



Month 6
(September)

Performance report

East Suffolk and North Essex NHS Foundation Trust
Board of Directors

	Page
Glossary	2
Introduction	3
Single Oversight Framework	4 – 5
Accountability Framework and DAMs	6
Spotlight Reports	7 – 28
Performance Report	29 – 43
Finance and Use of Resources	44 – 49
Well-led	50 – 55
How to read an SPC chart	56



2WW	2 Week Wait	HALO	Hospital Ambulance Liaison Officer	OP	Outpatients
A&G	Advice & Guidance	HCSW	Health Care Support Worker	OPA	Outpatient Appointment
AF	Accountability Framework	HIE	Hypoxic-ischaemic encephalopathy	OPD	Outpatient department
AHP	Allied Health Professional	HOHA	Healthcare Onset Healthcare Associated	OSCE	Objective Structured Clinical Examination
AMD	Associate Medical Director	HSIB	Healthcare Safety Investigation Branch	OT	Occupational Therapist
ANDU	Antenatal Day Unit	HSMR	Hospital Standardised Mortality Ratio	PALS	Patient Advice and Liaison Service
APGAR	Appearance, Pulse, Grimace, Activity and Respiration	I&E	Income & Expenditure	PAS	Patient Administration System
ARU	Anglia Ruskin University	IA	Industrial Action	PERIPREM	Perinatal Excellence to Reduce Injury in Premature Birth
ATAIN	Avoiding Term Admissions Into Neonatal Units	ICB	Integrated Care Board	PHE	Public Health England
CCG	Clinical Commissioning Group	IES	Ipswich & East Suffolk	PIDMAS	Patient Initiated Digital Mutual Aid System
CCU	Critical Care Unit	IH	Ipswich Hospital	POCT	Point of Care Testing
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	K2	Learning Package for Midwives	PSIRF	Patient Safety Incident Response Framework
CDH	Community Diagnostic Hub	KPI	Key Performance Indicator	PSIRP	Patient Safety Incident Response Plan
CGH	Colchester General Hospital	LD	Learning Disabilities	PSR	Patient Safety Response
CIP	Cost Improvement Plan	LFT	Lateral Flow Test	PTL	Patient Tracking List
CLC	Consultant Led Care	LGI	Lower Gastrointestinal	PU	Pressure Ulcer
CNS	Clinical Nurse Specialist	LLOS	Long length of stay	PW1	To intermediate care & reablement services at home
CNST	Clinical Negligence Scheme for Trusts	LMNS	Local Maternity and Neonatal System	PW2	To residential care within the independent & community sector.
CO	Carbon monoxide	LMNSB	Local Maternity and Neonatal System Board	PW3	To nursing care within the independent sector.
COC	Continuity of Care	M&M	Morbidity & Mortality	QI	Quality Improvement
COHA	Community Onset Healthcare Associated	MASD	Moisture-Associated Skin Damage	QIA	Quality Impact Assessment
COPD	Chronic obstructive pulmonary disease	MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries	RCA	Root Cause Analysis
CQC	Care Quality Commission	MCCD	Medical Certificate Cause of Death	RCOG	Royal College of Obstetrics & Gynaecology
CT	Computerised Tomography	MDT	Multidisciplinary Team	RES	Routine Elective Services
CTG	Cardiotocography	ME	Medical Examiner	ROTEM	Point-of-care device used to help detect, manage and monitor haemostasis
CUSUM	Cumulative Sum	MEO	Medical Examiners Office	RTT	Referral to Treatment
DAM	Divisional Accountability Meeting	MH	Mental health	SBLCBv2	Saving Babies Lives Care Bundle v2
DCL	Discharge Lounge	MHLT	Mental Health Liaison Team	SDEC	Same Day Emergency Care
DEXA	Dual energy X-ray absorptiometry	MIS	Maternity Incentive Scheme	SHMI	Summary Hospital Mortality Indicator
DFI	Doctor Foster Intelligence	MLC	Midwifery Led Care	SLT	Speech & Language Therapist
DM01	Diagnostics Waiting Times and Activity	MSK	Musculoskeletal	SNEE	Suffolk & North East Essex
DMT	Divisional Management Team	MUST	Malnutrition Universal Screening Tool	SOF	Single Oversight Framework
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	MVP	Maternity Voices Partnership	SPC	Statistical Process Control
DOC	Duty of Care	NCEPOD	National Confidential Enquiry into Patient Outcome and Death	SUS	Secondary Uses Service
DTI	Deep Tissue Injury	NEE	North East Essex	T&O	Trauma & Orthopaedics
EEAST	East of England Ambulance Service	NEECS	North East Essex Community Services	TCI	Appointment Booked (To Come In)
EOC	Elective Orthopaedic Centre	NHSE	NHS England	TMT	Tomorrows Work Today
EOE	East of England	NHSP	NHS Professionals	TOCH	Transfer of Care Hub
EOL	End of Life	NHSR	NHS Resolution	TVN	Tissue Viability Nurse
EPIC	Electronic Health Records	NICU	Neonatal Intensive Care Unit	UEC	Urgent & Emergency Care
EPR	Electronic Patient Record	NMFFD	Not Medically Fit for Discharge	UTC	Urgent Treatment Centre
ERF	Elective Recovery Fund	NMPA	National Maternity and Perinatal Audit	VBAC	Vaginal Birth After Caesarean
FBC	Full Business Case	NNU	Neonatal Unit	VTE	Venous thromboembolism
FFT	Friends and Family Test	NOF	Neck of Femur	WSFT	West Suffolk Foundation Trust
FGR	Fetal Growth Restriction	NRLS	National Reporting and Learning System	WSH	West Suffolk Hospital
FTE	Full Time Equivalent	ODP	Operating Department Practitioner	WTE	Whole Time Equivalent
GIRFT	Getting It Right First Time	OMFS	Oral & Maxillofacial Surgery	YTD	Year to Date
GSH	Green Surgical Hub	ONS	Office for National Statistics		

This month's performance report provides detail of the September 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 August's performance were cancelled due to industrial action.

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

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

Quality : Safe, Effective & Caring									
Indicator	Domain	Frequency	Target / Standard	Jul-23	Aug-23	Sep-23	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	n/a	136	121	135	↑		Overall complaint numbers for ESNEFT in September were 135. Colchester reported 47 (62) complaints and Ipswich reported 88 (62).
Never Events	Safe	M	0	1	1	0	↓		There were no never events reported in September. There was 1 never event reported in August related to a patient who fell from a ground floor window. There was also 1 never event was reported in July where an initial incision was done on the wrong knee.
Mixed sex accommodation Breaches	Caring	M	0	63	188	120	↓		The high number of breaches recorded has been added to divisional risk registers.
F&F: Inpatients % Recommending	Caring	M	90%	94.1%	92.3%	93.2%	↑		
F&F: % Recommending - A&E	Caring	M	90%	85.7%	84.6%	84.2%	↓		
Maternity scores from Friends and Family Test – % positive :									
F&F: Birth % Recommending	Caring	M	90%	90.0%	100.0%	93.3%	↓		
F&F: Post Natal Ward % Recommending	Caring	M	90%	93.0%	98.2%	95.0%	↓		
VTE Risk Assessments	Safe	M	95%	63.8%	53.1%	51.8%			
C.Diff Infection: Hospital (Total)	Safe	M	0	8	14	8	↓		There were 8 C.difficile cases reported in September. There were 3 on the Ipswich site - all HOHA and 5 on the Colchester site (4 HOHA, 1 COHA).
MRSA Bacteraemia: Hospital	Safe	M	0	1	1	0	↓		There was 1 case of community onset healthcare associated MRSA bacteraemia in August on ED/Peldon ward on the Colchester site. There was also 1 case in July 2023, on the Ipswich site on ED/Shotley ward.
HSMR (DFI Published - By Month Data Available)	Effective	Q	100.0	107.3	109.3	108.9	↓		
HSMR Weekend (By Month Data Available)	Effective	Q	100.0	114.1	116.5	118.7	↑		
Summary Hospital Mortality Indicator	Effective	Q	1.00	1.081	1.084	1.101	↑		12 mths to April 2023. This is 'as expected' when compared to the previous annual position (March 2023 data) of 1.084.

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Jul-23	Aug-23	Sep-23	Mov't	Trend	Comments
A&E: Total Wait - 4 Hour Performance	Responsive	M	76.0%	76.2%	72.2%	74.6%	↑		A&E waiting time performance based on economy. Performance for September 2023 was 76.4% for NEE, and 71.4% for IES.
RTT: Incomplete pathway >65 weeks	Responsive	M	0	853	995	968	↓		
Cancer: 62 days Urgent GP Ref to 1st Treatment	Responsive	M	85.0%	76.7%	72.5%	69.0%	↓		
Cancer: 28 Day Faster Diagnosis Standard	Responsive	M	75.0%	67.7%	61.0%	64.1%	↑		
Diagnostics: % Patients waiting 6 weeks or longer	Responsive	M	5.0%	5.2%	7.6%	8.8%	↑		

Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Jul-23	Aug-23	Sep-23	Mov't	Trend	Comments
Absence- Total	Well-Led	M	4.0%	4.0%	4.3%	4.7%	↑		Short term sickness 2.68%, long term sickness 1.98%
Staff turnover	Well-led	M	tbc	8.3%	8.2%	8.0%	↓		Voluntary turnover.
Executive team turnover	Well-led	M	tbc	0	0	0	→		
Proportion of temporary staff (Bank)	Well-led	Q	tbc	2.5%	2.3%	1.7%	↓		Bank & Agency staff 11.3%.
CIP Forecast Outturn to plan (variance fav/(adv))	Use of Resources	M	0	(10,973)	(10,317)	0	↑		
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Jul-23	Aug-23	Sep-23	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	0	3	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	Jul-23	Aug-23	Sep-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 5 (August performance)

Divisional Accountability Meetings to discuss August's performance were cancelled due to industrial action taken by doctors.

Clinical divisions performance

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

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

Corporate performance

- The overall score for Governance and Research & Innovation improved from a 3 to a 4 in the month.
- Communications, Faculty of Education, Finance & Information, HR and ICT maintained a score of 3, while Medical Director deteriorated from a 4 to a 3 in the month.
- Estates & Facilities and Nursing maintained a score of 2 in August.

	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	→	↘	3	2	↓	↘	4	3	↓	↘	4	3	↓	↘	2	2	→	↘	3	3	→	↘	3	4	↑	↘
Use of Resources	4	4	→	↘	1	1	→	↘	4	4	→	↘	2	2	→	↘	3	4	↑	↘	4	4	→	↘	2	2	→	↘	1	2	↑	↘	3	4	↑	↘				
Aggregated AF Score	3	3	→	↘	2	2	→	↘	3	3	→	↘	3	3	→	↘	3	4	↑	↘	3	3	→	↘	4	3	↓	↘	2	2	→	↘	2	3	↑	↘	3	4	↑	↘

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

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

Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,791 (2,969) incidents reported in September. 2,313 of these incidents were Patient Safety related and 2,313 were reported to the NRLS.

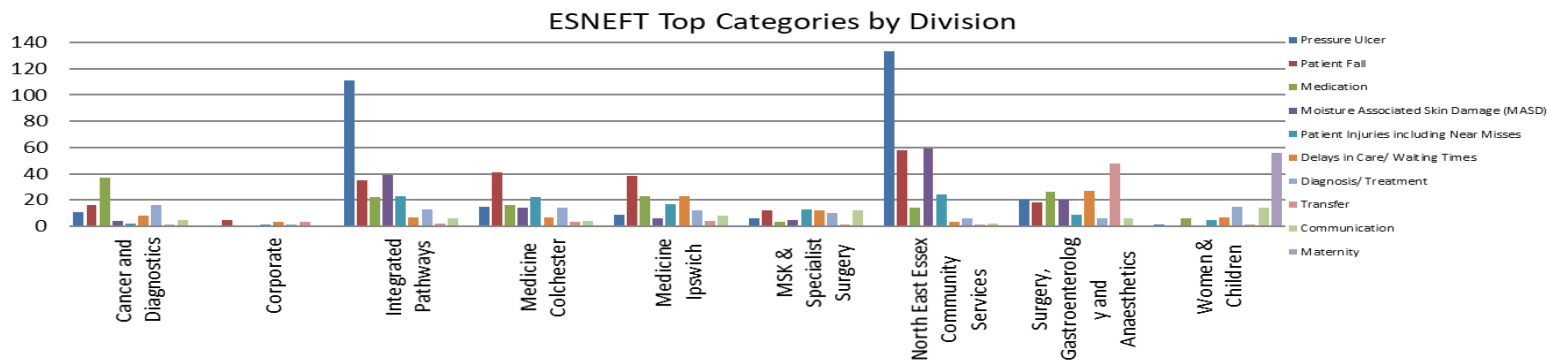
Overdue incidents have shown a decrease to 670 (694).

