230 YTD. There are no significant variances to report. There was a continuation of reduced agency spend compared to 22/23 for temporary pay.

Within non-pay, an adverse variance of £2.615m was reported in May, £2.960m YTD. Whilst CIP non delivery amounted to £0.7m of this adverse performance in month, other significant pressures were reported across a number of clinical divisions. There was increased spend on clinical supplies and services and purchase of healthcare services. Insourcing arrangements continued particularly in Endoscopy and Gastroenterology, along with outsourcing arrangements in Oral Surgery to support long waiting patients.

Temporary Pay

May reported an increase in agency spend, and this accounted for 2.4% of all pay costs (compared to 3.8% YTD May 2022). Whilst the nursing and midwifery staff group reported a reduction in spend (mainly with ED departments on both sites with a move to cover care via bank), medical costs increased within C&D and SGA with vacancies in hard to recruit areas.

Unlike 2022/23 the Trust will not be set agency expenditure limits. Instead the goal will be to reduce total agency spending (in aggregate) to 3.7% of the total estimated NHS pay bill. Agency spend limits for 2023/24 are set at a system level with a requirement for systems currently spending above 3.7% as a percentage of pay to reduce this (with those spending the most as a percentage of pay required to deliver the biggest reductions) and the expectation that systems currently spending below 3.7% will maintain (or reduce) their spending levels.

SNEE ICS has been set a system level cap of £33.99m, within which the Trust's target is £18.1m.

May reported an increase in bank expenditure, predominately within the nursing, midwifery and HCA workforce in Medicine Colchester with a planned move from reliance on agency to bank support. A cumulative adjustment was also reflected in May in respect of backdated pay award costs for bank shifts in both April and May.

ERF

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

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

Final baselines are awaiting national re-costing for national confirmation both to account for the 23/24 published tariff and the impact of pay awards.

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

Actuals for Month 1 use internal calculations based on data extracted after 14 days of the following month, and Month 2 use internal calculations based on data extracted at day 1 of the following month. Previous comparisons have shown that internal calculations updated for 'freeze' were within 1% of national calculations. However, both month's will be lower than the expected final position owing to:

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

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

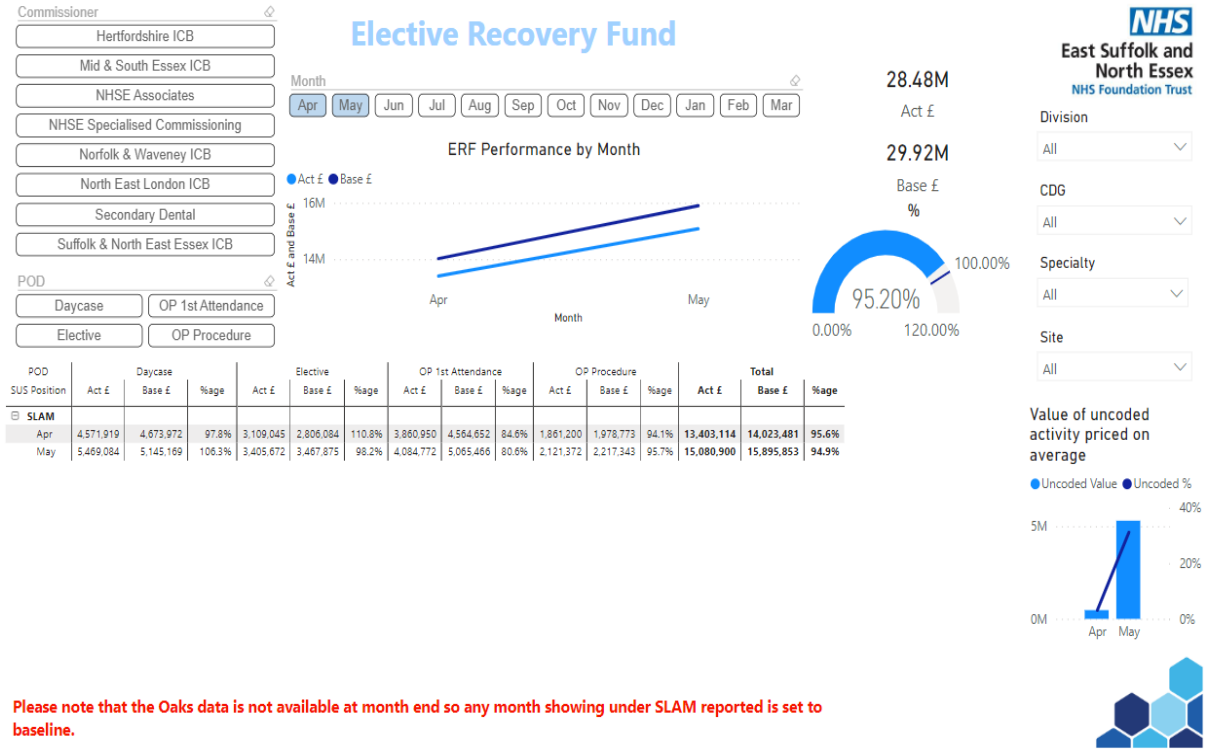
ESNEFT figures include Oaks RES patients unless otherwise stated.

To date, ERF for M1-2 is calculated at 95.2% of cost-weighted 19/20 elective patient care, a small reduction from 95.6% M1:

April (internal refresh data) – 95.6% (95.3% excluding Oaks RES)

May – 94.9% (94.6% excluding RES – set at baseline in month)

Total – 95.2% (94.9% excluding RES)



POD	Daycase			Elective			OP 1st Attendance			OP Procedure			Total		
SUS Position	Act £	Base £	%age	Act £	Base £	%age	Act £	Base £	%age	Act £	Base £	%age	Act £	Base £	%age
SLAM															
Apr	4,571,919	4,673,972	97.8%	3,109,045	2,806,084	110.8%	3,860,950	4,564,652	84.6%	1,861,200	1,978,773	94.1%	13,403,114	14,023,481	95.6%
May	5,469,084	5,145,169	106.3%	3,405,672	3,467,875	98.2%	4,084,772	5,065,466	80.6%	2,121,372	2,217,343	95.7%	15,080,900	15,895,853	94.9%

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

If clawback was to occur, this would be at a 100% rate of the above.

National / Regional guidance for ERF is under consideration in respect of the impact of industrial action.

