



Performance report

East Suffolk and North Essex NHS Foundation Trust
Board of Directors

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This month's performance report provides detail of the July 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 June's performance were held at the beginning of August.

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

Information on elective recovery, including comparison to 19/20 performance, is now included as part of the slides detailing performance. Detailed commentary is provided about diagnostics and RTT recovery.

| Quality : Safe, Effective & Caring | | | | | | | | | |
|--|------------|-----------|-------------------|--------|--------|--------|-------|-------|--|
| Indicator | Domain | Frequency | Target / Standard | May-23 | Jun-23 | Jul-23 | Mov't | Trend | Comments |
| Number of written complaints | Well-led | Q | n/a | 121 | 131 | 136 | ↑ | | Overall complaint numbers for ESNEFT in July were 136. Colchester reported 75 (79) complaints and Ipswich reported 61 (52). There were no high level complaints recorded in month. |
| Never Events | Safe | M | 0 | 2 | 0 | 1 | ↑ | | 1 Never event was reported in July where an initial incision was done on the wrong knee. 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 | 157 | 129 | 63 | ↓ | | The high number of breaches recorded has been added to divisional risk registers. |
| F&F: Inpatients % Recommending | Caring | M | 90% | 93.2% | 92.6% | 94.1% | ↑ | | |
| F&F: % Recommending - A&E | Caring | M | 90% | 86.8% | 82.3% | 85.7% | ↑ | | |
| Maternity scores from Friends and Family Test – % positive : | | | | | | | | | |
| F&F: Birth % Recommending | Caring | M | 90% | 100.0% | 100.0% | 90.0% | ↓ | | |
| F&F: Post Natal Ward % Recommending | Caring | M | 90% | 96.9% | 100.0% | 93.0% | ↓ | | |
| VTE Risk Assessments | Safe | M | #N/A | N/R | N/R | N/R | | | VTE Risk Assessments are not currently being reported. A review of the methodology is underway. |
| C.Diff Infection: Hospital (Total) | Safe | M | 0 | 9 | 11 | 8 | ↓ | | There were 8 C.difficile cases reported in July. There were 4 on the Ipswich site - (3 HOHA, 1 COHA) and 4 on the Colchester site (1 HOHA, 3 COHA). |
| MRSA Bacteraemia: Hospital | Safe | M | 0 | 0 | 0 | 1 | ↑ | | There was 1 community onset healthcare associated MRSA bacteraemia in July 2023, on the Ipswich site on ED/Shotley ward |
| HSMR (DFI Published - By Month Data Available) | Effective | Q | 100.0 | 108.8 | 108.9 | 107.3 | ↓ | | |
| HSMR Weekend (By Month Data Available) | Effective | Q | 100.0 | 113.4 | 111.4 | 114.1 | ↑ | | |
| Summary Hospital Mortality Indicator | Effective | Q | 1.00 | 1.078 | 1.078 | 1.081 | ↑ | | 12 mths to February 2023. This is 'as expected' when compared to the previous annual position (January 2023 data) of 1.0781. |
| Operational Performance | | | | | | | | | |
| Indicator | Domain | Frequency | Target / Standard | May-23 | Jun-23 | Jul-23 | Mov't | Trend | Comments |
| A&E: Total Wait - 4 Hour Performance | Responsive | M | 76.0% | 74.2% | 72.8% | 76.2% | ↑ | | A&E waiting time performance based on economy. Performance for July 2023 was 79.7% for NEE, and 70% for IES. |
| RTT: Incomplete pathway >65 weeks | Responsive | M | 0 | 894 | 896 | 853 | ↓ | | |
| Cancer: 62 days Urgent GP Ref to 1st Treatment | Responsive | M | 85.0% | 74.2% | 67.9% | 74.4% | ↑ | | |
| Cancer: 28 Day Faster Diagnosis Standard | Responsive | M | 75.0% | 62.8% | 65.1% | 70.5% | ↑ | | |
| Diagnostics: % Patients waiting 6 weeks or longer | Responsive | M | 5.0% | 6.9% | 5.2% | 5.6% | ↑ | | |

| Quality : Organisational Health | | | | | | | | | |
|--|------------------|-----------|-------------------|----------|----------|----------|-------|-------|---|
| Indicator | Domain | Frequency | Target / Standard | May-23 | Jun-23 | Jul-23 | Mov't | Trend | Comments |
| Absence- Total | Well-Led | M | 4.0% | 4.2% | 3.9% | 4.0% | ↑ | | Short term sickness 2.2%, long term sickness 1.8% |
| Staff turnover | Well-led | M | tbc | 8.4% | 8.5% | 8.3% | ↓ | | Voluntary turnover. |
| Executive team turnover | Well-led | M | tbc | 0 | 0 | 0 | → | | |
| Proportion of temporary staff | Well-led | Q | tbc | 2.5% | 2.7% | 2.5% | ↓ | | Bank & Agency staff 12.2%. |
| CIP Forecast Outturn to plan (variance fav/(adv)) | Use of Resources | M | 0 | (12,734) | (12,896) | (10,973) | ↑ | | |
| Finance and Use of Resources | | | | | | | | | |
| Indicator | Domain | Frequency | Target / Standard | May-23 | Jun-23 | Jul-23 | Mov't | Trend | Comments |
| CAPITAL SERVICE COVER : Does income cover financing obligations? | Finance | M | 0 | 2 | 3 | 3 | → | | 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 (4 in April, then 3 for all months since). Despite this, because of strong performance in terms of the Trust's position relative to plan (slightly ahead of control total) and agency spend (compared to the system / provider target for this year) the Trust has once again achieved a score of 2 (as has been the case since May). |
| LIQUIDITY : Days of operating costs held in cash (or equivalent) | Finance | M | 0 | 3 | 3 | 3 | → | | |
| I&E MARGIN : Degree to which Trust is operating at a surplus/deficit | Finance | M | 0 | 3 | 3 | 3 | → | | |
| I&E MARGIN : Variance from Plan | Finance | M | 0 | 1 | 1 | 1 | → | | |
| Agency Spend : Remain within agency ceiling | Finance | M | 0 | 1 | 1 | 1 | → | | |
| Overall: Use of Resources Rating | Finance | M | 0 | 2 | 2 | 2 | → | | |
| Overall : NHS system oversight framework segmentation | | | | | | | | | |
| Indicator | Domain | Frequency | Target / Standard | May-23 | Jun-23 | Jul-23 | Mov't | Trend | Comments |
| ESNEFT Segmentation | Overall | | | 2 | 2 | 2 | → | | Following the implementation of the new NHS System Oversight Framework (SOF) in 21/22, and consideration by the NHSE/I regional support group, the Trust was notified in November 21 it is placed in SOF segment 2. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). This means that the Trust will be able to access, flexible support delivered through peer support, clinical networks, the NHSE/I universal support offer, or a bespoke support package via one of the regional improvement hubs. |
| Suffolk and North East Essex ICS Segmentation | Overall | | | 2 | 2 | 2 | → | | A segmentation decision of 2 was also reached for the SNEE ICS. For systems and trusts in segments 1 and 2, overall support needs will be formally reviewed on a quarterly basis by the relevant regional team (in the case of individual organisations this will happen in partnership with the integrated care system). |

The Accountability Framework (AF) is the Trust's principal performance management tool.

The AF is the mechanism used to hold both Clinical and Corporate divisions to account for their performance and to ensure that Trust resources are converted into the best possible outcomes, for both the quality of services and treatment, as well as the value for money of the work performed.

The AF therefore encapsulates the Trust's vision and more detailed objectives, resourcing, delivery, monitoring performance, course correction and evaluation.

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

2023/24 reporting – Month 3 (June performance)

Clinical divisions performance

Divisional Accountability Meetings to discuss June's performance took place on the 1st, 2nd of August. The meeting for Estates and Facilities took place on the 14th of August, the meetings for the rest of the corporate services were cancelled.

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

- Surgery, Gastroenterology & Anaesthetics maintained a score of 1 in June.
- Cancer & Diagnostics, Medicine Colchester and Medicine Ipswich maintained a score of 2, while both MSK & Specialist Surgery and Women's & Children's improved to a 2. Integrated Pathways deteriorated from a 3 to a 2 in month.
- NEECS maintained an overall score of 3 in June.

Corporate performance

- The Medical Director CDG maintained a score of 4 and ICT improved to a 4 in the month.
- Communications, Faculty of Education, Finance & Information, Governance, HR and Research & Innovation maintained a score of 3 in month, while both Nursing and Operations improved overall scores to a 3.
- Estates & Facilities maintained a score of 2 in June.

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

Aggregated AF Score Classification Explained

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

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

Mortality Ratios - Data Sources DF Intelligence (Telstra Health)

Summary

Provisional year-end position

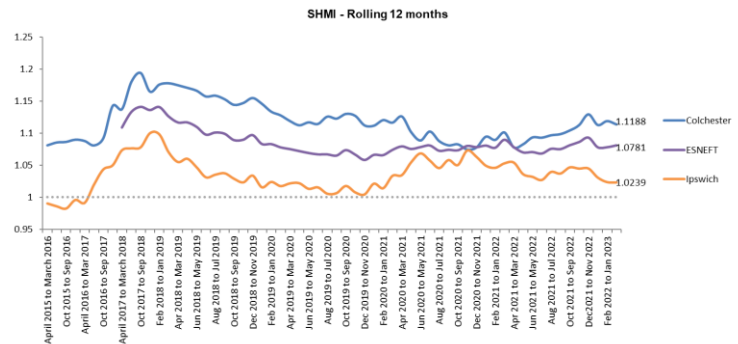
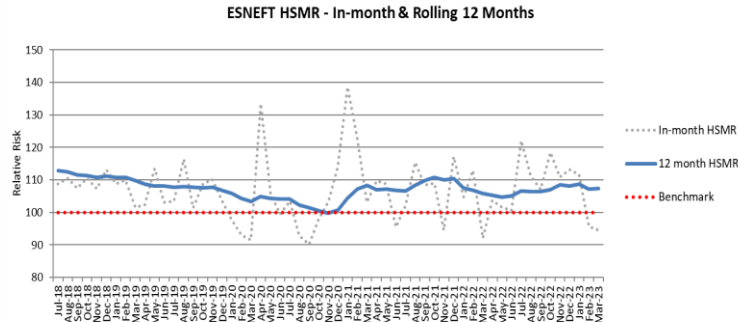
(NB national data failure means that this may change owing to the approximate 'loss' of 0.38% of data in the year-end refresh – reports will be re-run).

ESNEFT 12-mth HSMR to March 2023, 107.3 'higher than expected'

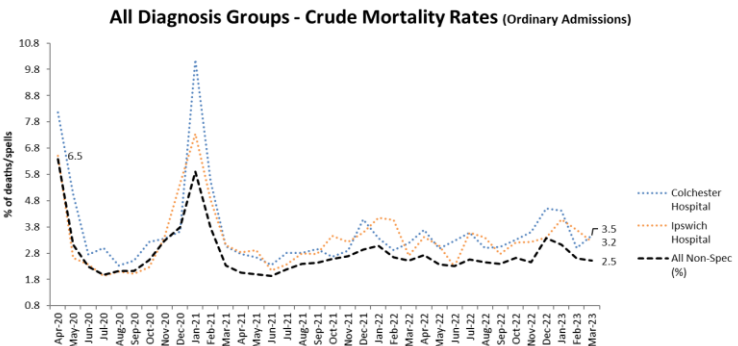
ESNEFT all-diagnoses (SMR) to March 2023, 105.5 'higher than expected'

Significant improvements seen in Ipswich HSMR in 2022/3

ESNEFT has the third highest crude mortality rate in the peer group (ordinary admissions)



For March 2023, Colchester crude mortality for ordinary admissions was 3.5% compared to a national rate of 2.5%.



Dr Foster Summary

| Mar 2023 12 month rolling data except where specified | ESNEFT | IPS | COL |
|---|-------------|-------------|---------|
| HSMR in-month | 94.5 | 90.9 | 102.8 |
| EXCLUDES C-19 ON ADMISSION | | | |
| HSMR | ▼ 107.3 | ▲ 103.0 | ▼ 114.3 |
| EXCLUDES C-19 ON ADMISSION | | | |
| HSMR Lower confidence limit | ▼ 103.2 | ▲ 97.1 | ▼ 108.5 |
| EXCLUDES C-19 ON ADMISSION | Outlier | As expected | Outlier |
| HSMR | ▼ 103.7 | ▲ 99.1 | ▼ 110.7 |
| NO C-19 PATIENTS | | | |
| HSMR Lower confidence limit | ▼ 99.4 | ▲ 93.0 | ▼ 104.5 |
| NO C-19 PATIENTS | As expected | As expected | Outlier |
| HSMR Death rate (nat. 3.3%) | > 3.3% | > 2.9% | ▼ 3.9% |
| All diagnosis groups | ▼ 105.5 | > 102.0 | ▲ 111.6 |
| INCLUDES C-19 DURING ADM | | | |
| Lower confidence limit (all) | ▼ 101.9 | > 96.9 | ▲ 106.4 |
| | Outlier | As expected | Outlier |

Weekend/Weekday HSMR Admissions

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

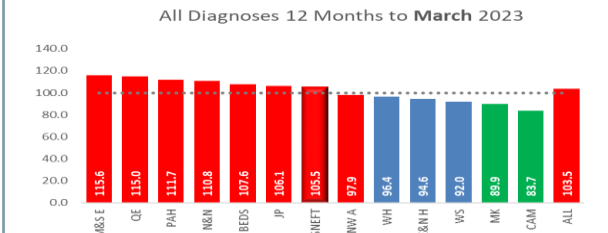
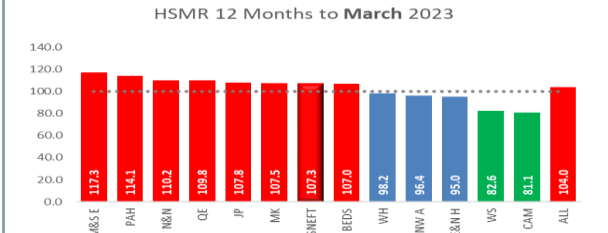
SHMI – 12 months to February 2023

- ESNEFT –▲1.0810 – 'as expected'
- Ipswich acute ▼1.0234 – 'as expected'
- Colchester acute –▼1.1136 'as expected'

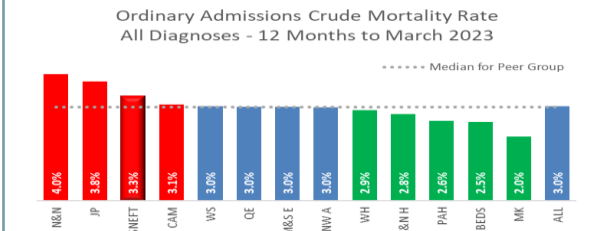
The increase overall is being driven by 'higher than expected' deaths at Clacton and Harwich hospitals owing, in part, to the fact that there is no provision to complete clinical coding for these patients. At year end, Dr Foster recorded 106 community deaths and 1,222 discharges with no clinical coding. (Suffolk community use Snomed coding – primary diagnosis only.)

Regional Peer Group

The Trust is 1 of 8 in the regional peer group with a 'higher than expected' relative risk (HSMR & SMR). The region is an HSMR and SMR outlier overall.



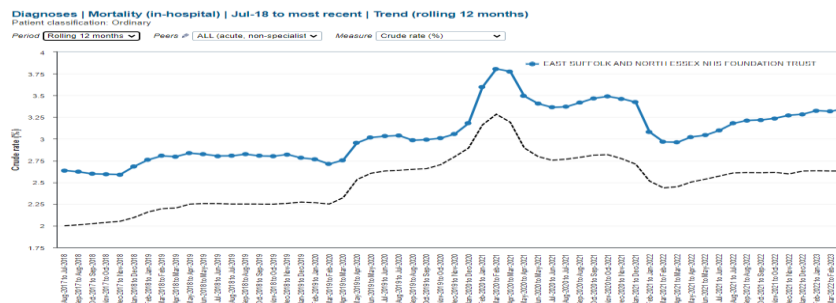
ESNEFT has the third highest crude mortality rate in the peer group (ordinary admissions).



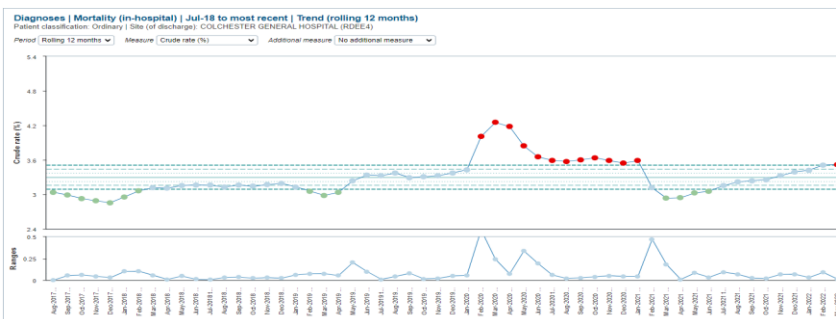
Mortality: ESNEFT/National Crude Mortality Rate Trends

Looking at the rolling 12-month data for ordinary admissions (all diagnosis groups) between August 2017 and March 2023, national and ESNEFT mortality has increased by 30%:

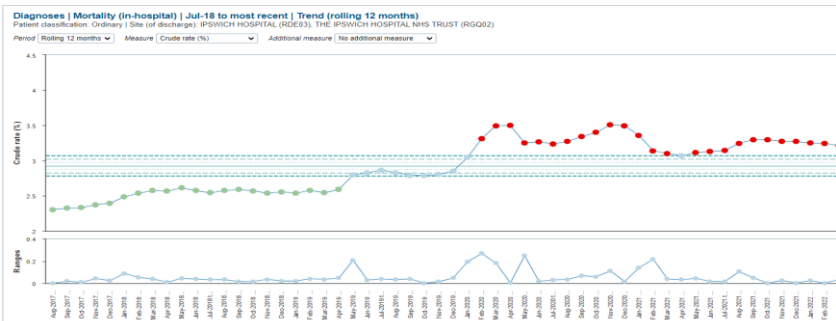
- National from 2% to 2.6%
- ESNEFT from 2.6% to 3.3%



Rolling 12 month crude mortality rates indicate an increasing upward trend at Colchester Hospital.



There are elevated rates at Ipswich Hospital when compared to pre-pandemic rates



ONS national data for all registered deaths continues to record ‘excess’ deaths.

The July mortality summary issued by the ONS noted that in **June 2023**, there were 5,250 ‘excess’ deaths nationally (13.6%) above the June five-year average (excluding 2020). (This was also true of deaths at ESNEFT – 18% higher at Ipswich & 13% Colchester.)

Accounting for the population size and age structure, the age-standardised mortality rate (ASMR) for June 2023 was statistically significantly higher than the five-year average for both England (919.2 compared with 868.8 deaths per 100,000 people, respectively) and Wales (994.1 compared with 935.0 deaths per 100,000 people, respectively).

The number of deaths in the year-to-date (January to June 2023) was above average in both England and Wales (by 8.5% and 7.5%, respectively); the year-to-date ASMR was also above average, but to a lesser extent, in both England and Wales (by 1.0% and 0.9%, respectively).

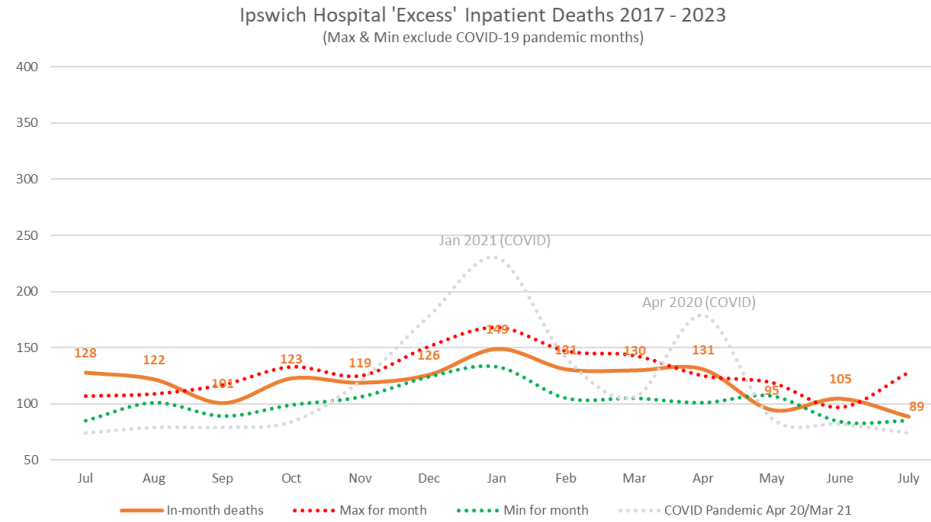
The leading cause of death in England in June 2023 was dementia and Alzheimer's disease (10.5% of all deaths); in Wales, the leading cause of death was ischaemic heart diseases (10.4% of all deaths). The leading cause of excess death in England in June 2023 was chronic lower respiratory diseases, at 359 excess deaths (18.0% above average); in Wales, it was symptoms, signs and ill-defined conditions (which includes "old age" and "frailty"), at 24 excess deaths (40.9% above average).

Mortality: All inpatients and ED attenders

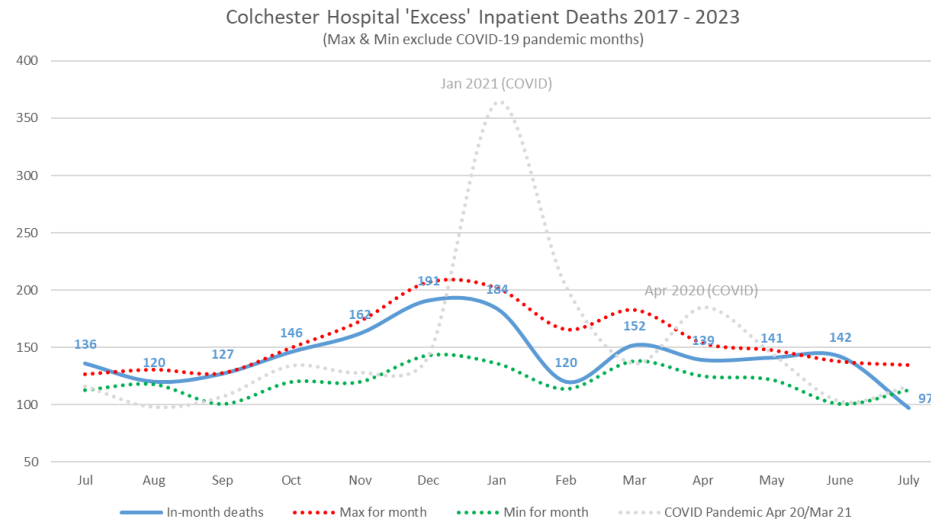
July 2023

186 inpatient deaths (247 in June):

- Ipswich 89 – at bottom of seasonal ‘norm’
- Colchester 97 - below seasonal ‘norm’
- 17 deaths in EDs (25 deaths in June)



Ipswich Hospital – 89 deaths in July, compared to 105 in June.



Colchester Hospital – 97 deaths in July, compared to 142 in June.

Mortality: Stillbirths & Perinatal Mortality - June data

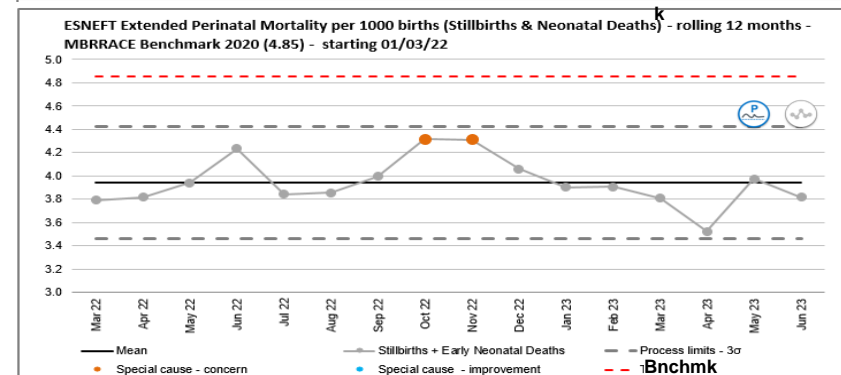
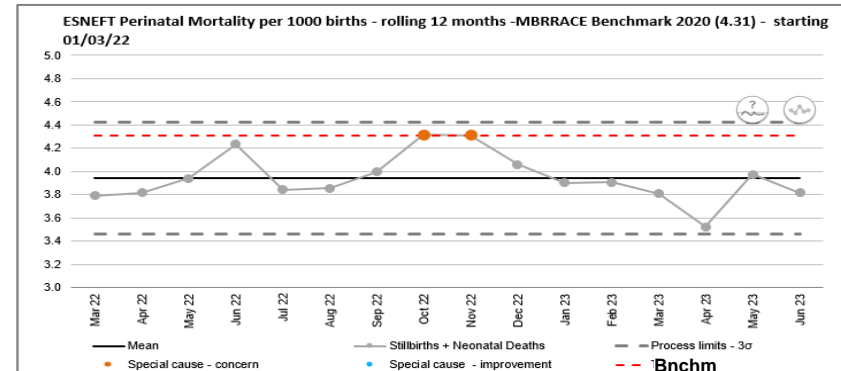
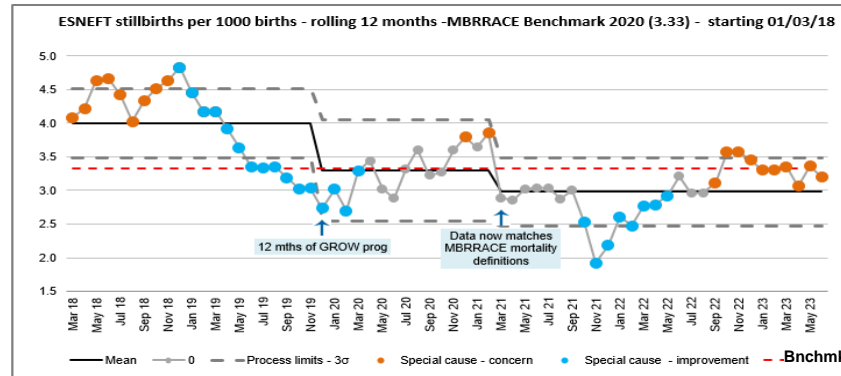
The data shown now follows MBRRACE reporting criteria and excludes terminations of pregnancy and very premature births.

Provisional Data Summary 12 mths to June 2023

- Stillbirths/1000 births[‡] 3.2 – 2020 MBRRACE* 2020 benchmark 3.3 (3.15-3.44)
- Perinatal mortality 3.8/1000 births[‡] – MBRRACE* 2020 benchmark 4.3 (4.09-4.42)
- Extended perinatal mortality 3.8/1000 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 June 2023

| Metric – Benchmark reflects rates for England | Benchmark (MBRRACE* 2020) | ESNEFT | Ips | Col |
|---|---------------------------|--------|-----|-----|
| Stillbirths [‡] | 3.3 | 3.2 | 2.6 | 3.8 |
| Perinatal Mortality [‡] (stillbirths and early neonatal deaths within 7 days of delivery) | 4.3 | 3.8 | 2.9 | 4.7 |
| Extended Perinatal Mortality [‡] (stillbirths and neonatal deaths up to 28 days following delivery) | 4.8 | 3.8 | 2.9 | 4.7 |

*Mothers and Babies: Reducing Risks through Audits and Confidential Enquiries

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

Until May 2023, Colchester Hospital had been below the national benchmark for a number of months.

Sadly there were 4 stillbirths in May and 1 in June. There was also 1 early neonatal death in June.

All cases have been discussed by the MDT.

Mortality – Learning from Deaths Meeting 4th August 2023**New Mortality Review Form (Structured Judgement Review) proposed**

- Brings together the best of both forms currently in use.
- New introduction reminding staff of the process, with advice to non-trust users who have requested access (e.g. coroner, NHSE/LeDeR, bereaved families).
- Prompts for each point of the pathway to review certain aspects of care previous reviews have identified as causing harm/having the potential to cause harm.
- Prompts to reflect on learning at each point in the patient pathway to facilitate sharing with the appropriate care-delivery staff rather than an over-arching statement at the end.
- A new section for Colchester staff/modified section for Ipswich staff requesting review of care elements taken from the NHS England Data Analyst Network meetings, Quality Priorities and local learning. This information will be analysed to produce a Pareto chart to identify the most common harm events for patients in the last days/weeks of life.
 - Problem leading to readmission?
 - Delay in specialty response to referral?
 - Problem with medication?
 - Problem with nutrition or hydration?
 - Problem related to clinical treatment?
 - Hospital acquired infection e.g. pneumonia, influenza, COVID, catheter assoc. UTI, central line infection, surgical site infection, *c.diff.*?
 - Problem relating to operation e.g. surgery/ anaesthetic delays, procedure complication, unplanned return to theatre?
 - Problem in clinical monitoring/escalation?
 - Problem relating to patient ownership/multi-specialty involvement?
 - Was there a clear monitoring plan/TEP?
 - Was there clinical documentation for every single day?
 - Were there periods where the patient was not reviewed by a consultant for more than 72 hours?
 - Was the patient on the right ward(s)?
 - Was the patient on more than 4 wards/units?
 - Was the patient medically optimised for discharge for more than 7 days?
 - Should there have been earlier recognition that the patient was dying?
 - Case discussed/to be discussed at specialty M&M?

An email to the Patient Safety Team will be automatically generated if the reviewer:

- advises that further investigation is needed
- Identifies that care events contributed to death
- Completes the new actions section

Mortality – Learning from Deaths Meeting 4th August 2023**Presentations were received from Colchester and Ipswich Medicine Divisions covering November to May 2023:**

- ED overcrowding led to events where there were problems with escalating deterioration or consider differential diagnoses for complex patients with multiple co-morbidities. Although the Ipswich team had agreed very strict criteria for those patients who could be safely managed in corridors under the supervision of paramedics, as the winter rolled on, there was insufficient cubicle capacity for all high-risk patients, resulting in patients being cared for on trolleys in non-clinical areas or kept in the ambulance. Actions - Corridor care SOP to be reviewed, particularly around escalation
- A patient was referred to ICU but in the opinion of the parent team, was reviewed by a too-junior staff member who underestimated the patient's respiratory instability. The team has provided feedback to ICU.
- A case study was presented for a Colchester patient who was misdiagnosed with food poisoning and, despite the presentation being atypical no senior input was requested, contrary to department/RCEM protocols. There was a delay in referral to medics and further delays while awaiting a CT-abdomen report. The patient sadly suffered a cardiac arrest 20 hours into their stay. Actions – currently part of a Patient Safety Review, teaching has been delivered to all ED staff, RCEM guidance poster to be created, further reminders to staff about immediate senior review of abdomen pain in patients. AMD for Patient Safety to increase Human Factors training sessions trust-wide and to investigate an audit of the number of patients who are not in cared for in primary specialty
- It was identified that NEWS2 did not always accurately identify deterioration in a younger patient 'compensating' physiologically and where increased oxygen delivery masked respiratory distress– Increasing need for oxygen is being included as a deterioration flag in training and will be included on the new TEP.