There were 40,060 (40,274) admissions resulting in 57.74 incidents per 1,000 bed days across ESNEFT.

The highest reported category was Pressure Ulcer damage. There were 306 (318) incidents reported as Pressure Ulcer damage, 4 of which were severe harm, and these were reported within the community within both Integrated Pathways and NEECS in patients in their own home or care homes.

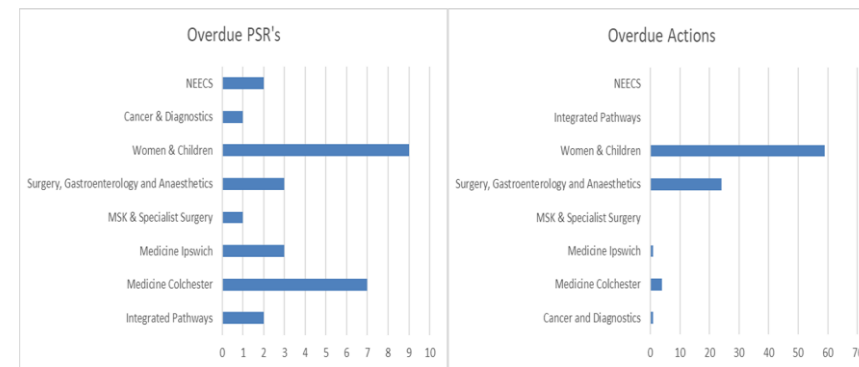
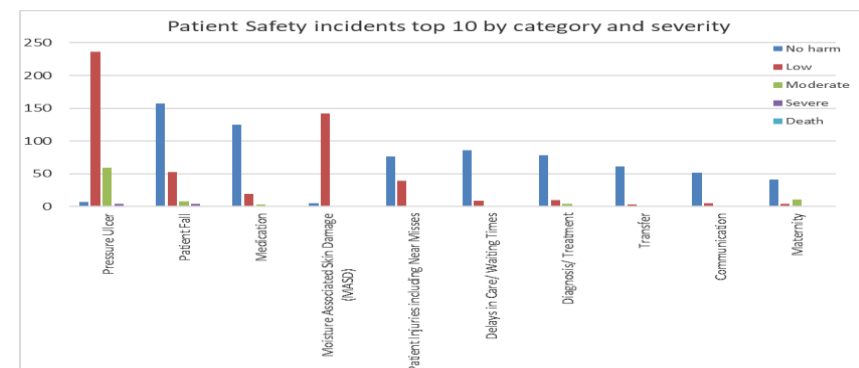
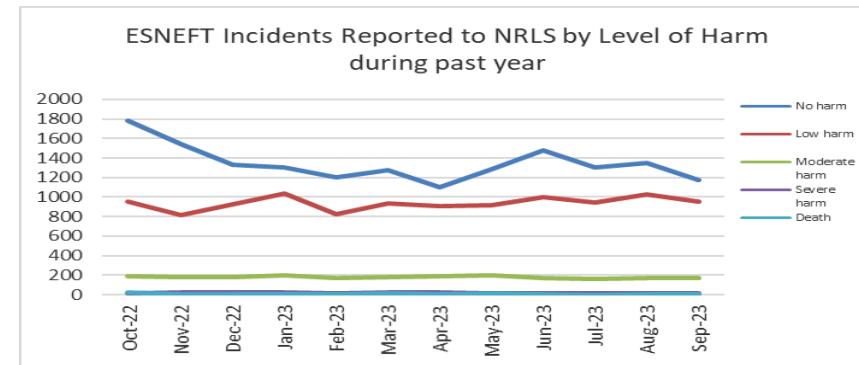
The 2nd highest reported category was Patient Falls with 223 (247) incidents, 1 of which resulted in a death. This was unwitnessed and was reported on Brantham Assessment Unit. A further 4 were reported as severe harm.

The 3rd highest reported category were both Medication (196) and Moisture Associated Skin Damage (144) with 143 incidents. Of the Medication incidents 3 were reported as moderate while the remainder were all reported as low and no harm.



Patient Safety Reviews Overdue and with Actions outstanding

- 2 PSRs were completed in September 2023. One for Integrated Pathways and one for Women & Children.
- There are 28 overdue PSRs, Integrated Pathways (2), Medicine Colchester (7), Medicine Ipswich (3), Surgery, Gastroenterology & Anaesthetics (3), MSKSS (1), NEECS (2), Cancer & Diagnostics (1) and Women & Children (9).
- There are currently 89 (58) actions overdue for September 2023 an increase from August 2023: Medicine Colchester (4), Medicine Ipswich (1), Surgery, Gastroenterology & Anaesthetics (24), MSK and Specialist Surgery (0), Cancer & Diagnostics (1), Integrated Pathways (0), NEECS (0) and Women & Children (59).

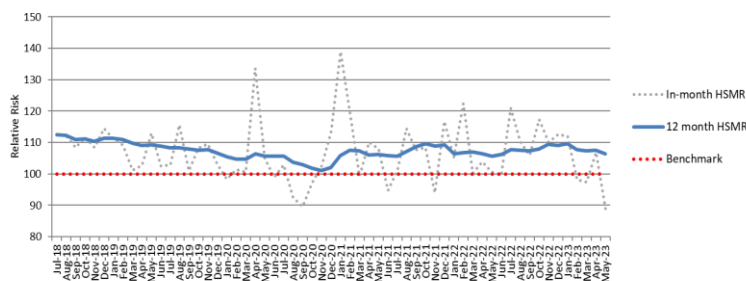


Mortality Ratios - Data Sources DF Intelligence (Telstra Health)

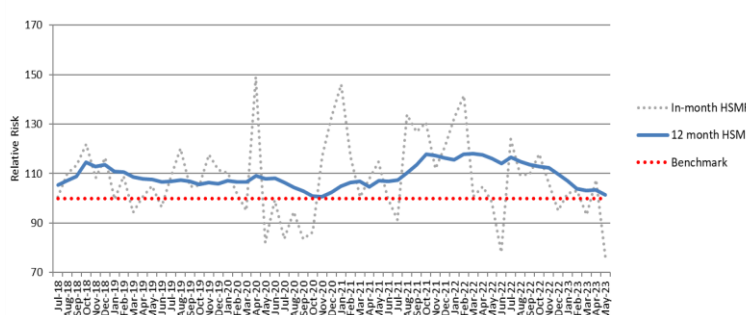
Summary

- ESNEFT 12-mth HSMR to May 2023, 106.5 'higher than expected'.
- ESNEFT 12-mth all-diagnoses (SMR) to May 2023, 105.5 'higher than expected'.
- ESNEFT has the **third highest crude mortality rate** in the peer group (ordinary admissions).

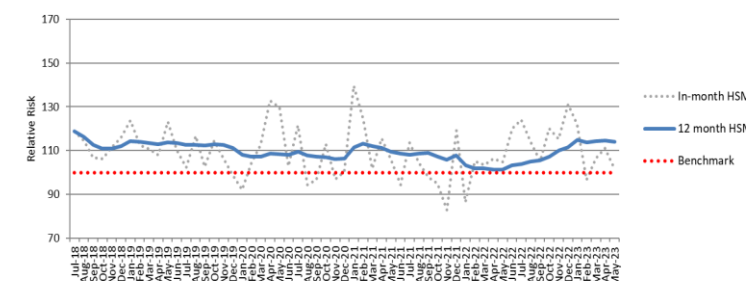
ESNEFT HSMR - In-month & Rolling 12 Months



Ipswich Hospital HSMR - In-month & Rolling 12 Months



Colchester Hospital HSMR - In-month & Rolling 12 Months



Dr Foster Summary

May data owing to incomplete June data

May 2023 12 month rolling data except where specified	ESNEFT	IPS	COL
HSMR in-month EXCLUDES C-19 ON ADMISSION	88.9	75.7	101.7
HSMR (to May - incomplete data) EXCLUDES C-19 ON ADMISSION	▼ 106.5	▼ 101.4	▼ 114.1
HSMR Lower confidence limit EXCLUDES C-19 ON ADMISSION	▼ 102.5 Outlier	▼ 95.6 As expected	▼ 108.3 Outlier
HSMR NO C-19 PATIENTS	▼ 103.4	▼ 97.5	▼ 111.6
HSMR Lower confidence limit NO C-19 PATIENTS	▼ 99.2 As expected	▼ 91.5 As expected	► 105.5 Outlier
HSMR Death rate (nat. 3.3% ►)	► 3.3%	▲ 3.0%	► 3.9%
All diagnosis groups INCLUDES C-19 DURING ADM	▼ 105.5	▼ 101.7	▼ 111.8
Lower confidence limit (all)	▼ 101.9 Outlier	▲ 96.5 As expected	► 106.7 Outlier

June 2023 – around 3,900 inpatient discharges missed the inclusion deadline including 43 deaths.

The first publication of HSMR 12 months to June 2023 was 108.9, but this will change depending on the number of spells and deaths falling into the HSMR group once the coding is complete.

Weekend/Weekday HSMR Admissions

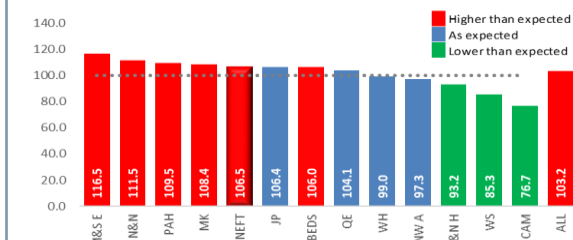
In the 12 months to May 2023, both weekday and weekend ESNEFT HSMR emergency admissions were 'higher than expected'. Ipswich weekday and weekend emergency admissions were 'as expected'.

National & Regional Peer Group

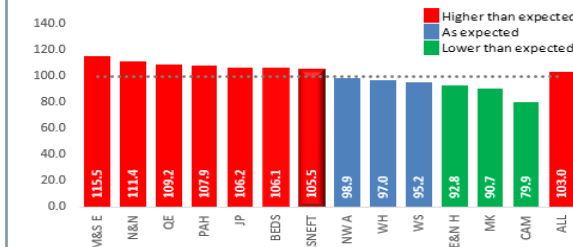
The Trust is 1 of 6 in the regional peer group with a 'higher than expected' relative risk. The region is an HSMR and SMR outlier overall.

ESNEFT has the third highest crude mortality rate in the peer group (ordinary admissions) - Ipswich 3.3%, Colchester 3.5%.

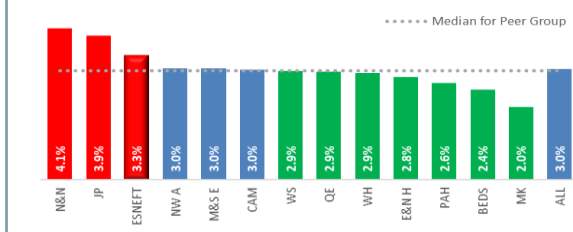
HSMR 12 Months to May 2023



All Diagnoses 12 Months to May 2023



Ordinary Admissions Crude Mortality Rate
All Diagnoses - 12 Months to May 2023



Mortality: Stillbirths & Perinatal Mortality - August data

Summary 12 mths to August 2023 *(provisional data)*

Stillbirths/1,000 births[‡] 3.4 – 2020

MBRRACE* 2021 benchmark 3.5

Perinatal mortality 4.0/1,000 births[‡]