A risk is highlighted in the financial position to reflect the anticipation of clawback.

Current Calculated				
Row Labels	Actual	Baseline	Gap to Baseline	%
April	£13,403,114	£14,023,481	(£620,367)	95.6%
May	£15,080,900	£15,895,853	(£814,953)	94.9%
Grand Total	**£28,484,014**	**£29,919,334**	**(£1,435,320)**	95.2%

ERF Divisional Position (excluding RES)

Plan profile and actual performance

The most recent month (May) will report lower than prior months due to coding, recording of patient care (Medicine IH, IP and NEECS particularly impacted) and clinic activity un-reconciled. It therefore should be reviewed with caution.

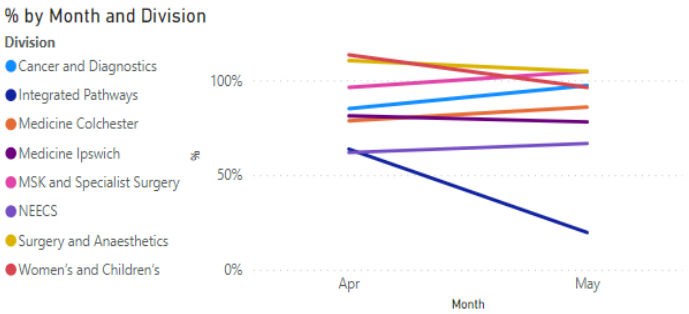
Surgery & Anaesthetics division consistently to date exceed 100% of weighted 19/20 elective patient care, April's position is 104.6%, the Division's overall position is 107.3%. In the month of May, MSK & Specialist Surgery also over-delivered, however no other Divisions are reporting delivery at historical levels. Part of this will relate to data completeness.

In Month, Daycase performance is 106.3%, Elective inpatients 98.2%, but Outpatient services (First 80.6%, Procedures 95.7%) are reducing the overall impact to 94.9%. These figures will adjust as patient activities are updated and coded.

ERF by Division

Site: Multiple selections

East Suffolk and North Essex NHS Foundation Trust



Division	Actuals £	Baseline £	Performance £	%
Cancer and Diagnostics	2,668,181	2,917,679	(249,498)	91.45%
Integrated Pathways	786,978	1,911,946	(1,124,968)	41.16%
Medicine Colchester	1,472,092	1,784,558	(312,466)	82.49%
Medicine Ipswich	1,355,433	1,704,670	(349,237)	79.51%
MSK and Specialist Surgery	10,858,049	10,783,959	74,090	100.69%
NEECS	109,083	169,617	(60,534)	64.31%
Reconciliation	0	0	0.00	0.00%
Surgery and Anaesthetics	6,972,497	6,495,248	477,248	107.35%
Women's and Children's	2,620,440	2,516,899	103,541	104.11%
Total	26,842,752	28,284,575	(1,441,823)	94.90%

Month	Apr				May			
Division	Actuals £	Baseline £	Performance £	%	Actuals £	Baseline £	Performance £	%
Cancer and Diagnostics	1,185,687	1,393,564	(207,876)	85.08%	1,482,493	1,524,115	(41,622)	97.27%
Integrated Pathways	594,671	933,148	(338,477)	63.73%	192,307	978,797	(786,490)	19.65%
Medicine Colchester	655,409	833,635	(178,225)	78.62%	816,683	950,923	(134,240)	85.88%
Medicine Ipswich	643,377	792,202	(148,825)	81.21%	712,056	912,468	(200,412)	78.04%
MSK and Specialist Surgery	4,871,448	5,061,740	(190,292)	96.24%	5,986,601	5,722,219	264,382	104.62%
NEECS	51,583	83,340	(31,756)	61.89%	57,500	86,277	(28,778)	66.65%
Reconciliation	0	0	0.00	0.00%	0	0	0.00	0.00%
Surgery and Anaesthetics	3,347,820	3,030,358	317,463	110.48%	3,624,676	3,464,891	159,786	104.61%
Women's and Children's	1,308,006	1,153,143	154,863	113.43%	1,312,433	1,363,756	(51,323)	96.24%

2023/24 CIP programme

In-month position

£1.4m of cost improvement plans were delivered in May against a target of £2.1m.

A number of divisions delivered the CIP target in month. SG&A reported the largest adverse variance to plan of £0.292m. A cross divisional CIP meeting has been set for the 27th June to discuss opportunities and there will be a peer to peer review of CIP programmes at the next EMC.

CIP Delivery by Division	May			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	272	277	5	545	335	(210)
Integrated Pathways	155	65	(90)	310	79	(231)
Medicine Ipswich	158	114	(44)	317	229	(88)
Medicine Colchester	165	78	(87)	330	148	(181)
MSK and Specialist Surgery	225	235	10	450	254	(196)
NEE Community Services	115	63	(52)	230	79	(151)
Surgery, Gastro & Anaesthetics	300	8	(292)	619	8	(611)
Women's and Children's	260	130	(130)	520	130	(389)
Total Operations	**1,651**	**970**	(681)	**3,321**	**1,262**	(2,059)
Estates & Facilities	326	338	12	651	341	(310)
Corporate Services	121	133	12	242	153	(88)
Non Divisional	-	-	-	-	-	-
Total Trust	**2,097**	**1,441**	(656)	**4,214**	**1,756**	(2,458)

Key variances

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

- Surgery, Gastro & Anaesthetics - £0.611m
- Women's and Children's - £0.389m

Current Forecast Position

The Trust is currently forecasting a 50% (43% in April) CYE delivery as at the end of May.

£000s	23/24 Forecast Outturn				Full Year Effect			
	Target	FOT	Var	%	Target	FOT	Var	%
Corporate Services	1,449	681	-768	47%	1,449	642	-807	44%
Estates & Facilities	3,909	1,105	-2,804	28%	3,909	883	-3,025	23%
Cancer and Diagnostics	3,270	1,486	-1,784	45%	3,270	1,064	-2,205	33%
Medicine Colchester	1,979	968	-1,011	49%	1,979	973	-1,006	49%
Medicine Ipswich	1,899	1,533	-367	81%	1,899	1,001	-898	53%
MSK and Specialist Surgery	2,702	1,451	-1,251	54%	2,702	1,291	-1,411	48%
Surgery, Gastro & Anaesthetics	3,833	2,105	-1,728	55%	3,833	2,437	-1,396	64%
Women's and Children's	3,117	1,584	-1,533	51%	3,117	1,634	-1,483	52%
Integrated Pathways	1,861	759	-1,102	41%	1,861	738	-1,122	40%
NEE Community Services	1,382	993	-389	72%	1,382	988	-394	71%
Trust Total	**25,401**	**12,665**	**-12,736**	**50%**	**25,401**	**11,651**	**-13,749**	**46%**

Quality Impact Assessments

At the end of May, against the full year effect target, 31% (20% in April) of CIP has passed QIA.