A presentation was delivered by the TARN (Trauma Academic Research Network) lead clinician

- The diagnosis and management of a patient with rib fractures and a large pneumothorax was delayed due to Blood results (elevated troponin) leading the diagnosis along the wrong treatment pathway. It was noted that there has been a reduction in the number of clinicians competent to insert a chest drain; Failure to aspirate/drain possibly resulted in a prolonged length of stay and hospital-acquired COVID-19.
- A patient who was being palliated was sent home on aspirin and Edoxaban and whilst stroke prevention is important it needs to be balanced against risks of bleeding where patient has frequent falls.
- Failure to act swiftly with appropriate treatment for urosepsis in a patient where a fracture had been stabilised. There were delays in the care home seeking medical input and ambulance service delays (16 hours) – OHSP Datix incidents will be raised and case to be discussed at the local tactical forum.
- A patient with a history of attempted suicide where the psychological assessment, in hindsight, did not fully recognise the risk.. This will be raised with the mental health partnership for a joint review.

Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,879 (3,104) incidents reported in July. 2,437 of these incidents were Patient Safety related and 2,433 were reported to the NRLS.

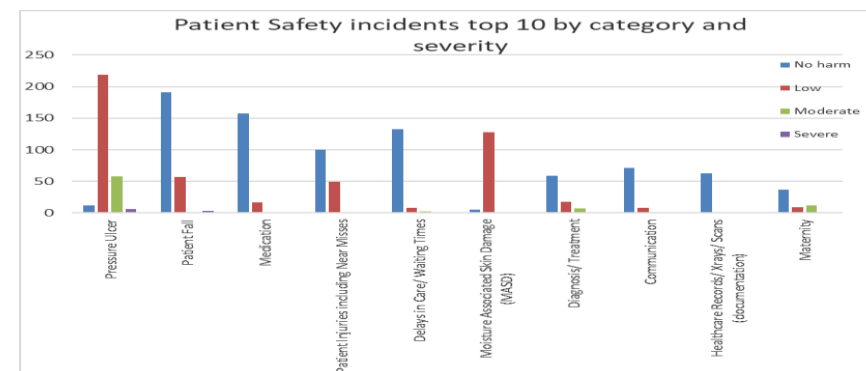
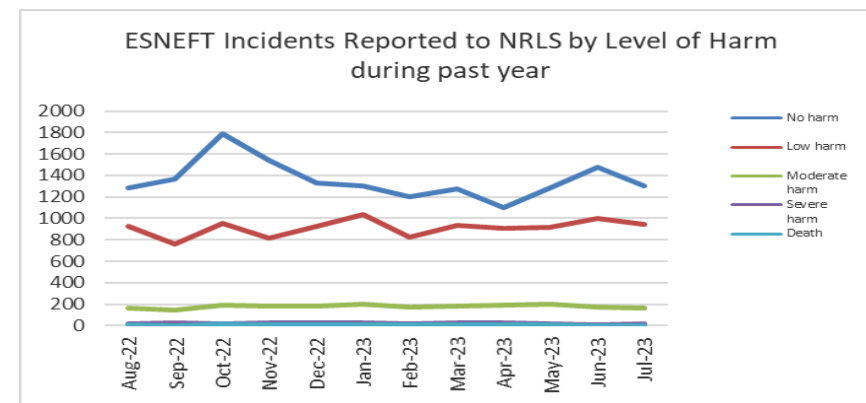
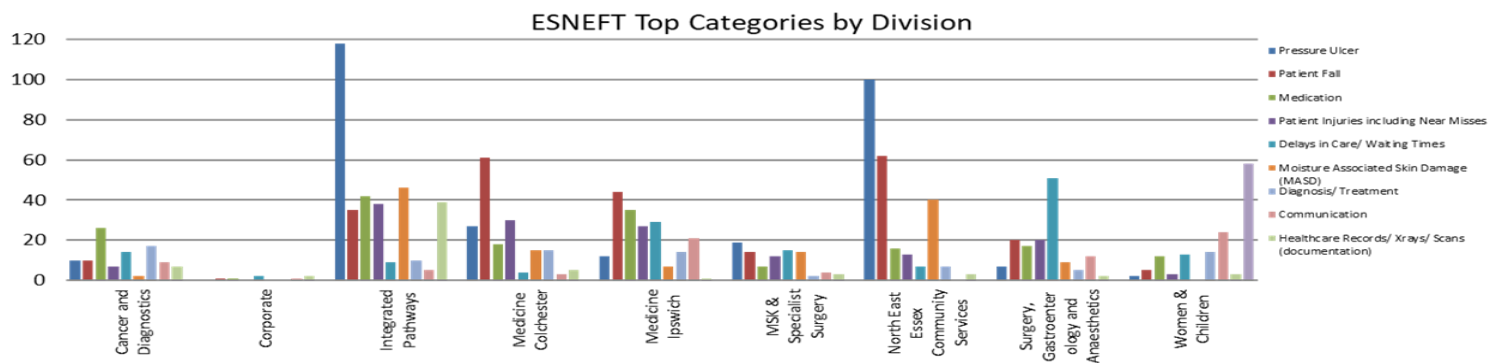
Overdue incidents have shown an increase to 761 (722).

There were 40,244 (42,606) admissions resulting in 66.05 incidents per 1,000 bed days across ESNEFT.

The highest reported category was Pressure Ulcer damage. There were 295 (298) incidents reported as Pressure Ulcer damage, 6 of which were severe harm and these were reported within the community within both Integrated Pathways and NEECS.

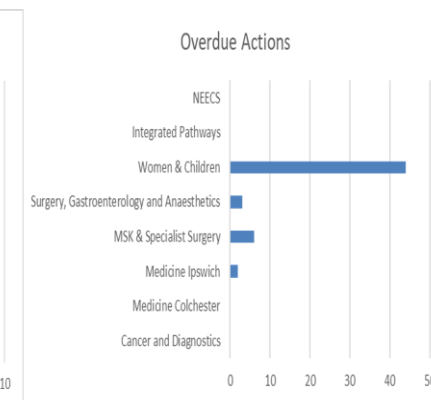
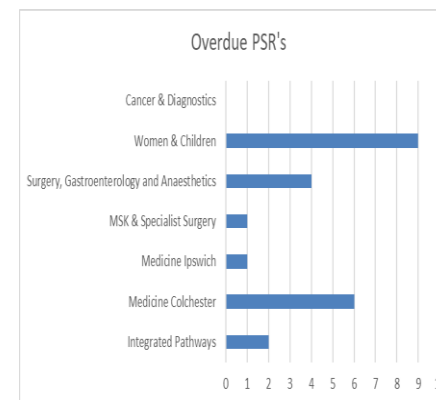
The second highest reported category was Patient Falls with 252 (245) incidents, 3 of which were severe harm of which 2 were unwitnessed and they were reported on Waverley Rehab Ward, Mersea Ward and Colchester Emergency Department.

The third highest reported category was Medication with 174 (216) incidents all reported as low and no harm.



Patient Safety Reviews Overdue and with Actions outstanding

- 3 PSRs were completed in July 2023, 2 for Medicine Colchester and 1 for Surgery, Gastroenterology and Anaesthetics.
- There are 23 overdue PSRs: Integrated Pathways (2), Medicine Colchester (6), Medicine Ipswich (1), Surgery, Gastroenterology & Anaesthetics (4), MSKSS (1) and Women & Children (9).
- There are currently 44 (50) actions overdue for July 2023 a decrease from June 2023: Medicine Colchester (0), Medicine Ipswich (2), Surgery, Gastroenterology & Anaesthetics (1), MSK and Specialist Surgery (6), Cancer & Diagnostics (0), Integrated Pathways (0), NEECS (0) and Women & Children (35).



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

Never Events

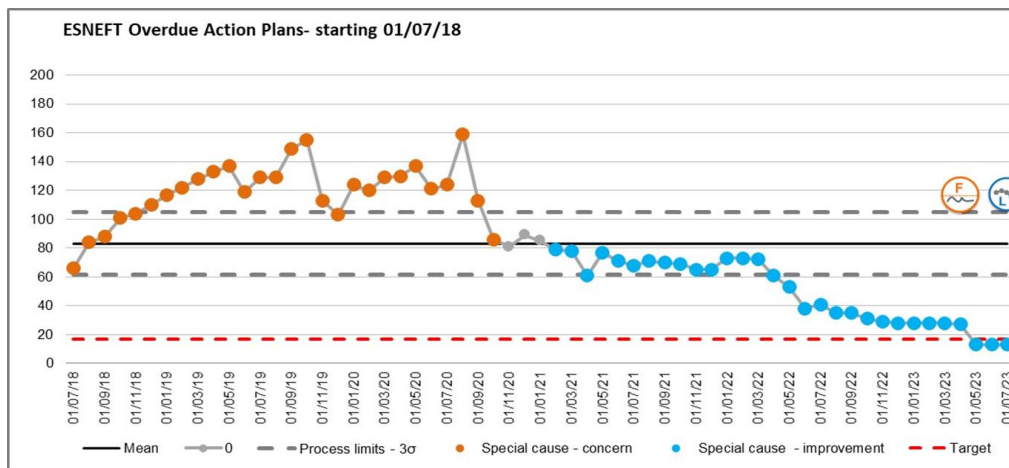
There was 1 never event reported in the month.

This was in relation to knee surgery. The correct limb was operated on, however the initial incision was not. A review is underway to determine if this fits Never Event criteria as all safety checks and steps took place according to guidance.

Number of Completed Action Plans closed in the Month

No further actions plans have been closed since last month. There are currently 9 (10) 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

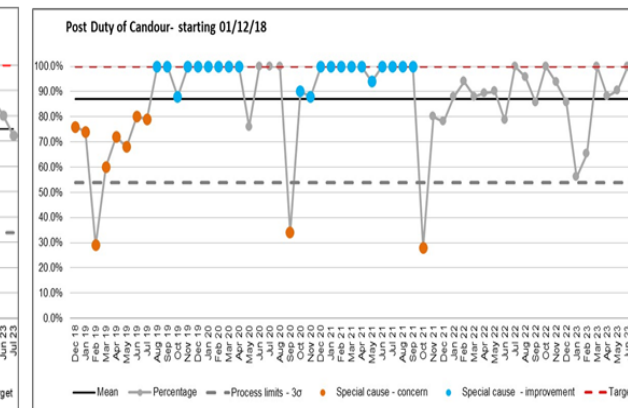
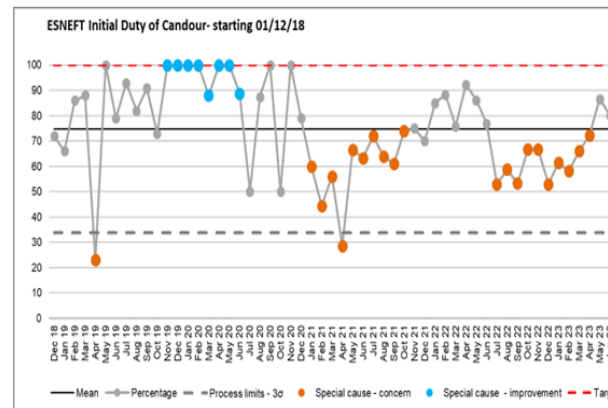
A total of 76 initial Duty of Candour were due in the month of July, of which 55 were completed within the timeframe. The Trust compliance is 72.36% (80.21%).

A total of 20 post Duty of Candour letters were due in the month of July and 17 were completed within the timeframe. The Trust compliance is 85% (100%)

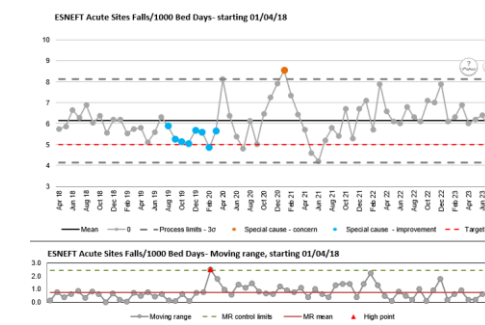
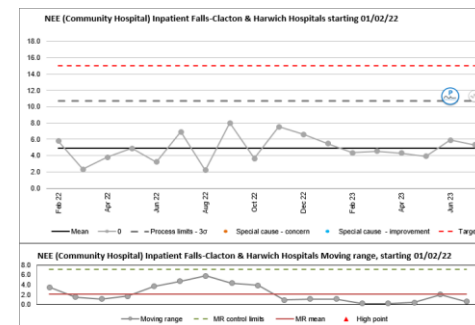
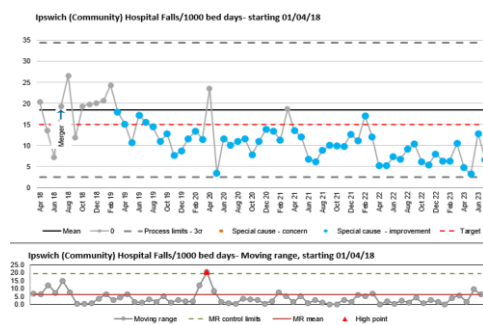
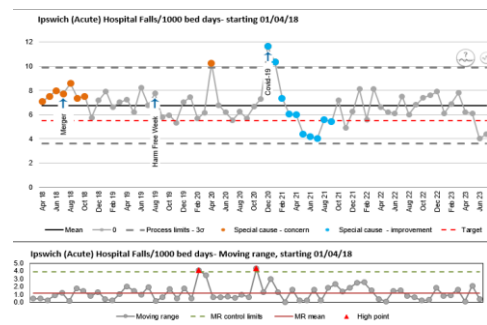
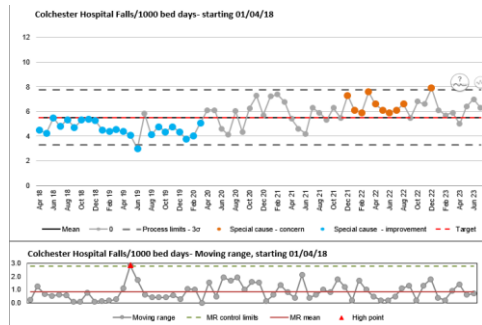
Integrated Pathways is working to improve DOC compliance across their community areas.

| Division | Due | Completed |
|--------------------------------|-----|-----------|
| Cancer & Diagnostics | 2 | 2 |
| Integrated Pathways | 28 | 10 |
| Medicine Colchester | 7 | 7 |
| Medicine Ipswich | 2 | 2 |
| Surgery, Gastro & Anaesthetics | 3 | 3 |
| Women's & Children | 11 | 11 |
| MSK & Specialist Surgery | 2 | 2 |
| NEECS | 21 | 18 |
| | 76 | 55 |

| Division | Due | Completed |
|--------------------------------|-----|-----------|
| Cancer & Diagnostics | 0 | 0 |
| Integrated Pathways | 0 | 0 |
| Medicine Colchester | 0 | 0 |
| Medicine Ipswich | 6 | 6 |
| Surgery, Gastro & Anaesthetics | 0 | 0 |
| Women's & Children | 3 | 3 |
| MSK & Specialist Surgery | 10 | 8 |
| NEECS | 1 | 0 |
| | 20 | 17 |



Patient Safety – Falls



| Colchester Acute | | |
|--------------------------------------|-----|-----|
| Prev. & in-mth total | 114 | 117 |
| Serious harm falls | | 3 |
| No harm falls | | 92 |
| Low harm falls | | 22 |
| Falls/1,000 bed days (ceiling ≤ 5.0) | | 6.3 |

| Ipswich Acute | | |
|--------------------------------------|----|-----|
| Prev. & in-mth total | 67 | 77 |
| Serious harm falls | | 0 |
| No harm falls | | 61 |
| Low harm falls | | 16 |
| Falls/1,000 bed days (ceiling ≤ 5.0) | | 4.4 |

| Suffolk Community Hospital | | |
|-------------------------------------|----|-----|
| Prev. & in-mth total | 26 | 13 |
| Serious harm falls | | 0 |
| No harm falls | | 8 |
| Low harm falls | | 5 |
| Falls/1,000 bed days (ceiling ≤ 15) | | 6.6 |

| NEE Community Hospital | | |
|-------------------------------------|----|-----|
| Prev. & in-mth total | 17 | 13 |
| Serious harm falls | | 1 |
| No harm falls | | 10 |
| Low harm falls | | 2 |
| Falls/1,000 bed days (ceiling ≤ 15) | | 5.3 |

| ESNET (acute) | | | Prev. | Mth |
|----------------------|-----|--|-------|-----|
| Prev. & in-mth total | | | 177 | 194 |
| Serious harm falls | | | 1 | 3 |
| No harm falls | | | 148 | 153 |
| Low harm falls | | | 28 | 38 |
| Acute | 5.3 | | | |

Summary

Headlines:
The total number of falls at Colchester Acute increased slightly from 114 to 117; there were 3 falls with serious harm. This month further training has been started on Copford ward & closer working with Birch ward, identifying incoming patients with a history of previous inpatient falls to the ward staff.

Priority Actions/Mitigation: All AAR conductors have been asked to volunteer to conduct AARs. This should speed up the AAR.

Summary

Headlines:
Ipswich Acute saw the falls rate rise by 10% from last month, however in comparison to July 2022 the falls are down by 41% and overall, the rate is below the benchmark of 5.5 falls per 1,000 bed days. 8 patients fell more than once all were complex patients requiring enhanced supervision. There were no falls with serious harm.

Priority Actions/Mitigation: The Falls Practitioner continues to support the divisions with the timely completion of AARs which is ensuring learning occurs quickly after a fall with harm has occurred.

Summary

Headlines:
Suffolk Community Hospitals saw a decrease in the number of falls in July in comparison to June. This represented a 50% reduction from the previous month. There were no falls with serious harm.

Summary

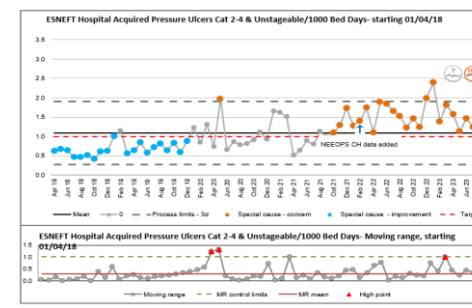
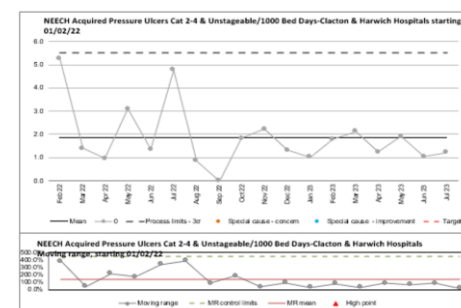
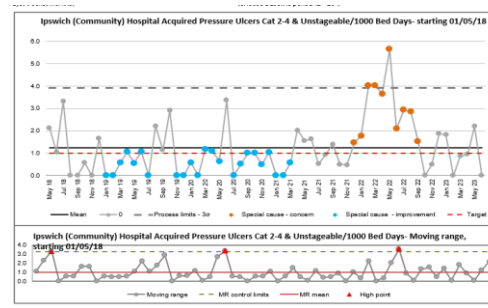
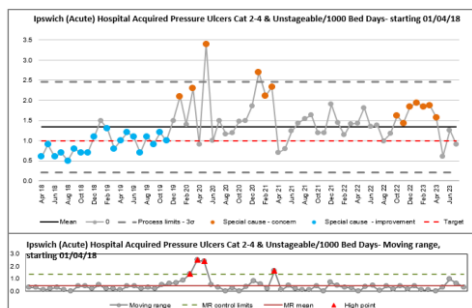
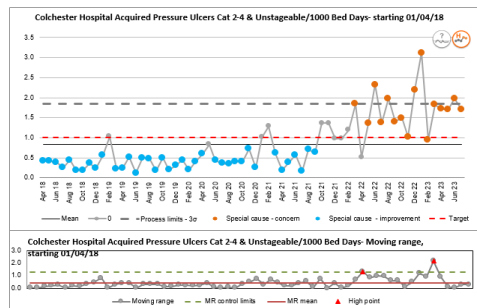
Headlines:
The total number of falls remains low however there was one fall which resulted in serious harm (a fractured humerus).

Priority Actions/Mitigation: There was an almost doubling of the total number of falls in the community hospitals, from 9 to 17. However, there were no falls with serious harm.

Summary

Context/Strategy/Long Term Plans:
Overall, there was a 10% increase in falls across the Trust in July. The number of serious harm falls also increased from 1 in June to 3 in July and a further serious harm fall in NEE Community Hospital bringing the total serious harm falls for the month to 4.

Patient Safety – Tissue Viability



| Colchester Acute | | |
|-------------------------|------|------|
| Cat 2 | | 24 |
| Cat 3 | | 0 |
| Cat 4 | | 0 |
| Unstageable | | 7 |
| Prev. & in-mth total | 30 | ↑31 |
| Rate per 1,000 bed days | 1.70 | 1.71 |

| Ipswich Acute | | |
|-------------------------|------|------|
| Cat 2 | | 14 |
| Cat 3 | | 1 |
| Cat 4 | | 0 |
| Unstageable | | 1 |
| Prev. & in-mth total | 23 | ↓16 |
| Rate per 1,000 bed days | 1.26 | 0.91 |

| Ipswich Community Hospital | | |
|----------------------------|------|------|
| Cat 2 | | 0 |
| Cat 3 | | 0 |
| Cat 4 | | 0 |
| Unstageable | | 0 |
| Prev. & in-mth total | 0 | 0 |
| Rate per 1,000 bed days | 0.00 | 0.00 |

| NEE Community Hospital | | |
|-------------------------|------|------|
| Cat 2 | | 3 |
| Cat 3 | | 0 |
| Cat 4 | | 0 |
| Unstageable | | 0 |
| Prev. & in-mth total | 2 | ↑3 |
| Rate per 1,000 bed days | 0.35 | 1.22 |

| ESNEFT | | |
|-------------------------|-------|------|
| Cat 2 | Prev. | Mth |
| Cat 2 | 38 | 41 |
| Cat 3 | 4 | 1 |
| Cat 4 | 0 | 0 |
| Unstageable | 12 | 8 |
| Totals | 54 | ↓50 |
| Rate per 1,000 bed days | 1.32 | 1.25 |

Summary

Headlines: July's increase was in cat 2 pressure damage, but no cat 3 damage was detected this month. The NHS Productivity Calculator gives a central estimated cost of £237k per 1,000 bed - an increase of £14k.

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

Summary

Headlines: There was a decrease in all categories of pressure damage this month. The NHS Productivity Calculator gives a central estimated cost of £107k per 1,000 bed days - a decrease of £51k.

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

Summary

Headlines: This month was unchanged in terms of incidence of pressure damage. NHS Productivity Calculator gives a central estimated cost of £0k per 1,000 bed days.

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

Summary

Headlines: There was a slight increase in pressure damage in July. The NHS Productivity Calculator gives a central Estimated cost of £18k per 1,000 bed days - this is an increase of £12k.

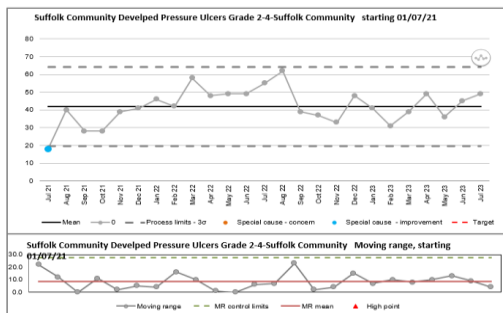
Priority Actions/Mitigation: The aim is to maintain and monitor low level of pressure damage.

Summary

The NHS Productivity Calculator gives a Central Estimated cost of £334k per 1,000 bed days for July, this is a decrease of £52k on the previous month's figure. There has been a general decrease in pressure damage this month. 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 the delivery of harm free care.

Patient Safety – Tissue Viability



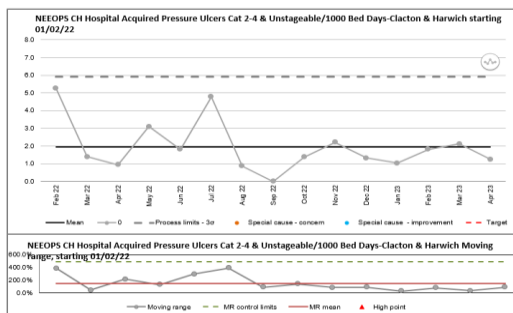
Suffolk Community Teams

| | |
|------------------------|---|
| Cat 2 | 29 |
| Cat 3 | 1 |
| Cat 4 | 4 |
| Unstageable | 15 |
| Prev. & in-mth total | 45 ↑ 49 |
| DTIs (Deep Tissue Inj) | 10 ↓ 4 |

Summary

Headlines: This month showed an increase in cat 2 and 4 pressure ulcers but decreases in DTIs. The NHS Productivity Calculator gives a central estimated cost of £389k per 1,000 bed days, an increase of £17k.

Priority Actions/Mitigation: To reduce this increase in pressure damage.



NE Essex Community Teams

| | |
|------------------------|--|
| Cat 2 | 24 |
| Cat 3 | 7 |
| Cat 4 | 1 |
| Unstageable | 6 |
| Prev. & in-mth total | 48 ↓ 38 |
| DTIs (Deep Tissue Inj) | 7 ↑ 8 |

Summary

Headlines: Decreases were reported for all categories of pressure ulcers apart from cat 2. NHS Productivity Calculator gives a central estimated cost of £287k per 1,000 bed days, a decrease of £219k.

Priority Actions/Mitigation: The decrease in community acquired PUs is felt to be due to the effects of validation training.

July Updates

- In ESNEFT as a whole, there has been a decrease in pressure injuries in July from all sites.
- Newly devised core care plans for pressure ulcer prevention and every category including MASD were introduced across the Trust and presented at both the Sisters and Matron's meetings. These are now available to all staff on all the wards across ESNEFT including community hospitals via print services.

| Month (July 2023) | Colchester all staff training nbs | Colchester band 6/7 (validators trained) | Ipswich all staff training nbs | Ipswich band 6/7 (validators trained) | Acute Total Year to date CGH IPH | |
|--------------------|-----------------------------------|--|--------------------------------|---------------------------------------|----------------------------------|-----|
| July 2023 | 17 | 35 Total ytd 71 | 13 | 4 Total ytd 13 | 79 | 156 |
| Monthly ward focus | Copford/ Brightlingsea | | Needham Ward | | | |

Ipswich Hospital

There was an increase in pressure damage, most of these wounds were cat 2. Needham and Martlesham wards have both employed a band 3 Harm Free care support worker to assist with training, development and monitoring of documentation and patient care across the ward.

Training continues to be given at harm free care days and during TVN drop-in sessions.

This month, TVNs have been supporting CCU in their staff training days, offering PU, Wound management and ASKIN training.

Colchester Hospital

The focus this month has been on training more validators across the Colchester site with the total amount of staff trained as validators year-to-date now 71, with more training planned in next few months.

Bitesize training for staff on Copford and Brightlingsea wards on the risk assessment tool, MASD, Datix, ASKIN and body map, heels up has been requested and dates arranged.

Patient Safety – Infection Control

Clostridioides difficile – ESNEFT total 8

Ipswich & East Suffolk

3 HOHA, Debenham, BBL and Grundisburgh Ward
1 COHA, Haughley Ward

Colchester and North East Essex

1 HOHA, Langham Ward
3 COHA, Langham Ward, ACU and Birch Ward

Overview

The *C.difficile* case threshold for 2023/24 is 101. There have been a total of 33 *C.difficile* cases April 2023-end of July 2023 (the total number of HOHA and COHA cases).

MSSA – ESNEFT total 3

Ipswich & East Suffolk: 1 HOHA, 1 COHA

HOHA: Debenham Ward – Skin/soft tissue – Severe eczema over whole body

COHA: ED (CGH), previously Levington (Ipswich)

Colchester and North East Essex: 0 HOHA, 1 COHA

COHA: ED, previously Easthorpe Ward

E.coli bacteraemia – ESNEFT total 24

Ipswich & East Suffolk: 4 HOHA, 5 COHA

HOHA: Bramford – Skin or Soft Tissue (including ulcers, cellulitis, diabetic foot infections without OM) - Leg ulcer swab also E.coli,
Stradbroke - Hepatobiliary - Worsening acute cholecystitis,
Martlesham Lower Urinary Tract - catheter associated UTI, Previous UTIs .Long standing admission (268 days) with C2-C6 cervical decompression for epidural abscess., and
Grundisburgh - Lower Urinary Tract - Spinal stenosis with poor bladder emptying

COHA - Capel, Woodbridge, Kesgrave and Stour (2)

Colchester and North East Essex: 9 HOHA, 6 COHA

HOHA: HOBBS - source of infection upper urinary tract, MSU isolated *E. coli* prior to catheter insertion,

Nayland Ward – source of infection upper urinary tract, CSU isolated *E. coli*

ED (previously SOP on Durban) & Nayland – this patient had 2 *E.coli* bacteraemias during their admission. Source of infection upper urinary tract; *E.coli* also isolated urine sample. 2nd bacteraemia, continuing infection.