MBRRACE* 2021 benchmark TBC

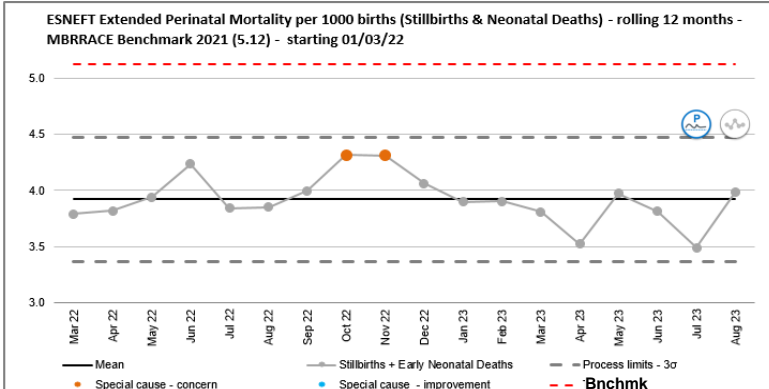
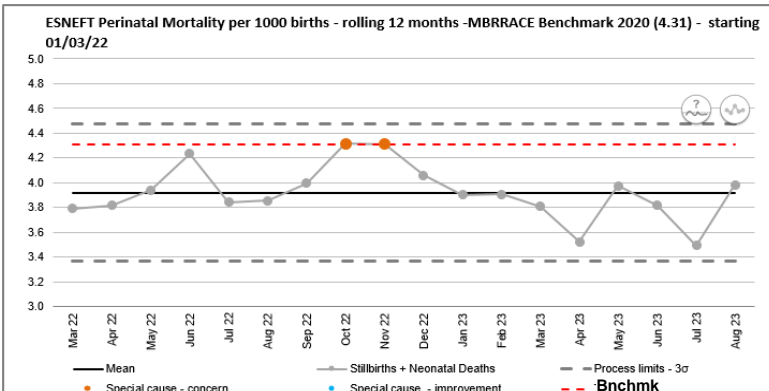
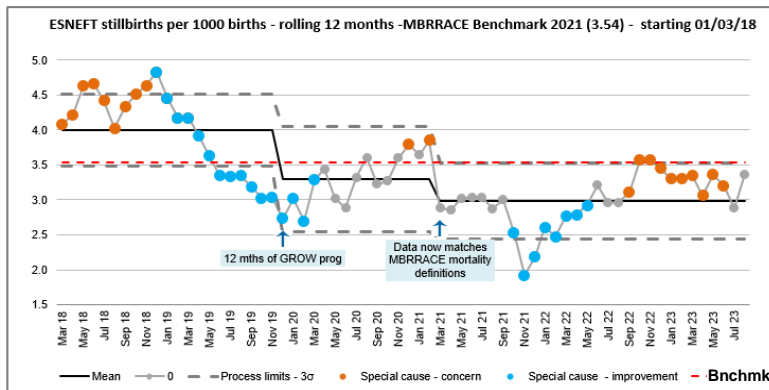
Extended perinatal mortality 4.0/1000 births[‡]

MBRRACE* 2021 benchmark 5.1

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

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

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

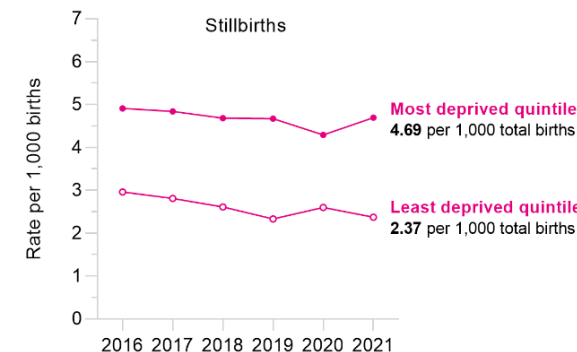


12 months to August 2023

Metric – Benchmark reflects rates for England	Benchmark (MBRRACE 2021)	Ips	Col
Stillbirths [‡]	3.5	2.9	3.8
Perinatal Mortality [‡] (stillbirths and early neonatal deaths within 7 days of delivery)	TBC (was 4.3)	3.2	4.7
Extended Perinatal Mortality [‡] (stillbirths and neonatal deaths up to 28 days following delivery)	5.1	3.2	4.7

The MBRRACE Perinatal Mortality Surveillance report for 2021 was published September 2023. Local benchmarked results are shown on the next slide. The report noted that:

- Perinatal mortality rates increased across the UK in 2021 **after 7 years of year-on-year reduction.**
- Stillbirth rates per 1,000 total births in 2021 for the UK were 3.54 and varied between the devolved nations; 3.52 (England); 3.27 (Scotland); 3.88 (Wales); and 4.09 (Northern Ireland).
- Neonatal mortality rates per 1,000 live births in 2021 for the UK were 1.65 and rose across all of the devolved nations; 1.60 (England); 1.91 (Scotland); 1.70 (Wales); and 2.46 (Northern Ireland).
- In 2021, there were notable increases in stillbirth rates for babies born to mothers from the most deprived areas (from 4.29 per 1,000 total births in 2020 to 4.69 per 1,000 total births in 2021), and for babies of Black ethnicity (from 6.42 per 1,000 total births in 2020 to 7.52 per 1,000 total births in 2021), leading to widening inequalities.
- In 2021, there were also increases in neonatal mortality rates for babies born to mothers from the most and least deprived areas, and for babies of Black, Asian and White ethnicity, leading to sustained inequalities by both deprivation and ethnicity



There was a widening of inequalities in stillbirth rates by deprivation between 2020 and 2021.

Stillbirth and neonatal mortality rates by mothers' socio-economic deprivation quintile of residence: United Kingdom, for births in 2016 to 2021

Mortality – Learning from Deaths Meeting 6th October 2023

Summary

- **The Medical Examiner service is working with GPs to provide a seamless bereavement service for loved ones, irrespective of where the patient dies.**
- **Critical Care Outreach teams are promoting the use of Call 4 Concern where patients/their families are worried about clinical care**

Medical Examiner (ME)

- The (ESNEFT) ME service had previously advised that GPs were concerned that the Trust was not consistently communicating prognoses on discharge. This was resulting in delays in the completion of death certificates when the patient died in the community, as they were unaware of the need to do a home visit. The AMD verified with the Transfer of Care Hub that the patient's palliative status was included; however, recent feedback indicates that some practices do not have the capacity to see their patients on discharge, resulting in coronial referrals. The (ESNEFT) ME service will be providing bereavement support for families, irrespective of where the patient dies. The team will liaise with Andrew Kelso ICB Medical Director to ensure GPs are aware that in the event of death following a recent discharge, the first call should be to the ME's office rather than the coroner, to see if a hospital MCCD can be issued.
- The team is continuing to deliver GP awareness sessions with good attendance and positive feedback.
- Data was presented around the time to complete the death certificates, with most being completed within a day of death which is impressive.
- The service has been lucky enough to recruit GPs to the ME team – the lead MEO noted that they have brought a lot to the discussion and are working in a very holistic way. They are usually paired with a hospital ME which promotes shared learning about systems and processes. This has been of great benefit to the community roll out too and they have become GP 'ME champions' in their practices.
- The team has also discussed 'closing the loop' on Other Healthcare Service Provider Datix incidents in terms of providing feedback.

Surgery and Anaesthetics

- Mr Youssef noted the work of the Critical Care Outreach Team in relation to Martha's rule (an NHSE supported initiative where inpatients and those close to them can obtain a second opinion). Currently 'Call 4 Concern' is being used – a SOP is being written by the AMD for Patient Safety.
- The team has been thanked by families for the EoL care received by their loved-ones with one comment remarking on the 'humanity and compassion' shown.

Mortality – Learning from Deaths Meeting 1st September 2023

Summary

- Additional focus is being given to small bowel obstruction – a condition with a high mortality rate in elderly patients.
- Issues with the provision of cough-assist equipment to support staying at home.

(Surgery & Anaesthetics continued)

- There has been prompt assessment and escalation of patients in the ED with timely CT scans; however, some delays have been identified in the new surgical centre for ongoing/repeat scans. This has been escalated to ensure patients do not become ‘lost’ in the system.
- Twice-weekly TPN (supplemental nutrition) rounds have commenced for patients with small bowel obstruction and lengthy stays – the Ipswich team participates in the national audit and there is also a project being run by the NCEPOD chair.
- Follow-up triggers are being worked on with Addenbrooke’s – a dashboard is under consideration. Other actions include work around recording patient ownership accurately on PAS, improving accuracy on discharge summaries by starting them early in admission, improved organ donation, line insertion competence and support to staff given by the CCU psychologist where clinical work-related trauma is experienced.
- The Colchester mortality lead undertook an audit of patients presenting with intestinal obstruction without hernia following a succession of cases identified with statistically unexpected outcomes (CUSUM alert). Cases were presented at the General Surgery M&M meeting. There was evidence of diagnostic inaccuracy in 7 cases. The small bowel obstruction pathway, written as a result of a previous CQC investigation, was followed in 77% of cases.
 - **Actions** – The current Trust flow chart has been updated (located on the intranet) on the management of Small Bowel Obstruction (SBO) with the addition of a simplified flow chart on management of SBO for quick referencing. Education for peers/teams/departments on the learning points has been delivered by presenting the audit to the relevant personnel and a re-audit scheduled in early 2024 to document/record continued adherence to the identified learning points and to seek out any further lessons to be had. The AMD for Patient Safety is to discuss a presentation to the wider consultant body with colleagues, as patients with SBO are not confined to surgical wards.

Therapies

Sue Ramsey gave a presentation about ‘cough assist’ in patients with motor neurone disease – managing weak cough in deterioration. Once patients reach the point of requiring mechanical support to clear secretions, this poses a number of issues when the patient returns home:

- Cough assist is a 24-hour device and adequate care needs to be provided – a 24-hour carer is needed with accommodation in the home;
- Equipment is essential in maintaining quality of life; supply relies either on tertiary centres or ICB exceptional funding;
- There is joint working with the hospice
- There were issues identified where the patient may have benefitted from being on a different ward – this has been fed back to the site team.

Mortality – Mortality Review Dashboard



ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18): Learning from Deaths Dashboard - August 2023-24



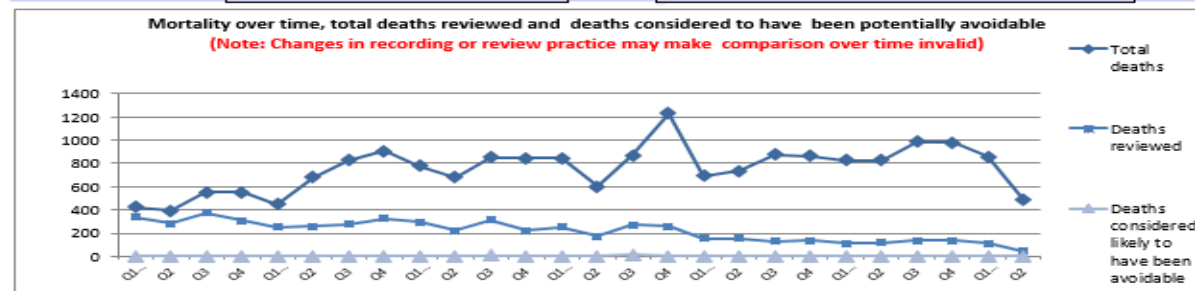
Description:
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Potentially Due to Problems in Healthcare (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total No. of deaths considered to have been possibly due to problems in healthcare (Score <=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
272	210	27	19	1	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
482	855	46	110	1	3
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1337	3613	156	502	4	9

Time Series: Start date 2017-18 Q1 End date 2023-24 Q2



Total Deaths Reviewed by Mortality Methodology Score

Score 1	Score 2	Score 3	Score 4	Score 5	Score 6
Definitely due to problems in healthcare	Strong evidence there were problems in healthcare	Probably due to problems in healthcare (more than 50:50)	Probably due to problems in healthcare but not very likely	Slight evidence that death was due to problems in healthcare	Death was definitely not due to problems in healthcare
This Month: 0 (0.0%)	This Month: 0 (0.0%)	This Month: 1 (3.8%)	This Month: 0 (0.0%)	This Month: 4 (15.4%)	This Month: 21 (80.8%)
This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 1 (2.6%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 4 (10.3%)	This Quarter (QTD): 34 (87.2%)
This Year (YTD): 0 (0.0%)	This Year (YTD): 2 (1.4%)	This Year (YTD): 2 (1.4%)	This Year (YTD): 0 (0.0%)	This Year (YTD): 11 (7.5%)	This Year (YTD): 132 (89.8%)

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Due to Problems in Healthcare for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total No. of deaths considered to have been potentially due to problems in healthcare	
This Month	Last Month	This Month	Last Month	This Month	Last Month
4	4	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
8	18	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
26	35	0	0	0	0