£000s	FYE QIA					
	Target	Idea	PID	DMT	QIA	QIA/ Target
Corporate Services	1,449	0	0	0	642	44%
Estates & Facilities	3,909	70	188	0	626	16%
Cancer and Diagnostics	3,270	22	59	0	983	30%
Medicine Colchester	1,979	20	17	0	935	47%
Medicine Ipswich	1,899	64	0	0	937	49%
MSK and Specialist Surgery	2,702	211	0	12	1,068	40%
Surgery, Gastro & Anaesthetics	3,833	419	350	955	712	19%
Women's and Children's	3,117	138	8	0	1,488	48%
Integrated Pathways	1,861	702	17	11	9	0%
NEE Community Services	1,382	353	85	42	508	37%
Trust Total	**25,401**	**1,998**	**723**	**1,020**	**7,911**	**31%**

Cash & the Better Payment Performance Code (BPPC)

Cash

The Trust held cash of £64.748m at the end of May. May reported the gap to plan was significantly reduced from £17m to £6m. This is predominately the consequence of movements in working capital in month such as the pay award allowance.

Better Payment Performance Code (BPPC)

All NHS bodies are expected to comply with the "Better Payment Practice Code", which requires 95% of undisputed invoices to be paid within 30 days. The Trust's cumulative BPPC for non-NHS invoices was at May was 85.4% which is a deterioration compared to 86.9% for the same period last year.

There has been no significant issues with suppliers i.e. no complaints or supplies put on hold as a result of late payments.

Internal Processes

The Accounts Payable (AP) team have a rigorous daily process to ensure invoices are set for payment as soon as possible. Payment clerks are monitored against internal productivity targets to ensure AP tasks are carried out as required.

- Invoices are registered on the finance system the day the day they are received.
- Where the invoice can be matched to a purchase order (PO) it is immediately set to be paid on the next payment run.

Where there is either no PO or the invoice does correlate with the PO, the invoice is assigned to the budget holder on the finance system for authorization. This happens on the day following registration. The invoice is released for payment immediately after it is approved.

- Invoices with price variances to the PO are required to be certified by procurement. Again as soon as certification is received, the invoice is released for payment.

Follow Up Actions : The AP team takes the following follow up actions:

- Daily email sent to authoriser notifying them of invoices awaiting are approval on IAS
- Daily email sent to requisitioner notifying them of an invoice which requires a GRN.
- Daily email to procurement notifying them of an invoice which requires certification.
- Daily review of Aged Creditors/Queries reviewed on a daily basis.
- Non receipted items where the invoice date is greater than 2 weeks old are chased by AP clerks

Further Actions to Improve Performance

1. Improved/more granular reporting of performance

Payments are made as soon as appropriate authorization is obtained. Late authorization is a key factor in invoices being paid late. Reporting has been improved to identify services for which obtaining authorization is causing late payment and these services will be challenged to improve at DAMs.

2. Automated Invoice Processing

In September 2022 the Trust started to rollout 'Cloud Trade' - an automated invoice processing system. The roll-out was completed this April. The majority of invoices received by the Trust are now are emailed directly to Cloud Trade by suppliers and electronically registered in Integra (the Trust's finance system).

No Order No Pay : Cloud Trade is set up to aligned with the Trust's No Purchase Order No Payment Policy (subject to approved exemptions). Invoices that do not quote a valid Trust purchase order number are automatically rejected by the portal and returned to the supplier.

Invoices sent from suppliers registered with Cloud Trade's network are loaded into the Trust's finance system without the need for intervention.

A minority of invoices that fall outside of certain set parameters (e.g. PO exemption, non-networked suppliers) still require manual intervention.

Benefits:

- Costs of Cloud Trade have been covered by wte staff reductions but it eliminated the need for additional bank staff used since merger
- Improved efficiency/reduction in errors, i.e. data reading v keying data
- Allows for scalability (increased capacity) without need for additional costs.
- Enforces 'no order, no pay' which will reduce number of invoices requiring authorization and therefore reduce delays in payments

The Capital Programme

Summary Capital Position at 31/05/23

Year to date position reported an actual spend of £9.542m against a plan of £18.330m.

Capital Programme	Year to date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	116	60	56	796	757	39
Non-Medical Equipment	-	-	-	-	-	-
ICT	272	321	(49)	14,402	15,057	(655)
Estates & Facilities	2,148	1,457	691	12,113	12,256	(143)
Building for Better Care	13,909	6,476	7,433	72,091	69,428	2,663
Schemes	1,946	534	1,412	10,454	6,346	4,108
Right of Use Asset	(184)	577	(761)	(581)	180	(761)
PFI	-	-	-	1,161	1,161	-
Total Capital Programme	**18,207**	**9,426**	**8,781**	**110,436**	**105,186**	**5,250**
Other Adjustments;						
PFI Lifecycle Costs	-	-	-	(1,161)	(1,161)	-
PFI Residual Interest	123	123	-	738	738	-
Disposals	-	(7)	7	(1,948)	(1,948)	-
Donated	-	-	-	(1,501)	(1,501)	-
Net Expenditure Position	**18,330**	**9,542**	**8,788**	**106,564**	**101,314**	**5,250**
Net CDEL (adjusted fro IFRS16 impact)				**105,353**	**101,446**	**5,429**
Performance against CDEL				**(1,211)**	132	1,343

Capital Expenditure

The 2023/24 capital plan was submitted with a plan value in excess of CDEL by £1.2m, essentially over-committing against CDEL within an agreed threshold.

Following a review, the impact of the slippage from 2022/23 meant that the position moved adversely to become £3.5m over CDEL.

Whilst allowed for the purpose of plan submission, the trust is expected to mitigate this in year and not exceed CDEL.