Nayland Ward - unknown source of infection, for further investigation

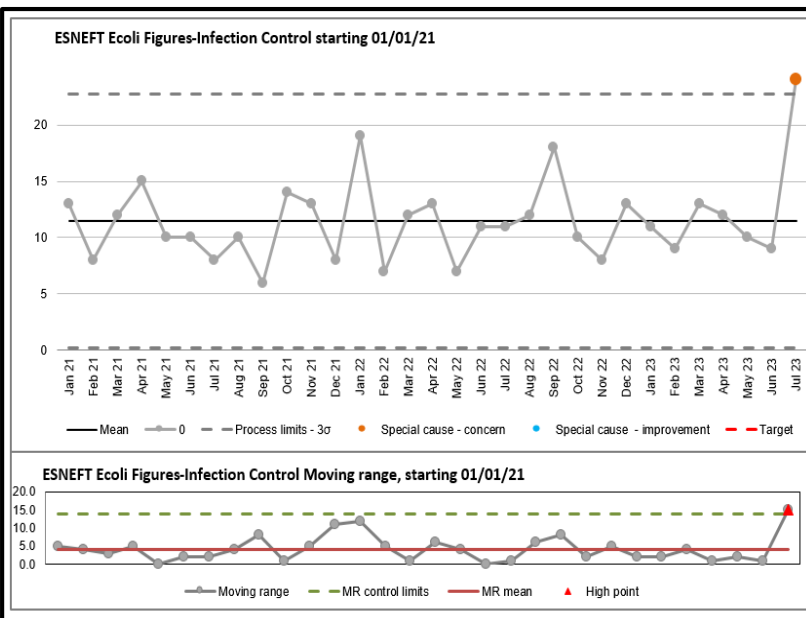
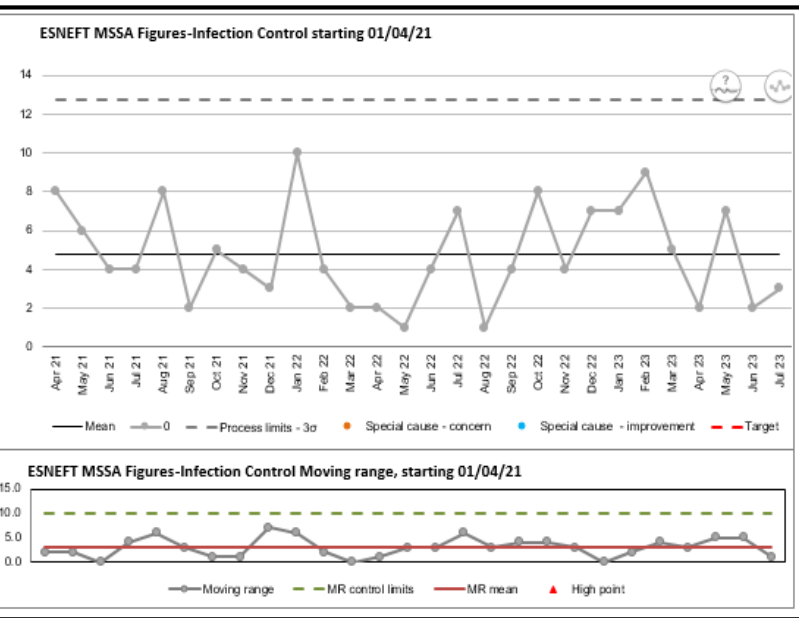
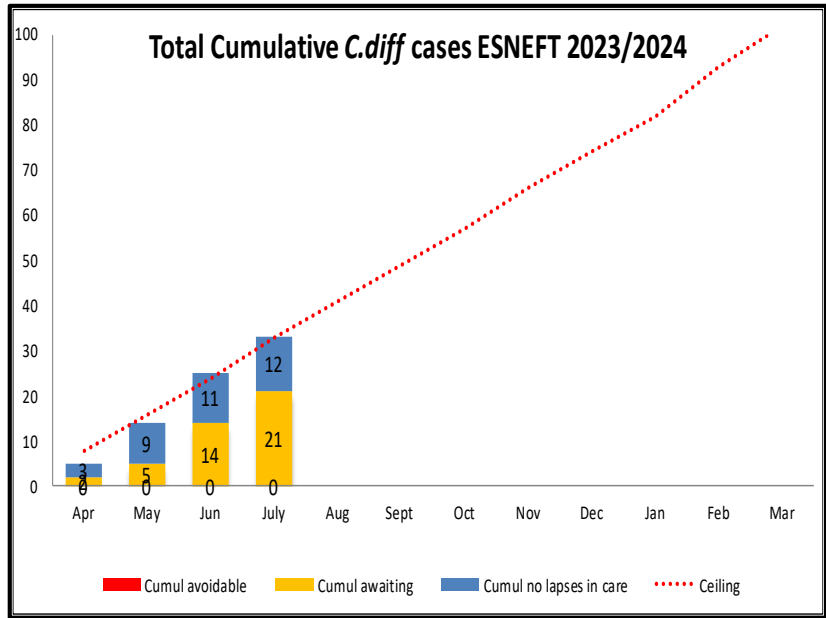
Stroke Unit - unknown source of infection

Birch Ward - unknown source of infection

West Bergholt Ward - unknown source of infection, bilateral nephrostomy, new hepatic metastasis, colitis),

Fordham Ward - unknown source of infection, multifactorial falls

COHA: Birch Ward (2), Easthorpe Ward, Tiptree Ward, ACU & SAU



Patient Safety – Infection Control: MRSA

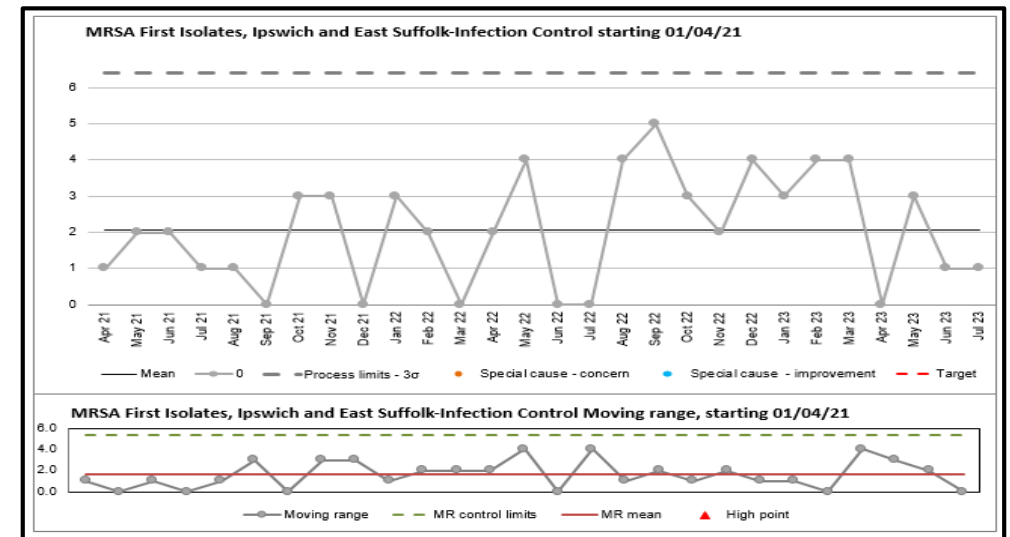
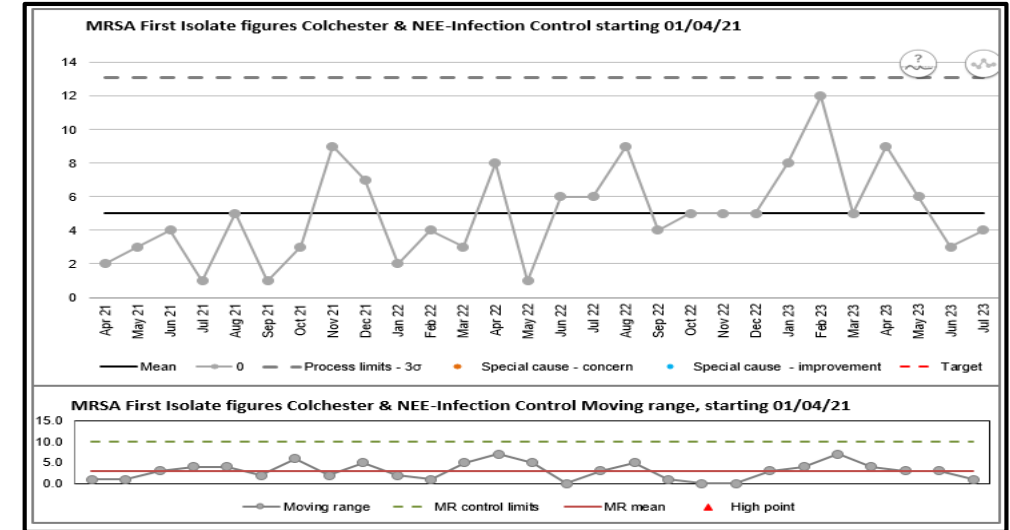
There was 1 community onset healthcare associated MRSA bacteraemia in July 2023:

MRSA: ED/Shotley – Admissions this year - 4th April -7th April Stradbroke ward. 6th June to 14th June Woodbridge ward. Previous admission for COVID-19 pneumonitis and Urosepsis. 16/06/23 – 05/07/23 Shotley ward – Complex right sided parapneumonic effusion. 08/07/23 ED when blood culture taken – readmitted with oxygen demand and increased shortness of breath with greenish sputum. Review by respiratory team on 10/07/2023 -complex right sided parapneumonic effusion. Chest drain inserted on 12/07/2023. D/C home 20/07/23.

There were 5 new MRSA isolates (4 at Colchester/NEE and 1 at Ipswich/East Suffolk) - see table below.

| Ward | Comments |
|--|---|
| Colchester and NEE | |
| St Osyth Priory (Clacton) (previously Brightlingsea Ward) | Negative MRSA screen obtained on admission and after internal transfer to Critical Care and Brightlingsea Ward. MRSA isolated on day of transfer to SOP Ward/day 44 after admission (when day of admission is day 1). |
| Layer Marney Ward | MRSA isolated day 3 of admission (when day of admission is day 1) from buttock swab – a swab from the same site was obtained on admission but was not processed as a dry swab was received. |
| D’arcy Ward (previously Frailty assessment unit) | No MRSA screen obtained on day of admission. MRSA isolated from nose swab obtained on day of transfer to D’Arcy Ward/3 days after admission (when day of admission is day 1). |
| Great Tey Ward | Negative MRSA screen obtained on admission. MRSA isolated left heel swab obtained 11 days after admission (when day of admission is day 1). |

| Ipswich and East Suffolk | |
|---------------------------------|--|
| Debenham Ward | Negative MRSA nose and groin screen on admission, arm graze after fall on ward swabbed; MRSA isolated. |



Patient Safety – Infection Control: COVID-19

| Month/Site | Number of HOIHA | | Number of HOPHA | | Number of HODHA | |
|------------|-----------------|---------|-----------------|---------|-----------------|---------|
| | Colchester | Ipswich | Colchester | Ipswich | Colchester | Ipswich |
| April 2023 | 37 | 34 | 34 | 24 | 10 | 18 |
| May 2023 | 47 | 33 | 39 | 35 | 20 | 39 |
| June 2023 | 24 | 10 | 27 | 11 | 21 | 11 |
| July 2023 | 2 | 5 | 16 | 6 | 8 | 5 |

COVID-19 outbreaks identified in July 2023 (6):

Colchester and North East Essex (4)

Peldon Ward 12/07/2023
 Birch Ward 27/07/2023
 Easthorpe Ward 31/07/2023
 Aldham Ward 31/07/2023

Ipswich and East Suffolk (2):

Stradbroke 13/07/2023
 Woodbridge 26/07/2023

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

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

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

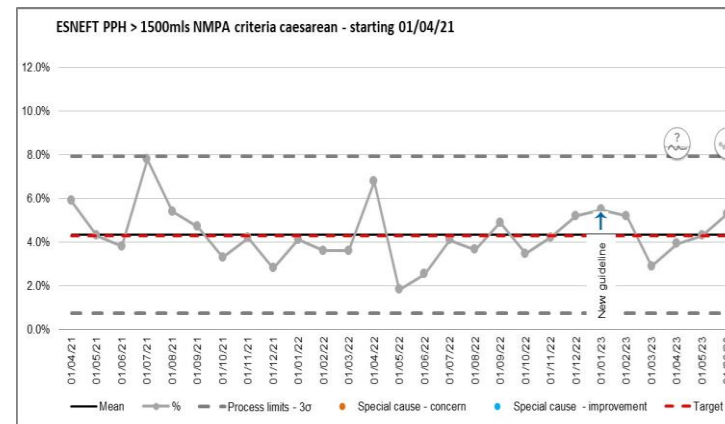
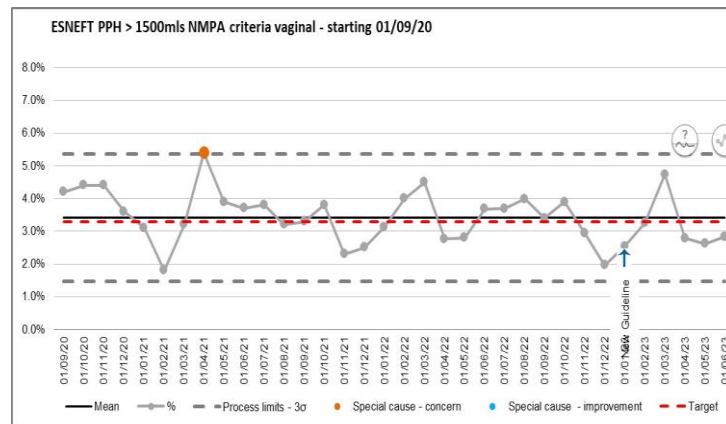
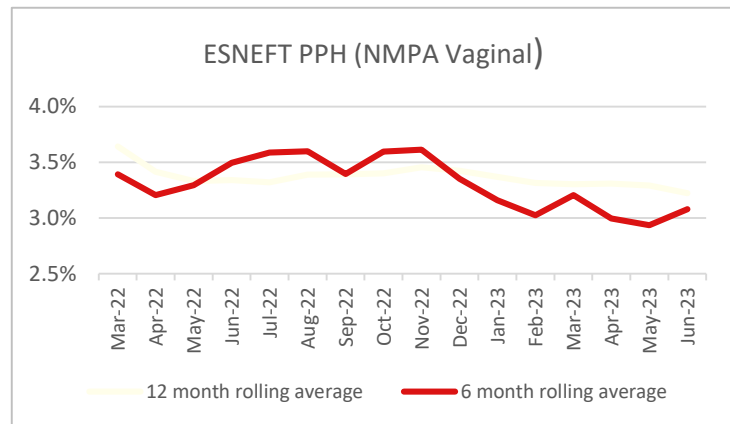
Patient Safety – Maternity Dashboard and highlights – **June data**

| Maternity Dashboard | | | | ESNEFT | | | | | | | | | | | | | |
|----------------------------------|--|--------|---------|---------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Indicator | Green | Amber | Red | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | |
| | | | | Smoking | % of Women Smoking at Delivery | <=10% | 10-11% | >=11% | 11.57% | 9.34% | 10.91% | 10.94% | 8.77% | 8.20% | 7.78% | 8.54% | 8.37% |
| Mode of Delivery | % of Non operative vaginal deliveries | >=58% | | <58% | 54.21% | 53.26% | 54.12% | 55.10% | 53.89% | 54.64% | 51.16% | 53.60% | 50.94% | 48.16% | 49.80% | 51.71% | 51.65% |
| Maternal Morbidity and | % PPH >=1500mls - Vaginal (NMPA Criteria) | <=2.9% | 2.9-3% | >=3% | 3.68% | 3.69% | 3.99% | 3.38% | 3.97% | 2.95% | 1.96% | 2.54% | 3.25% | 4.74% | 2.79% | 2.62% | 2.83% |
| Neonatal Morbidity and Mortality | HIE Grades 2 & 3 | 0 | | >=1 | 0 | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 0 | 0 | 1 |
| | Term Admissions to NNU as a % of babies born | <=6% | | >6% | 4.67% | 5.98% | 4.03% | 5.61% | 3.45% | 3.04% | 5.02% | 4.62% | 4.82% | 4.49% | 3.91% | 4.97% | 7.90% |
| | APGAR at 5 min <7 at term (% of Births) | <1.2% | 1.2%-2% | >2% | 0.56% | 1.09% | 1.05% | 0.51% | 1.04% | 1.43% | 1.35% | 1.03% | 0.84% | 0.82% | 0.59% | 0.34% | 1.65% |
| | Number of Stillbirths | 0 | 1-2 | >=3 | 4 | 3 | 2 | 2 | 3 | 0 | 2 | 5 | 0 | 2 | 2 | 4 | 1 |

ESNEFT Stillbirth and Neonatal Deaths – Colchester – 1 Stillbirth, 1 Early Neonatal Death (NND) Ipswich – 0

- Stillbirth – 32/40 Intrauterine Death (IUD) of a twin (arrived to triage reporting reduced fetal movements (RFM), no fetal heartrate found for second Twin, Cat 3 C/S and one twin live born and other stillbirth).
- Early Neonatal Death (NND) – 22+2 Interruption of pregnancy (IOP) for severe cardiac abnormalities, baby born with signs of life, had been offered feticide but family decided to opt for palliative care pathway.

Postpartum haemorrhage:



Deep dive on anaemia management completed – currently collating data from December 2022 to June 2023. Fantastic support was received from Pathology BI (facilitated by the Trust QI team) for data from the Colchester site regarding identification of women with antenatal anaemia, but it was not possible to obtain the same data for Ipswich due to the computer systems in use there.

Need to improve use of the PPH risk assessment on both sites, but particularly at Colchester where this is a new process.

Awaiting appointment of Consultant QI lead and feedback from Consultant leads regarding the updated, colour-coded algorithm.

No active input into this QI project due to the publication of the SBLCBv3 implementation tool in July and timeframe for first submission date: 22/08/23

Patient Safety – Maternity Dashboard and highlights – **June data**

ESNEFT Term Admissions to NNU:

Cross-site spike in term admissions for June: Colchester 6.8%, Ipswich: 9.5% ESNEFT: 7.9%

Delay in case review due to industrial action and annual leave:

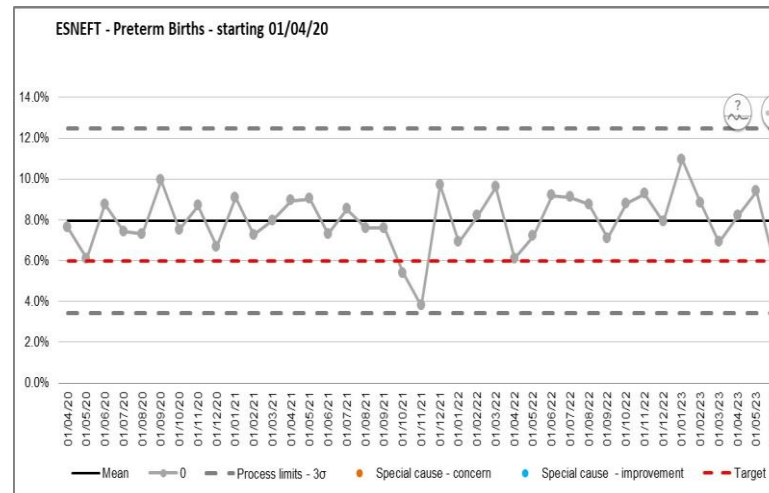
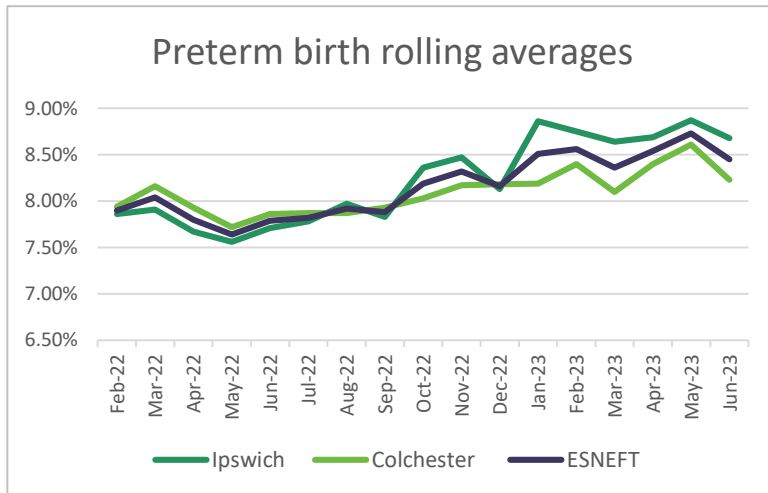
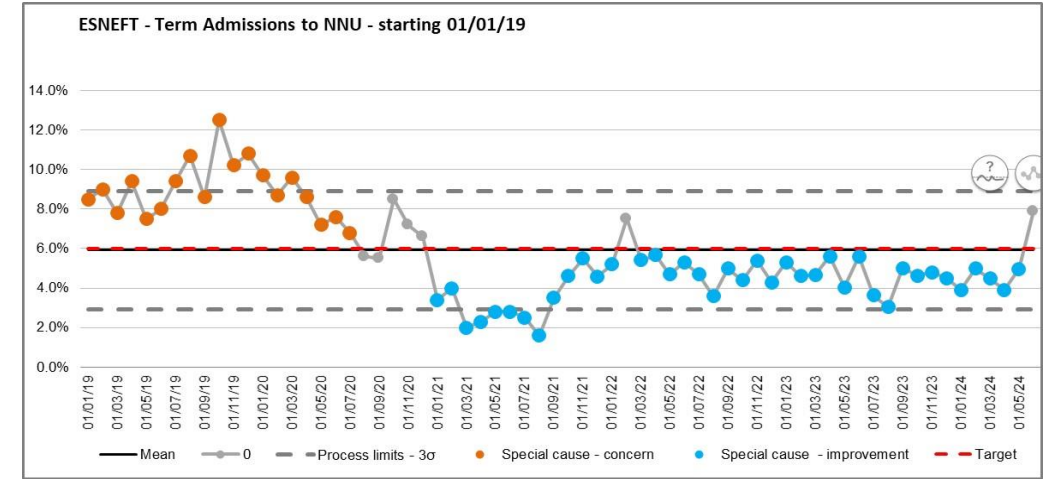
Colchester: 26% of cases reviewed – no unavoidable cases identified
 Ipswich: 72% of cases reviewed – 2 potentially avoidable cases identified (8%)

1. Delayed second stage with slight rising baseline not reviewed or transferred in accordance with guidance
2. Consideration for terbutaline – although MDT at case review felt that the use of terbutaline was unlikely to have affected the outcome, there appeared to be a lack of recognition regarding tachysystole

This has been fed back to wider team at Quality and Risk.

Work is ongoing to increase compliance with fetal monitoring. There will be a study day as part of SBLCBv3 and Core Competency Framework.

Compliance ‘pass mark’ being increased from 80% to 85% in line with national recommendation.



ESNEFT Preterm Birth:

There was a marked decrease in preterm births at ESNEFT (under the national target of 6%) for June: 5.7%.

Work to support reducing preterm birth and optimising care for babies where preterm birth cannot be avoided is ongoing with the PERIPrem project being launched at Colchester 07/08/23. This will support the work for Saving Babies Lives Care Bundle version 3 and the CNST requirements for Trust oversight in a consistent format.

Patient Safety – Maternity Assurance Report: SBL, CNST and Ockenden IEA updates – **June 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 | | |

SBLCB v3

Work required for all elements. Likely compliance added into report from baseline assessment. Expectation of around 92% with total care bundle. (>70% with at least >50% in each element required).

Element 1 (81%): Guideline update required. Unlikely to be compliant with smoking status at every AN appointment for Ipswich (no current prompt in notes – stamp ordered prior to updating paper notes, but not enough time to reach 70% compliance by November). Currently working on improving compliance with smoking status and CO across both sites at 36-weeks and at all appointments for women who smoke.

Element 2 (100%): Guideline updates required. For alternative pathway to be approved by the ICB (as per SBLCBv2) for Ipswich – no plans to undertake uterine artery Dopplers at 18+0-23+6, but agreement reached to cease SFH measurements once serial scans commence. Require procurement plans for digital BP monitors.

Element 3 (100%): Guideline to be updated (for SNEE RFMs definition to be agreed).

Element 4 (83%): Guideline, Colchester risk assessment and CTG 'fresh eyes' sticker to be evaluated. Concern around training compliance for staff on delivery suite and requirement for 85% competency pass mark (currently set at 80%)

Element 5 (97%): Several guidelines require updating. AN discussion proforma being approved for use to evidence discussions with families. Work required to improve prophylactic IV abx for active preterm labour (esp. on Colchester site) and cross-site early administration of maternal breast milk.

Element 6 (71%): To seek approval for alternative pathway for tertiary centre input. Concern re: compliance with annual updates for staff undertaking reviews of CGM.

| | Safety Action | Current position | Elements and changes |
|----|--|------------------|---|
| 1 | Use of PMRT to review perinatal deaths | | Failsafe in place to ensure wider divisional responsibility for compliance |
| 2 | Submission of data to the MSDS | | New National dashboard from NHS Digital shows we are on track for all domains except for MCoC, this is being added manually this month |
| 3 | Transitional care services and ATAIN | | Monthly ATAIN meetings taking place and reported through divisional and LMNS routes for oversight |
| 4 | Clinical Workforce Planning | | Paper due to be presented to QPS later in the year, some element of risk surrounding compulsory rest periods following on-call |
| 5 | Midwifery workforce | | Paper has been presented to Board, next one due in December. Some elements of risk around SN status of the coordinator and 1:1 care in labour on Colchester site – in progress |
| 6 | Saving Babies Lives Care Bundle V3 | | Task and Finish groups set up for all 6 elements with leads being appointed. Due to a resignation in the QI post, there is some concern around completion of these groups, mitigations are in place to bring the substantive appointee back into to cover |
| 7 | MNVP / coproduction | | New chair has been appointed to both Ipswich and Colchester groups. The MNVP has suspended new activity until new guidance is released nationally around remuneration |
| 8 | Local training / Multi-professional training | | Core competency framework v2 has been released with stretch targets, work in underway to develop more accurate trajectories to track compliance |
| 9 | Board Assurance | | New Maternity Safety Champion toolkit has been developed – PQSM pathways signed off by LMNS and Regional Chief Midwife |
| 10 | Reporting to HSIB and NHS Resolution Early Notification Scheme | | On track – failsafe in development with legal team |

CNST

- Interviews for CNST post held on 2nd August, no appointment made – JD reviewed and is back out to advert currently
- CNST leads meetings held bi-weekly with work progressing at pace.
- Areas of risk around MNVP co-production work, core competency framework, and midwifery workforce safety actions.
- Work underway to mitigate risk include additional training around BR+acuity tool, targeted emails to all staff who remain non compliant and work with LMNS to support co-production work

Patient Safety – Maternity Assurance Report: Ockenden Action Plan Update – **June 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 | 0 | 3 | 8 | 72.7% |
| Section 2: Safe Staffing | 10 | 0 | 1 | 1 | 8 | 80.0% |
| Section 3: Escalation and Accountability | 5 | 0 | 0 | 1 | 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 | 0 | 5 | 100.0% |
| 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 | 0 | 4 | 50.0% |
| 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 | 0 | 3 | 5 | 62.5% |
| Section 15: Supporting Families | 3 | 0 | 0 | 0 | 3 | 100.0% |
| Total | 92 | 0 | 6 | 8 | 78 | 84.8% |

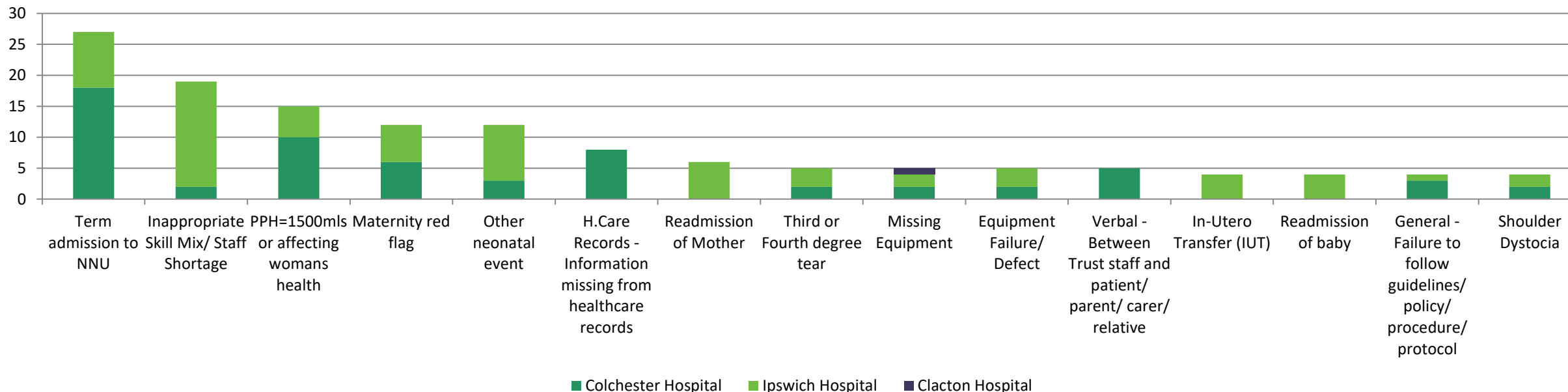
Highlights and exceptions

The Interim Head of Midwifery and Governance Lead continues to provide oversight and review for the 92 actions that were formed from the Ockenden report in 2022. Separate meetings are held with area leads, and within the last update a push towards improving section 14 was highlighted, because the completion compliance was at 0%. After a full review with the Neonates Matron, and subsequent evidence being provided, that section has now moved from 0% to 62.5%, and from the 3 remaining actions to be signed off there is assurance in place so it should be possible to sign those off within the next 3 months. Some actions that are connected to compliance targets are completed with the work needed and targets being in place, but until the actual targets are achieved the action is not being signed off, and this includes New-born Life Support (NLS) where the target is 90% and Ipswich is currently on 85%.

Overall, completion compliance has moved from 70% at the end of the last reporting period, up to 84.8% now, and just one piece of evidence is needed to enable 4 more actions to be closed off within section 11. There is assurance that the actions have been completed, and just need to evidence that fact. In total, 78 out of the 92 actions have been signed off as complete, and evidence continues to be stored to support closure.

Our target for the next 3 months is to complete those remaining actions that are not compliance focused, and this will ensure our total completion percentage is in excess of 90%. The remaining compliance based actions can then be progressed and monitored until their targets are achieved.

Top 15 Maternity Incidents



ESNEFT top three incidents:

1. Term Admissions to NNU
2. Inappropriate skill mix/shortages
3. PPH ≥1500mls or affecting woman's health

ITU Admissions:

3 x Level 2 Admissions at Colchester
 No admissions at Ipswich

PSII and HSIB investigations:

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

Unit Diverts

- 11/06/2023 – 12/06/2023 at Colchester (5hrs) 1 patient diverted.
- 12/06/2023 – 13/06/2023 at Colchester (7hrs) 1 patient diverted.
- 21/06/2023 – 21/06/2023 at Colchester (12.25hrs) 1 patient diverted.

Risk Register

- 0 Risks closed in reporting period

New risks

No new risks

Patient Safety – Maternity Quarterly reporting to Trust Board (CNST) – June data

| REGULATORY BODIES | | | | | | | | | | | |
|---|--------------------------------|---|---|---|---|--|--|--|--|--|--|
| CQC DOMAINS | | | | | | | | | | | |
| Maternity unit rating | Colchester (March/ April 2021) | | | | | Ipswich (08/04/2021) | | | | | |
| S - Safe E - Effective C - Caring R - Responsive W – Well led | S | E | C | R | W | Action Plan Status: To commence Progressing Completed | | | | | Action Plan Status: To commence Progressing Completed |
| Rating (last inspection) | | | | | | | | | | | |

Maternity Safety Support Programme (MSSP)

The Trust is still supported by Maternity Improvement Advisors (MIA), and the 2 MIAs assigned to our areas have been continuing to focus on staffing and governance process. The governance deeps dives were completed in February and the MIAs have helped to produce a document with a large number of recommendations from the deep dive reviews. Those recommendations have been compiled into a draft Action and Improvement plan, which is currently with the Director of Midwifery and the Divisional Management Team to finalise. The action plan will then be monitored through the EBED program.