Time Series: Start date 2017-18 Q1 End date 2023-24 Q2



Mortality – Mortality Review Dashboard

Trust	ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18)		Total deaths include inpatients, paediatrics, maternity, ED								Please note, where it is indicated that care contributed to death (score 1, 2 or 3), the case is escalated to the Patient Safety Team for PSR/PSII - this result may be revised following MDT review.				
Org Code	432		Total deaths also includes patients with LD reviewed under SJR criteria by local team - additional LeDeR death reviews are shown separately												
Month	August														
Year	2023-24														
			Not all deaths are subject to mandatory review.								Review of mandatory case records				
Financial Year	Month	Total Deaths	Deaths likelihood > 50% contributed to death			Deaths judged to have been due to problems in healthcare					LD Deaths	No. deaths subject to case record review	No. reviews returned	% Case record reviews completed	No. case record reviews outstanding
			Total Deaths Reviewed	Deaths > 50% contributed to death	Defin	Evidnc	>50/50	<50/50	Slight	6					
2022-23	April	301	40	0	0	0	0	2	5	29	2	26	26	100%	0
2022-23	May	265	33	1	0	1	0	2	5	25	1	18	18	100%	0
2022-23	June	258	39	0	0	0	0	1	4	34	2	27	27	100%	0
2022-23	July	294	33	0	0	0	0	0	4	29	1	24	24	100%	0
2022-23	August	276	43	2	1	0	1	1	0	40	5	27	27	100%	0
2022-23	September	254	42	0	0	0	0	0	2	40	3	18	18	100%	0
2022-23	October	303	45	1	1	0	0	3	3	37	4	20	20	100%	0
2022-23	November	317	51	0	0	0	0	1	5	45	5	26	26	100%	0
2022-23	December	367	42	1	0	1	0	4	4	33	3	17	17	100%	0
2022-23	January	381	36	2	0	1	1	2	2	30	5	24	22	92%	2
2022-23	February	287	47	1	0	1	0	1	6	38	1	22	22	100%	0
2022-23	March	310	51	1	0	0	1	4	3	43	3	26	21	81%	5
2023-24	April	308	33	1	0	1	0	0	1	29	7	18	14	78%	4
2023-24	May	269	45	2	0	1	1	0	4	39	4	32	26	81%	6
2023-24	June	278	32	0	0	0	0	0	2	30	7	31	18	58%	13
2023-24	July	210	19	0	0	0	0	0	0	13	4	19	5	26%	14
2023-24	August	272	27	1	0	0	1	0	4	21	4	36	17	47%	19

SJR Summary – where care may have contributed to death (separate to PSIRF outcomes) (final assessment to be agreed)

- Jan 2023 – PSR 135782 long term steroids stopped in error - new HotSpot written and circulated;
- Jan 2023 – PSR 126016 poor diabetes control in pregnancy – local actions;
- Feb 2023 – Datix 130649 – patient not escalated according to trust standards – delays in accurate radiological report.
- Mar 2023 - PSII 131578 – Necrotising Fascitis diagnosis delays – cellulitis pathway being written;
- Apr 2023 - PSII 136004 – severity of ENT event not considered – ongoing investigation;
- May 2023 – Datix: 139025 - Fall with harm – actions being undertaken by Harm Free Care team;
- May 2023 - Datix 139167 – patient with hospital passport guidance was allowed to eat unsupervised leading to aspiration – PS investigation;
- Aug 2023 – Datix 148758 – delays in AKI management – under review.

‘Human factors’ are present in the majority of incidents. Examples include:

- In two cases, staff lacked experience to diagnose and treat the severity of condition and did not escalate to senior colleagues;
- Medication was written on the wrong section of the drugs chart;
- A fall could have been avoided for a patient who got out of bed to turn lights off;
- Despite clear documentation of the risks, staff made a judgement on whether a patient could eat unsupervised.

The AMDs are working to build Human Factors training back into core training and will use themed examples to demonstrate the impact failing to follow protocol can have.

Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,791 (2,969) incidents reported in September. 2,313 of these incidents were Patient Safety related and 2,313 were reported to the NRLS.

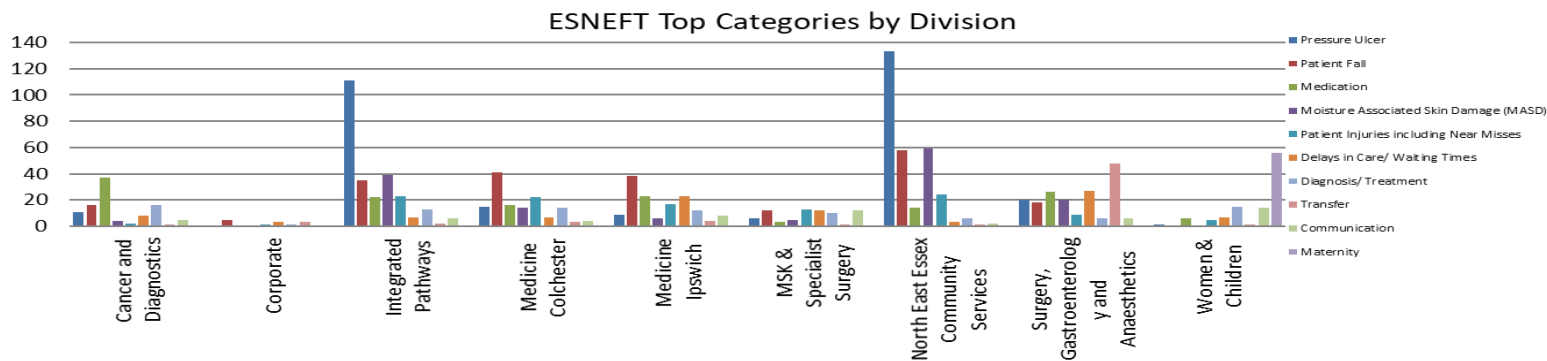
Overdue incidents have shown a decrease to 670 (694).

There were 40,060 (40,274) admissions resulting in 57.74 incidents per 1,000 bed days across ESNEFT.

The highest reported category was Pressure Ulcer damage. There were 306 (318) incidents reported as Pressure Ulcer damage, 4 of which were severe harm, and these were reported within the community within both Integrated Pathways and NEECS in patients in their own home or care homes.

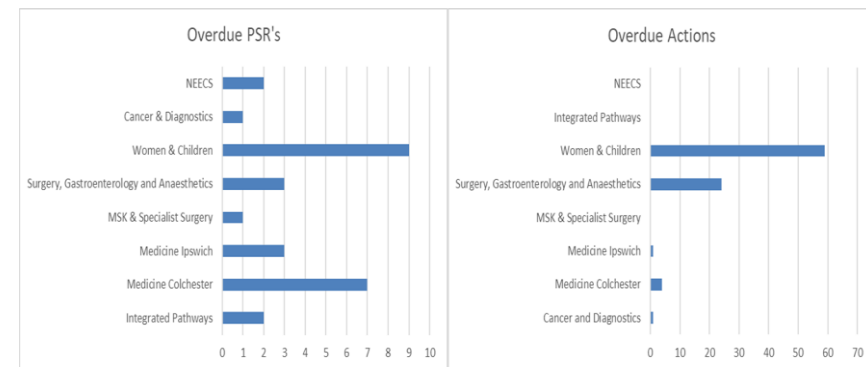
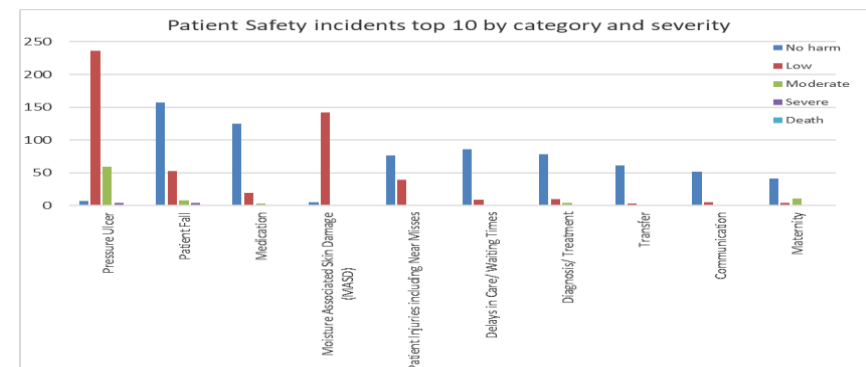
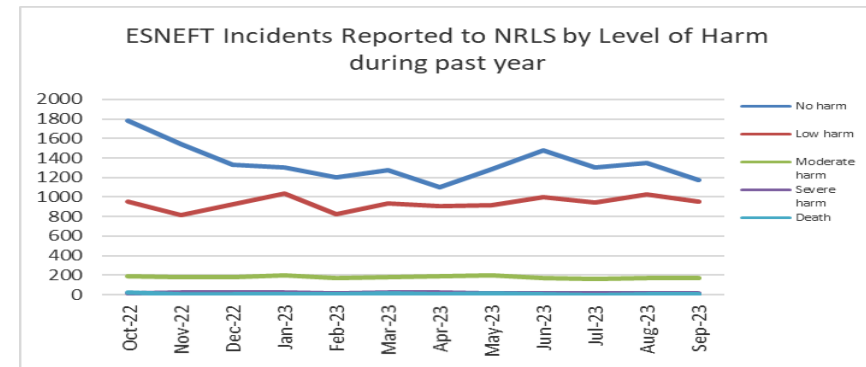
The 2nd highest reported category was Patient Falls with 223 (247) incidents, 1 of which resulted in a death. This was unwitnessed and was reported on Brantham Assessment Unit. A further 4 were reported as severe harm.

The 3rd highest reported category were both Medication (196) and Moisture Associated Skin Damage (144) with 143 incidents. Of the Medication incidents 3 were reported as moderate while the remainder were all reported as low and no harm.



Patient Safety Reviews Overdue and with Actions outstanding

- 2 PSRs were completed in September 2023. One for Integrated Pathways and one for Women & Children.
- There are 28 overdue PSRs, Integrated Pathways (2), Medicine Colchester (7), Medicine Ipswich (3), Surgery, Gastroenterology & Anaesthetics (3), MSKSS (1), NEECS (2), Cancer & Diagnostics (1) and Women & Children (9).
- There are currently 89 (58) actions overdue for September 2023 an increase from August 2023: Medicine Colchester (4), Medicine Ipswich (1), Surgery, Gastroenterology & Anaesthetics (24), MSK and Specialist Surgery (0), Cancer & Diagnostics (1), Integrated Pathways (0), NEECS (0) and Women & Children (59).



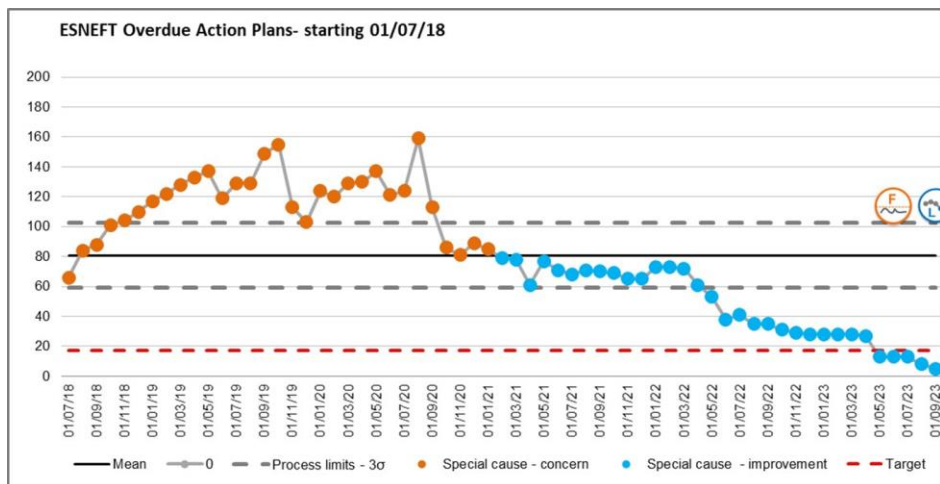
Patient Safety – Never Events, Overdue action plans & Duty of Candour

Never Events

There were no never events reported in the month.

Number of Completed Action Plans closed in the Month

3 further actions plans have been closed since last month. There are currently 5 (8) plans overdue.



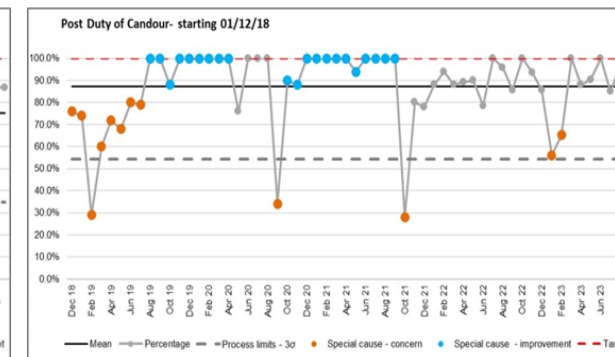
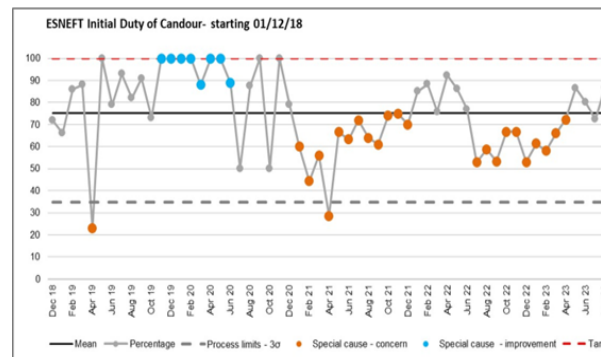
Duty of Candour

A total of 38 initial Duty of Candour were due in the month of September, of which 33 were completed within the timeframe. The Trust compliance is 86.8% (86.76%).