The capital forecast has been reviewed against the latest information from Estates on the major projects, particularly those with a significant variance against plan in April, and the following mitigations have been identified:

- EOC expenditure profile for works remaining assessed against the overall project budget has reduced the forecast cost in year by £1.1m.
- Child Health Development delay has required the reprofiling of £0.7m expenditure into the next financial year reducing 23/24 spend.
- Green Surgical Hub delay has led to £1.6m expenditure being deferred into the next financial year, again reducing the 23/24 forecast.

These reductions in 23/24 spend will create an additional pressure for 24/25.

There is still potential for further reduction to the forecast once the EOC enabling works plan of £5.1m has been re-reviewed following the recent award for new Endoscopy Unit at Colchester.

The year-to-date position is under plan by £8.8m. The main drivers are:

- EOC £5.5m – expenditure was particularly lower than previous trend. £3.9m under plan in month plus under in April by £1.6m. Further investigation required into the monthly profile of costs.
- Green Surgical Hub £1.5m – works will not commence until Jul'23.
- Clacton CDC £1.5m – Endoscopy works not due to commence until Aug'23 is the main reason for the difference between plan and actual, which will catch up when works commence.

SNEE ICS – revenue positions (draft)

Revenue

The respective revenue positions of SNEE ICS organisations set out below is based on information requested and submitted to the ICB and NHSE on working day 9 (WD9) after the month end.

System Revenue

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan YTD £000	Actual YTD £000	Variance YTD £000	Variance YTD %	Plan Year £000	Forecast Year £000	Variance Year £000	Variance Year %
Suffolk And North East Essex ICB	442	442	0	0.0%	2,649	2,649	(0)	(0.0%)
East Of England Ambulance Service NHS Trust	42	47	5	0.0%	51	51	-	0.0%
East Suffolk And North Essex NHS Foundation Trust	(1,782)	(1,682)	101	0.1%	-	-	-	0.0%
West Suffolk NHS Foundation Trust	(1,024)	(1,411)	(387)	(0.6%)	(2,700)	(2,700)	-	0.0%
ICS Total	(2,323)	(2,604)	(281)	(0.1%)	(0)	(0)	(0)	(0.0%)

Cumulatively to month 2, SNEE ICS provider organisations have delivered an actual revenue deficit of approximately £3.0m, which is approximately £0.3m adverse to plan. WSFT are £0.4m behind plan, whilst EEAST are slightly ahead of their control total (£5k favourable variance).

The forecast though for all provider organisations, and the system as a whole, is still for the delivery of a balanced revenue position.

The ICB position is a balanced revenue position YTD and forecast.

As noted in earlier slides, whilst ESNEFT is expecting to achieve a balanced revenue position by year-end, the first six months of the year are actually planned to deliver deficits primarily because of the mismatch between EPR expenditure and funding.

The profile of WSFT's revenue plan similarly shows poorer results in the early months, improving as the year progresses. This is linked to expected CIP achievement in later months of the financial year. The front loading of deficits early in the year and stronger performance later in the year – dependant on increased CIP achievement etc - clearly raises the risk that delivery of their control total will be challenging.

It is important to stress that - as emphasised in planning guidance - during 2020/21 and 2021/22, systems were also established as the key unit for financial allocations. In 2023/24, this approach will continue to support greater collaboration and collective responsibility for financial performance.

The ICB is undertaking a review of organisations underlying revenue financial positions. This work will be available by the end of July.

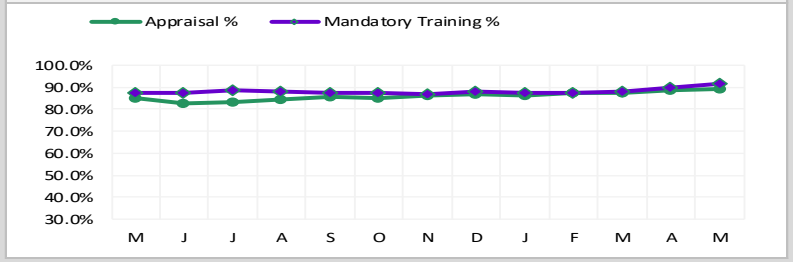
Workforce Dashboard

May 2023

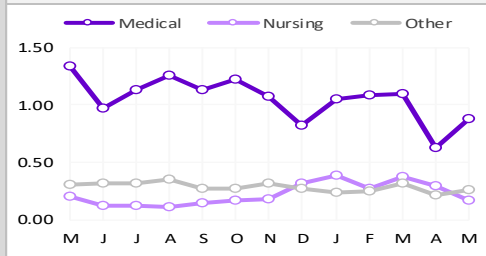
Trust Level

Key Metrics	Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Ceiling	Ward Fill Rate
Performance	4.6%	£1.6m	4.1%	91.4%	89.3%	8.4%	£1.65m	87.6%
Target	Budget 10937wte	Budget £101.6m	3.5%	90%	90%	12%	(£4.09m)	95%
Achieved	Contracted 10433wte	Spend £103.2m	4.1%	View portal for detail	89.3 out of 100 staff		(£2.44m)	
Vs Prior Month	↑	↓	↑	↑	↑	↓	↑	↓
Prior Month	4.4%	£0.49m	4.1%	89.8%	88.4%	8.6%	£0.91m	88.5%

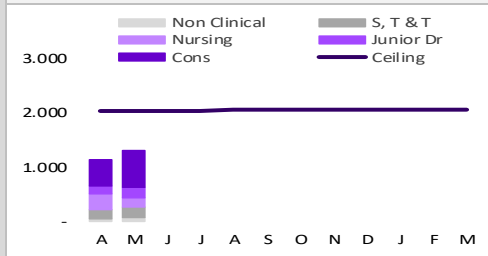
Appraisals & Mandatory Training Compliance %