Requests/concerns raised by external bodies

An unannounced CQC visit took place in March 2023 at Colchester hospital and a planned visit to Clacton occurred at the end of July. We have provided feedback and information in relation to the Clacton visit, and we are now awaiting a final report. We have received the CQC report for the Colchester visit, and that outlined 2 ‘Must Do’ items, and 5 ‘Should Do’ actions, and these are being monitored through an Action Plan held by the Compliance team. The 2 ‘Must Do’s related to the effectiveness of the triage service, and the medical training compliance. The Divisional Management Team, and other senior leaders in the Division, are meeting each week with the Compliance team to review and update all the actions, and to provide the assurance evidence needed.

Coroner Regulation 28 reports made directly to the Trust

None received in the reporting period

Midwifery staffing

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

Current vacancies to date:

| Colchester | | | | Ipswich | | | |
|--------------|-----------------|-------------|------------------|--------------|-----------------|------------------|------------------|
| Vacancies RM | New Starters RM | Vacancy MSW | New starters MSW | Vacancies RM | New Starters RM | Vacancy MSW | New Starters MSW |
| 8.4 | 0.6 | 0 | 0 | 0.56 | 0 | 1.15wte band 2/3 | 3 (2.22 WTE) |

Medical staffing

2X SPRs have been appointed into new roles – possibly starting end of September

1x new appointment- started 2nd August

Patient Safety – Maternity Quarterly reporting to Trust Board (CNST) – **June data**

Training compliance

Colchester – we have just had new obstetric trainees start at Colchester. The majority attended both PROMPT and the Maternity Statutory Training day. Working with the obstetric rota co-ordinator and anaesthetic link to prompt further bookings. The fetal monitoring study day is new from April 2023 (previously incorporated into the Saving Babies Lives day) and on track for all Midwives to complete in the 2023-2034 training year.

Ipswich – Training is going well. New room booking system has been a challenge as previously made bookings have not been carried forward and we are now struggling to get rooms booked again. Obstetric and Anaesthetic staff must be supported and encouraged to attend all 4 study days, as these should be multidisciplinary.

Colchester

| Colchester - 12 month Rolling Compliance | | | | | | | | |
|--|--------|--------------------------------------|-------------|---------|---------|----------------------------|--------|---------|
| Saving Babies Lives and Audit (day 1) | | Maternity Statutory Training (Day 2) | | PROMPT | | Fetal Monitoring Study Day | | |
| Overall | 85.31% | Overall | 91.29% | Overall | 92.04% | Overall | 33.90% | |
| Midwives | 135 | 93.10% | Midwives | 137 | 94.48% | Midwives | 142 | 97.93% |
| Consultants | 10 | 83.33% | Nurses | 4 | 100.00% | Nurses | 4 | 100.00% |
| Doctors | 6 | 30.00% | Support Wor | 56 | 93.33% | Support Wor | 56 | 93.33% |
| | | | Consultants | 9 | 75.00% | Consultants | 9 | 75.00% |
| | | | Doctors | 16 | 80.00% | Doctors | 16 | 80.00% |
| | | | Neonatal Nu | 30 | 85.71% | Neonatal Nu | 30 | 85.71% |
| | | | Anaesthetic | 15 | 93.75% | Anaesthetic | 15 | 93.75% |
| | | | Anaesthetic | 17 | 77.27% | Anaesthetic | 17 | 77.27% |

Ipswich

| Ipswich - 12 month Rolling Compliance | | | | | | | | |
|---------------------------------------|--------|---------|------------------------------|---------|--------|-------------|-----|--------|
| Saving Babies Lives and Audit | | | Maternity Statutory Training | | PROMPT | | | |
| Overall | 81.12% | Overall | 75.62% | Overall | 68.46% | | | |
| Midwives | 145 | 91.77% | Midwives | 132 | 83.54% | Midwives | 123 | 77.85% |
| Consultants | 5 | 38.46% | Nurses | 4 | 80.00% | Nurses | 4 | 80.00% |
| Doctors | 9 | 36.00% | Support Wor | 33 | 80.49% | Support Wor | 34 | 82.93% |
| | | | Consultants | 5 | 38.46% | Consultants | 4 | 30.77% |
| | | | Doctors | 9 | 36.00% | Doctors | 7 | 28.00% |
| | | | Anaesthetic | 6 | 54.55% | Anaesthetic | 6 | 54.55% |
| | | | Anaesthetic | 14 | 77.78% | Anaesthetic | 14 | 77.78% |

Service user feedback

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

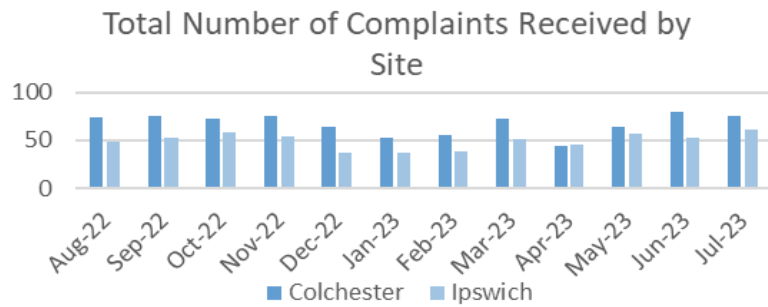
FFT feedback: Colchester – Excellent care from the midwives on Lexden Ward and delivery, especially Florence and Hollie. Thank you!! Ipswich – 40 positive responses on the excellent care received on Orwell Ward.

Staff feedback from frontline champions and walkabouts

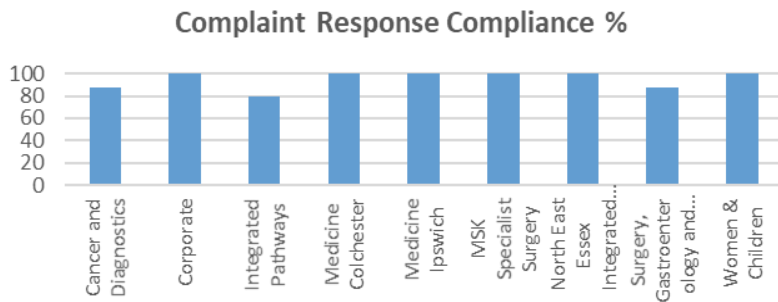
Midwifery and Board level safety champions undertake regular walkabouts in addition to monthly “safety counts” feedback sessions for all maternity and neonatal staff. Recent feedback has included:-

- A positive response to the Maternity Triage telephone line now in place on the Colchester site. Implementing this on the Ipswich site is now being explored.
- Colchester has moved the Day Assessment Unit into Antenatal clinic.
- IT equipment was raised as causes for concern, together with new couches for Ipswich Maternity Triage and each has been resolved.
- New CTG monitors have been delivered to both sites and these are now being utilised.
- BSOTS launched on Colchester site and initial signs are positive. They have had some teething problems due to staffing and DAU needing to be re-located back into Triage (approx. 3 times per week).
- Matron quality reviews commenced weekly to highlight any areas of concerns.

Patient Experience – Complaints



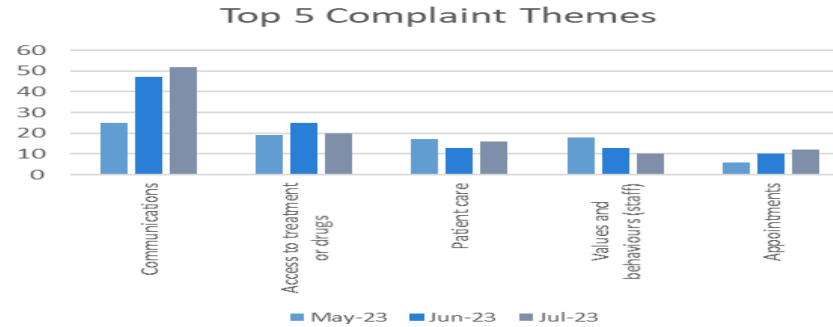
Overall complaint numbers for ESNEFT in July were 136 (131). Colchester reported 75 (79) complaints and Ipswich reported 61 (52). There were no high level complaints reported in the month.



Overall response rate compliance decreased to 96% (97%). There were 155 (124) complaints closed in the month of July. Overdue complaints decreased to 1 (4).

Complaint themes

The two most common themes for complaints in July 2023 remain ‘Communication’ and ‘Access to Treatment or Drugs’. Patient Care was the next highest number of complaints received

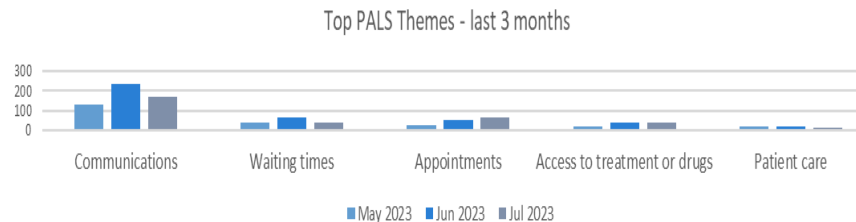


Top themes from PALS:

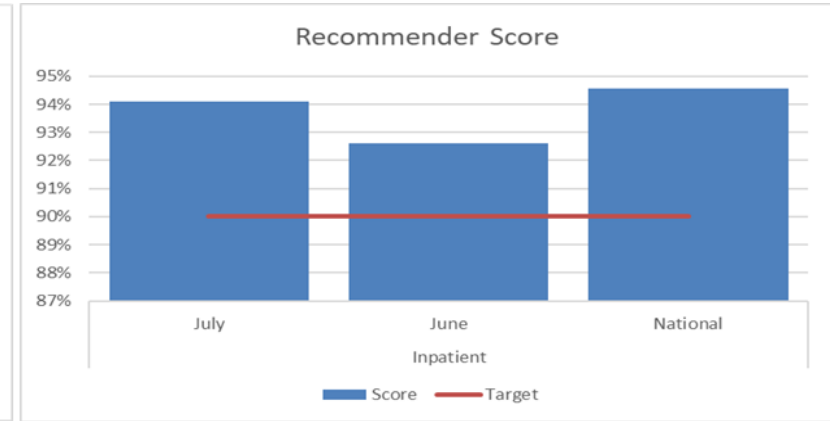
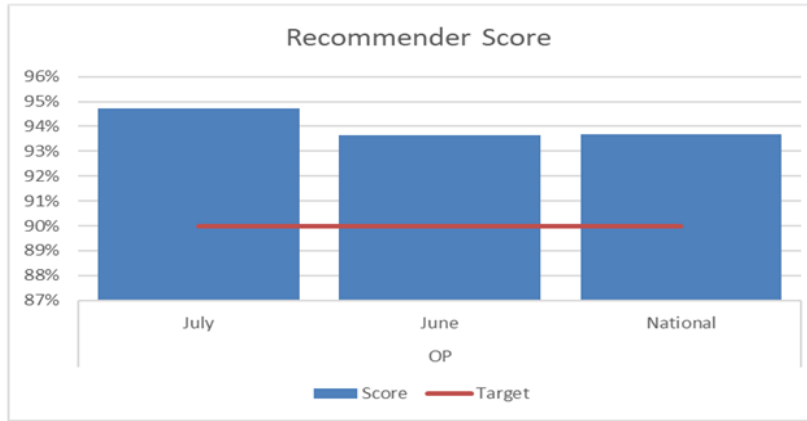
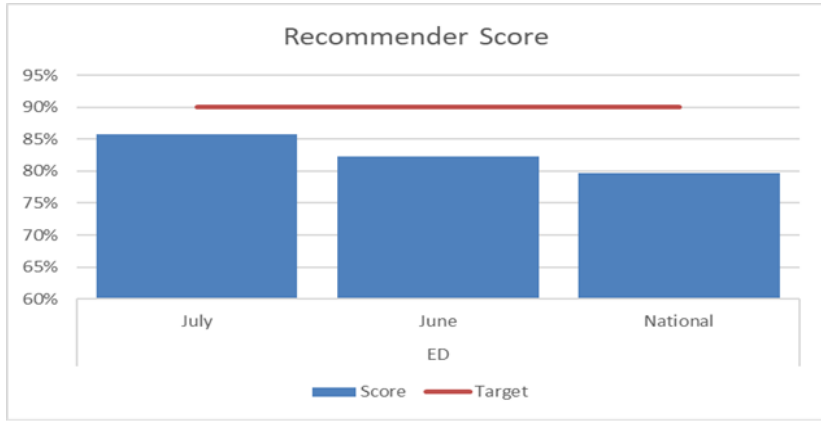
There were 384 (459) PALS enquiries logged in July 2023:

- 224 (282) for Colchester
- 160 (177) for Ipswich

The top theme for PALS enquiries in July remained ‘Communication’ followed by ‘Waiting Times’. The majority of PALS enquiries included queries regarding when follow-up appointments and surgery would be re-scheduled.

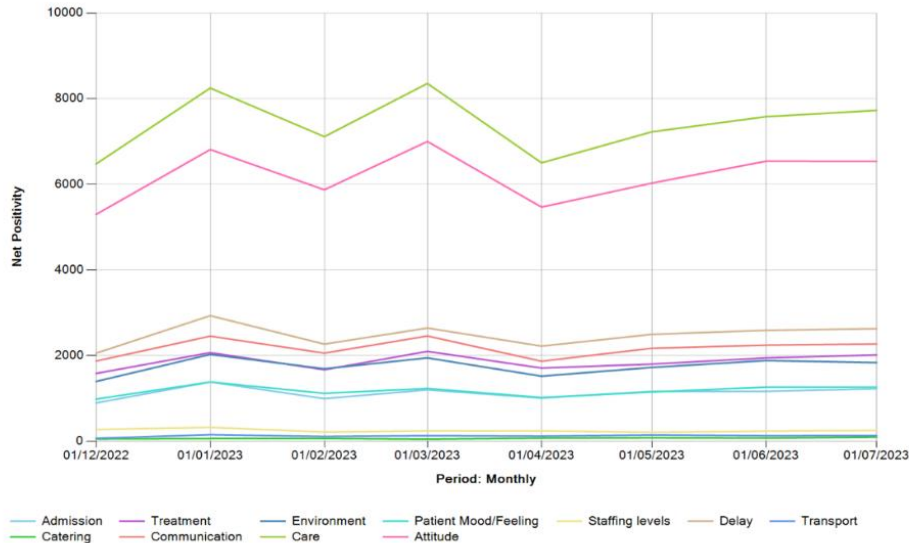


Patient Experience – Friends and Family Test



Figures for FFT taken from Envoy, still to be ratified by Business Informatics and may be subject to change next month. FFT Data has not been updated nationally since February 2023.

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 | 6,956 | 2,572 | 8,140 | 1,407 | 2,142 | 3,901 | 1,480 | 161 | 323 | 2,281 |
| Negative | 420 | 301 | 415 | 181 | 305 | 481 | 215 | 28 | 70 | 225 |
| % Negative | 6% | 10% | 5% | 11% | 12% | 11% | 13% | 15% | 18% | 9% |
| Change | Down 1% | Down 2% | Up 1% | Down 2% | Down 2% | Down 4% | Down 1% | Down 6% | Down 2% | Down 2% |

| ED | | April | May | June | July |
|----------|-------------|--------|--------|--------|--------|
| ESNEFT | Recommended | 85.86% | 86.79% | 82.30% | 85.74% |
| | Responded | 18.00% | 18.00% | 17.00% | 18.00% |
| National | Recommended | 0.00% | 0.00% | 0.00% | 0.00% |

| Inpatient | | April | May | June | July |
|-----------|-------------|--------|--------|--------|--------|
| ESNEFT | Recommended | 92.73% | 93.21% | 92.61% | 94.10% |
| | Responded | 0.00% | 0.00% | 0.00% | 0.00% |
| National | Recommended | 0.00% | 0.00% | 0.00% | 0.00% |

| Birth | | April | May | June | July |
|----------|-------------|--------|---------|---------|--------|
| ESNEFT | Recommended | 94.44% | 100.00% | 100.00% | 90.00% |
| National | Recommended | 0.00% | 0.00% | 0.00% | 0.00% |

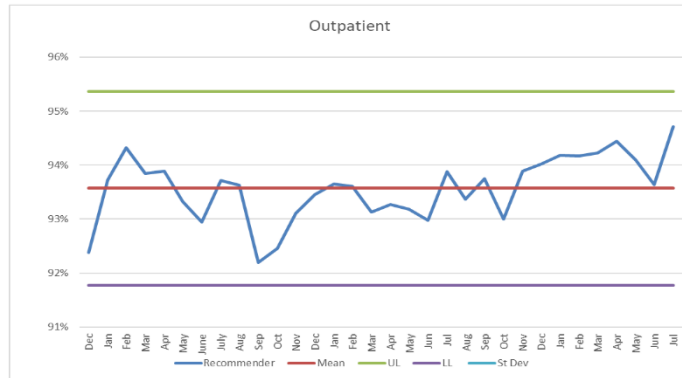
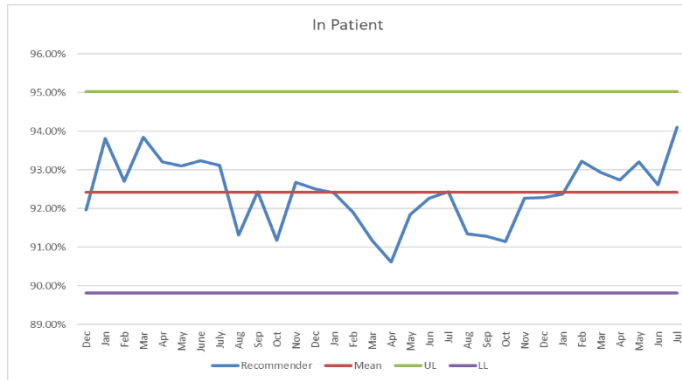
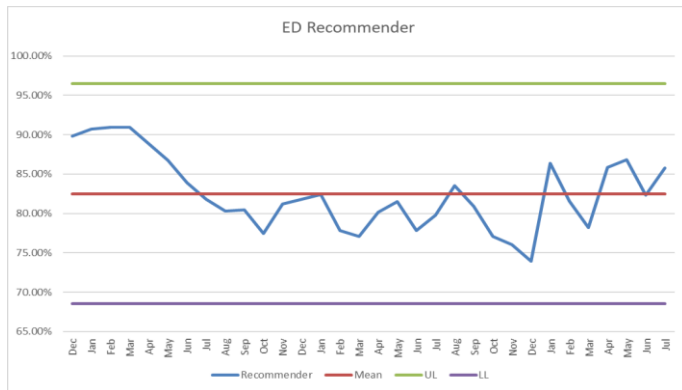
| Outpatient | | April | May | June | July |
|------------|-------------|--------|--------|--------|--------|
| ESNEFT | Recommended | 94.40% | 94.10% | 93.64% | 94.71% |
| National | Recommended | 0.00% | 0.00% | 0.00% | 0.00% |

| Antenatal | | April | May | June | July |
|-----------|-------------|---------|--------|---------|---------|
| ESNEFT | Recommended | 100.00% | 95.00% | 100.00% | 100.00% |
| National | Recommended | 0.00% | 0.00% | 0.00% | 0.00% |

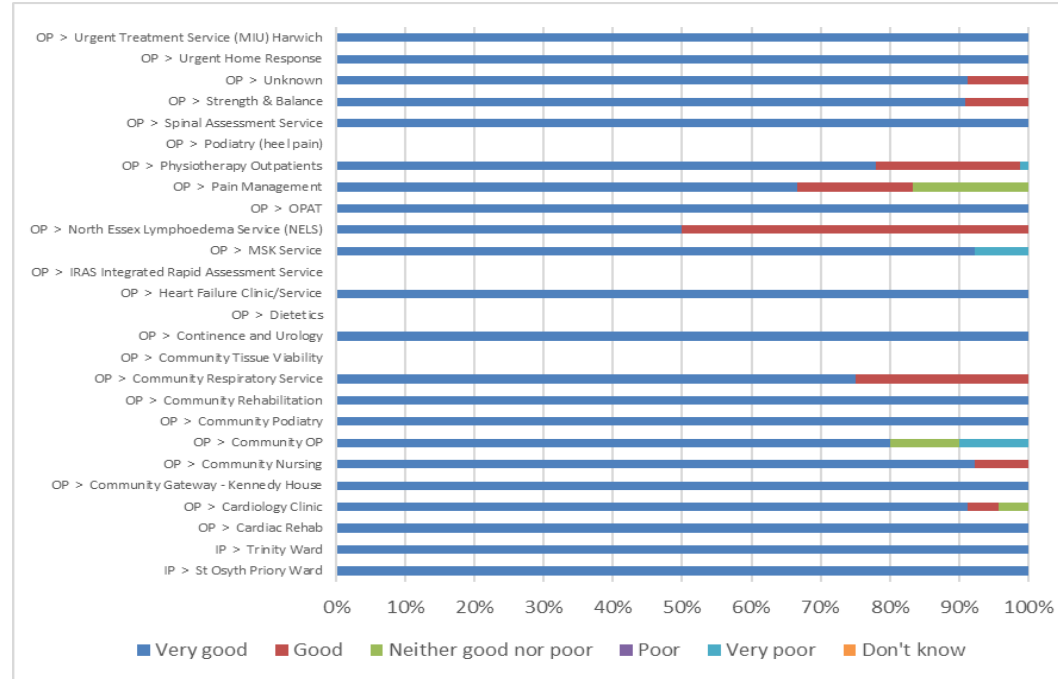
| Post Ward | | April | May | June | July |
|-----------|-------------|--------|--------|---------|--------|
| ESNEFT | Recommended | 97.70% | 96.88% | 100.00% | 93.02% |
| National | Recommended | 0.00% | 0.00% | 0.00% | 0.00% |

| Post Com | | April | May | June | July |
|----------|-------------|---------|-------|--------|---------|
| ESNEFT | Recommended | 100.00% | 0.00% | 97.96% | 100.00% |
| National | Recommended | 0.00% | 0.00% | 0.00% | 0.00% |

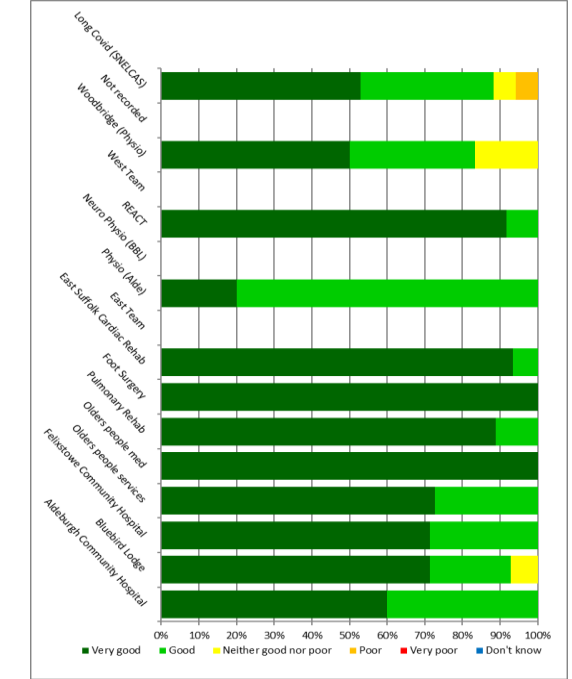
Patient Experience – Friends and Family Test



Community - Essex



Community - Suffolk



FFT Feedback/Comments

Bluebird Lodge – very calm and comfortable, 6pm injection not given when eating tea, more physio etc. please.

Cardiac Rehab – The professional way the physio was conducted & the excellent outcome I felt on completion of the courses.

Cardiac Rehab - Everyone was helpful and done their job. Could not praise them enough. Improvement - more staff to relieve others and see more people. All the staff in the rehab, fitness class on Friday morning made a difference - all of them from Woodbridge & Bridge Road as well.

SNELCAS - Information that was given about the illness was fragmented around individual symptoms rather than focused on understanding the holistic nature of the condition and the ANS. This meant my recovery has been hindered. Assessment was repetitive on the odd occasion that I spoke to someone and meaningless to me, I'm still not sure what the purpose was to the assessor because relevant questions about my symptoms weren't asked and too much focus was placed on 'fatigue'.

Aldeburgh Hospital - Food is good. The attention but lacking now and then. Some patients taking lot of time up

97% of survey respondents would recommend our service to friends and family.

| Performance Area | Performance measure | Target | Latest Month | | | Trend | | |
|----------------------|--|--------------------|--------------|-------|-------|--------|-------|--------|
| | | | ESNEFT | COL | IPH | ESNEFT | COL | IPH |
| Emergency Department | Four hour standard (Whole Economy) | 95% | 76.2% | 79.7% | 70.0% | 3.4% | 2.5% | 5.1% |
| | Time to initial assessment - 95th pct | 15 mins | 27 | 15 | 35 | 0 | (4) | 0 |
| | Time to initial assessment- percentage within 15 minutes (new measures) | | 84.2% | 95.2% | 70.2% | (1.8%) | 2.9% | (7.1%) |
| | Time to treatment - median time in department | 60 mins | 81 | 49 | 109 | (4) | 1 | (14) |
| | Average (mean) time in department- non-admitted patients (new measure)□ | | 241 | 305 | 196 | (34) | (47) | (25) |
| | Average (mean) time in department- admitted patients (new measure) | | 368 | 420 | 306 | (134) | (148) | (116) |
| | Patients spending more than 12 hours in A&E | | 481 | 432 | 49 | (685) | (482) | (203) |
| | Proportion of ambulance handovers within 15 minutes (new measure) | | 25.6% | 25.6% | 25.6% | 3.3% | 5.3% | 0.5% |
| Cancer | % Patients seen within 2 weeks from urgent GP referral | 93% | 67.8% | | | (3.4%) | | |
| | % patients 28 day faster diagnosis | | 70.5% | | | 5.4% | | |
| Diagnostics | % patients waiting no more than 62 days from GP urgent referral to first treatment | 85% | 74.3% | | | 6.4% | | |
| | % patients waiting 6 weeks or more for a diagnostic test* | 1% | 5.6% | | | 0.1% | | |
| RTT | % of incomplete pathways within 18 weeks* | 92% | 57.5% | | | (1.1%) | | |
| | Total RTT waiting list (open pathways)* | 86520 (Trajectory) | 88,433 | | | 1,223 | | |
| | Total 65+ waiters* | 1659 (Trajectory) | 882 | | | -43 | | |

*July's Oaks data not received June 2023 data used for reporting

Urgent and Emergency Care: July performance improved across both the four hour standard and ambulance handovers on both sites. New operational structures across both sites continue to be embedded during August with significant ongoing actions to see the sustained performance required. On the Ipswich site in August, to increase visibility at the front door there will be a launch of the Manchester Triage and News scores for patient safety in the ED department. In September there will be a focus on peer review assessment involvement at both sites and rapid assessment on the Colchester site. All discharge funding schemes are being reviewed in line with the seasonal variation plan.

Cancer: Performance for July, although unvalidated, is showing an improvement month on month and against the last quarter. Over the last few weeks teams have seen some good engagement with LGI and some changes across colorectal pathways where the focus remains. Industrial action impacted performance in July, and is likely to also affect performance in August. Details of the new cancer standards have been released in August reducing the standards from 10 to 3.

Elective: Good progress was made throughout July with the number of patients over 78 weeks reducing and for the first time there are no patients waiting over 104 weeks. Without industrial action in July, teams would have achieved no patients waiting over 78 weeks (except those of patient choice and complex i.e. cornea patients). Teams remain on track for delivery of the RTT 65 week target by the end of March 2024. Written notification has now been received confirming the Trust has been de-escalated from Tier 1. Good performance has been maintained for Diagnostics both regionally and nationally.

ESNEFT Whole Economy performance increased in month by 3.4% and is sitting above the national/regional averages but below the ESNEFT trajectory set for the month by 3.8%. Both sites improved: Colchester by 2.5% and Ipswich by 5.1%. ESNEFT attendances have seen a 2.3% increase in month predominately due to Ipswich, as Colchester remained unchanged.

4 hour standard- ESNEFT whole economy*

76.2%

↑ vs 72.8% last month

4 hour standard- Colchester

79.7%

↑ vs 77.2% last month

4 hour standard- Ipswich

70.0%

↑ vs 64.9% last month

Attendances - ESNEFT

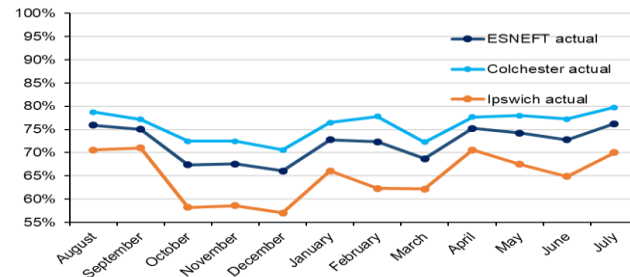
25,941

↑ vs 25,351 last month

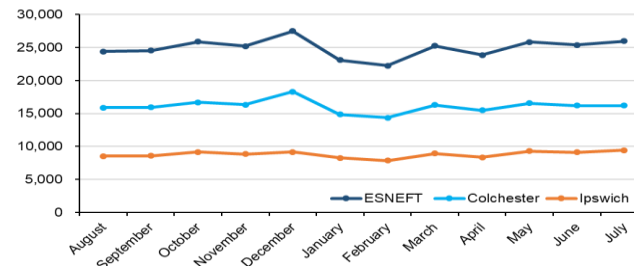
| Performance and trajectory | | | | |
|----------------------------|------------|--------|-------|-------|
| July | | ESNEFT | NEE | IES |
| | Actual | 76.2% | 79.7% | 70.0% |
| | Trajectory | 80.0% | 80.0% | 80.0% |
| Position | | ✗ | ✗ | ✗ |

*includes Clacton and Harwich

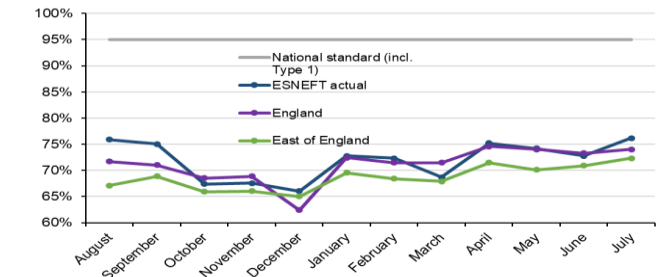
ED Performance: Four hour standard



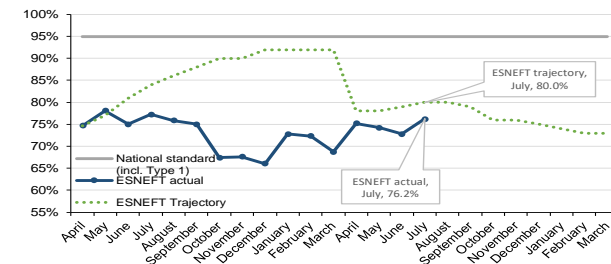
ED Performance: Attendances



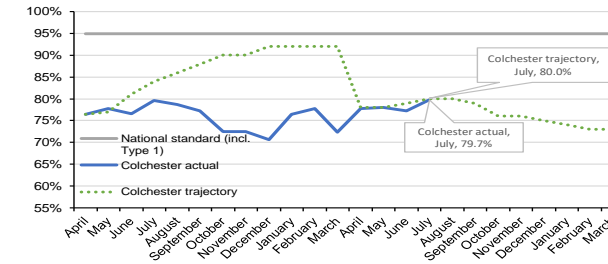
ED Performance: Four hour standard - benchmarking



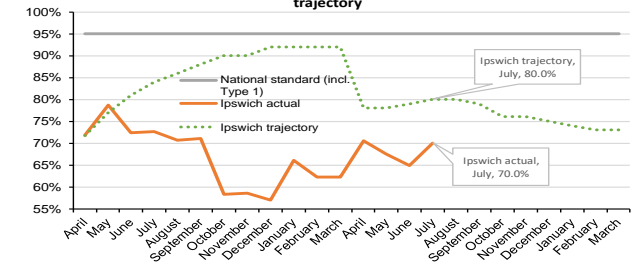
ED Performance: Four hour standard - ESNEFT trajectory



ED Performance: Four hour standard - North East Essex trajectory



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



Ipswich

There was an improved position in July with improved flow out of the department. In month the department saw increased attendances and higher acuity with increased ambulance conveyances. The Emergency department continues to see increased waits in the evening and overnight with high attendance numbers due to fewer alternative services available. Plans are being worked up to support improvement and safety improvements have been implemented.