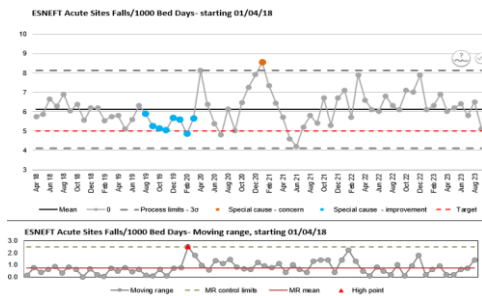
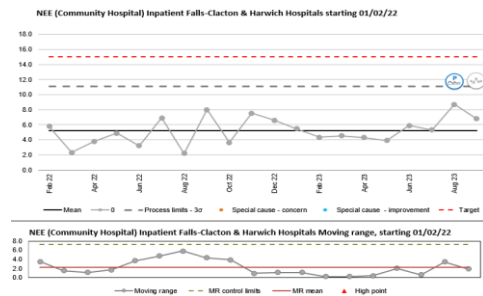
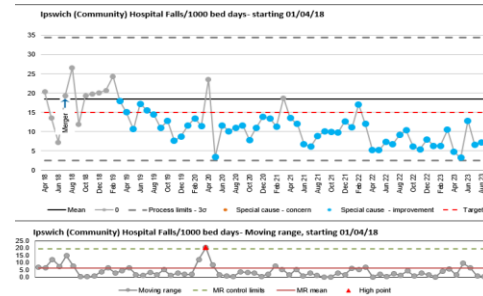
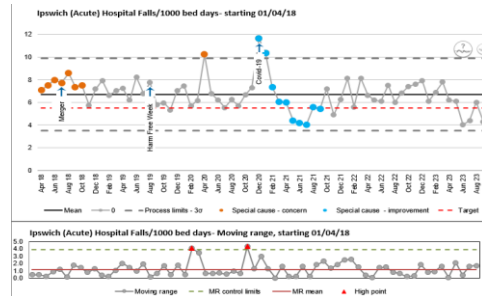
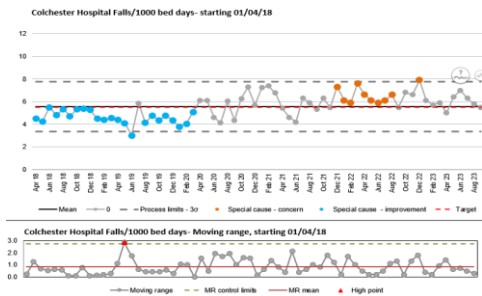
A total of 26 post Duty of Candour letters were due in the month of September and 24 were completed within the timeframe. The Trust compliance is 92.3% (96.4%)

Division	Due	Completed
Cancer & Diagnostics	1	1
Integrated Pathways	5	3
Medicine Colchester	3	3
Medicine Ipswich	3	3
Surgery, Gastro & Anaesthetics	3	3
Women's & Children	11	11
MSK & Specialist Surgery	3	3
NEECs	9	6
Total	38	33

Division	Due	Completed
Cancer & Diagnostics	1	1
Integrated Pathways	2	2
Medicine Colchester	7	7
Medicine Ipswich	5	5
Surgery, Gastro & Anaesthetics	1	1
Women's & Children	4	4
MSK & Specialist Surgery	5	4
NEECs	1	0
Total	26	24



Patient Safety – Falls



Colchester Acute		
Prev. & in-mth total	98	99
Serious harm falls		4
No harm falls		75
Low harm falls		20
Falls/1,000 bed days (ceiling ≤ 5.0)		5.5

Ipswich Acute		
Prev. & in-mth total	98	74
Serious harm falls		5
No harm falls		53
Low harm falls		16
Falls/1,000 bed days (ceiling ≤ 5.0)		4.3

Suffolk Community Hospital		
Prev. & in-mth total	18	14
Serious harm falls		0
No harm falls		12
Low harm falls		2
Falls/1,000 bed days (ceiling ≤ 15)		6.7

NEE Community Hospital		
Prev. & in-mth total	18	17
Serious harm falls		1
No harm falls		8
Low harm falls		8
Falls/1,000 bed days (ceiling ≤ 15)		6.8

ESNEFT (acute)		Prev.	Mth
Prev. & in-mth total		196	173
Serious harm falls		8	9
No harm falls		172	128
Low harm falls		52	36
Acute	4.9	Com	6.1

Summary

Headlines:

The total number of falls at Colchester acute remained mainly static. The number of falls resulting in serious harm remained the same. There were x4 Serious harm falls. One patient sustained a fractured radius, and 3 patients sustaining an intracranial haemorrhage. The patient who sustained the fractured radius fell twice, with the second fall resulting in one of the 3 intracranial haemorrhages.

Summary

Headlines:

Ipswich Acute saw the total number of falls reduce by 21% back to the baseline seen over the previous three months prior to August. This puts the Trust's falls / 1,000 bed days at 4.3. However, there were 5 serious harm falls. There were three patients who sustained fractured NOFs and a further patient who sustained a fractured rib. The final patient sustained a serious head injury - subdural bleed.

Summary

Headlines:

This month the Suffolk Community hospitals saw a slight decrease in falls. They had an increase in witnessed events where staff were able to lower the patient safely to the floor with no injury. Two patients sustained minor skin tear injuries. There were no falls with serious harm.

Summary

Headlines:

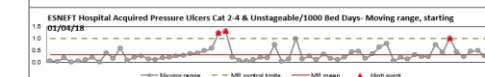
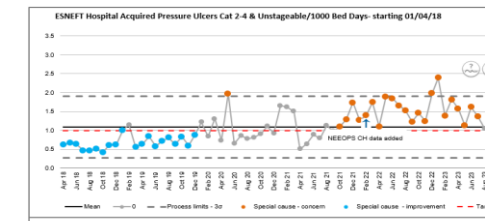
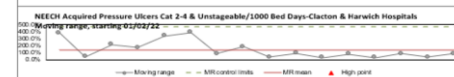
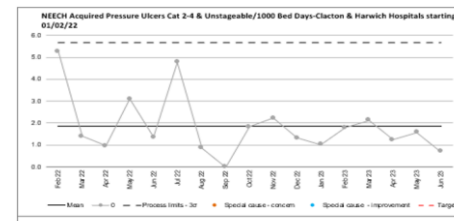
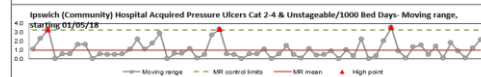
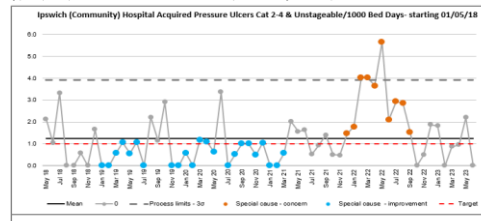
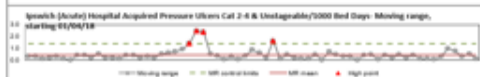
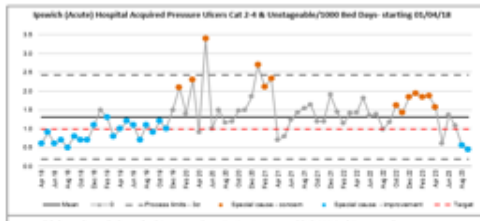
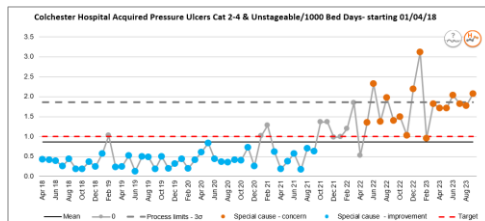
There has been no change in the total number of falls and the number of serious harm falls in our community hospitals. The effective handover between the acute and community hospitals continues, allowing appropriate allocation into the correct bay / side rooms upon admission.

Summary

Headlines:

ESNEFT acute hospitals saw the total number of inpatient falls reduce by 11%, and the community Hospitals falls reduced by 15%.

Patient Safety – Tissue Viability



Colchester Acute			
Cat 2		25	
Cat 3		0	
Cat 4		0	
Unstageable		9	
Prev. & in-mth total	31	↑34	
Rate per 1,000 bed days	1.09	1.70	

Ipswich Acute			
Cat 2		5	
Cat 3		0	
Cat 4		0	
Unstageable		3	
Prev. & in-mth total	4	↓8	
Rate per 1,000 bed days	0.51	1.26	

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

NEE Community Hospital			
Cat 2		2	
Cat 3		0	
Cat 4		0	
Unstageable		0	
Prev. & in-mth total	5	↓2	
Rate per 1,000 bed days	1.24	0.35	

ESNEFT			
Cat 2		38	33
Cat 3		4	0
Cat 4		0	0
Unstageable		12	12
Totals		54	47
Rate per 1,000 bed days		0.79	1.1

Summary

Headlines: This month's increase is mainly in Category 2 Medical device related pressure damage. The NHS Productivity Calculator gives a central estimated cost of £219k per 1,000 bed days which is a decrease of £4k.

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

Summary

Headlines: This month's increase is in all categories of pressure damage. The NHS Productivity Calculator gives a central estimated cost of £154k per 1,000 bed days, an increase of £104k.

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 has been unchanged with the incidence of pressure damage. The NHS Productivity Calculator gives a central estimated cost of £7k per 1,000 bed days, an increase of £1k.

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

Summary

Headlines: This month's slight decrease in pressure damage is in unstageable ulcers. The NHS Productivity Calculator gives a central estimated cost of £6k per 1,000 bed days, a decrease of £25k.

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

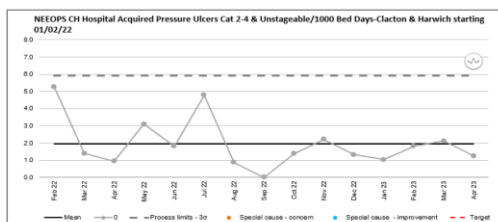
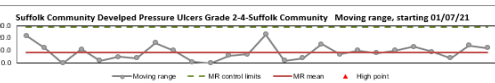
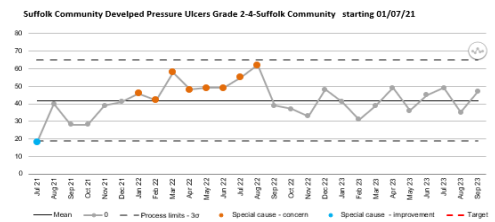
Summary

The NHS Productivity Calculator gives a central estimated cost of £386k per 1,000 bed days, this is increase of £66k on the previous month's figure. There has been an increase across the Trust.

The education and training for all staff and validating for Band 6/7 continues. Pressure ulcer training days are set for future months.

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

Patient Safety – Tissue Viability



Suffolk Community Teams

Cat 2	37
Cat 3	1
Cat 4	1
Unstageable	18
Prev. & in-mth total	45 ↑ 55
DTIs (Deep Tissue Inj)	↑ 11

Summary

Headlines: This month shown increases across all categories. The NHS Productivity Calculator gives a central estimated cost of £389k per 1,000 bed days which is an increase of £17k.

Priority Actions/Mitigation: There has been better reporting in the community following training.

NE Essex Community Teams

Cat 2	35
Cat 3	18
Cat 4	2
Unstageable	20
Prev. & in-mth total	↑ 75
DTIs (Deep Tissue Inj)	↓ 7

Summary

Headlines: This month has seen increases in unstageable PUs and DTIs. The NHS Productivity Calculator gives a central estimated cost of £564k per 1,000 bed days which is an increase of £58k.

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

August Updates

- In ESNEFT as a whole there has been an increase in pressure injuries in September on all sites.
- Newly devised core care plans for pressure ulcer prevention and every category including MASD was 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. The wards will need to order their own.

Month (June 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 to year 71	13	4 Total to year 13	79	156
Monthly ward focus	Copford/ Brightlingsea Ward		Waveney			

IPH

Ipswich Hospital saw an increase in pressure damage, most of these wounds were cat 2.

This month the TVN team have offered support on the wards when visiting patients, undertaking joint assessments with the ward nurses. Training has continued across the care of the elderly sites and PURPOSE-T training is being commenced on Martlesham and Needham wards.

CGH

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

Bite size training for staff has been delivered on Copford and Brightlingsea wards on risk assessment tool, MASD, Datix, ASKIN and body maps. Heels up has been requested and dates have been arranged.

PURPOSE-T training continues to be delivered across both acute sites with the aim of commencing in October 2023. CCU currently use Metavision and will require PURPOSE-T to be on this system. The TVN have met with the IT department and are currently building this with them.