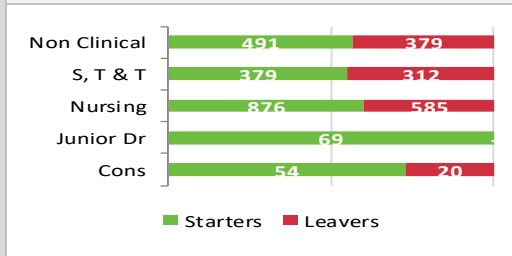
Agency Trends (ex Locum) £m



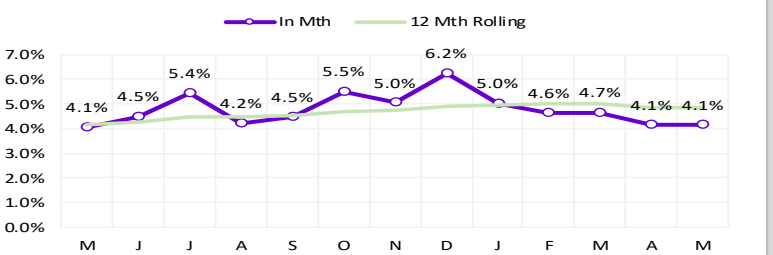
Agency Ceiling £m



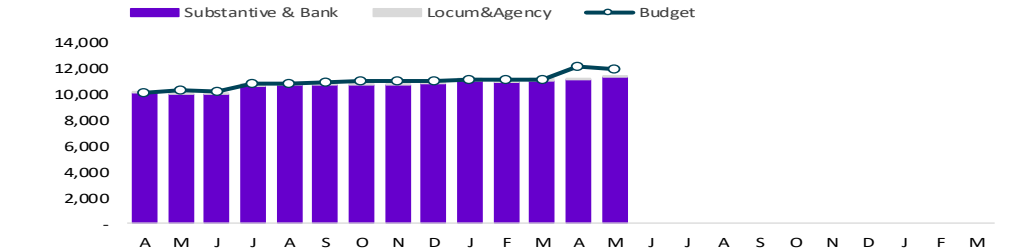
Starter - Leavers (12Mth Rolling) Headcount