Colchester

There continues to be a clear focus on 1st clinician wait times, aiming for full clinical assessment within 60-minutes which is supporting recovery of the 4-hour standard. There were some instances of long out of hours delays with medical imaging in-month, and this contributed to 4-hour breaches. Diagnostic activity and turn-around-times are being discussed at DMT level. Clinical rotas have been mapped according to demand and capacity and from 1st August a new template comes into effect which will support efforts to ensure all patients are seen within 60-minutes of arrival and timely decisions are made. Clinical leadership continues to be a clear focus, maintaining a daily drumbeat and ethos with a zero-tolerance approach to avoidable delays. Safety processes within the ED remain fully embedded, ensuring patient safety is optimised at times of overcrowding and when corridor care is enacted.

The number of ambulance handovers increased in month for ESNEFT by 5.2%; increases were reflected at both sites at Colchester by 2.9% with Ipswich increasing by 8.3%

Number of handovers - ESNEFT

4,902

↑ vs 4,659 last month

Number of handovers - Colchester

2,730

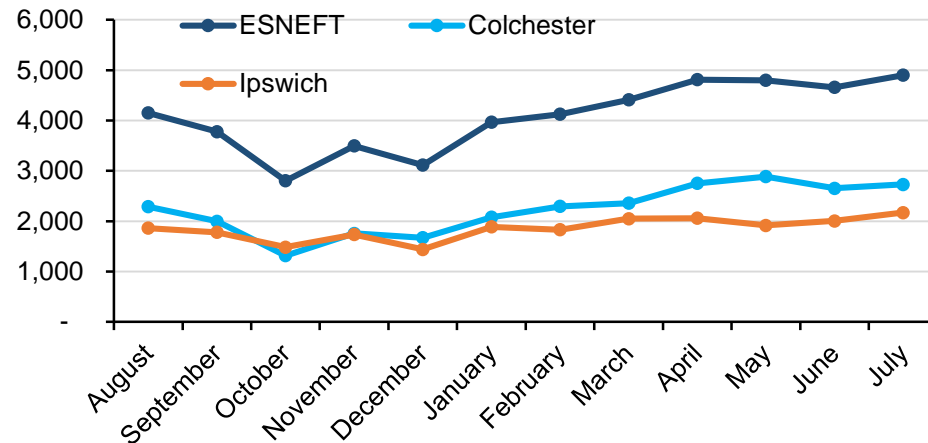
↑ vs 2,654 last month

Number of handovers - Ipswich

2,172

↑ vs 2,005 last month

Ambulances: Number of handovers



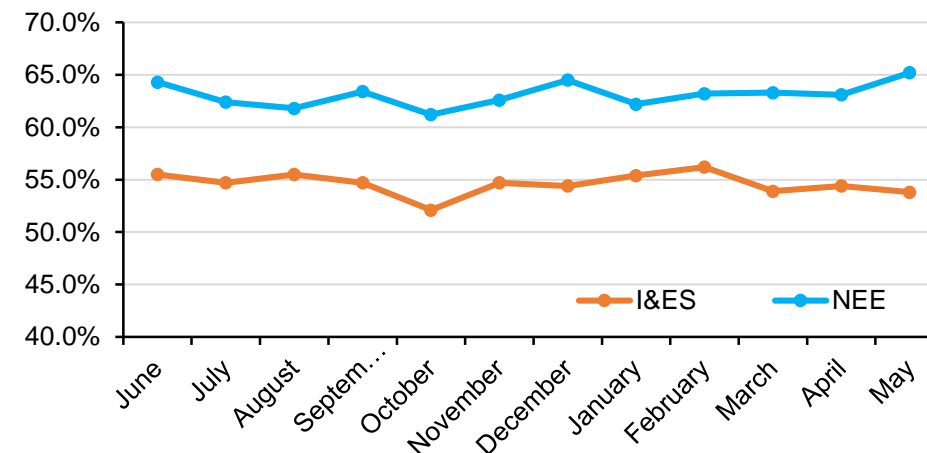
Ipswich

Higher ambulance conveyances were seen in July with increased acuity in the department. Improved flow in the department supported the offload of ambulances due to continual cubicle availability in majors. The HALO and Nurse in Charge continue to review patients who are appropriate to step down from trolleys to chairs and plans are in development to improve this further.

Colchester

Conveyance rate % is expected to increase, because there are a number of pre-conveyance initiatives that direct 999 calls to other services, rather than dispatching an ambulance. Of the ambulances that are dispatched, a higher percentage is expected to be conveyed. However, whilst the conveyance % should go up, the total number of ambulances coming to hospital should go down. Work continues with SDEC pathways and the HALO is supporting with ensuring appropriate patients are taken directly to SDEC where suitable. However, this requires on-going support to ensure pathway utilisation is optimised.

Ambulances: Conveyancing rate



ESNEFT performance has improved across the board in month. 15 minute handovers for ESNEFT increased by 3.3% which was reflected at both sites; Colchester by 5.3% and Ipswich by 0.6%. The proportion of handovers for ESNEFT that occurred within 15-30, 30-60 minutes and over 60 minutes have all seen an improvement.

Handovers within 15 minutes - ESNEFT
25.6%

↑ vs 22.3% last month

Handovers within 15 minutes - Colchester
25.6%

↑ vs 20.3% last month

Handovers within 15 minutes - Ipswich
25.6%

↑ vs 25% last month

Handovers within 15 – 30 minutes - ESNEFT
58.5%

↑ vs 53.6% last month

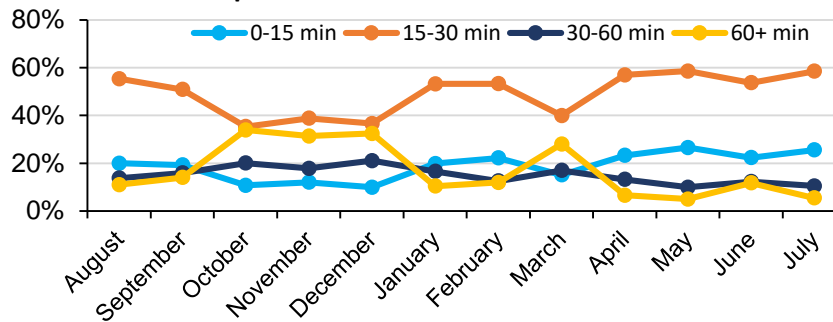
Handovers within 30 – 60 minutes - ESNEFT
10.5%

↓ vs 12.3% last month

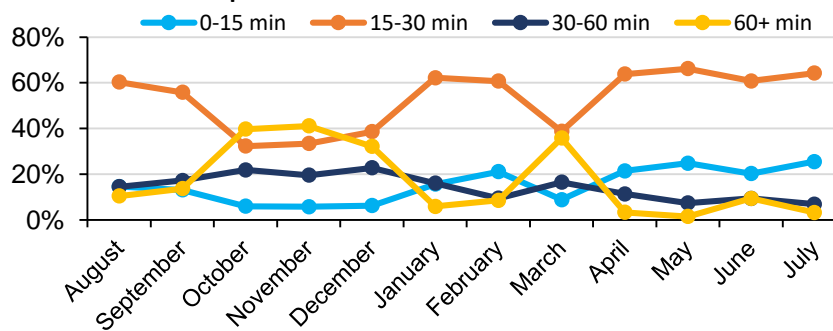
Handovers over 60 minutes - ESNEFT
5.4%

↓ vs 11.8% last month

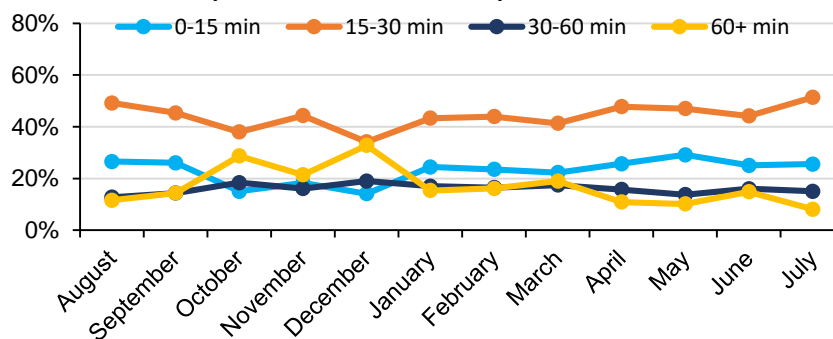
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Ipswich

Offload compliance improved in July. The department continues to see constraints to offloads due to cubicle availability and the ability to flex to meet demand in conveyances per hour.

Clustered conveyances late in the afternoon when the department is at its busiest limits achievement of the 15 minute offload. Wider hospital support is in place to support moves out of ED and the HALO works well with the team to predict arrivals so this can be proactively managed.

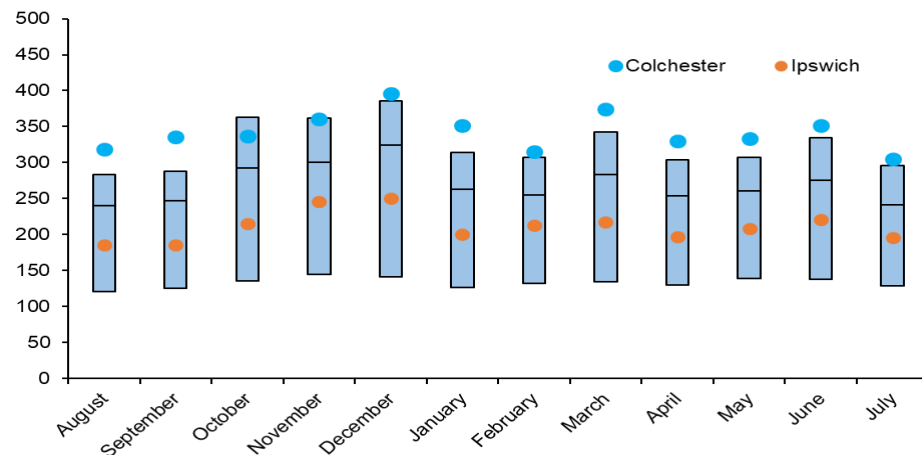
Colchester

15-minute ambulance offload performance remains a clear focus for the ED. “In and out” cubicle space has been ringfenced to ensure patients are able to be safely assessed and triaged whilst they wait for a cubicle space in the inbound corridor.

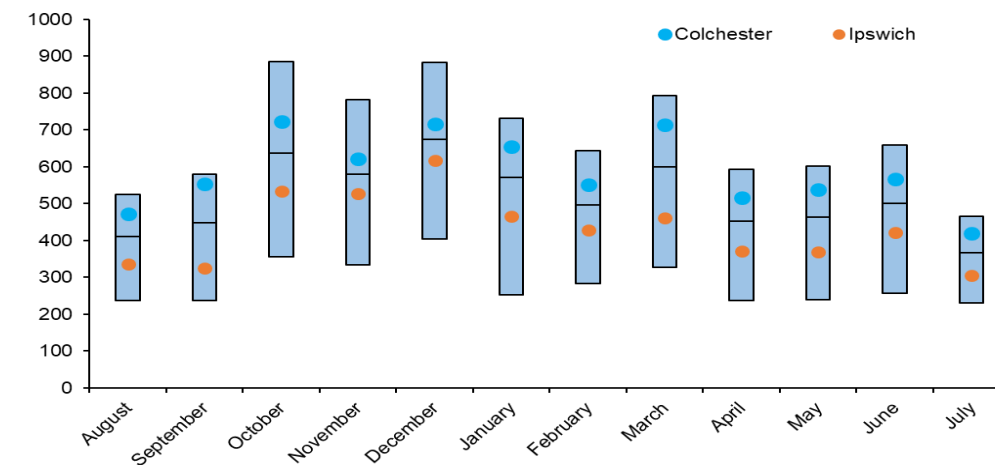
Boarding policy across the Trust has been better utilised with boarding on EAU now BAU in accordance with Operations Pressure Escalation Levels (OPEL) score. Actions relating to OPEL triggers within ED are also embedded and working well. However, further work is required from a bed management and flow perspective to ensure the actions achieve the desired de-escalation. Escalation areas remained open and staffed in-month to support with flow and offloads.

ESNEFT performance deteriorated for time to initial assessment within 15 minutes by 1.8% in July. Whilst Colchester improved by 2.9%, Ipswich declined by 7.1%. Average times in department improved for both non-admitted and admitted patients; by 34 minutes and 134 minutes respectively. The number of 12 hour patients decreased by 58.7% month on month

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



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



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

Ipswich

There has been a significant improvement in overall time spent in the department in July. 73 patients were in ED for more than 12 hours, an improvement from the 250 reported in June. There were 67 cases between 4-12 hours compared to 420 the previous month.

Improved flow and capacity to manage patients supported both non-admitted and admitted activity. Increased waits in the evening and overnight were due to no alternative services and this continues to impact time to treatment.

Colchester

ED continues to focus on time to treatment within 60-minutes, with over 55% of patients seen in this timeframe in-month. Senior challenge has been put in place to contest ED specific delays with a push to achieve 60% in August.

A “Community at the front door” model is being worked up by NEECS with UEC support to implement active pulling of patients out of ED into COTE beds or, discharging at the point of arrival to avoid unnecessary increased length of stay for frail and elderly patients.

System work with EPUT continues due to extended length of stay for mental health patients awaiting mental health beds with a challenge put to the team to manage the risk in a different way and to consider boarding on their confirmed discharges to support with earlier flow out of the ED.

Time to initial assessment (% patients within 15 mins)

84.2%

↓ vs 88.0% last month

Time to initial assessment: (95pct)

27 min

→ vs 27 last month

Average time in dept – non-admitted

241 min

↓ vs 275 last month

Average time in dept – admitted

368 min

↓ vs 502 last month

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

81 min

↓ vs 85 last month

12 hour patients

481

↓ vs 1,166 last month

MH ED attendances have increased by 10.9% across ESNEFT in month: both sites reflected this with Colchester reporting a 7.3% increase and Ipswich 22.7%. MH referrals have also increased by 2.7% in month across ESNEFT which equates to 8 referrals. Small increases were seen at both sites.

MH attendances - Colchester
340

↑ vs 317 last month

MH attendances - Ipswich
119

↑ vs 97 last month

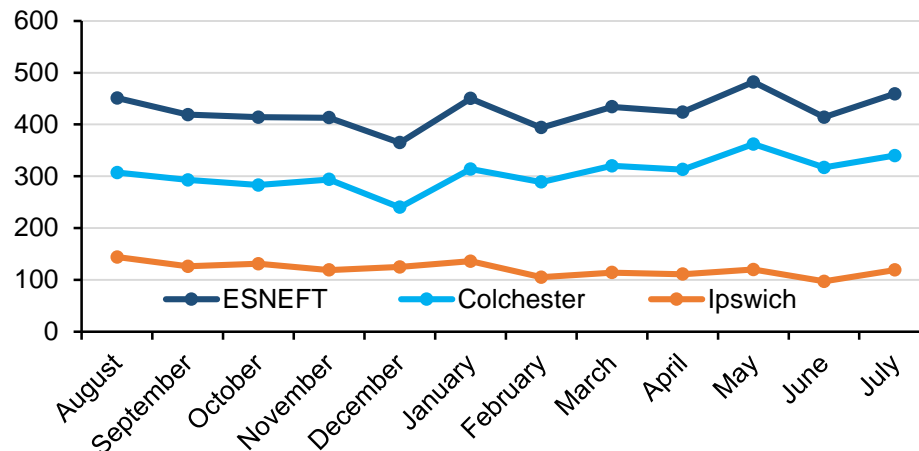
MHLT referrals - Colchester
209

↑ vs 203 last month

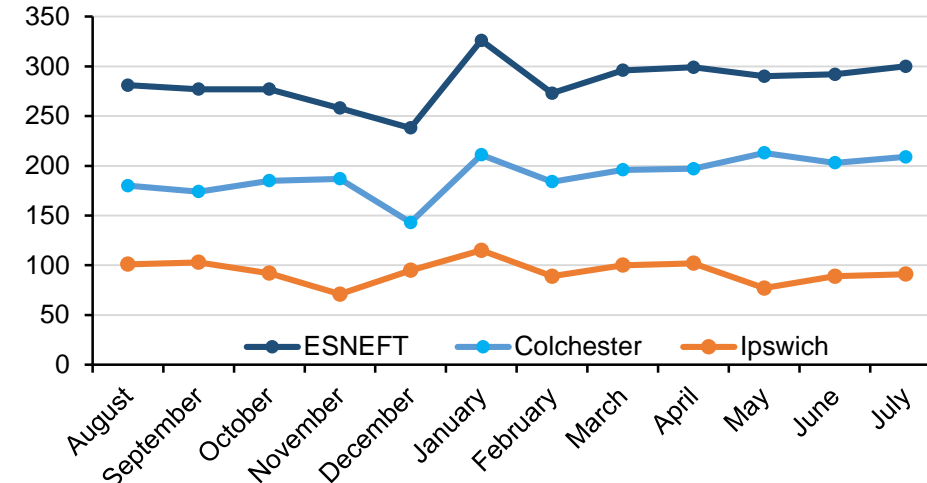
MHLT referrals - Ipswich
91

↑ vs 89 last month

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



Service Commentary

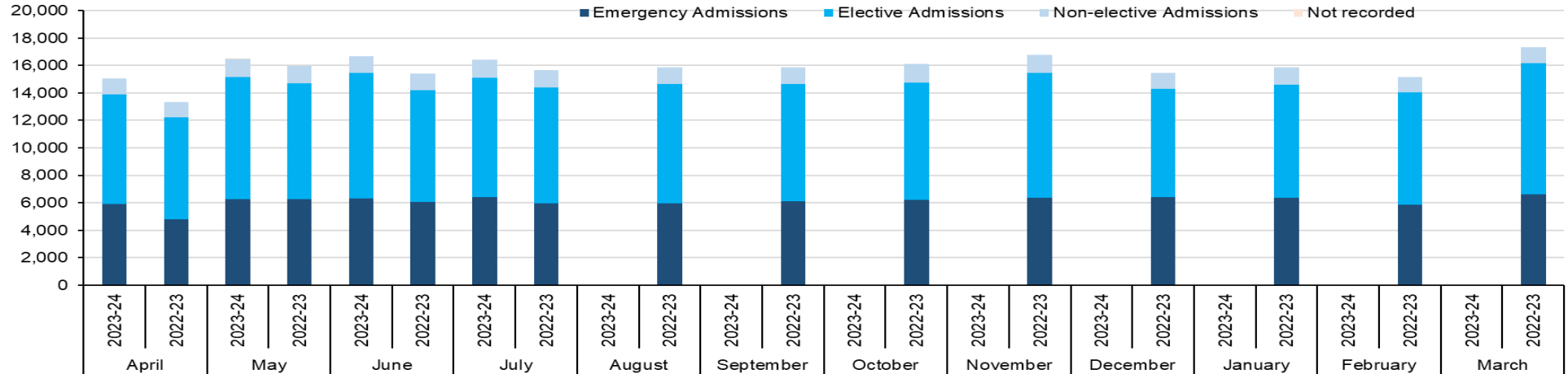
In July, 2 people were detained under the MHA in Ipswich Hospital, and 1 person in Colchester. However, there continued to be several people who were made subject to medical recommendations for section in Colchester but remained in ED awaiting transfer to a MH bed.

The NSFT MHLT have introduced a new specialist drug and alcohol post which has been reported by EAU staff to have had a positive impact and enables a timelier assessment and liaison with “Turning Point” to support successful discharge.

Incidents where use of restrictive interventions have been used to manage risk associated with MH presentations highlight that there is still a high need to ensure that staff undertake actions to ensure patient safety. This is being covered through training which is being delivered across the Trust.

Total admissions decreased in month for ESNEFT by 1.3%. This was mainly due to the drop in elective admissions by 4.6% month on month. For emergencies and non-electives these both increased by 1.7% and 7.7% respectively. Compared to 2022-23, admission levels increased across the board for July; emergencies 7.7%, electives 3.0% and non-electives 4.0%

Admissions: Inpatient spells by admission type



Emergency admissions
6,396
↑ vs 6,290 last month

Elective admissions
8,728
↓ vs 9,146 last month

Non-elective admissions
1,321
↑ vs 1,227 last month

Total admissions
16,445
↓ vs 16,663 last month

Ipswich

The Trust continues to have a strong focus on improving flow out of ED and maximising assessment capacity. Higher acuity in attendances saw an increase in admissions to the assessment areas. The junior doctor strikes and consultant strikes have impacted on elective admissions.

Colchester

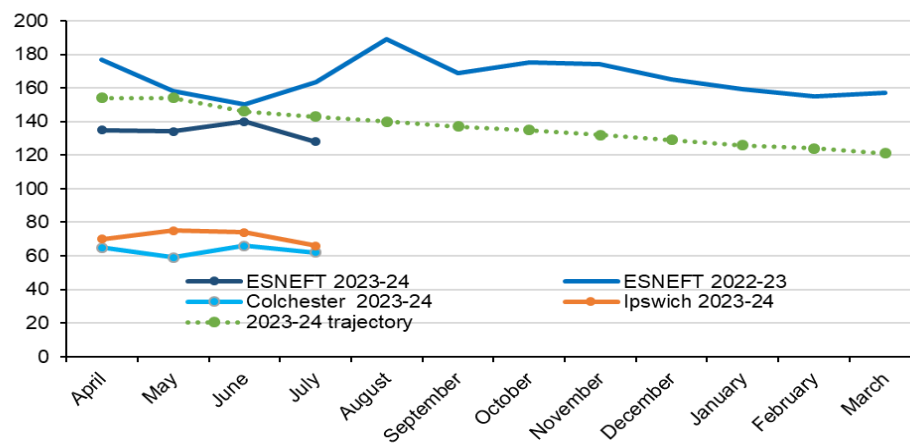
“Tomorrow's work today” continues with check and challenge on later discharges to support flow with earlier discharges. Long length of stay meetings continue with NEECS now attending, for a collaborative approach to discharge planning for complex patients.

There has been an intense focus on virtual ward uptake, resulting in an increase in referrals and admissions to support with discharges and flow. “Flow for flow” workforce was stepped down in-month, teams are now working with a Flow Lead to embed practices into ward based activity.

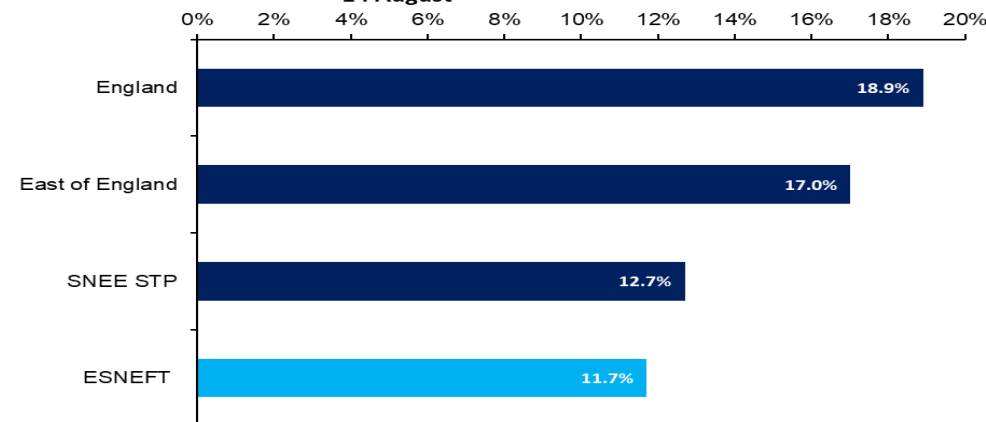
There is now an MDT approach to board rounds in EAU to ensure there is full support and, check and challenge for discharge planning.

Average number of long length of stay patients across ESNEFT decreased in month by 12 patients and is under trajectory by 15 patients. The decrease was reflected at both Colchester and Ipswich. The percentage of beds occupied by 21+ patients declined by 0.1% in month yet still remains lower than the national/regional levels.

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



% beds occupied by 21+ day patients (4 week average). Snapshot at 14 August



21+ day patients - ESNEFT
128

↓ vs 140 last month

21+ day patients - Colchester
62

↓ vs 66 last month

21+ day patients - Ipswich
66

↓ vs 74 last month

Ipswich

Long length of stay (LLOS) continues to be focussed on with LLOS reviews being done weekly by the ADON/matrons, highlighting complex patients to the Complex Panel twice weekly which is assisting with housing and mental health complex patients. There have been a good amount of discharges through PW1-PW3 which is helping to support the reduction in LLOS. Identifying patients from the point of admission where discharge is felt to be complex and involving the TOCH is key.

Colchester

There has been good utilisation of the Frailty virtual ward, which is supporting step down patients and reducing LLOS. The twice weekly system complex MDT panel continues to support complex discharges. Criteria for inclusion in the panel is being worked through to maximise impact and utilisation. Earlier identification of complexity is key to ensuring ongoing reduction in LLOS. PW2 capacity remains challenged and teams are working with system partners to support an out of hospital neighbourhood complex MDT for those at risk of failed care home placements to avoid transfer to acute settings in crises.

Average number of medically fit for discharge patients has seen no change in month for ESNEFT. Colchester site declined by 11.1% with Ipswich improving by 5.6%.

Medically fit discharges - ESNEFT

216

→ vs 216 last month

Medically fit discharges - Colchester

80

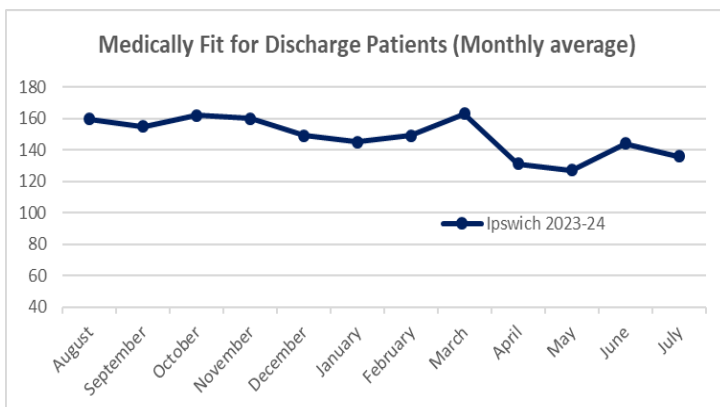
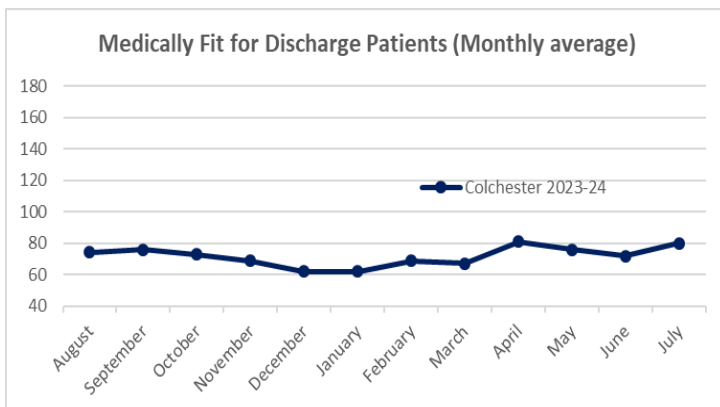
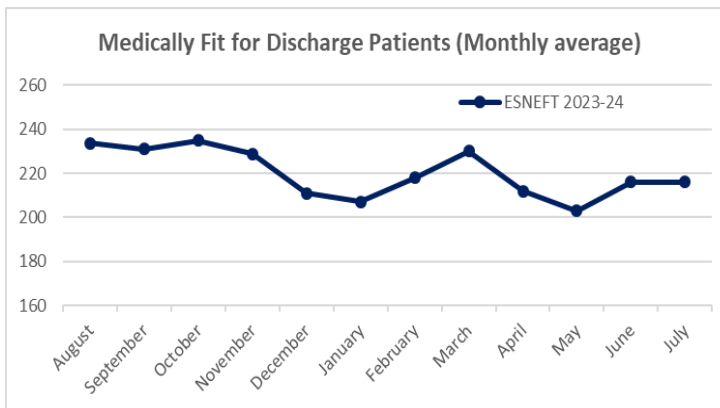
↑ vs 72 last month

Medically fit discharges - Ipswich

136

↓ vs 144 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

Teams have seen a steady reduction in no criteria to reside for patients waiting on PW1-PW3 from the start of July to end of the July. There has been a slight reduction in referrals in July compared to June. Having case managers at board rounds is helping to ensure patients are being identified earlier on their pathway but also ensuring patients are on the correct pathway and being reviewed regularly. Teams hope to see continued improvement with the increase of staffing and the TOCH helping to support case management trust wide

Colchester

July has seen an increase in complexity of patients requiring, in turn, more complex discharge planning and situations where care has been difficult to source due to the patient complex needs,- e.g. individuals with complex behaviours requiring significant support. This has also been compounded by COVID-19 outbreaks on some wards delaying discharges in July. In order to maximise discharge potential and ensure teams are not over prescribing care, the TOCH have introduced a triage function of all referrals, to ensure early identification of opportunities to reduce care packages and move patients from pathway 1 to pathway light or pathway 0 with support from voluntary sector colleagues.