Patient Safety – Infection Control

Clostridioides difficile – ESNEFT total 8

Ipswich & East Suffolk

3 HOHA, Debenham, Claydon, Stowupland

Colchester and North East Essex

4 HOHA, Peldon, Easthorpe, Birch, CCU

1 COHA, Layer Marney

Period of Increased Incidence (PII) Langham ward x7 cases (HAI from April to Sept) action plan in place

Overview

The C.difficile case threshold for 2023/24 is 101. There have been a total of 55 C.difficile cases April 2023-end of September 2023 (the total number of HOHA and COHA cases). Trust performance regionally (EoE) stable - with higher numbers reported both regionally and nationally.

MSSA – ESNEFT total 2

Ipswich & East Suffolk:

1 HOHA, 0 COHA

HOHA: Brantham – Unknown source

Colchester and North East Essex:

1 HOHA, 0 COHA

HOHA: Nayland-under investigation, risk factors (chronic wounds) and known previous colonisation

Overview

Trust performance regionally (EoE) stable.

IPC team programme/work to review aseptic practice related to vascular access aims to improve performance over next year.

E.coli bacteraemia – ESNEFT total 10

Ipswich & East Suffolk:

4 HOHA, 3 COHA

HOHA:

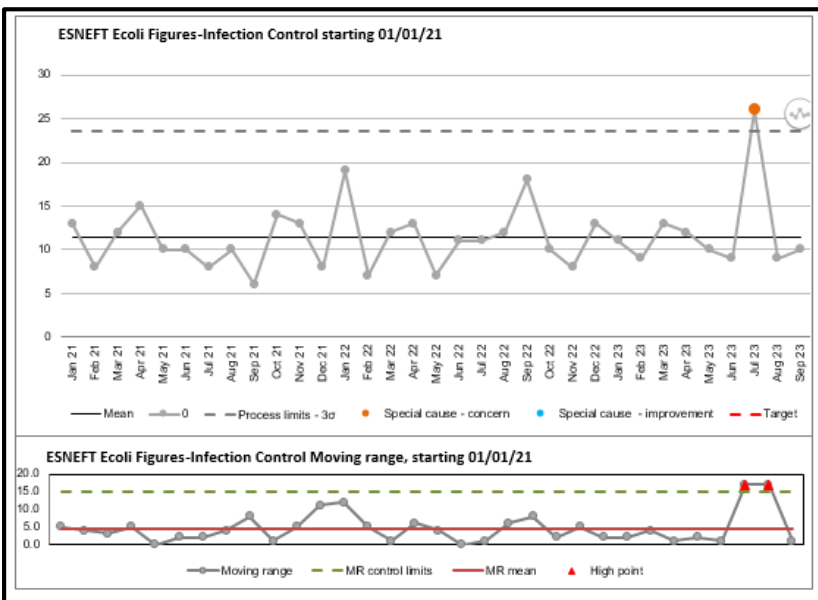
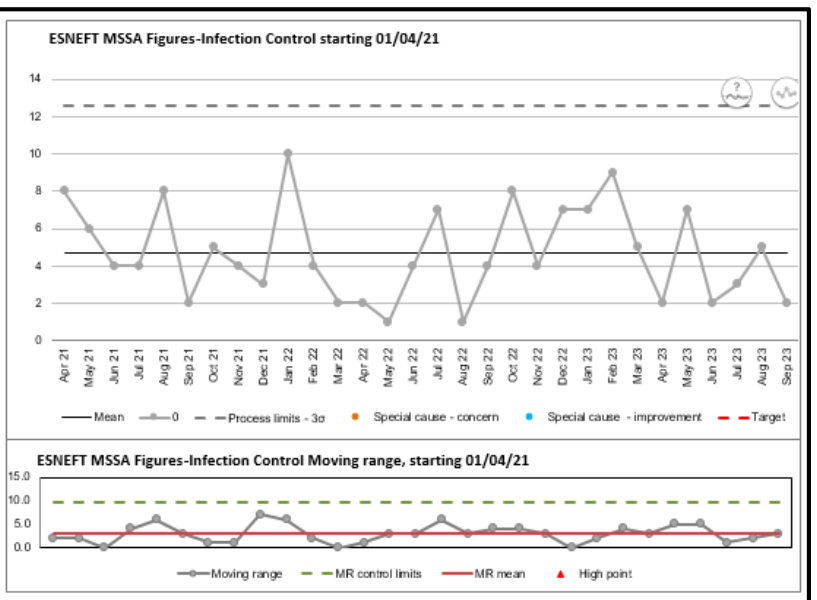
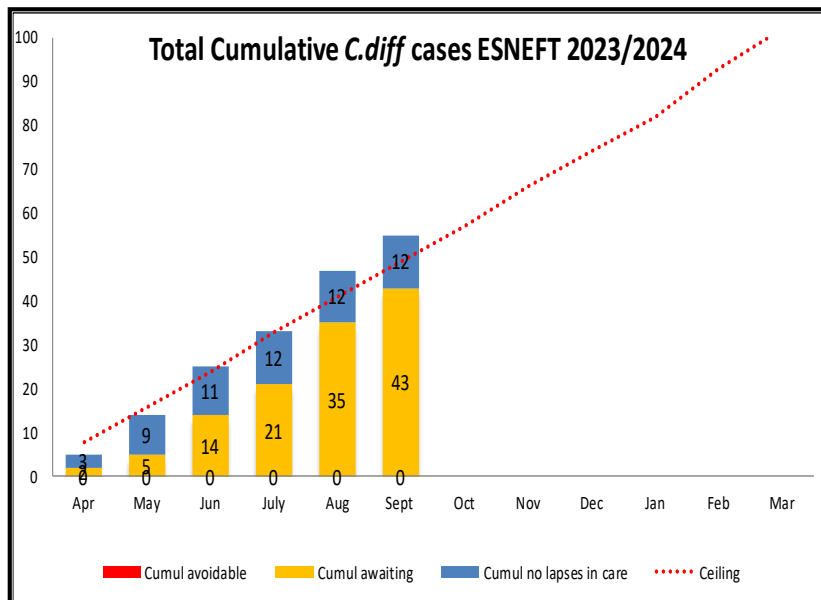
Stradbroke, Sproughton, Stowupland ,Somersham
source data highlights x2 - Gastrointestinal or Intraabdominal collection (excluding hepatobiliary), x1 UTI (Known prior to admission) and x1 LRTI .
COHA - Somersham 2, Saxmundham

Colchester and North East Essex:

0 HOHA, 3 COHA (West Bergholt, Copford, Easthorpe)

Overview

Trust performance regionally EoE remains stable. Work planned with ICS IPC colleagues to review source data across system.



Patient Safety – Infection Control: MRSA

There were no Healthcare onset Healthcare associated MRSA bacteraemia in September 2023. There were 3 new MRSA isolates (2 at Colchester/NEE and 1 at Ipswich/East Suffolk) - see table below.

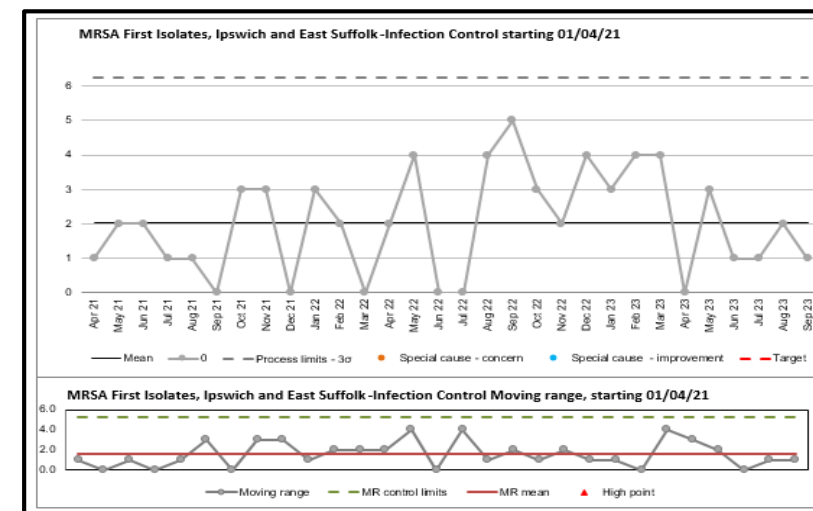
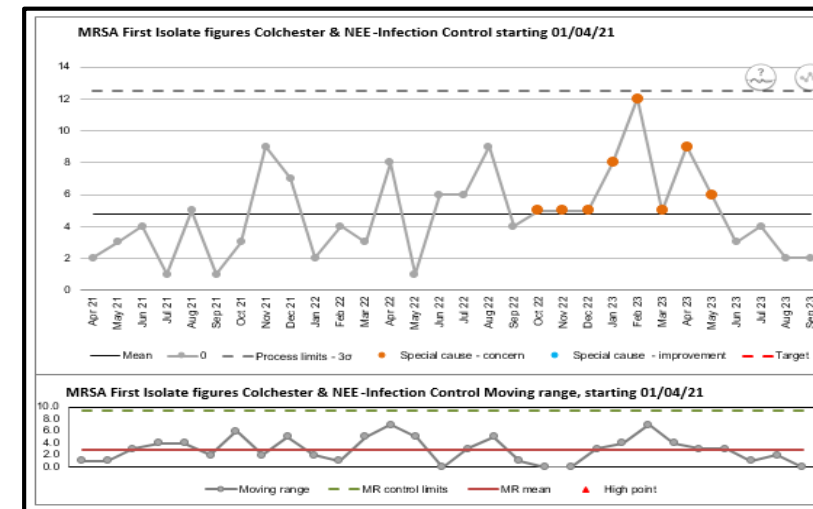
MRSA new isolates

Ward	Comments
Colchester and NEE	
D'arcy Ward	MRSA screen obtained on admission; specimens were not processed due to labelling issue. Repeat screen on day 4 identified MRSA from nose. Unclear source due to no admission samples.
D'arcy Ward (previously EAU)	MRSA screen 24 hours post admission MRSA NOT isolated– Repeat screen on day 3 (transfer screen) - MRSA isolated nose swab. Immediate actions undertaken include cleaning and review of audit data
PII/Outbreaks (on going)	Note Outbreak/PII declared on Tiptree ward x2 cases with similar genetic profile. Actions are in place and no further cases have been identified to date. Possible cluster on D'arcy ward with genetic profile data awaited- screening process in place
Ipswich and East Suffolk	
Needham Ward	Long stay inpatient (187 days) Leg wound swab positive MRSA – Known MSSA colonisation/ infections of long-term pressure sores and leg ulcers. Previous negative MRSA screen on admission and ward transfers. Nursed in single room due to challenging behaviour. Non complaint behaviour with evidence of drug use, frequently leaves ward area.

IP&C policy updates

ESNEFT MRSA policy has been updated with the addition of a screening regime for the neonatal unit in accordance with the East of England neonatal policy for infection control and screening.

The ESNEFT Viral Haemorrhagic fever (VHF) policy has also been updated; PHE changed to UKHSA. Instructions for packaging and transporting samples to the blood sciences department have been added. Aerosol generating procedures were reviewed in accordance with the National infection prevention and control manual for England (NHSE 2023).



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
August 2023	67	19	28	30	27	14
September 2023	32	40	27	28	26	22

COVID-19 outbreaks identified in September 2023 (16):	Narrative and updates
<p>Colchester Hospital (10):</p> <p>D'Arcy Ward (v1) 01/09/2023 Layer Marney Ward 11/09/2023 Fordham Ward 12/09/2023 Nayland Ward 13/09/2023 Birch Ward 14/09/2023 Tiptree Ward 19/09/2023 D'Arcy Ward (v2) 25/09/2023 Mersea Ward 25/09/2023 Wivenhoe Ward 26/09/2023 Brightlingsea Ward 29/09/2023</p>	<p>Ipswich and East Suffolk (6):</p> <p>Stradbroke Ward 01.09.23 Haughley Ward 04.09.23 Somersham Ward 04.09.23 Kesgrave Ward 05.09.23 Shotley Ward 14.09.23 Waveney Ward 28.09.23</p>
	<p><u>This increase in cases is in line with both community regional and national data.</u></p> <p>UKHSA investigations have highlighted a possible emergence of a new variant 2.86 in future weeks/months. National response includes commencement of a vaccination programme which includes healthcare workers. In addition, the procurement of LFTs has moved over to the NHS supply chain, these remain free of charge at present until March 24.</p> <p>The organisation is reviewing the management of COVID-19 and testing regimes in line with national guidance to ensure the efficient use of allocated resources.</p>

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 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 – August data

Indicator	Green	Amber	Red	ESNEFT													
				Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	
Numbers																	
Pre term Births (<37 weeks) annual rolling rate	<=6%		>=6%	7.92%	7.88%	8.19%	8.32%	8.16%	8.51%	8.56%	8.36%	8.54%	8.73%	8.45%	8.40%	8.40%	
Smoking																	
% of Women Smoking at Delivery	<=10%	10-11%	>=11%	10.91%	10.94%	8.77%	8.20%	7.78%	8.54%	8.37%	6.20%	7.95%	7.48%	7.28%	6.70%	6.55%	
Mode of Delivery																	
% of Non operative vaginal deliveries	>=58%		<58%	54.12%	55.10%	53.89%	54.64%	51.16%	53.60%	50.94%	48.16%	49.80%	51.71%	51.65%	54.68%	52.93%	
Maternal Morbidity and																	
% PPH >=1500mls - Vaginal (NMPA Criteria)	<=2.9%	2.9-3%	>=3%	3.99%	3.38%	3.97%	2.95%	1.96%	2.54%	3.25%	4.74%	2.79%	2.63%	2.83%	3.44%	2.98%	
Neonatal Morbidity and																	
HIE Grades 2 & 3	0		>=1	1	0	0	0	3	0	0	1	0	0	1	0	0	
Term Admissions to NNU as a % of babies born	<=6%		>6%	4.03%	5.61%	3.45%	3.04%	5.02%	4.62%	5.03%	4.49%	3.91%	4.79%	8.09%	6.47%	5.86%	
APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	1.05%	0.51%	1.04%	1.43%	1.35%	1.03%	0.84%	0.82%	0.59%	0.34%	1.65%	0.85%	0.59%	
Number of Stillbirths	0	1-2	>=3	2	2	3	0	2	5	0	2	2	4	1	0	5	

ESNEFT Stillbirths: Colchester – 2; Ipswich – 3

Case 1 – Transferred to IPH at 23 weeks known to have SGA (small for gestational age) baby 0.6 centile. At 24 weeks scan suggested likely demise. The woman opted to watch and wait. An ultrasound scan (USS) at 24+4 weeks revealed absent fetal heart (FH).