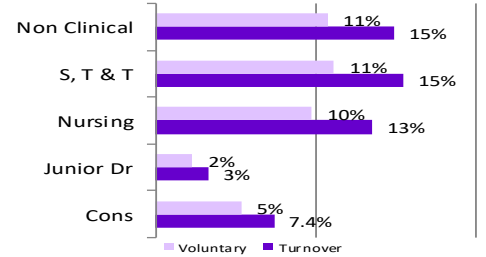
Sickness %



Workforce Trends wte

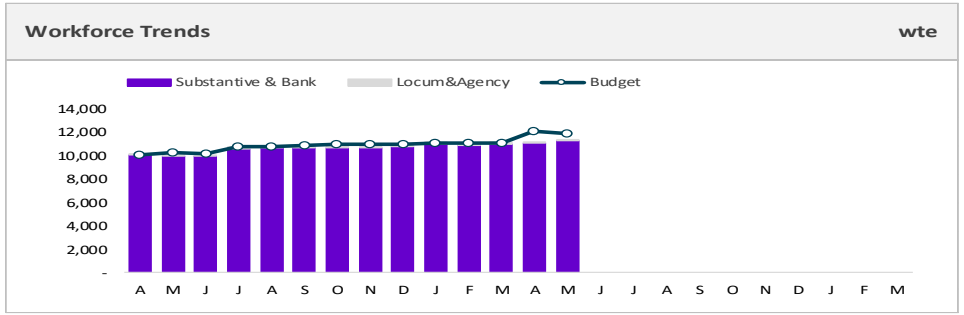


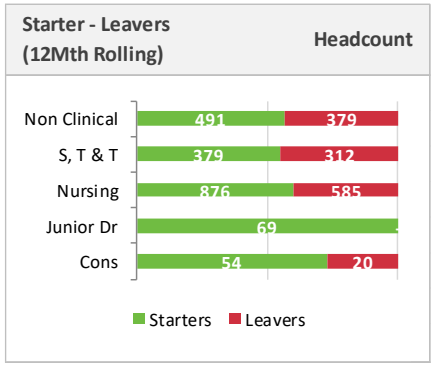
Turnover by Staff Group Headcount

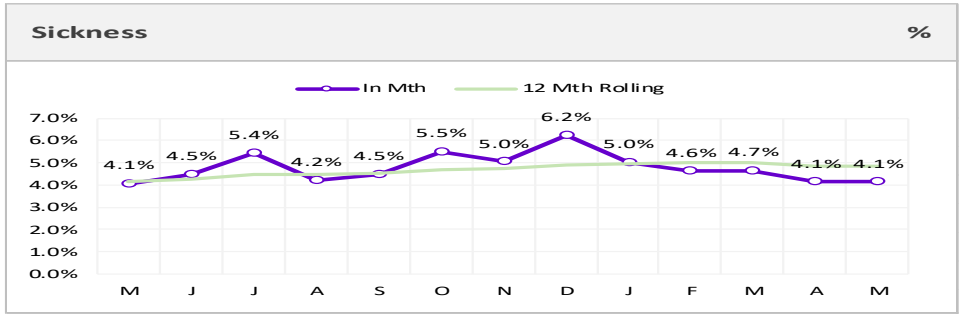


Well-Led: Overall Workforce trends and Sickness

May 2023







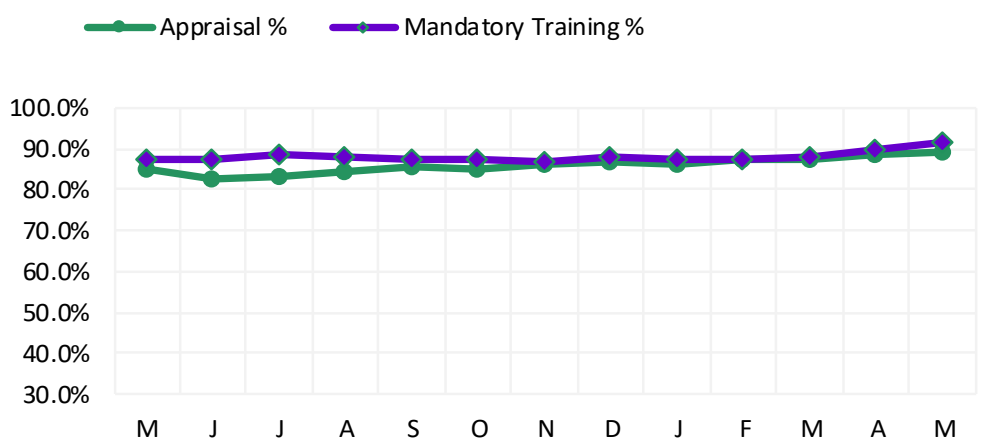
Commentary	Risks & Mitigating Actions
Recruitment In May, the number of staff in post increased slightly to 10,433 WTE (April 10,431). The Trust continues to have more starters than leavers overall in the majority of clinical groups. The Trust's rolling voluntary turnover for May was 8.4% (April 8.6%) The Trust continues to have more starters than leavers overall in the majority of clinical groups. We are currently unable to provide the definitive number of external offers made in May due to the unavailability of the TRAC system at present. International Nurse recruitment: Apr 2023-March 2024 - 120 RNs to commence. 13 International Nurses arrived in May. Consultant vacancies increased to 40 WTE due to additional posts to accommodate the new 7 Day Medical Model in Ipswich and short term fixed term vacancies in Obstetrics & Gynaecology to cover career break and sickness. 10 Consultants are going through on-boarding. There are 8 SAS vacancies. M2 - Agency spend @ £1.3m. £882k on Medical Locums. 2023-24 NHSE Agency ceiling confirmed as £18m. M2 - Bank spend @ £5m. Direct engagement VAT savings (Medical) M2 £76k. **Sickness** Sickness absence in May was static at 4.1% and remains just above the target of 4%. The main reason for absence is due to stress, anxiety and depression and we saw a decrease in sickness absence due to Coughs, colds and flu (including COVID-19) (22.08% in April v 20.81% in May). The number of FTE days lost due to sickness remains higher for short term sickness (52.07%) than long term sickness (47.93%). The total number of employees who have been absent for 3-6 months and over 6 months continues to decrease which is due to the on-going targeted work by the ER and OH teams	Bitesize training sessions focussed on absence are continuing 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. The Absence Policy is under review. A range of measures to support staff wellbeing is continuing with increased psychological support. A specific piece of work has been established to look at wellbeing in relation to incidents of violence and aggression in the workplace. We have also launched automated departmental stress risk assessment and this month our Schwartz Rounds have focussed on Long Covid **Recruitment, Resourcing and Planning** There has been a slight increase in the number of vacancies to 4.6% (from 4.4% in April). However, despite this, the Trust remains ahead of planned recruitment, with fewer leavers and a higher number of new staff recruited across both month 1 and 2. Newly qualified recruitment events held at both acute sites. 90 students attended and offered posts. 13 students currently still to be placed. There is continued focus on hard to recruit consultant vacancies utilising Head Hunters and international recruitment drives.

Well-Led: Appraisals and Mandatory Training

May 2023

Mandatory Training	Appraisal
91.4%	**89.3%**
90%	90%
View portal for detail	89.3 out of 100 staff
↑	↑
89.8%	**88.4%**

Appraisals & Mandatory Training Compliance %



Commentary

Mandatory Training

May's compliance rate increased to 91.4%, from 89.8% in April.

Email reminders to staff and their managers, notifying them of expired or about to expire training commenced in April. Daily compliance figures continue to improve since these started, with four divisions now reporting over 90% mandatory training compliance.

Targeted work on improving compliance for Information Governance training is underway, and compliance is increasing. HRBPs are working with divisions on this area.

Appraisal

May's compliance rate increased to 89.3%, from 88.4% in April.

Appraisal documentation has been updated, alongside a refreshed information page and an easier method of recording completed appraisals.

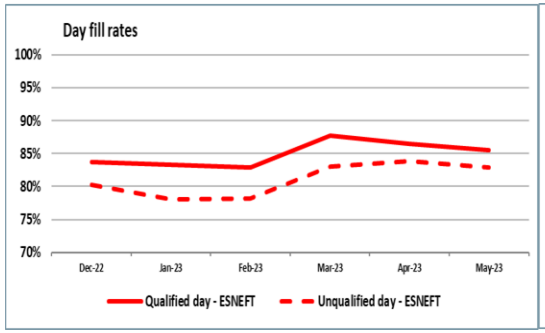
Feedback led appraisals for Band 7 and above are continuing. HRBPs are delivering bite size sessions within their divisions.

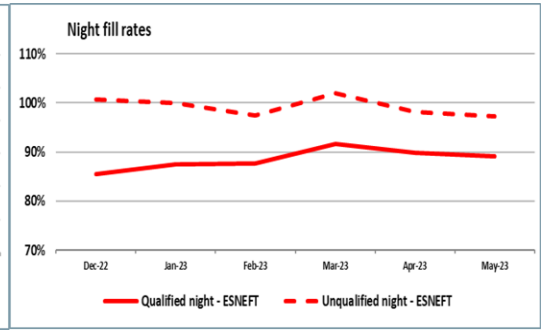
Email reminders from ESR to staff and their managers alerting them to expired or about to expire appraisals have commenced and is improving compliance.

Nursing, Midwifery and AHP Workforce Update

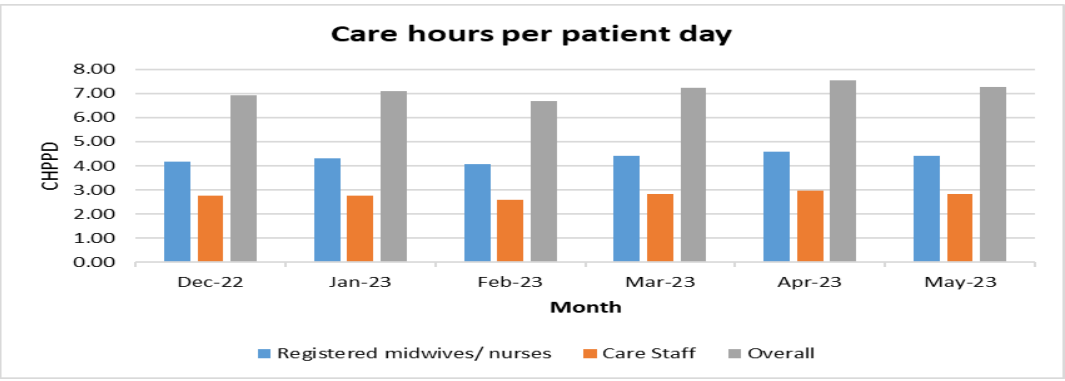
Fill Rates (including care hours per patient day)

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Qualified day - ESNEFT	83.8%	83.3%	83.0%	87.8%	86.4%	85.5%
Qualified night - ESNEFT	85.5%	87.4%	87.7%	91.6%	89.8%	89.1%
Unqualified day - ESNEFT	80.2%	78.1%	78.2%	83.0%	83.9%	82.8%
Unqualified night - ESNEFT	100.7%	99.9%	97.4%	102.0%	98.2%	97.3%
Overall (average) fill - ESNEFT	85.9%	85.6%	85.2%	89.8%	88.5%	87.6%





Care hours per patient day	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Registered midwives/ nurses	4.18	4.32	4.08	4.40	4.60	4.42
Care Staff	2.76	2.78	2.60	2.82	2.96	2.84
Overall	**6.94**	**7.09**	**6.68**	**7.23**	**7.56**	**7.26**



Commentary

The Trust publishes monthly data on staffing fill rates for nurses, midwives and care staff via the NHS Choices website. This enables patients and the public to see how hospitals are performing on meeting inpatient safe nursing levels. Safe staffing is discussed twice a day on each site supported by a senior nurse and then discussed at the Trust wide Cross Divisional staffing group.