ESNEFT 62 day wait performance in month increased by 6.4%. 28 day faster diagnosis also increased by 5.4% and is above the trajectory set for the month by 2.2%. Two week wait performance in month declined by 3.4%. The number of patients on the 62 day 1st PTL increased by 427 with those waiting 63 days or more increasing by 1.

Two week wait performance

67.8%

↓ vs 71.3% last month

62 day wait performance

74.3%

↑ vs 67.9% last month

28 day faster day diagnosis performance

70.5%

↑ vs 65.1% last month

Patients treated after 104 days
22

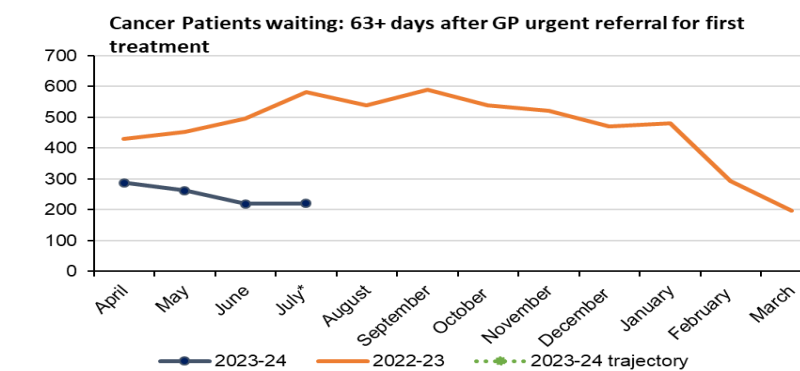
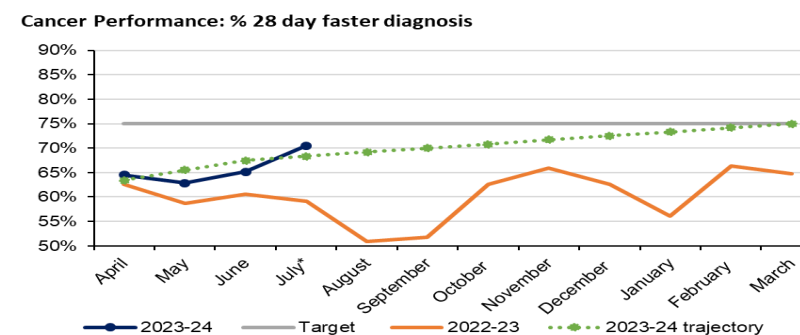
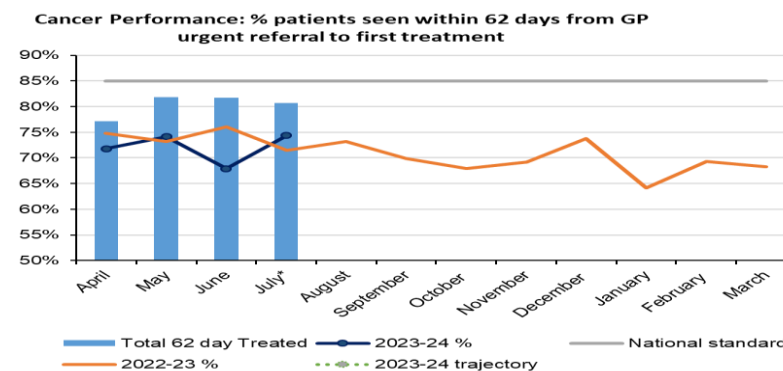
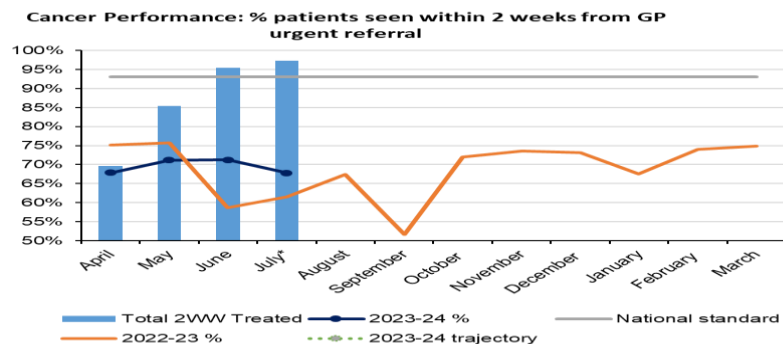
↓ vs 29 last month

Total patients on 62 day 1st PTL
4,443

↑ vs 4,016 last month

62 day 1st patients 63+ days
220

↑ vs 219 last month



Service Commentary

Even with challenges of the Consultants industrial action (IA) in July, progress on the recovery of the 28 FDS and maintenance/further recovery of the 62-day backlog has remained on track against trajectory.

2WW performance was impacted by a number of cancelled clinics (due to IA); all of which were rebooked but many outside the 14-day window.

Breast performance had the biggest impact and is delivering just 3.3% performance with some referrals first seen past 28 days. This meant breast also missed the 28FDS standard for the first time this year.

Further demand and capacity modelling is under way and insourcing is in place, but the position is likely to remain unchanged in August.

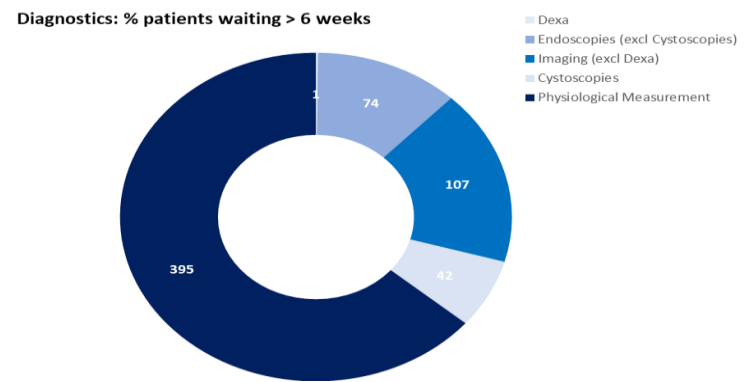
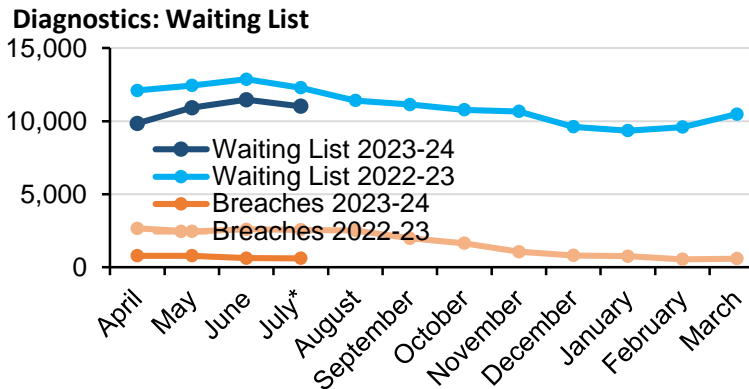
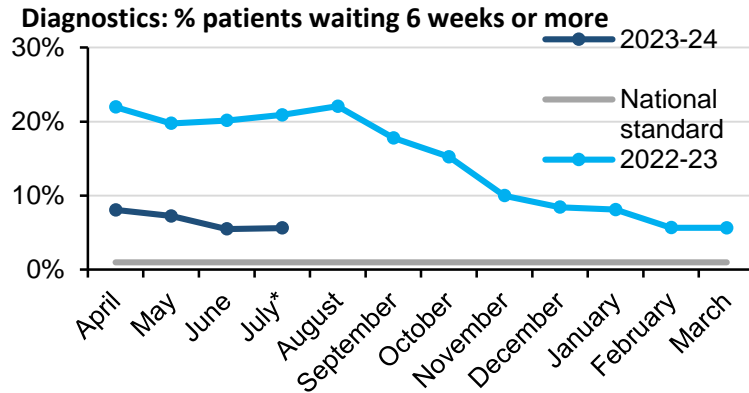
Colorectal 2WW performance was also lower than in the previous month but improvements were seen for both the 28FDS and 62-day performance.

62-day performance overall was higher than both the EoE and England average with Urology achieving their highest performance (82%) in more than a year.

62-day backlog numbers remain below trajectory and will reduce further once turnaround times for clinical review improve. This is a challenge currently as admin time has been severely impacted by the ongoing industrial action.

*Unvalidated figures as of the 11/08/23. Final figures for July 2023 will be available in September 2023 after submission

6 week performance declined in month by 0.1%, albeit the number of breaches reduced by 11 patients compared to last month. The waiting list has decreased by 3.8%. Ipswich have 58.6% of the total breaches with echocardiography accounting for 47.7% of them. For Colchester sleep studies account for half of their breaches.



% patients waiting > 6 weeks or more

5.6%
↑ vs 5.5% last month

DM01 6 week breaches **619**
↓ vs 630 last month

DM01 Waiting List **11,022**
↓ vs 11,462 last month

*July's OAKS data not received June 2023 data used for reporting

Imaging

ESNEFT performance was 98.6%
Breaches have reduced in all modalities in Ipswich with the majority now attributable to cardiac MRI. There has been a slight increase in breach numbers in Colchester however performance is still 98.8%

Endoscopy

ESNEFT performance was 94.5%
Colchester achieved >95% and breach numbers were within the planned trajectory for all 3 modalities. Breaches have fallen slightly in Ipswich with the majority attributable to complex colonoscopies following an increase in demand.

Audiology

ESNEFT performance was 99.2%

Vascular and Urology

ESNEFT performance was 87.9%
Cystoscopy breaches have reduced further on both sites in line with trajectory. There was a slight increase in UD breaches in Ipswich. Industrial action and machine breakdowns resulted in cancellations of lists. Weekend lists have been planned to reduce the backlog.

Sleep Studies and Neurophysiology

ESNEFT performance Neurophysiology was 100%, Sleep studies was 55.5%
Slight reduction in sleep study breaches on both sites. Ipswich are planning additional slots to further reduce breaches following a capacity and demand review. The majority of Colchester breaches are waiting for sleep fitting appointments. Capacity will increase in September following successful recruitment of a sleep technician.

Echocardiography

ESNEFT performance was 84.8%
Slight increase in Colchester breaches – all attributable to Consultant led scans following industrial action and A/L. Ipswich breaches increased significantly as capacity is not currently meeting demand. Patients requiring physiologist led scans are being offered appointments in Colchester. Ipswich capacity will increase from January as physiologists qualify however focus remains on utilising Colchester capacity to reduce the Ipswich backlog.

Performance against the 18 week standard has decreased by 1.1% in month nevertheless is above the regional average, but below the national average for the previous month. The proportion of the list waiting 65 weeks or more has improved in month by 0.1% and is lower than the national/regional averages reported for June.

Incomplete pathways within 18 weeks - ESNEFT

57.5%

↓ vs 58.9% last month

Incomplete pathways within 18 weeks – National

59.2% (June 23)

65+ waiters as % of list - ESNEFT

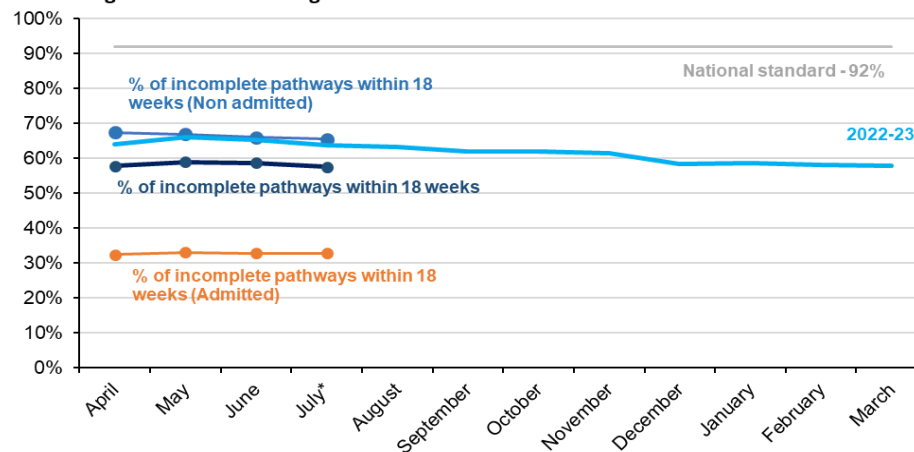
↓ **1.0%**

vs 1.1% last month

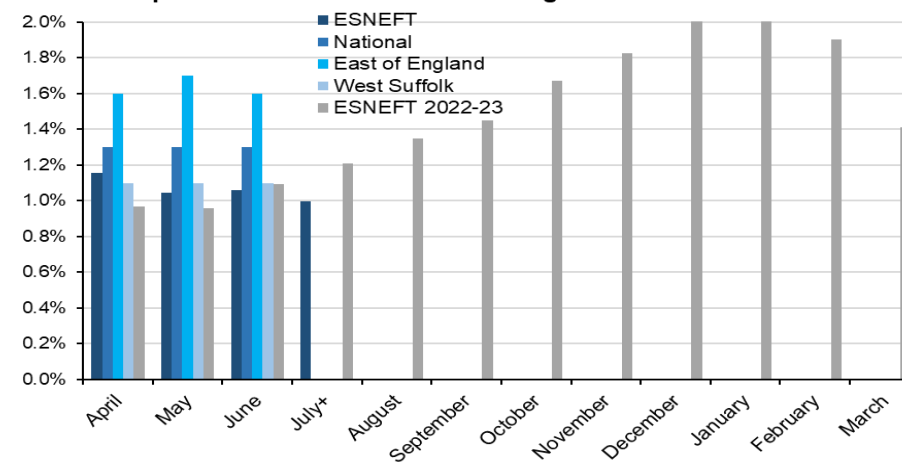
65+ waiters as % of list – National

1.3% (June 23)

RTT Waiting List: Performance against 92% standard



65+ Incompletes as a % of the Total Waiting List



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

Performance

3 specialities continue to achieve 18-week compliance: Geriatric Medicine, Paediatrics & Rheumatology .

Gynae Oncology, and Respiratory Medicine are above 70%

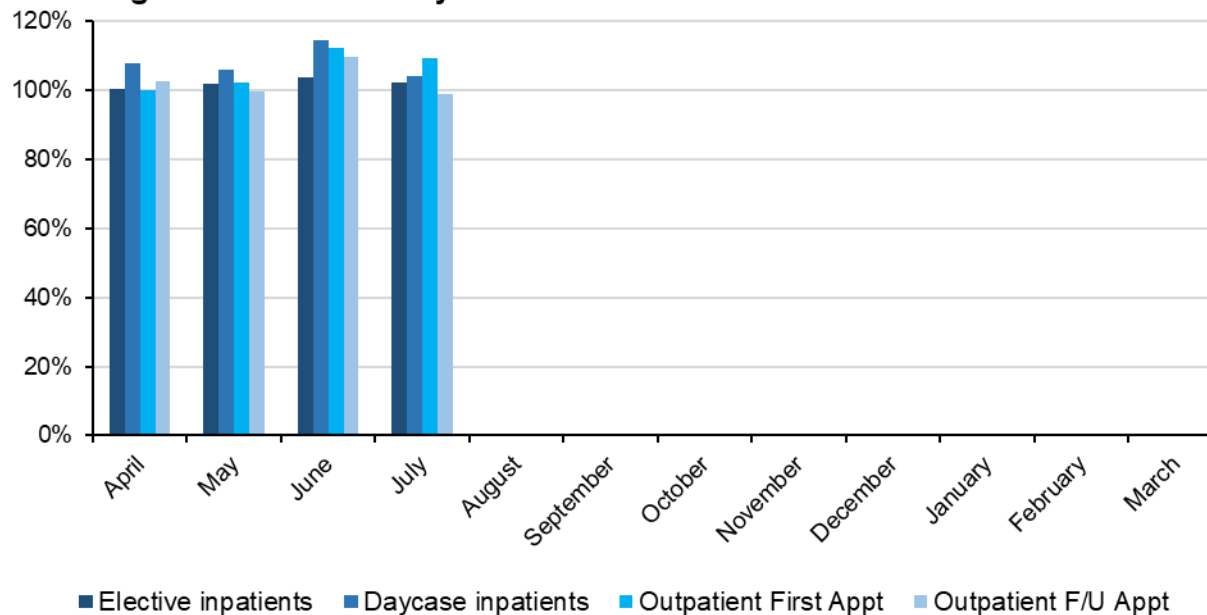
General surgery Ipswich has seen a significant week on week improvement in RTT 18-week performance, seeing an increase of 10% since the beginning of April.

The services 78-week position has reduced considerably and those patients waiting in the 52-week cohort has reduced by 60% since January.

Corneal Graft allocation continues to be nationally managed as the national issue with shortages continues.

Activity decreased across the board in month (with the exception of elective inpatients which increased by 1.3%). Day cases decreased by 5.2%, outpatient firsts by 5.4% and follow ups by 12.3%. However, higher activity levels were reported against 2022-23 activity levels for the month for all activity types apart from outpatient follow ups at 99.0%.

Percentage of 2022-23 activity



Elective inpatients
872
 ↑ vs 861 last month

Daycase inpatients
7,856
 ↓ vs 8,285 last month

Outpatient First Appt
28,790
 ↓ vs 30,445 last month

Outpatient F/U Appt
47,097
 ↓ vs 53,717 last month

Activity

The focus remains on reducing all patients waiting over 78 weeks across General Surgery and Gastro, and over 65 weeks in all other specialties.

Insourcing solutions continue to provide activity for General Surgery over weekends for both outpatients and inpatients.

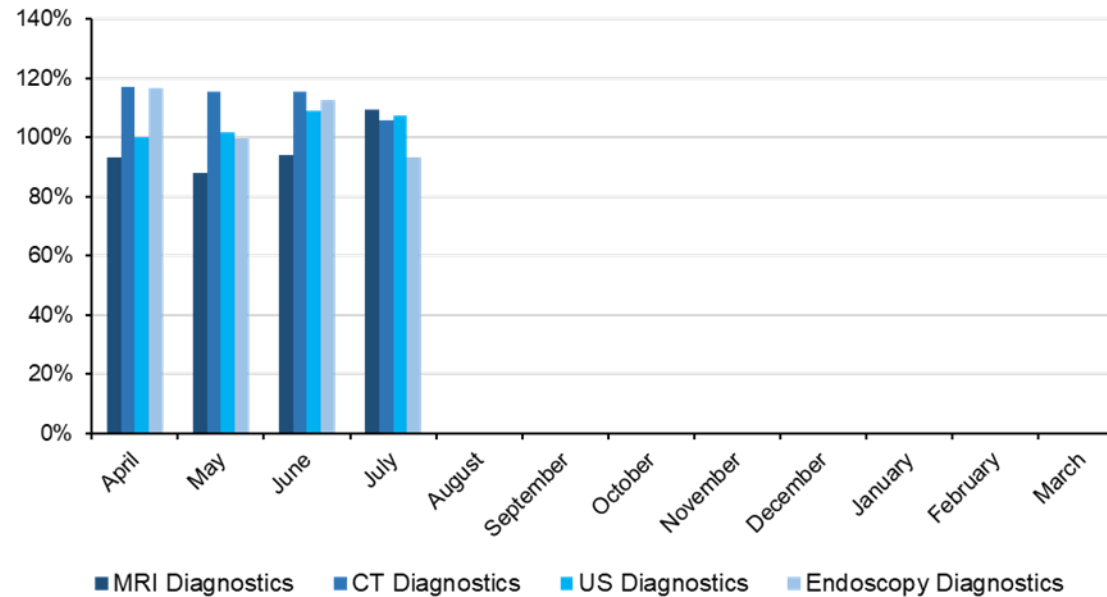
There continues to be support for additional activity were possible and appropriate. DMAS continues to be considered by all specialties.

Outpatient Transformation – which includes polling times is a focus for those areas with longer waiting times and plans are in place to support the delivery of reducing these in key areas. ‘Super weekend’ OP activity has been provided by Trust teams to support this ambition (ENT have secured 492 additional weekend slots via super weekends until the end of July - more plans are in place to extend these until September).

The direct and indirect impact of continued industrial action on Admitted and Non-Admitted activity and performance is causing additional challenges for ESNEFT and being seen regionally and nationally. Day case, Outpatient and Follow-up activity saw a decrease in activity; this is due to a combination of junior doctor IA, 2 days Consultant IA, 1 less working day than June (-4.5%) and the impact of higher A/L.

Activity increased for both CT and MRI in month for ESNEFT by 2.8% and 9.7% respectively. Compared to the previous month, lower levels were seen in ultrasounds and endoscopies which decreased by 5.5% and 3.1% respectively. Activity exceeded equivalent, 2022-23 activity levels with the exception of endoscopies which were at 93.1% of the prior year value.

Percentage of 2022-23 activity - Diagnostics



CT
7,202
 ↑ vs 7,004 last month

MRI
3,702
 ↑ vs 3,376 last month

US
11,045
 ↓ vs 11,686 last month

Endoscopy
1,769
 ↓ vs 1,826 last month

Service Commentary

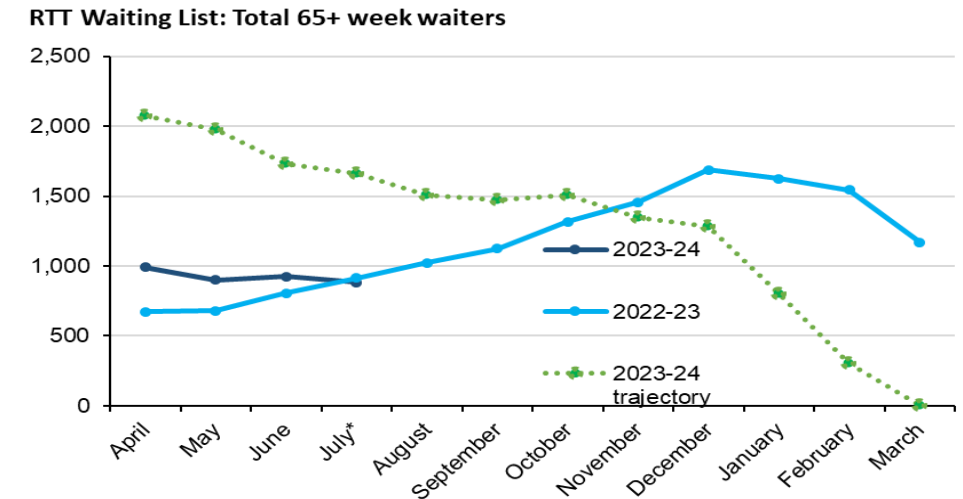
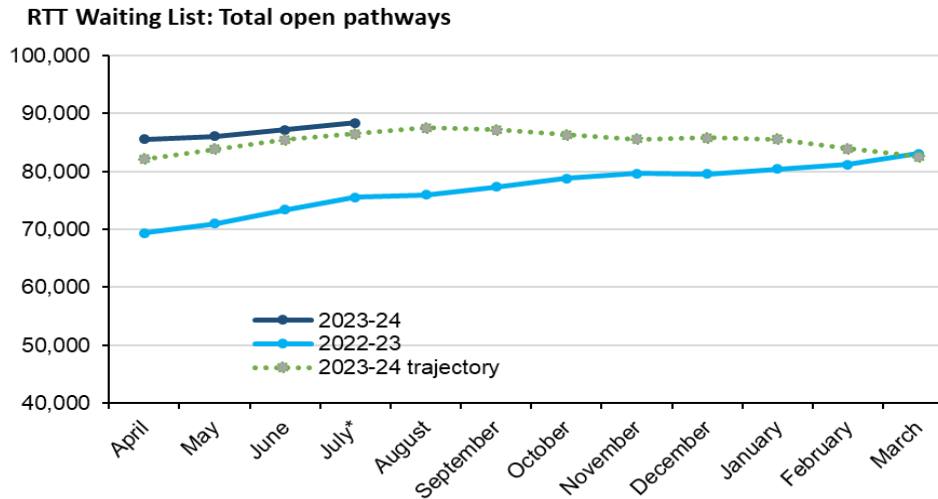
CT is utilising as much of the available capacity in Ipswich, Colchester and the CDC as staffing allows. A relocatable scanner in Ipswich is currently providing limited additional capacity however 7 day rotas will enable the scanner to run from 9-5, Monday to Friday from mid September.

Capacity in MRI in Colchester is being maintained. The mobile unit at the CDC has been replaced by a static scanner. Seven day rotas in Ipswich can deliver a more sustainable weekend service. Time consuming whole body MRIs continue to be performed at the Oaks.

US capacity has increased with an additional sonographer in Colchester, additional room in Ipswich and utilisation of a vascular room in Ipswich after 4pm. The service is looking at maximising room availability to maintain capacity whilst continuing with recruitment.

Endoscopy is utilising insourcing and the private sector to maintain capacity. The additional room at the CDC will be commissioned in January 2024. The planned new endoscopy build in Colchester will ensure capacity can meet demand.

The waiting list increased in month by 1.4% for ESNEFT and is 1,913 patients over trajectory. All long waiting patients metrics waiting 65 weeks or more improved in month. There were no 104+ week waiters reported for July. Colchester have 55.6% of all 65+ week waiters, which is 777 patients under trajectory for the month for ESNEFT.



Recovery

The number of patients waiting 65+ and 78 + weeks have remained relatively static in recent weeks. Teams believe this is due to the cumulative impacts of industrial action being seen.

The focus on General Surgery and Gastro continues with the ambition that there would be no capacity breaches at the end of August for over 78 weeks. Whilst the overall numbers continue to reduce, it will not be zero given the direct impact of industrial action and the ongoing cumulative effect as mentioned above.

Monthly 65-week sessions are in place with all specialty teams to review & monitor progress against recovery plans, for achieving no patients waiting over 65 weeks by March 2024. The internal ambition is December 2023.

Each specialty has a plan developed for delivery of 65 weeks with varying achievement times between now and March 2024.

Where possible if specialties can go beyond that they are being encouraged to do so. All specialties are reviewing trajectories and re-modelling as needed after each additional industrial action impact to provide a forecast for the year end position.

Children & Young People

Community Paediatrics is a national concern. Colchester provides this service and are working through options and pathways to ensure sufficient capacity. Teams have included this patient group in PTL meetings to monitor and support a reduction for the longest waiting children.

The Trust has been formally de-escalated from Tier 1 to Tier 2 based on recovery progress to date.

Total open RTT pathways
88,433

↑ vs 87,210 last month

65+ week waiters

882

↓ vs 925 last month

78 + week waiters

50

↓ vs 58 last month

98 + week waiters

1

↓ vs 3 last month

104+ week waiters

0

↓ vs 2 last month

*July's OAKS data not received June 2023 data used for reporting

Month 4 Performance

| Summary Income and Expenditure | July | | | Year to Date | | |
|--|-----------------|-----------------|--------------------|------------------|------------------|--------------------|
| | Plan £000 | Actual £000 | Fav / (Adv) v Plan | Plan £000 | Actual £000 | Fav / (Adv) v Plan |
| Income from Patient Care | 78,997 | 80,027 | 1,030 | 315,961 | 319,733 | 3,772 |
| Other Operating Income | 3,909 | 5,921 | 2,012 | 15,674 | 19,506 | 3,832 |
| Total Income | 82,906 | 85,947 | 3,041 | 331,635 | 339,239 | 7,604 |
| Pay | (51,169) | (52,045) | (876) | (206,031) | (207,576) | (1,545) |
| Non Pay | (27,772) | (30,063) | (2,291) | (111,102) | (118,153) | (7,051) |
| Total Expenditure | (78,941) | (82,108) | (3,167) | (317,133) | (325,729) | (8,596) |
| EBITDA | 3,965 | 3,839 | (126) | 14,502 | 13,510 | (992) |
| Impairments | - | - | - | - | - | - |
| Other Non Operating | (4,201) | (3,987) | 214 | (16,793) | (15,591) | 1,202 |
| Surplus / (Deficit) | (236) | (148) | 88 | (2,291) | (2,081) | 210 |
| EBITDA % | 4.8% | 4.5% | | 4.4% | 4.0% | |
| Performance Against CT | | | | | | |
| Capital donations I&E impact | 28 | (46) | (74) | 112 | 37 | (75) |
| Total Non CT Items | 28 | (46) | (74) | 112 | 37 | (75) |
| Performance Against CT | (208) | (194) | 14 | (2,179) | (2,044) | 135 |
| Less gains on disposal of assets | - | (8) | (8) | - | (11) | (11) |
| Performance for System Purposes | (208) | (202) | 6 | (2,179) | (2,054) | 125 |

M4 Revenue Headlines

In July the Trust reported an actual deficit of £0.148m which was a positive variance of £0.088m against the external plan (deficit of £0.236m).

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.

From and including October, the Trust then plans to achieve a revenue surplus in every month until the end of the financial year (in order to deliver break-even overall).

Key Variances

Despite reporting a small positive variance against the plan both in-month and year to date, there are a number of key variances.

Once again, a favourable variance to plan was reflected in income in July. This is primarily because of additional contracts agreed after the actual plan submission or as a direct result of national guidance: CDC income is an example. However, this additional income is mirrored with associated increased costs and therefore does not provide a financial benefit to the Trust.

Within pay, there was an overspend of £0.876m in July, with a year to date adverse variance of £1.545m. Medical workforce expenditure continues to be the main driver of this position with a number of clinical divisions continuing to use additional sessions, some relating to additional elective ERF activities. Work is underway to potentially identify alternative workforce solutions moving forwards to reduce this spend, notably at Consultant level. The review of junior doctor establishments and associated spend is ongoing and is now expected to be completed by September reporting.

Non-pay reported an adverse variance of £2.3m in July, increasing the year to date overspend to £7.051m. Whilst CIP non-delivery accounts for some of this unfavourable position, other significant pressures continue to be reported across a number of clinical divisions: clinical supplies (approximately £4.3m overspent cumulatively after adjusting for CIP non-delivery) (notably in Ophthalmology within MSK and Specialist Surgery), secondary commissioning (£2.3m overspend for M1-M4) (services continue insourcing arrangements to support the elective programme for long waiting patients, such as in General Surgery, OFMS and Endoscopy) and premises (£2.3m cumulative overspend) (Estates and Facilities, with the Trust experiencing significant increases in charges for those properties that it leases from NHS Property Services and Community Health Partnerships).

Temporary Pay

There was a reduction in agency costs in July, although they still accounted for 2.5% of all pay costs (compared to 3.5% YTD July 2022). Nursing and midwifery staff group continues to show the greatest spend reductions (relative to the latter part of 22/23) mainly within departments on both sites placing greater reliance on bank cover. Medical costs also slightly reduced in July.