Case 2 – Monochorionic, diamniotic (MCDA) pregnancy with twin-to-twin transfusion (TTTS). Shared care with UCLH. Intrauterine death (IUD) of 1 twin at 24+ week was delivered with a live twin. The spontaneous onset was at 32+4.

Case 3 – Dichorionic and diamniotic (DCDA) pregnancy, complex heart condition diagnosed shared care with Evalina Hospital in London. The patient attended with a small PER vaginal PVO bleed and abdominal pain – an IUD was confirmed.

Case 4 – High nuchal translucency (NT) - declined further testing. Anomaly revealed early fetal growth restriction (FGR) <1st centile. Invasive testing declined. Attended at 25+4 weeks with offensive urine & brown discharge - IUD confirmed.

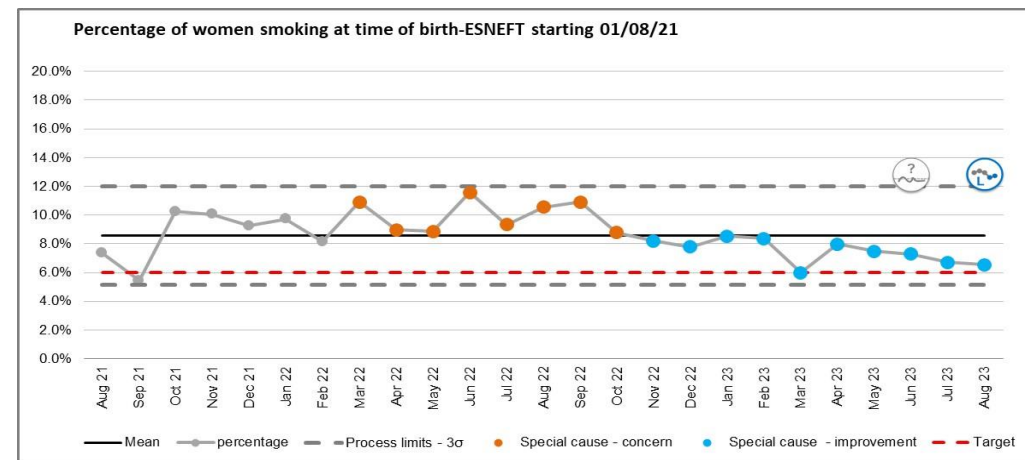
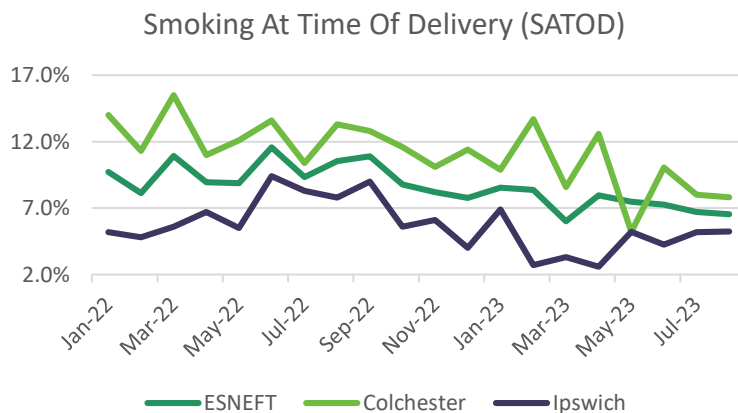
Case 5 – Non-English speaker, 43 years old. Brief interactions with Fetal medicine (FMU) due to size of baby at first growth scan - later discharged. There was an ongoing urinary tract infection (UTI) throughout the duration of the pregnancy.

Smoking in Pregnancy

Teams continue to demonstrate sustained improvement in the percentage of women/birthing people smoking at the time of delivery, with an overall downward trend for the last 5 months.

Improvements needed in CO monitoring for women who smoke at every planned appointment (including 36 weeks – measured separately in SBLCBv3). The Trust is currently only 40% compliant with SBL care bundle.

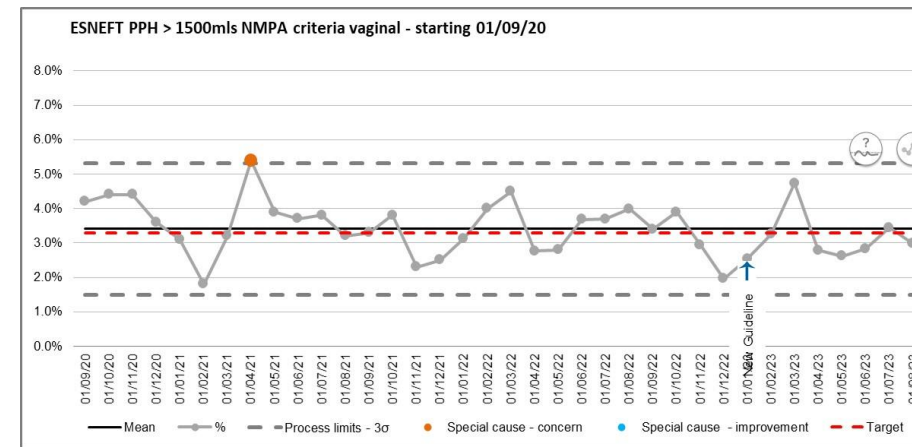
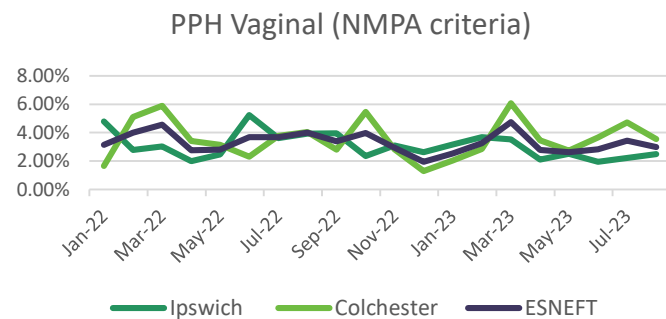
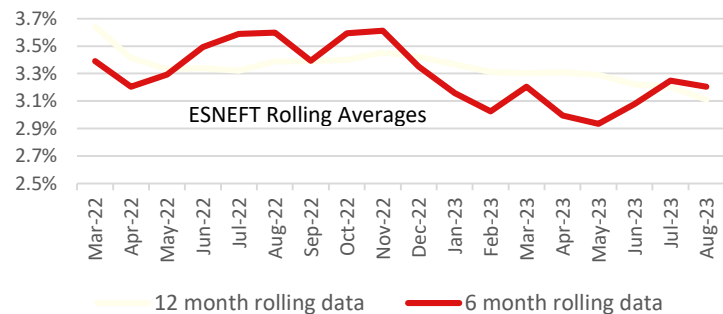
An updated guideline is going through governance approval this month with clarification re: feedback to named healthcare provider on progress.



Patient Safety – Maternity Dashboard and highlights – August data

Postpartum haemorrhage

August reported performance of 2.98% which is compliant with the 3% target. Colchester reported performance of 3.55% and Ipswich reported 2.48%. The department is waiting for the Consultant QI lead appointment for MDT collaboration – no active improvement work is currently underway. MDT work is ongoing including blood transfusion and POCT to review when the ROTEM will be available for use in maternity – teams are hoping machines will be validated and approved for use this month.



ESNEFT Preterm births

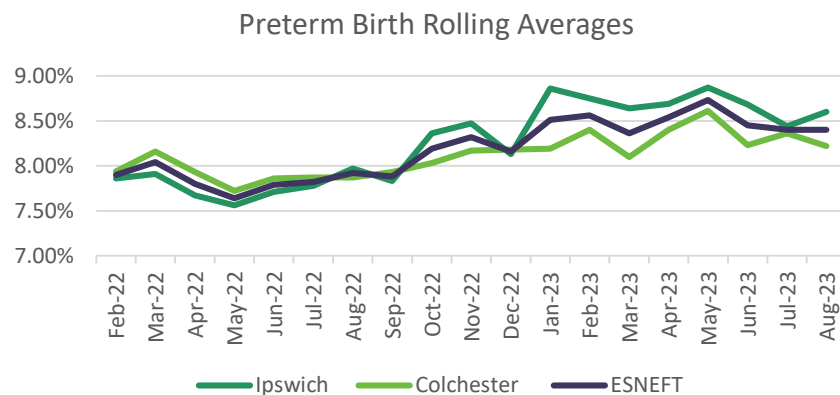
Per-term births remained at 8.4% in August. The PERIPrem regional QI project is supporting SBLCBv3 work and audit requirements for evidence of compliance. The Trust is currently 74% compliant with the SBL care bundle. A new PREDICT form is being added to PERIPrem packs (and local guidance) to support documented conversations between families and the neonatology team.

Optimisation (34 weeks):

- 100% of babies born in the right place
- 100% of babies <34 weeks gestation received a full course of AN steroids (SBLCBv3 target >40%).
- 100% received MgSO4
- 90% had optimal cord clamping
- 100% eligible had IV abx in labour
- 90% of babies were normothermic

Improvements needed in:

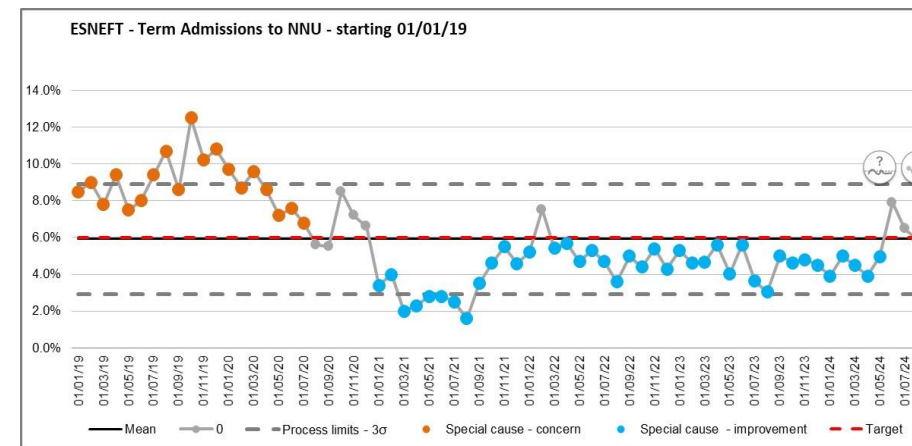
- Administration of EBM within 6 hours (PERIPrem) and 24 hours (SBLCBv3)
- Documentation of EBM given in Badgernet
- Administration of probiotics within 24 hours



ESNEFT Term admissions

Following a spike in the numbers of term admissions in the summer, the Trust is once again under the national target of 6%.

Teams are continuing to review all cases to look for themes and trends.



Patient Safety – Maternity Assurance Report: Ockenden Action Plan Update – August 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	2	9	81.8%
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	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	0	4	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	2	11	79	85.9%
Blue Action complete and signed off						
Green Status updated and on track within timescale						
Amber Status not updated/completed and the deadline passed						
Red Status not updated/completed and deadline passed by more than one month						

Highlights and exceptions

Teams have seen a small improvement in the completion compliance across the last month and have moved from having 84.8% of 92 actions fully completed to 85.9%. There has been a full review of the 15 sections, and teams are almost in a position to close the 4 remaining green items. For section 11, policy guidelines are available to complete the full sign off.