International Nurse Recruitment:

We continue to be committed to the delivery of an ethical, diverse and sustainable workforce. 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. As a result, we are continuing to review & improve our processes including our international nurses starting salary, to ensure we are a 'destination of choice'.

As a trust we have developed a new bespoke support language package to offer our internal OSCE candidates, if they should require it. Work is also underway to develop a Paediatric OSCE programme to support our children services with a specialised workforce.

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

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 with the Head of workforce and AHP Lead about how to review experiences of our international AHP's and provide robust ongoing pastoral care.

Risks & Mitigating Actions

Annual Safer staffing review:

Our new acuity lead has now started within their role and planning is currently underway for the Staffing review meetings. Invitations are being sent out this week to all the relevant departments for the acuity meetings to commence in July. (From 6thJuly-28th July)

Work will be done to embed Birth Rate plus into the daily staff meetings. Collaboration is also underway to attempt to capture our AHP colleagues on Safe Care also

A pilot has been undertaken with our Community Nursing Safer Staffing Tool (CNSST) . Information following the pilot is pending.

HCA retention

The trust have been awarded the NHS Support Worker Pastoral Support Quality Gold Award. NHS England have asked the trust be an exemplar both regionally and nationally when rolled out. This is testament to the dedication, hard work and commitment shown collaboratively across the trust to both improve the role and experience of our employees & patients.

Collaborative working is underway to implement the HCSW Academy . The trust aims to take 30 candidates across both sites in its first cohort in September.

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

The trust's first 'Support Worker Award' is in the final stages of being completed with information being cascaded to all staff in the coming weeks.

RAG rules: Less than 80% : Red; 80 - 95%: Yellow; 95 - 101%: Green; More than 101%: Amber

POD Profiles – Trust Level

	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
All Staff													
Headcount	11,606	11,630	11,679	11,851	11,807	11,833	11,821	11,804	11,844	11,901	11,858	11,983	11,945
Establishment (including agency)	10,970	10,888	10,890	11,018	11,127	11,180	11,133	11,265	11,347	11,363	11,394	10,907	10,937
In post	10,018	10,053	10,194	10,128	10,186	10,222	10,287	10,319	10,357	10,419	10,416	10,431	10,433
Vacancy	952	835	697	889	941	958	846	945	990	945	978	477	503
Vacancy %	8.7%	7.7%	6.4%	8.1%	8.5%	8.6%	7.6%	8.4%	8.7%	8.3%	8.6%	4.4%	4.6%
Establishment (excluding agency)	10,588	10,578	10,632	10,671	10,810	10,858	10,921	10,949	11,011	11,079	10,812	10,907	10,937
Vacancy (excluding agency)	570	525	438	542	624	636	634	629	654	660	395	477	503
Vacancy % (excluding agency)	5.4%	5.0%	4.1%	5.1%	5.8%	5.9%	5.8%	5.7%	5.9%	6.0%	3.7%	4.4%	4.6%
Turnover													
[1] Turnover (12 Month)	12.4%	12.0%	12.1%	12.0%	12.3%	12.0%	11.6%	11.6%	11.5%	11.5%	11.5%	11.4%	11.2%
[1] Voluntary Turnover (12 Month)	9.4%	9.0%	9.1%	9.0%	9.2%	9.0%	8.9%	8.9%	8.8%	8.8%	8.8%	8.6%	8.4%
[1] Starters (to Trust)	97	114	132	159	177	195	162	125	186	160	147	169	143
[1] Leavers (from Trust)	169	104	116	133	117	125	116	113	107	83	147	106	89
Sickness													
% In Mth	4.1%	4.5%	5.4%	4.2%	4.5%	5.5%	5.0%	6.2%	5.0%	4.6%	4.7%	4.1%	4.1%
WTE Days Absent In Mth	12,564	13,425	16,810	13,134	13,479	17,265	15,339	19,741	15,917	13,343	14,941	12,830	13,337
Mandatory Training & Appraisal Compliance													
Mandatory Training	87.4%	87.2%	88.4%	87.8%	87.4%	87.2%	87.0%	87.9%	87.5%	87.3%	87.9%	89.8%	91.4%
Appraisal	85.3%	82.6%	83.0%	84.2%	85.6%	85.3%	86.4%	86.9%	86.4%	87.3%	87.7%	88.4%	89.3%
Temporary staffing as a % of spend													
Substantive Pay Spend	41,264	41,305	40,232	41,591	45,661	43,046	42,008	42,126	42,810	42,585	64,961	44,376	46,535
Overtime Pay Spend	176	167	162	163	233	164	153	145	162	166	173	188	180
Bank Pay Spend	3,996	4,310	4,343	4,475	5,414	4,346	4,588	4,515	5,024	4,595	7,317	4,429	5,073
Agency Pay Spend	1,848	1,400	1,572	1,718	1,552	1,669	1,562	1,406	1,682	1,611	1,777	1,129	1,310
Total Pay Spend	47,284	47,182	46,309	47,947	52,860	49,224	48,311	48,192	49,679	48,957	74,228	50,122	53,097
Agency & Bank %	12.4%	12.1%	12.8%	12.9%	13.2%	12.2%	12.7%	12.3%	13.5%	12.7%	12.3%	11.1%	12.0%
Agency %	3.9%	3.0%	3.4%	3.6%	2.9%	3.4%	3.2%	2.9%	3.4%	3.3%	2.4%	2.3%	2.5%

Nurse staffing fill rate	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
% Filled	93.48%	94.63%	84.03%	86.19%	87.22%	81.27%	86.89%	85.89%	85.61%	85.21%	89.76%	88.47%	87.56%