There was an increase in bank spend in July of approximately £0.5m. Junior doctors saw an increase of c.£0.2m particularly within Medicine divisions (Industrial Action cover and in Colchester, coverage of ED and Copford wards; coupled with the increase in rates payable effective from June 23) and MSK (T+O sickness cover). Nursing and Midwifery also increased by c.£0.15m (notably MSK).

Elective Recovery Fund (ERF)

ERF M1-4

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 Months 1-3 use internal calculations based on data extracted at refresh from national datasets, and Month 4 uses internal calculations based on data extracted at day 1 of the following month. Previous comparisons have shown that internal calculations updated for full national datasets were within 1% of national calculations. However, Month 4 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

Month 3 will continue to update as data is completed as well.

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.

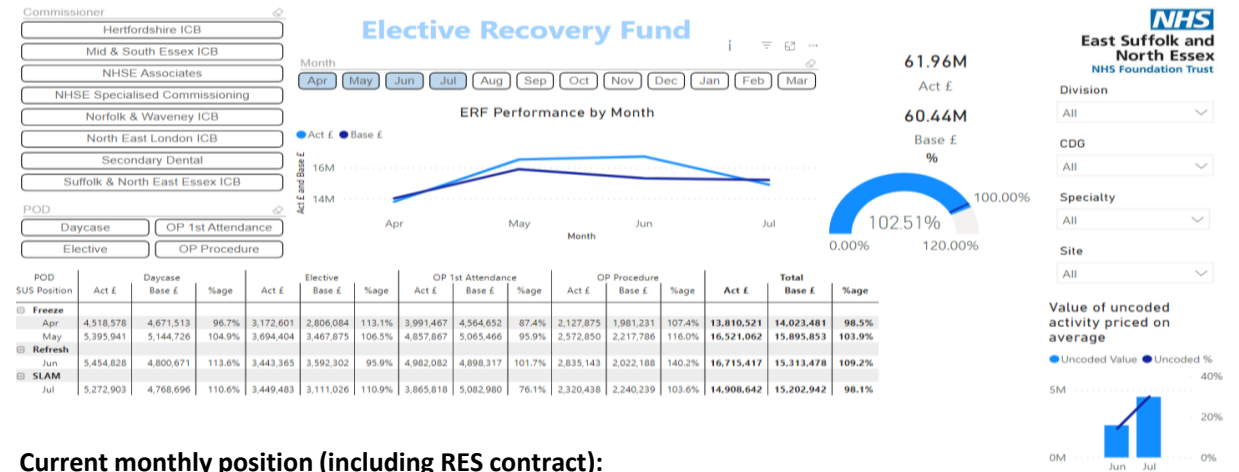
To date, ERF for M1-4 is calculated at 102.5% of cost-weighted 19/20 elective patient care, a small reduction from 99.5% M2:

- *April (internal view of frozen national data) – 98.5% (98.9% excluding Oaks RES)
- *May (internal view of frozen national data) – 103.9% (104.8% excluding RES)
- *June (internal view of refresh national data) – 109.2% (111.4% excluding RES)
- *July (internal view) – 98.1% (97.9% excluding Oaks)

Total – 102.5% (103.4% excluding RES)

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.



Current monthly position (including RES contract):

| Period | Actual | Baseline | Gap to baseline | Target | Gap to target | 2% fixed | Net |
|-------------|--------------------|--------------------|-------------------|--------------------|---------------------|-------------------|-------------------|
| Apr | £13,810,521 | £14,023,481 | (£212,960) | £14,766,725 | (£956,204) | £280,470 | (£675,735) |
| May | £16,521,062 | £15,895,853 | £625,209 | £16,738,333 | (£217,272) | £317,917 | £100,645 |
| Jun | £16,715,417 | £15,313,478 | £1,401,939 | £16,125,092 | £590,325 | £306,270 | £896,594 |
| Jul | £14,908,642 | £15,202,942 | (£294,300) | £16,008,698 | (£1,100,056) | £304,059 | (£795,997) |
| YTD | £61,955,642 | £60,435,754 | £1,519,888 | £63,638,849 | (£1,683,207) | £1,208,715 | (£474,492) |
| M1-3 | £47,047,000 | £45,232,812 | £1,814,188 | £47,630,151 | (£583,151) | £904,656 | £321,505 |

Industrial action impact

Nationally it has been confirmed that the impact of Industrial action for April will be recompensed by a 2% target reduction across the year, enacted for Trusts by fixing 2% of the baseline payment to Trusts.

In addition, nationally it has been confirmed that ICBs will have 16% of their allocation withheld and released upon delivery of agree targets (including any adjustments for industrial action).

On this basis, M1-3 indicates a slightly positive position for ESNEFT in terms or ERF, and M4 a negative of £0.5m, but recognising that there’s likely to be between £700-£800k of additional activity recorded in the final M4 position, above the current calculated rate.

All figures are subject to review upon release of actual positions from NHSE, confirmed baselines, A&G base and a number of other factors that remain unconfirmed nationally.:

ERF Divisional Position (excluding RES)

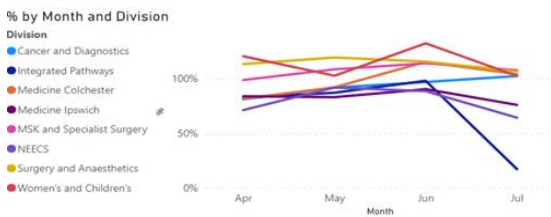
Commissioner: Hertfordshire ICB, Mid & South Essex ICB, NHSE Associates, NHSE Specialised Commiss.

POD: Daycase, Elective, OP 1st Attendance, OP Procedure

Site: Multiple selections

ERF by Division

NHS East Suffolk and North Essex NHS Foundation Trust



| Division | Actuals £ | Baseline £ | Performance £ | % |
|----------------------------|-------------------|-------------------|------------------|----------------|
| Cancer and Diagnostics | 5,427,162 | 5,817,780 | (390,618) | 93.29% |
| Integrated Pathways | 2,698,787 | 3,823,165 | (1,124,379) | 70.59% |
| Medicine Colchester | 3,292,841 | 3,364,763 | (71,923) | 97.86% |
| Medicine Ipswich | 2,839,566 | 3,401,569 | (562,003) | 83.48% |
| MSK and Specialist Surgery | 23,533,042 | 21,877,316 | 1,655,726 | 107.57% |
| NEECS | 262,764 | 329,276 | (66,512) | 79.80% |
| Reconciliation | 0 | 0 | 0.00 | 0.00% |
| Surgery and Anaesthetics | 14,937,647 | 13,121,394 | 1,816,253 | 113.84% |
| Women's and Children's | 5,825,833 | 5,126,591 | 699,242 | 113.64% |
| Total | 58,817,642 | 56,861,855 | 1,955,787 | 103.44% |

| Month Division | Apr | | | | May | | | | Jun | | | | A |
|----------------------------|-----------|------------|---------------|---------|-----------|------------|---------------|---------|-----------|------------|---------------|---------|---|
| | Actuals £ | Baseline £ | Performance £ | % | Actuals £ | Baseline £ | Performance £ | % | Actuals £ | Baseline £ | Performance £ | % | |
| Cancer and Diagnostics | 1,132,041 | 1,393,564 | (261,522) | 81.23% | 1,401,158 | 1,524,115 | (122,957) | 91.93% | 1,403,362 | 1,446,535 | (43,173) | 97.02% | 1 |
| Integrated Pathways | 771,343 | 933,148 | (161,805) | 82.66% | 854,230 | 978,797 | (124,568) | 87.27% | 901,223 | 918,891 | (17,668) | 98.08% | |
| Medicine Colchester | 681,431 | 833,635 | (152,204) | 81.74% | 876,110 | 950,923 | (74,813) | 92.13% | 925,252 | 801,507 | 123,745 | 115.44% | |
| Medicine Ipswich | 665,215 | 792,202 | (126,987) | 83.97% | 759,124 | 912,468 | (153,344) | 83.19% | 778,750 | 860,864 | (82,114) | 90.46% | |
| MSK and Specialist Surgery | 5,002,602 | 5,061,740 | (59,138) | 98.83% | 6,214,614 | 5,722,219 | 492,395 | 108.60% | 6,457,710 | 5,657,477 | 800,233 | 114.14% | 5 |
| NEECS | 59,457 | 83,340 | (23,883) | 71.34% | 79,366 | 86,277 | (6,912) | 91.99% | 77,029 | 86,890 | (9,861) | 88.65% | |
| Reconciliation | 0 | 0 | 0.00 | 0.00% | 0 | 0 | 0.00 | 0.00% | 0 | 0 | 0.00 | 0.00% | |
| Surgery and Anaesthetics | 3,435,085 | 3,030,358 | 404,727 | 113.36% | 4,138,156 | 3,464,891 | 673,266 | 119.43% | 3,793,095 | 3,278,134 | 514,961 | 115.71% | 3 |
| Women's and Children's | 1,389,782 | 1,153,143 | 236,638 | 120.52% | 1,400,710 | 1,363,756 | 36,954 | 102.71% | 1,587,610 | 1,199,492 | 388,118 | 132.36% | 1 |



Plan profile and actual performance

As detailed on slide 8, the most recent month (July) 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. The following Divisions are reporting a year to date over-performance:

- Surgery and Anaesthetics
- MSK & Specialist Surgery
- Women's and Children's

In addition, in month Cancer and Diagnostics and Medicine Colchester are reporting positions above baseline. Cancer and Diagnostics may reduce as Chemotherapy care is coded.

In Month:

- Daycase performance is 110.6%
- Elective inpatients 110.9%
- Outpatient First 76.1%
- Outpatient Procedures 103.6%

Divisional funding

Due to timing of available data, monthly ERF funding available for Divisional draw down will always be a month in arrears, but to mitigate this, estimates for the current month are used alongside the initial view of the previous month's position.

Month 4 Cost and Volume Elective monies funding available to Divisions was estimated based upon M1-3 position to enable draw down of funding.

Clawback was enacted for Month 2 actuals given limited Industrial Action in month. Month 1, 3 & 4 ERF funding was based upon the principles agreed through EMC, namely:

- Over-delivery at Divisional level – additional funding provided
- Under-delivery at Divisional level – no clawback

The total cost and volume funding made available was £6.9m, with a further £0.5m of fixed drugs and devices funding.

| | | |
|-------------------------------------|----|------------|
| ERF (including A&G) | £m | 4.8 |
| Diagnostics | | 1.1 |
| Community Services | | 0.2 |
| ICU/POCU additional capacity | | 0.5 |
| Chemotherapy delivery | | 0.4 |
| Total C&V | | 6.9 |
| Elective Excluded Drugs and Devices | | 0.5 |
| Overall | | 7.4 |

2023/24 CIP programme

In-month position

Relative to previous months, July reflected stronger performance on CIP. Three divisions actually exceeded their in-month target (MSK, NEECS and Women’s and Children’s). Further to the discussion at EMC operational group on 12th July and 9th August, the Financial Sustainability Group (FSG) - with the purpose of supporting the delivery of recurrent savings - has been established. The outline ToR being agreed, and meetings arranged to commence linked to the proposed scheduling. In line with the national proposed checklist, Divisions have self-assessed against this ‘best practice’ checklist related to financial governance (this including CIP approach and oversight), with this to be included in the work of the FSG prospectively.

| CIP Delivery by Division | July | | | Year to date | | |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|----------------|
| | Plan £000 | Actual £000 | Fav / (Adv) | Plan £000 | Actual £000 | Fav / (Adv) |
| Cancer and Diagnostics | 272 | 123 | (149) | 1,090 | 585 | (505) |
| Integrated Pathways | 155 | 45 | (110) | 620 | 178 | (442) |
| Medicine Ipswich | 158 | 122 | (37) | 633 | 469 | (164) |
| Medicine Colchester | 165 | 65 | (100) | 660 | 278 | (382) |
| MSK and Specialist Surgery | 225 | 233 | 8 | 901 | 738 | (162) |
| NEE Community Services | 115 | 117 | 2 | 461 | 254 | (207) |
| Surgery, Gastro & Anaesthetics | 310 | 105 | (205) | 1,239 | 367 | (872) |
| Women’s and Children’s | 260 | 603 | 343 | 1,039 | 760 | (279) |
| Total Operations | 1,660 | 1,413 | (248) | 6,642 | 3,629 | (3,013) |
| Estates & Facilities | 326 | 41 | (285) | 1,303 | 431 | (871) |
| Corporate Services | 121 | 196 | 76 | 483 | 501 | 18 |
| Total Trust | 2,107 | 1,650 | (457) | 8,428 | 4,561 | (3,867) |

Key variances

The following areas are reporting the largest shortfalls against the CIP target YTD.

- Surgery, Gastro & Anaesthetics - £0.872m
- Cancer and Diagnostics - £0.505m

Current Forecast Position

At the end of July, the Trust is forecasting that it will deliver £14.4m of its £25.4m CIP target (57% of the target which is an improvement compared to 49% in June). As part of its monthly reporting to NHS England, the Trust has advised that it expects that this value will actually improve to £18.9m by the end of the year.

| £000s | 23/24 Forecast Outturn | | | |
|--------------------------------|------------------------|---------------|----------------|------------|
| | Target | FOT | Var | % |
| Corporate Services | 5,358 | 2,506 | -2,852 | 47% |
| Cancer and Diagnostics | 3,270 | 1,669 | -1,600 | 51% |
| Medicine Colchester | 1,979 | 1,274 | -705 | 64% |
| Medicine Ipswich | 1,899 | 1,622 | -277 | 85% |
| MSK and Specialist Surgery | 2,702 | 2,086 | -616 | 77% |
| Surgery, Gastro & Anaesthetics | 3,833 | 1,558 | -2,275 | 41% |
| Women's and Children's | 3,117 | 1,590 | -1,527 | 51% |
| Integrated Pathways | 1,861 | 1,038 | -823 | 56% |
| NEE Community Services | 1,382 | 1,081 | -301 | 78% |
| Trust Total | 25,401 | 14,425 | -10,976 | 57% |

Quality Impact Assessments

At the end of July, against the full year effect target, 41% (36% in June) of CIP has passed QIA.

Recurrent CIP performance

NHSE have advised that the expectation is that 90% of organisational CIP targets will have been recurrently identified by the end of September. ESNEFT’s current position is outlined below.

| £000s | Full Year Effect | | | |
|--------------------------------|------------------|---------------|----------------|------------|
| | Target | FOT | Var | % |
| Corporate Services | 5,358 | 1,857 | -3,500 | 35% |
| Cancer and Diagnostics | 3,270 | 1,231 | -2,038 | 38% |
| Medicine Colchester | 1,979 | 1,009 | -970 | 51% |
| Medicine Ipswich | 1,899 | 1,078 | -822 | 57% |
| MSK and Specialist Surgery | 2,702 | 1,707 | -995 | 63% |
| Surgery, Gastro & Anaesthetics | 3,833 | 2,054 | -1,779 | 54% |
| Women's and Children's | 3,117 | 2,047 | -1,070 | 66% |
| Integrated Pathways | 1,861 | 895 | -965 | 48% |
| NEE Community Services | 1,382 | 1,055 | -327 | 76% |
| Trust Total | 25,401 | 12,934 | -12,466 | 51% |

Capital

Summary Capital Position at 31/07/23

The year to date position reported an actual spend of £18.057m against a plan of £32.554m

| Capital Programme | Year to date | | | Full Year | | |
|--|---------------|----------------|----------------|----------------|----------------|----------------|
| | Plan £000 | Actual £000 | Fav / (Adv) | Plan £000 | Actual £000 | Fav / (Adv) |
| Medical Equipment | 232 | 189 | 43 | 796 | 1,334 | (538) |
| Non-Medical Equipment | - | - | - | - | - | - |
| ICT | 916 | 1,165 | (249) | 14,402 | 15,170 | (768) |
| Estates & Facilities | 4,128 | 1,985 | 2,143 | 11,964 | 13,061 | (1,097) |
| Building for Better Care | 23,349 | 13,581 | 9,768 | 71,029 | 67,044 | 3,985 |
| Schemes | 4,051 | 888 | 3,163 | 15,396 | 14,753 | 643 |
| Right of Use Asset | (368) | 84 | (452) | (581) | (129) | (452) |
| PFI | - | - | - | 1,161 | 1,161 | - |
| Total Capital Programme | 32,308 | 17,891 | 14,417 | 114,167 | 112,393 | 1,774 |
| Other Adjustments: | | | | | | |
| PFI Lifecycle Costs | - | - | - | (1,161) | (1,161) | - |
| PFI Residual Interest | 246 | 246 | - | 738 | 738 | - |
| Disposals | - | (7) | 7 | (1,948) | (2,649) | 701 |
| Donated | - | (73) | 73 | (1,501) | (1,574) | 73 |
| Net Expenditure Position | 32,554 | 18,057 | 14,497 | 110,295 | 107,747 | 2,548 |
| Net CDEL (adjusted for IFRS16 impact) | | | | 110,295 | 107,747 | (2,548) |
| Performance against CDEL | | | | - | 0 | 0 |

Capital Expenditure

July's capital spend was £2.6m below plan (£5.1m expenditure incurred against £7.8m plan). The main variances were:

- Ipswich ED / UTC, including the Green Surgical Hub (GSH) was £1.1m under plan. The GSH works were profiled to commence in July however no costs have been reported to date.
- Clacton CDC. £0.6m underspend linked to revision of the expected spend profile for this scheme since the original plan assumption.
- EOC expenditure was broadly inline with plan, however was expected to be higher with catch-up on the cumulative underspend on this scheme.

The year to date position is under plan by £14.5m, and driven by the same schemes and issues:

- EOC. £6.3m. Even though this scheme was broadly on plan in July, it remains the most significant driver of the Trust's year-to-date underspend. A response is still awaited from the Trust's cost advisors Castons regarding questions (concerns about their accuracy) posed about the forecasts that have been shared by them for this development. Costs are expected to increase in the next few months reflecting the final delivery phase of the modules having occurred, and internal works commencing.
- Ipswich ED & UTC including Green Surgical Hub £3.8m. Linked to the delayed start to GSH works.
- Clacton CDC £3m. The endoscopy element of this development is not due to conclude until Nov/Dec 2023 and accounts for £1.1m. The rest is related to the core scheme, where original planning assumptions have been updated to reflect the latest forecast and now includes car park and podiatry elements.

The Trust is forecasting a break even position on capital for 2023/24, where CDEL is maximised. Since the last Investment Group the main movement in the plan has been the inclusion of the approved phase 5 of Project Thor which will provide electrical upgrades which will support the Endoscopy new build at Colchester.

When setting the capital plan, the medical equipment budget was reduced with the caveat that this would be reassessed when slippage became available. Potential slippage has now been identified (medical equipment spend is now forecast to be higher) and EBME's risk rated profile of equipment replacement requirements will be used to guide purchases.

Actual funding / CDEL has been reduced relative to the Trust's original plan as it is now anticipated that the Trust will not receive national capital funding for PACS. Matching expenditure has also been assumed to no longer be incurred and so anticipated funding continues to equal anticipated expenditure.

Cash

The Trust held cash of £71.097m at the end of July.

Cash levels are greater than had been planned due to the additional funding received in relation to the final pay award settlement for agenda for change staff. Plans were based on national tariff assumptions of a 2.1% increase in pay. The final pay award was confirmed as 5%. This amounted to approximately £9m of additional actual cash which was received in June.

As part of the Trust's monthly reporting to NHSE England liquidity metrics are now calculated based on the Trust's balance sheet. Please see the summary below, based on month 4:

| Metric | 23/24 actual final | M4 Plan | M4 Actual | 23/24 plan | 23/24 forecast |
|-----------------|--------------------|----------|-----------|------------|----------------|
| Working Capital | (11,690) | (16,889) | (13,883) | (20,807) | (20,807) |
| Current ratio | 0.92 | 0.87 | 0.91 | 0.84 | 0.84 |
| Quick ratio | 0.83 | 0.78 | 0.81 | 0.75 | 0.75 |
| Cash Ratio | 0.51 | 0.47 | 0.48 | 0.50 | 0.50 |

Liquidity measures the ability of the organisation to meet its short-term financial obligations. The current ratio compares liabilities that fall due within the year with cash balances, and assets that should turn into cash within the year. It assesses the Trust's ability to meet its short-term liabilities.

The quick ratio (acid test) recognises that inventory / stock often takes a long time to convert into cash. It therefore excludes inventory values from liquid assets.

The cash ratio is a liquidity measure that shows the Trust's ability to cover its short-term obligations using only cash and cash equivalents.

The Trust has asked NHS England if it can share the metrics for other NHS providers so that ESNEFT's relative performance in relation to liquidity can be better assessed.

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 accounts reporting.

| | YTD to M4 £000s | | | Forecast outturn £000s | | |
|---|----------------------|------------------------|--------------------------|------------------------|------------------------|--------------------------|
| | Net Expenditure Plan | Net Expenditure Actual | Net Expenditure Variance | Net Expenditure Plan | Net Expenditure Actual | Net Expenditure Variance |
| Total ICB - Surplus/(Deficit) | 883 | 883 | 0 | 2,649 | 2,649 | 0 |
| East Of England Ambulance Service NHS Trust - Surplus / (Deficit) | (16) | 31 | 47 | 51 | 51 | 0 |
| East Suffolk And North Essex NHS Foundation Trust - Surplus / (Deficit) | (2,179) | (2,044) | 135 | 0 | 0 | 0 |
| West Suffolk NHS Foundation Trust - Surplus / (Deficit) | (1,602) | (4,925) | (3,323) | (2,700) | (2,700) | 0 |
| Total ICS Surplus / (Deficit) | (2,914) | (6,055) | (3,141) | 0 | 0 | 0 |

Despite the actual cumulative position, the forecast for 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 deficit 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 the WSFT control total will be challenging. This concern is increased by their M4 results.

It is important to stress that - as emphasised in planning guidance - during 2020/21 and 2021/22, systems (ICS/B) 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.

In the East of England region, at month 4 (based on WD6 so could be subject to change) an overall adverse variance from plan of £74m was reported compared to £58m at M3. All systems reported an adverse variance year-to-date. These variances from plan, by system, are detailed below (rounded in £m):

| | |
|---|--------|
| Bedfordshire, Luton and Milton Keynes ICS | (£12m) |
| Herts and West Essex ICS | (£21m) |
| Cambridgeshire and Peterborough ICS | (£14m) |
| Mid and South Essex ICS | (£14m) |
| Norfolk and Waveney ICS | (£10m) |
| Suffolk and North East Essex ICS | (£3m) |

Workforce Dashboard

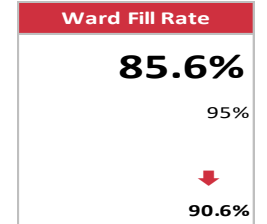
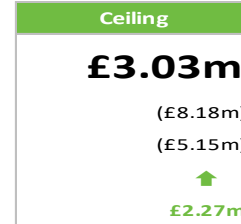
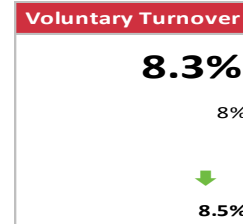
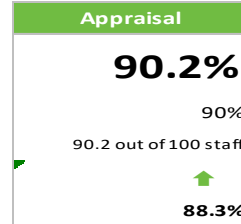
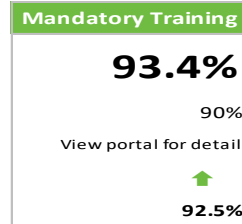
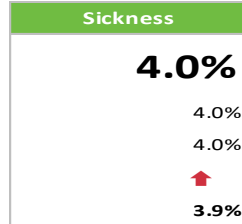
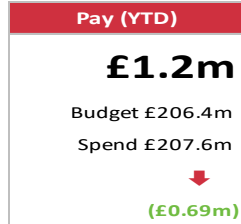
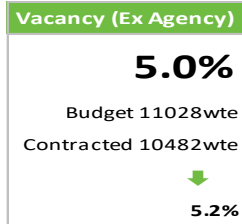
July 2023

Trust Level

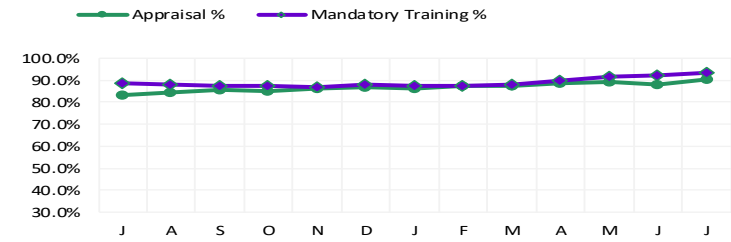
Key Metrics

Performance

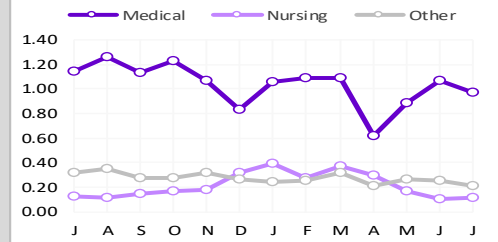
Target
Achieved
Vs Prior Month
Prior Month



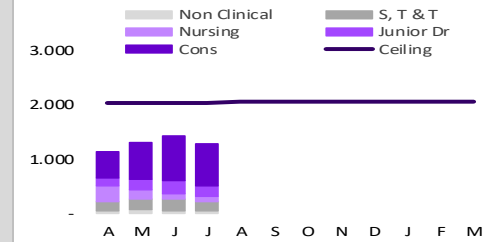
Appraisals & Mandatory Training Compliance %



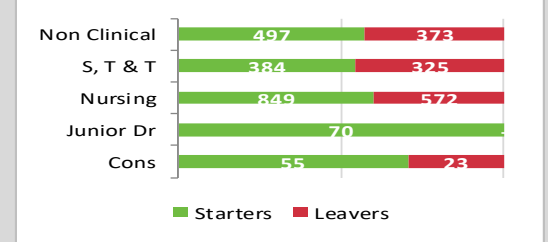
Agency Trends (ex Locum) £m



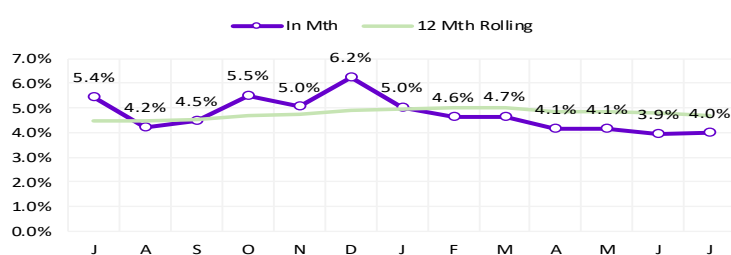
Agency Ceiling £m



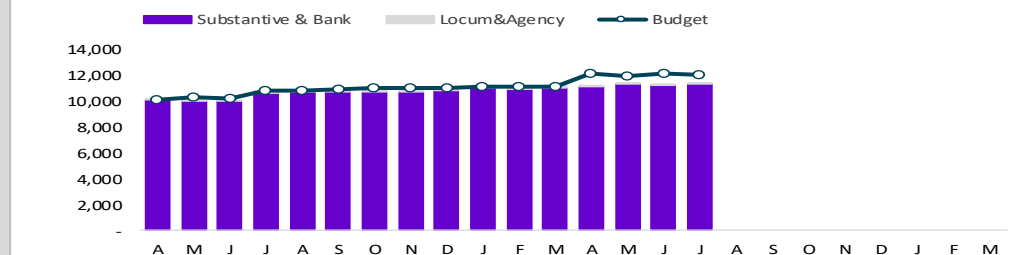
Starter - Leavers (12Mth Rolling) Headcount



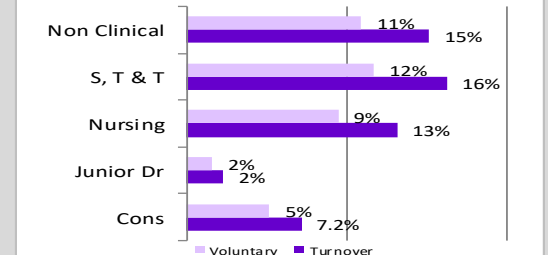
Sickness %

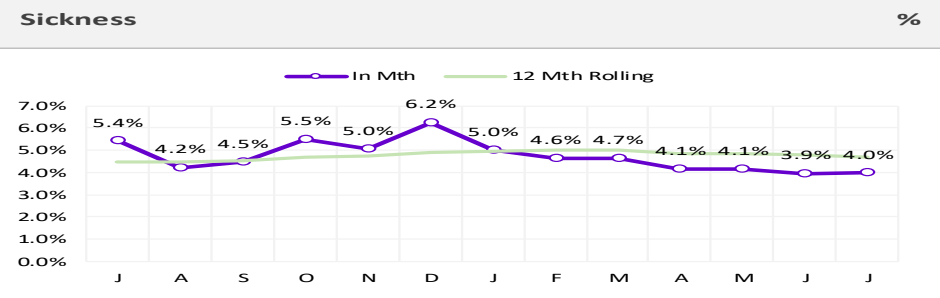
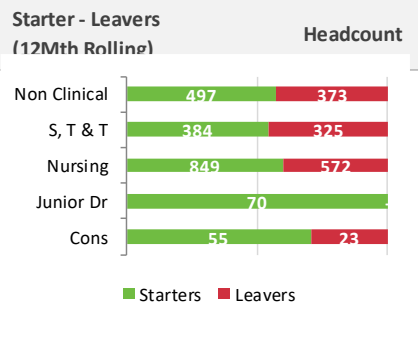
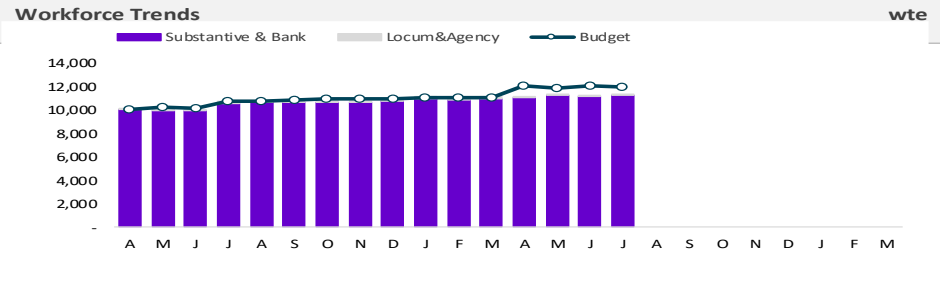


Workforce Trends wte



Turnover by Staff Group Headcount





Commentary

Recruitment

In July, the number of staff in post increased to 10,482 WTE (June 10,427. The Trust’s rolling voluntary turnover for July was 8.3% (June 8.5%)

The Trust continues to have more starters than leavers overall in the majority of clinical groups and remains 109 WTE ahead of plan in respect of our workforce trajectory.