[1] Excludes training grade junior doctors

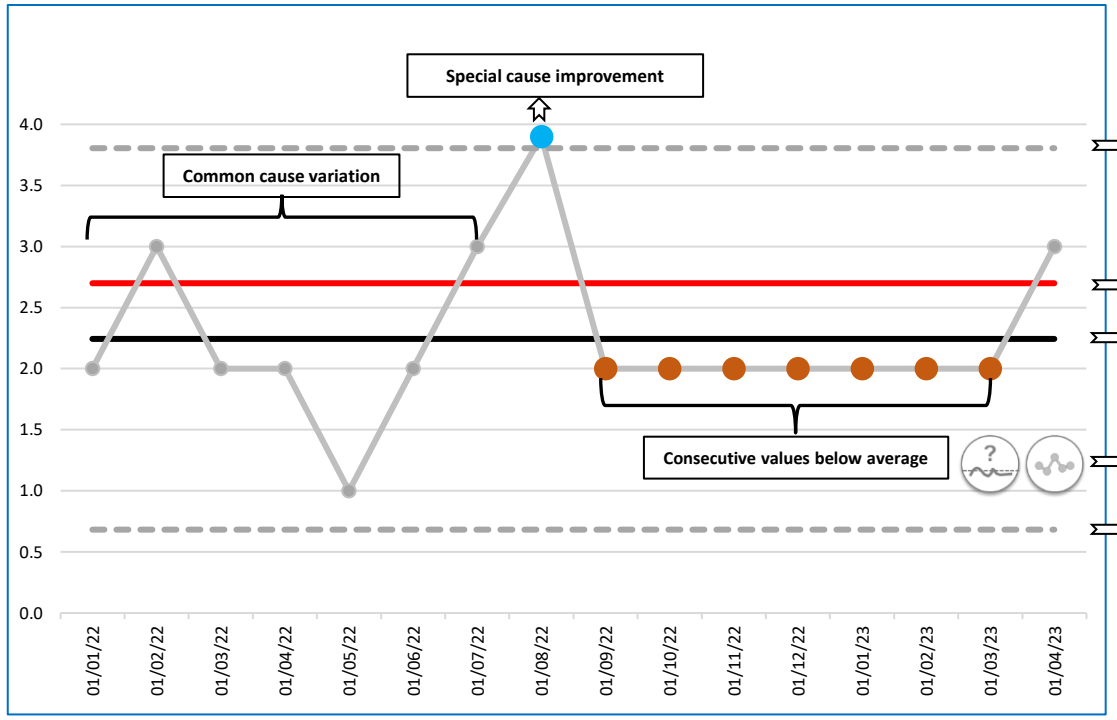
POD Profiles – Trust Level

	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,122	3,094	3,105	3,140	3,177	3,183	3,211	3,244	3,268	3,265	3,285	3,660	3,483
In post	2,976	2,979	2,988	3,003	3,009	3,007	3,032	3,020	3,021	3,018	3,038	3,010	3,031
Vacancy	145	115	117	137	167	176	179	224	247	247	247	650	452
Vacancy %	4.7%	3.7%	3.8%	4.4%	5.3%	5.5%	5.6%	6.9%	7.6%	7.6%	7.5%	17.8%	13.0%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,504	1,493	1,497	1,497	1,540	1,554	1,548	1,563	1,567	1,566	1,570	2,003	1,827
In post	1,476	1,472	1,483	1,492	1,486	1,476	1,485	1,472	1,450	1,436	1,446	1,438	1,447
Vacancy	29	21	15	4	54	78	63	91	116	130	124	565	380
Vacancy %	1.9%	1.4%	1.0%	0.3%	3.5%	5.0%	4.1%	5.8%	7.4%	8.3%	7.9%	28.2%	20.8%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,351	1,306	1,294	1,329	1,365	1,342	1,343	1,357	1,378	1,388	1,385	1,435	1,462
In post	1,142	1,146	1,142	1,139	1,128	1,126	1,128	1,149	1,161	1,186	1,209	1,247	1,254
Vacancy	209	160	152	191	238	216	215	208	217	202	176	188	208
Vacancy %	15.5%	12.2%	11.7%	14.3%	17.4%	16.1%	16.0%	15.3%	15.8%	14.5%	12.7%	13.1%	14.2%
Consultants													
Establishment (including agency)	512	512	512	510	511	513	511	511	512	512	516	520	521
In post	444	445	449	457	456	460	460	461	460	465	469	473	471
Vacancy	67	68	64	54	55	53	51	50	53	48	47	47	50
Vacancy %	13.1%	13.2%	12.4%	10.5%	10.8%	10.3%	10.0%	9.8%	10.3%	9.3%	9.2%	9.1%	9.6%
Junior Medical													
Establishment (including agency)	739	731	730	750	786	777	783	770	767	778	775	823	824
In post	707	703	699	832	756	754	742	750	742	750	758	757	757
Vacancy	32	29	32	(82)	30	24	41	20	25	27	17	67	67
Vacancy %	4.3%	3.9%	4.3%	-10.9%	3.8%	3.0%	5.2%	2.6%	3.3%	3.5%	2.2%	8.1%	8.1%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,155	2,191	2,170	2,172	2,166	2,161	2,173	2,195	2,237	2,229	2,233	2,289	2,283
In post	1,938	1,953	1,959	1,957	1,996	2,005	2,008	2,027	2,041	2,040	2,043	2,027	2,024
Vacancy	217	238	211	216	170	155	165	168	196	189	191	262	259
Vacancy %	10.1%	10.9%	9.7%	9.9%	7.9%	7.2%	7.6%	7.6%	8.8%	8.5%	8.5%	11.5%	11.4%

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	Hypoxic-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

How to read a Statistical Process Control (SPC) Chart

May 2023



Upper control limit: Any data point above this line is an extreme value not expected within the normal variation

The target: An achievable target should be set within the control limits

The mean: Average score across the recorded time frame

Assurance & Variation: See below key

Lower control limit: Any data point below this line is an extreme value not expected within the normal variation

Variation			Assurance		
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Common cause with no significant changes	Metric has (F)ailed to meet the target for the last 6 (or more) data points.	Metric has (P)assed the target for the last 6 (or more) data points.	Inconsistent performance against target