International Nurse recruitment: Apr 2023-March 2024 - 120 RNs to commence. 17 International Nurses arrived in August.

Consultant vacancies reduced to 32 WTE due to recent appointments to Oncology, Paediatrics & Ophthalmology. 15 Consultants are going through on-boarding. AAC’s planned in September for Paediatrics, Acute Medicine, Gastroenterology & Oncology. There are 6 SAS vacancies.

M4 - Agency spend @ £1.2m (£1.03m on Medical Locums). 2023-24 NHSE Agency ceiling confirmed as £18m. M4 - Bank spend @ £5.06m Direct engagement VAT savings (Medical) M4 £56k. YTD savings £263k

Sickness

Sickness absence in July was 4.0% and was compliant against the Trust target of 4%. The main reason for absence is due to stress, anxiety and depression and we saw a further decrease in sickness absence due to Coughs, colds and flu (including COVID-19) (16.07% in June v 13.79% in July).

The number of FTE days lost due to sickness remains higher for short term sickness (54.99%) than long term sickness (45.01%).

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.

Risks & Mitigating Actions

Recruitment, Resourcing and Planning

There has been an increase in the number of establishment (31.3 WTE) however vacancies remain at 5.0% and the Trust remains ahead of planned recruitment, with fewer leavers and a higher number of new staff recruited across months 1-4.

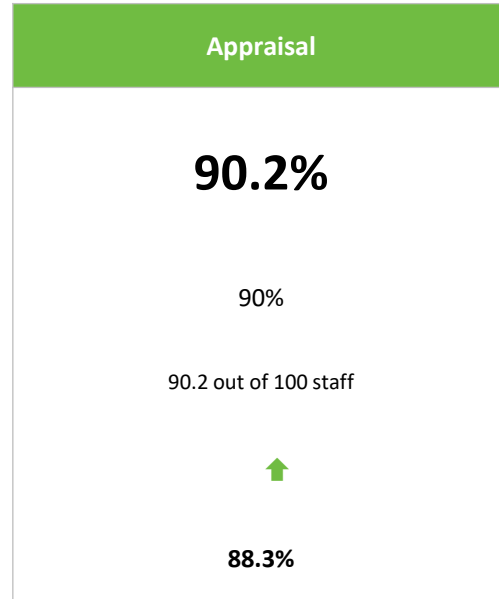
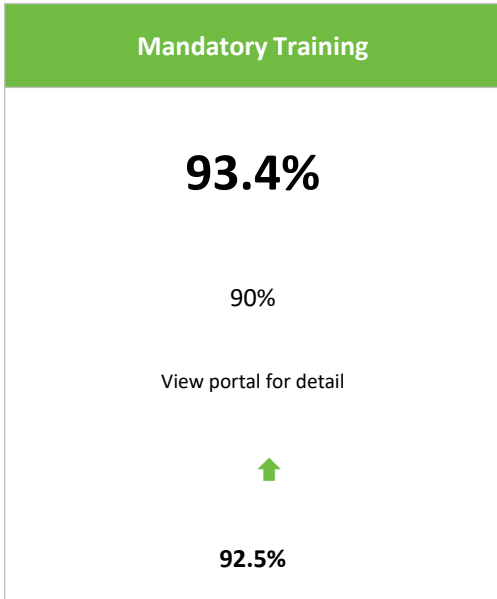
Newly qualified recruitment events held at both acute sites. 97 students offered posts. 3 students still to be placed (4 late applications).

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

Sickness

Bitesize training sessions focussed on absence are 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, offsite Staff Wellbeing day arranged and sleep course rolled since July. 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-19.



Commentary

Mandatory Training

July’s compliance rate increased to 93.4%, from 92.5% in July and has increased for the fifth consecutive month, remaining above the 90% target. Compliance exceeded 90% in all divisions in July.

Information Governance compliance increased to 91.9%, and focused work continues to increase compliance further.

The education team have worked with medical staffing on bank doctor compliance, providing training records, updates and reviewing and uploading certificates supplied where possible. This has taken considerable resource and focus within the team

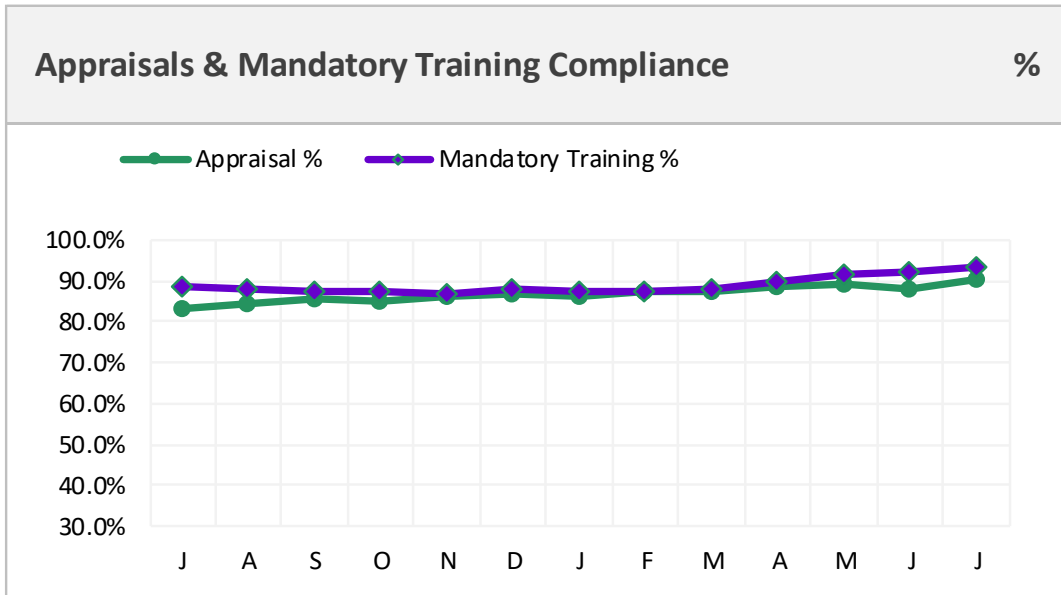
Appraisal

July’s compliance rate increased to 90.2%, from 88.3% in June.

Band 7 and above appraisals currently stand with the following compliance rate, completed since 1 April 2023:

| | | | | | | | | | |
|------------|-------------|------------|----------------|----------------|------------|--------------|----------------|----------------|------------|
| 57.37% | 52.98% | 85.44% | 59.85% | 60.17% | 60.48% | 76.12% | 15.38% | 74.39% | 66.67% |
| C&D App. % | Corp App. % | INT App. % | Med COL App. % | Med IPH App. % | MSK App. % | NEECS App. % | Non Div App. % | Surgery App. % | W&C App. % |

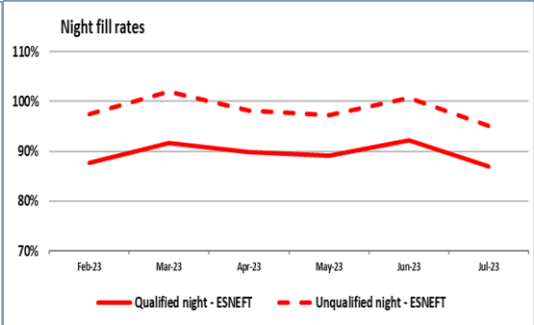
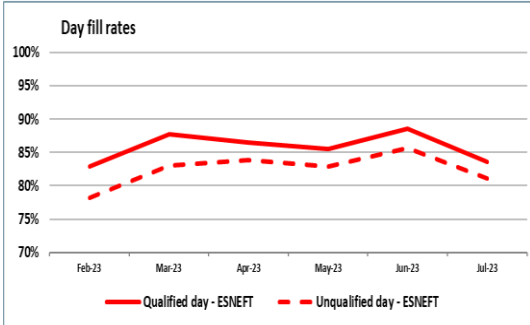
The drive to complete band 7 and below appraisals commenced from July with the aim to complete them before end of October. Supportive 360 degree Leadership appraisals will be launched in November which will enhance the appraisal process further



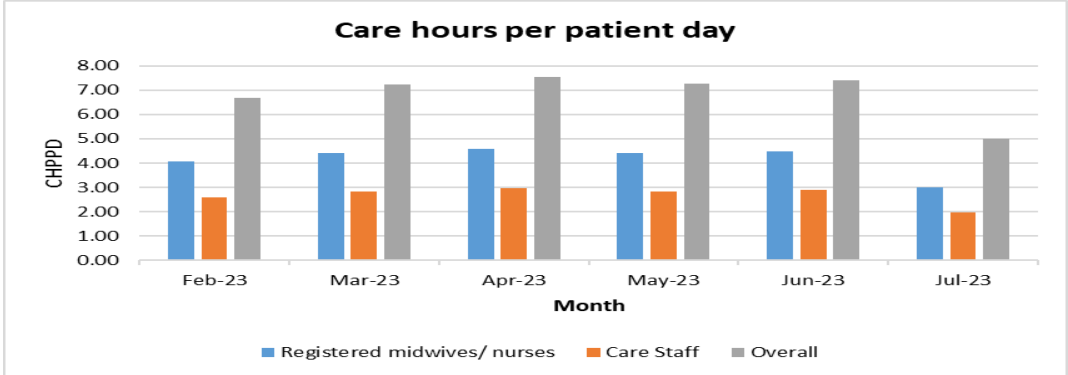
Nursing, Midwifery and AHP Workforce Update

Fill Rates (including care hours per patient day)

| | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 |
|---------------------------------|--------|--------|--------|--------|--------|--------|
| Qualified day - ESNEFT | 83.0% | 87.8% | 86.4% | 85.5% | 88.5% | 83.6% |
| Qualified night - ESNEFT | 87.7% | 91.6% | 89.8% | 89.1% | 92.1% | 86.9% |
| Unqualified day - ESNEFT | 78.2% | 83.0% | 83.9% | 82.8% | 85.7% | 81.1% |
| Unqualified night - ESNEFT | 97.4% | 102.0% | 98.2% | 97.3% | 100.6% | 95.0% |
| Overall (average) fill - ESNEFT | 85.2% | 89.8% | 88.5% | 87.6% | 90.6% | 85.6% |



| Care hours per patient day | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 |
|-----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Registered midwives/ nurses | 4.08 | 4.40 | 4.60 | 4.42 | 4.50 | 3.02 |
| Care Staff | 2.60 | 2.82 | 2.96 | 2.84 | 2.89 | 1.98 |
| Overall | 6.68 | 7.23 | 7.56 | 7.26 | 7.39 | 5.00 |



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. There are currently 21 internal HCSW looking to start OSCE in the next 12 months, 7 have undertaken or started their OSCE and 2 are due to join Cohort 15 in August. 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 AHPs and provide robust ongoing pastoral care.

Risks & Mitigating Actions

Annual Safer staffing review:

Our new acuity lead has started within their role and planning for the Bi-annual acuity review is currently underway, this is scheduled for August and will run for 5 weeks. A meeting has been set for over 80 identified areas in line with NHS England establishment review guidance.

The Community teams for both North East Essex and East Suffolk are completing a second pilot week using the Community Nursing Safer Staffing Tool (CNSST) following an unsuccessful first attempt. It was identified that the complexity of the patients was not recorded accurately. This has been mitigated by additional staff training prior to the second attempt.

Emergency departments at both Colchester and Ipswich Hospitals have piloted a week using a recommended SNCT paper tool specific to their requirements.

HCA retention

The trust are awaiting the final digital award pack following receipt of 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.

Collaborative working is underway to implement the HCSW Academy. Following 2 assessment days in July 21 HCSW will be commencing on the first cohort in September.

Due to the low vacancy rates and low turnover among HCSW, taster days are currently on hold with the HCSW academy being the main pipeline for this staff group. Workforce team will liaise with recruitment monthly to identify if and when these days should be recommended.

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.

POD Profiles - Trust Level

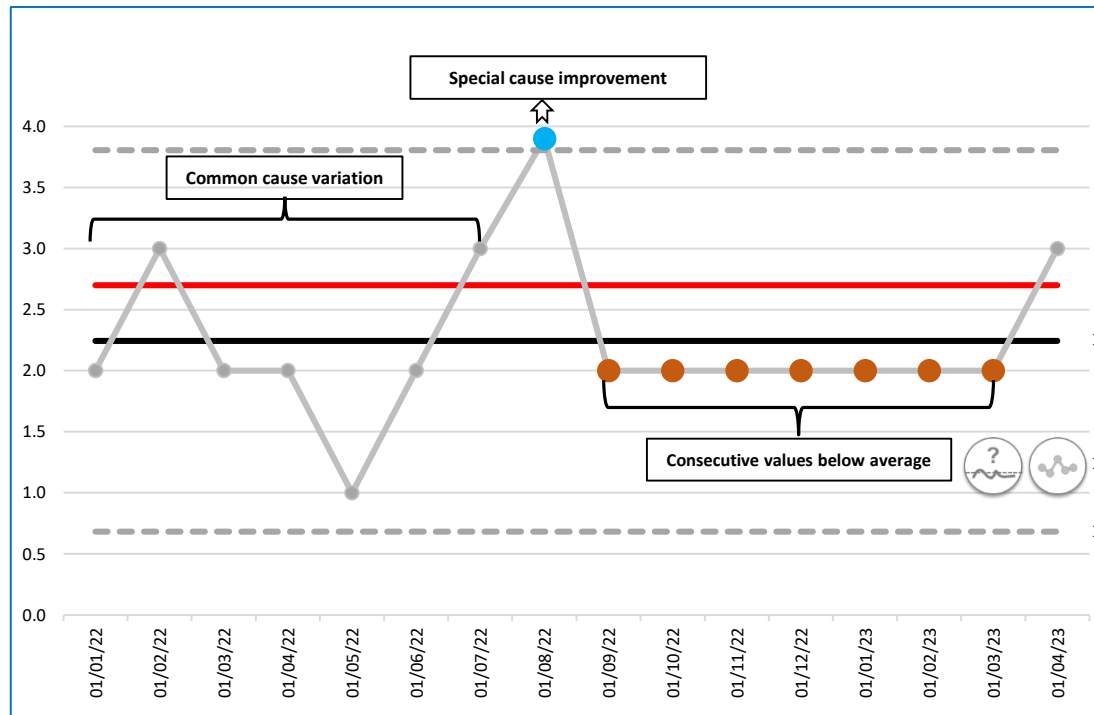
| | Jul 22 | Aug 22 | Sep 22 | Oct 22 | Nov 22 | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 | Jul 23 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| All Staff | | | | | | | | | | | | | |
| Headcount | 11,679 | 11,851 | 11,807 | 11,833 | 11,821 | 11,804 | 11,844 | 11,901 | 11,858 | 11,983 | 11,945 | 11,974 | 11,806 |
| Establishment (including agency) | 10,890 | 11,018 | 11,127 | 11,180 | 11,133 | 11,265 | 11,347 | 11,363 | 11,394 | 10,907 | 10,937 | 10,997 | 11,028 |
| In post | 10,194 | 10,128 | 10,186 | 10,222 | 10,287 | 10,319 | 10,357 | 10,419 | 10,416 | 10,431 | 10,433 | 10,427 | 10,482 |
| Vacancy | 697 | 889 | 941 | 958 | 846 | 945 | 990 | 945 | 978 | 477 | 503 | 569 | 546 |
| Vacancy % | 6.4% | 8.1% | 8.5% | 8.6% | 7.6% | 8.4% | 8.7% | 8.3% | 8.6% | 4.4% | 4.6% | 5.2% | 5.0% |
| Establishment (excluding agency) | 10,632 | 10,671 | 10,810 | 10,858 | 10,921 | 10,949 | 11,011 | 11,079 | 10,812 | 10,907 | 10,937 | 10,997 | 11,028 |
| Vacancy (excluding agency) | 438 | 542 | 624 | 636 | 634 | 629 | 654 | 660 | 395 | 477 | 503 | 569 | 546 |
| Vacancy % (excluding agency) | 4.1% | 5.1% | 5.8% | 5.9% | 5.8% | 5.7% | 5.9% | 6.0% | 3.7% | 4.4% | 4.6% | 5.2% | 5.0% |
| Turnover | | | | | | | | | | | | | |
| ¹ Turnover (12 Month) | 12.1% | 12.0% | 12.3% | 12.0% | 11.6% | 11.6% | 11.5% | 11.5% | 11.5% | 11.4% | 11.2% | 11.3% | 11.2% |
| ¹ Voluntary Turnover (12 Month) | 9.1% | 9.0% | 9.2% | 9.0% | 8.9% | 8.9% | 8.8% | 8.8% | 8.8% | 8.6% | 8.4% | 8.5% | 8.3% |
| ¹ Starters (to Trust) | 132 | 159 | 177 | 195 | 162 | 125 | 186 | 160 | 147 | 169 | 143 | 121 | 111 |
| ¹ Leavers (from Trust) | 116 | 133 | 117 | 125 | 116 | 113 | 107 | 83 | 147 | 106 | 89 | 103 | 114 |
| Sickness | | | | | | | | | | | | | |
| % In Mth | 5.4% | 4.2% | 4.5% | 5.5% | 5.0% | 6.2% | 5.0% | 4.6% | 4.7% | 4.1% | 4.1% | 3.9% | 4.0% |
| WTE Days Absent In Mth | 16,810 | 13,134 | 13,479 | 17,265 | 15,339 | 19,741 | 15,917 | 13,343 | 14,941 | 12,830 | 13,337 | 12,316 | 12,861 |
| Mandatory Training & Appraisal Compliance | | | | | | | | | | | | | |
| Mandatory Training | 88.4% | 87.8% | 87.4% | 87.2% | 87.0% | 87.9% | 87.5% | 87.3% | 87.9% | 89.8% | 91.4% | 92.5% | 93.4% |
| Appraisal | 83.0% | 84.2% | 85.6% | 85.3% | 86.4% | 86.9% | 86.4% | 87.3% | 87.7% | 88.4% | 89.3% | 88.3% | 90.2% |
| Temporary staffing as a % of spend | | | | | | | | | | | | | |
| Substantive Pay Spend | 40,232 | 41,591 | 45,661 | 43,046 | 42,008 | 42,126 | 42,810 | 42,585 | 64,961 | 44,376 | 46,535 | 46,131 | 45,517 |
| Overtime Pay Spend | 162 | 163 | 233 | 164 | 153 | 145 | 162 | 166 | 173 | 188 | 180 | 176 | 166 |
| Bank Pay Spend | 4,343 | 4,475 | 5,414 | 4,346 | 4,588 | 4,515 | 5,024 | 4,595 | 7,317 | 4,429 | 5,073 | 4,580 | 5,065 |
| Agency Pay Spend | 1,572 | 1,718 | 1,552 | 1,669 | 1,562 | 1,406 | 1,682 | 1,611 | 1,777 | 1,129 | 1,310 | 1,424 | 1,287 |
| Total Pay Spend | 46,309 | 47,947 | 52,860 | 49,224 | 48,311 | 48,192 | 49,679 | 48,957 | 74,228 | 50,122 | 53,097 | 52,311 | 52,035 |
| Agency & Bank % | 12.8% | 12.9% | 13.2% | 12.2% | 12.7% | 12.3% | 13.5% | 12.7% | 12.3% | 11.1% | 12.0% | 11.5% | 12.2% |
| Agency % | 3.4% | 3.6% | 2.9% | 3.4% | 3.2% | 2.9% | 3.4% | 3.3% | 2.4% | 2.3% | 2.5% | 2.7% | 2.5% |
| Nurse staffing fill rate | | | | | | | | | | | | | |
| % Filled | 84.0% | 86.2% | 87.2% | 81.3% | 86.9% | 85.9% | 85.6% | 85.2% | 89.8% | 88.5% | 87.6% | 90.6% | 85.6% |

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

| | Jul 22 | Aug 22 | Sep 22 | Oct 22 | Nov 22 | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 | Jul 23 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Nursing (Qualified) - excluding Midwives | | | | | | | | | | | | | |
| Establishment (including agency) | 3,105 | 3,140 | 3,177 | 3,183 | 3,211 | 3,244 | 3,268 | 3,265 | 3,285 | 3,660 | 3,483 | 3,472 | 3,448 |
| In post | 2,988 | 3,003 | 3,009 | 3,007 | 3,032 | 3,020 | 3,021 | 3,018 | 3,038 | 3,010 | 3,031 | 3,047 | 3,025 |
| Vacancy | 117 | 137 | 167 | 176 | 179 | 224 | 247 | 247 | 247 | 650 | 452 | 425 | 422 |
| Vacancy % | 3.8% | 4.4% | 5.3% | 5.5% | 5.6% | 6.9% | 7.6% | 7.6% | 7.5% | 17.8% | 13.0% | 12.2% | 12.3% |
| Nursing (Band 5) - excluding Midwives | | | | | | | | | | | | | |
| Establishment (including agency) | 1,497 | 1,497 | 1,540 | 1,554 | 1,548 | 1,563 | 1,567 | 1,566 | 1,570 | 2,003 | 1,827 | 1,787 | 1,786 |
| In post | 1,483 | 1,492 | 1,486 | 1,476 | 1,485 | 1,472 | 1,450 | 1,436 | 1,446 | 1,438 | 1,447 | 1,470 | 1,445 |
| Vacancy | 15 | 4 | 54 | 78 | 63 | 91 | 116 | 130 | 124 | 565 | 380 | 316 | 341 |
| Vacancy % | 1.0% | 0.3% | 3.5% | 5.0% | 4.1% | 5.8% | 7.4% | 8.3% | 7.9% | 28.2% | 20.8% | 17.7% | 19.1% |
| Nursing (Band 4) | | | | | | | | | | | | | |
| In post Band 4 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| In post Band 4 Pre Reg | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Nursing (Apprentice, B2 & B3) | | | | | | | | | | | | | |
| Establishment (including agency) | 1,294 | 1,329 | 1,365 | 1,342 | 1,343 | 1,357 | 1,378 | 1,388 | 1,385 | 1,435 | 1,462 | 1,459 | 1,448 |
| In post | 1,142 | 1,139 | 1,128 | 1,126 | 1,128 | 1,149 | 1,161 | 1,186 | 1,209 | 1,247 | 1,254 | 1,251 | 1,238 |
| Vacancy | 152 | 191 | 238 | 216 | 215 | 208 | 217 | 202 | 176 | 188 | 208 | 208 | 210 |
| Vacancy % | 11.7% | 14.3% | 17.4% | 16.1% | 16.0% | 15.3% | 15.8% | 14.5% | 12.7% | 13.1% | 14.2% | 14.3% | 14.5% |
| Consultants | | | | | | | | | | | | | |
| Establishment (including agency) | 512 | 510 | 511 | 513 | 511 | 511 | 512 | 512 | 516 | 520 | 521 | 525 | 525 |
| In post | 449 | 457 | 456 | 460 | 460 | 461 | 460 | 465 | 469 | 473 | 471 | 472 | 474 |
| Vacancy | 64 | 54 | 55 | 53 | 51 | 50 | 53 | 48 | 47 | 47 | 50 | 53 | 51 |
| Vacancy % | 12.4% | 10.5% | 10.8% | 10.3% | 10.0% | 9.8% | 10.3% | 9.3% | 9.2% | 9.1% | 9.6% | 10.1% | 9.7% |
| Junior Medical | | | | | | | | | | | | | |
| Establishment (including agency) | 730 | 750 | 786 | 777 | 783 | 770 | 767 | 778 | 775 | 823 | 824 | 820 | 828 |
| In post | 699 | 832 | 756 | 754 | 742 | 750 | 742 | 750 | 758 | 757 | 757 | 764 | 760 |
| Vacancy | 32 | (82) | 30 | 24 | 41 | 20 | 25 | 27 | 17 | 67 | 67 | 56 | 68 |
| Vacancy % | 4.3% | -10.9% | 3.8% | 3.0% | 5.2% | 2.6% | 3.3% | 3.5% | 2.2% | 8.1% | 8.1% | 6.8% | 8.2% |
| Scientific, Technical and Therapeutic | | | | | | | | | | | | | |
| Establishment (including agency) | 2,170 | 2,172 | 2,166 | 2,161 | 2,173 | 2,195 | 2,237 | 2,229 | 2,233 | 2,290 | 2,284 | 2,343 | 2,295 |
| In post | 1,959 | 1,957 | 1,996 | 2,005 | 2,008 | 2,027 | 2,041 | 2,040 | 2,043 | 2,027 | 2,024 | 2,029 | 2,032 |
| Vacancy | 211 | 216 | 170 | 155 | 165 | 168 | 196 | 189 | 191 | 263 | 260 | 313 | 263 |
| Vacancy % | 9.7% | 9.9% | 7.9% | 7.2% | 7.6% | 7.6% | 8.8% | 8.5% | 8.5% | 11.5% | 11.4% | 13.4% | 11.5% |

| | | | | | |
|--------|--|---------|---|----------|--|
| 2WW | 2 Week Wait | FGR | Fetal Growth Restriction | NRLS | National Reporting and Learning System |
| AAR | After Action Review | FTE | Full Time Equivalent | ODP | Operating Department Practitioner |
| AF | Accountability Framework | FYE | Full Year Effect | OMFS | Oral & Maxillofacial Surgery |
| AHP | Allied Health Professional | GDM | Gestational Diabetes Mellitus | OPD | Outpatient department |
| AMD | Associate Medical Director | GIRFT | Getting It Right First Time | OSCE | Objective Structured Clinical Examination |
| ANDU | Antenatal Day Unit | HALO | Hospital Ambulance Liaison Officer | OT | Occupational Therapist |
| APGAR | Appearance, Pulse, Grimace, Activity and Respiration | HCSW | Health Care Support Worker | PACS | Picture Archiving Communications System |
| ARU | Anglia Ruskin University | HIE | Hypoxic-ischaemic encephalopathy | PALS | Patient Advice and Liaison Service |
| ATAIN | Avoiding Term Admissions Into Neonatal Units | HOHA | Healthcare Onset Healthcare Associated | PAS | Patient Administration System |
| BAPM | British Association of Perinatal Medicine | HSIB | Healthcare Safety Investigation Branch | PDSA | Plan, Do, Study, Act |
| BAU | Business as Usual | HSMR | Hospital Standardised Mortality Ratio | PERIPrem | Perinatal Excellence to Reduce Injury in Premature Birth |
| BSOTS | Birmingham Symptom Specific Obstetric Triage System | I&E | Income & Expenditure | PMO | Programme Management Office |
| CCG | Clinical Commissioning Group | ICB | Integrated Care Board | PNMHT | Perinatal Mental Health Team |
| CCU | Critical Care Unit | IH | Ipswich Hospital | POCU | Post Operative Care Unit |
| CDC | Community Diagnostic Centres | IP&C | Infection Prevention & Control | PPH | Postpartum haemorrhage |
| CDEL | Capital Departmental Expenditure Limit | IPC | Infection Prevention & Control | PROMPT | Practical Obstetric Multi-professional Training |
| CDG | Clinical Delivery Group | IST | Intensive Support Team | PSII | Patient Safety Incident Investigation |
| CDH | Community Diagnostic Hub | ITU | Intensive Treatment Unit | PSIRP | Patient Safety Incident Response Plan |
| CGH | Colchester General Hospital | IUD | Intrauterine Device | PSR | Patient Safety Response |
| CIP | Cost Improvement Plan | K2 | Learning Package for Midwives | PW1 | To intermediate care & reablement services at home |
| CLC | Consultant Led Care | KPI | Key Performance Indicator | PW2 | To residential care within the independent & community sector. |
| CNST | Clinical Negligence Scheme for Trusts | LD | Learning Disabilities | PW3 | To nursing care within the independent sector. |
| CO | Carbon monoxide | LFT | Lateral Flow Test | QI | Quality Improvement |
| COC | Continuity of Care | LLOS | Long length of stay | QIA | Quality Impact Assessment |
| COHA | Community Onset Healthcare Associated | LMNS | Local Maternity and Neonatal System | RCA | Root Cause Analysis |
| CQC | Care Quality Commission | LMNSB | Local Maternity and Neonatal System Board | RCOG | Royal College of Obstetrics & Gynaecology |
| CQUIM | Clinical Quality Improvement Metrics | LocSSIP | Local Safety Standards for Invasive Procedures | REACT | Reactive Emergency Assessment Community Team |
| CT | Computerised Tomography | LOS | Length of Stay | RFM | Reduced Fetal Movement |
| CTG | Cardiotocography | MASD | Moisture-Associated Skin Damage | RTT | Referral to Treatment |
| CYE | Current Year Effect | MBRRACE | Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries | SBLCBv2 | Saving Babies Lives Care Bundle v2 |
| DAM | Divisional Accountability Meeting | MCCR | My Care Choices Register | SDEC | Same Day Emergency Care |
| DEXA | Dual energy X-ray absorptiometry | MDT | Multidisciplinary Team | SHMI | Summary Hospital Mortality Indicator |
| DFI | Doctor Foster Intelligence | MH | Mental health | SJR | Structured Judgement Review |
| DM01 | Diagnostics Waiting Times and Activity | MHLT | Mental Health Liaison Team | SLT | Speech & Language Therapist |
| DMT | Divisional Management Team | MIS | Maternity Incentive Scheme | SNCT | Safer Nursing Care Tool |
| DNACPR | Do Not Attempt Cardiopulmonary Resuscitation | MLC | Midwifery Led Care | SNEE | Suffolk & North East Essex |
| DOC | Duty of Care | MNVP | Maternity and Neonatal Partnership | SOF | Single Oversight Framework |
| EAU | Emergency Assessment Unit | MRI | Magnetic Resonance Imaging | SPC | Statistical Process Control |
| ECC | Essex County Council | MSDS | Maternity Services Data Set | SUS | Secondary Uses Service |
| EDS | Electronic Discharge System | MSK | Musculoskeletal | TOCH | Transfer of Care Hub |
| EEAST | East of England Ambulance Service | MUST | Malnutrition Universal Screening Tool | TVN | Tissue Viability Nurse |
| EMC | Executive Management Committee | MVP | Maternity Voices Partnership | UEC | Urgent & Emergency Care |
| EOC | Elective Orthopaedic Centre | NEE | North East Essex | UTC | Urgent Treatment Centre |
| EOL | End of Life | NEECS | North East Essex Community Services | VBAC | Vaginal Birth After Caesarean |
| EPR | Electronic Patient Record | NHSP | NHS Professionals | VTE | Venous thromboembolism |
| EPUT | Essex Partnership University NHS Foundation Trust | NHSR | NHS Resolution | W&C | Women's & Children's |
| ERF | Elective Recovery Fund | NICU | Neonatal Intensive Care Unit | WSFT | West Suffolk Foundation Trust |
| FDS | Faster Diagnosis Standard | NMPA | National Maternity and Perinatal Audit | WTE | Whole Time Equivalent |
| FFT | Friends and Family Test | NNU | Neonatal Unit | YTD | Year to Date |



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 |