Teams are now working on finalising the 44 actions that will form the basis of the maternity and neonatal services 3-year delivery plan, and this has involved a review against the Ockenden actions. There is some cross over in the recommendations created from the 3-year plan. Teams have yet to make a final decision about closing off the Ockenden plan and want to have full assurance that any items outstanding will be covered within the 3-year plan.

In the meantime, teams will continue to progress with both plans, and ensure that the new 3-year plan is incorporating all aspects of Ockenden, along with the Safety Actions work for CNST and items contained with the Core Competency and Saving Babies Lives framework.

Top 15 Maternity Incidents



ESNEFT top three Maternity incidents:

1. Term Admissions to the Neonatal Unit
2. Postpartum haemorrhage ≥1500mls / affecting woman's health
3. Readmission of Mother

ITU Admissions:

- 1 x Admission at Colchester (level 2)
- No admissions at Ipswich

PSII and HSIB investigations:

- No new referrals.
- No Closed HSIB cases.
- No new PSII investigations raised.

Unit Diverts

- 1 divert Colchester site

Risk Register

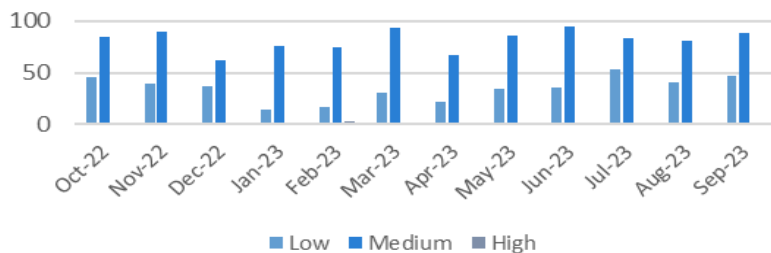
No Risks have been closed in the reporting period

New risks

No new risks have been approved on the Risk Register

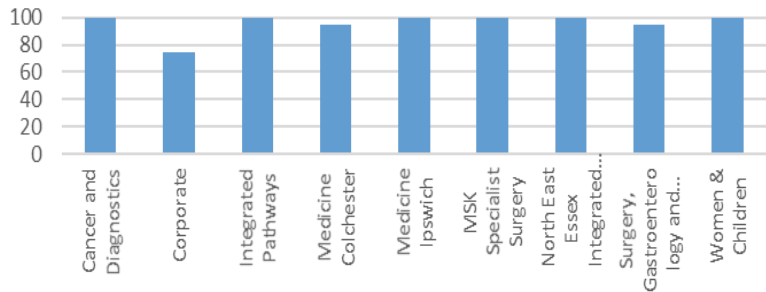
Patient Experience – Complaints

Total number of Complaints by Level



Overall complaint numbers for ESNEFT in September were 135 (121). Colchester reported 47 (62) complaints and Ipswich reported 88 (60).

Complaint Response Compliance %

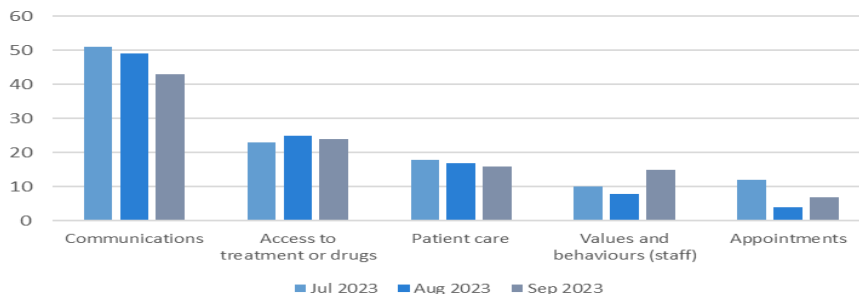


Overall response rate compliance decreased to 98% (99%). There were 119 (142) complaints closed in the month of September. Overdue complaints remained at 0.

Complaint themes

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

Top 5 Complaint Themes



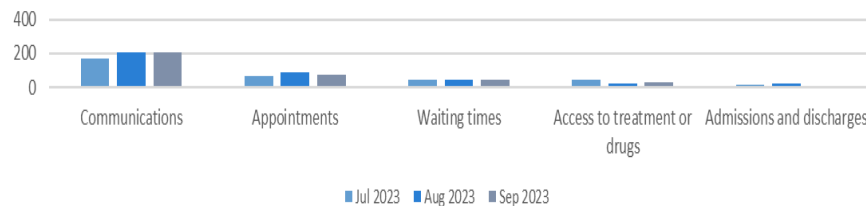
Top themes from PALS:

There were 403 (430) PALS enquiries logged in September 2023:

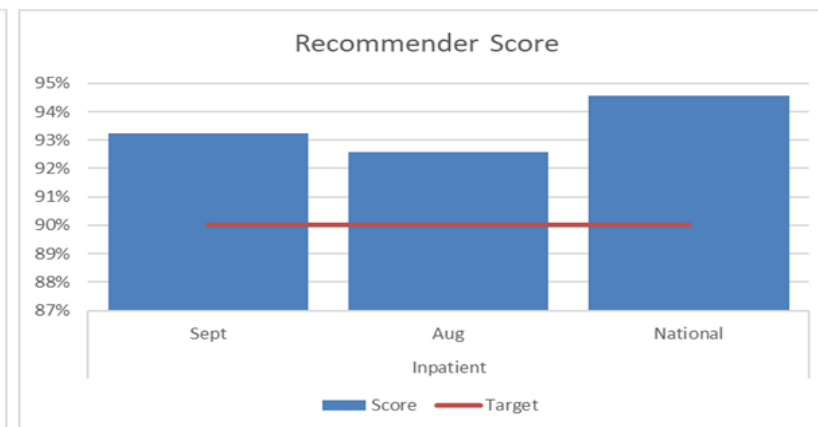
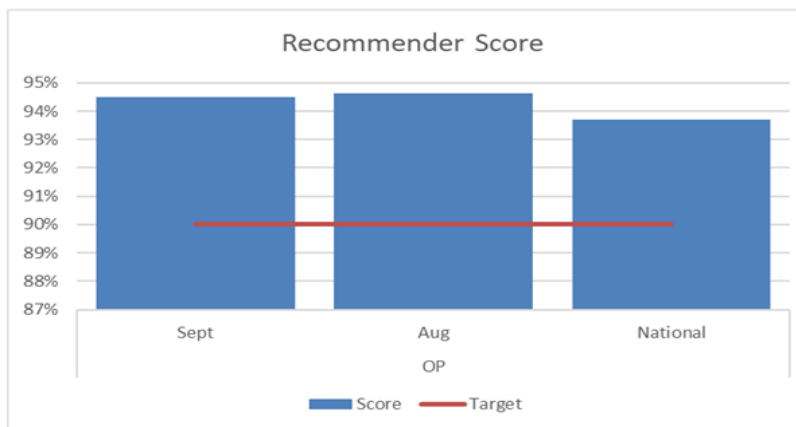
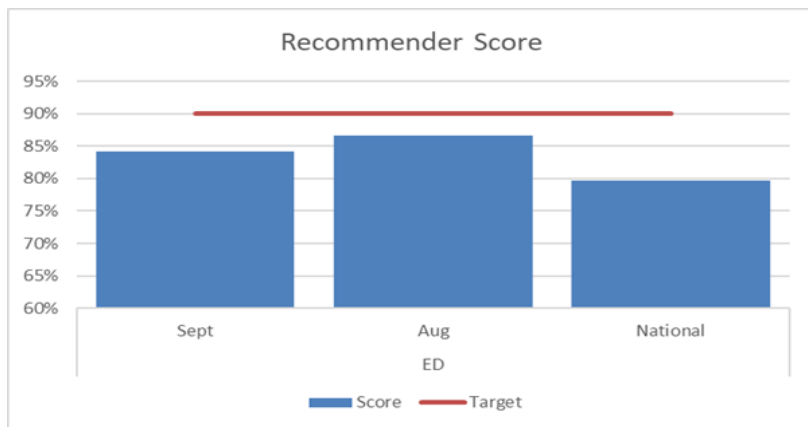
- 258 (267) for Colchester
- 145 (163) for Ipswich

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

Top PALS Themes - last 3 months



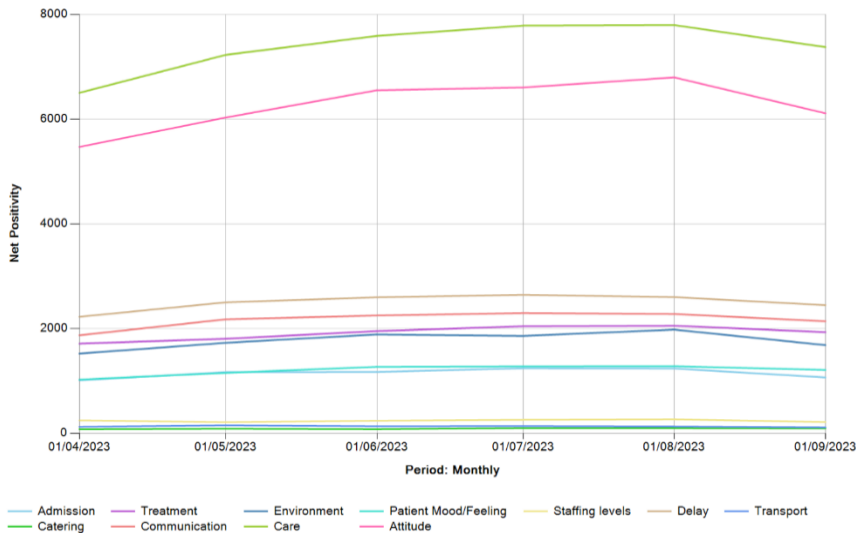
Patient Experience – Friends and Family Test



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

The table below shows the trends in themes for the previous 6 months:

	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	6,545	2,419	7,807	1,238	1,981	2,914	1,422	149	291	2,168
Negative	435	282	423	174	300	474	215	39	79	239
% Negative	6%	10%	5%	12%	13%	14%	13%	21%	21%	10%
Change	No change	Up 1%	No change	No change	No change	Down 1%	No change	Down 1%	Up 3%	Down 1%



ED		June	July	August	September
ESNEFT	Recommended	83.64%	85.74%	84.64%	84.23%
	Responded	17.00%	18.00%	18.00%	18.00%
National	Recommended	79.81%	0.00%	0.00%	0.00%

Inpatient		June	July	August	September
ESNEFT	Recommended	93.10%	94.10%	92.27%	93.24%
	Responded	0.00%	0.00%	0.00%	0.00%
National	Recommended	94.84%	0.00%	0.00%	0.00%

Birth		June	July	August	September
ESNEFT	Recommended	100.00%	90.00%	100.00%	93.33%
National	Recommended	93.84%	0.00%	0.00%	0.00%

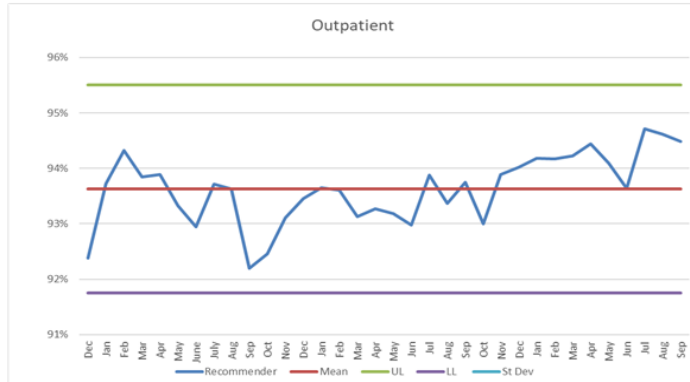
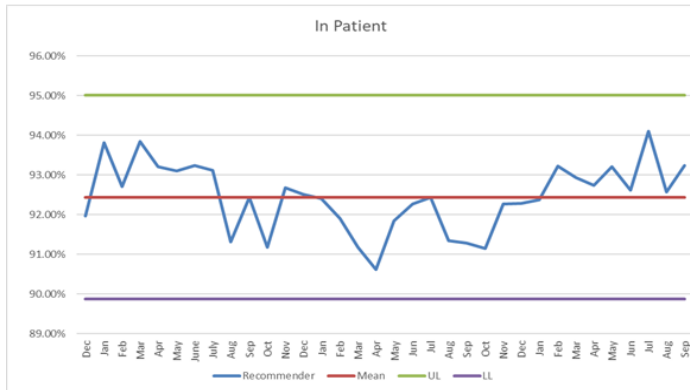
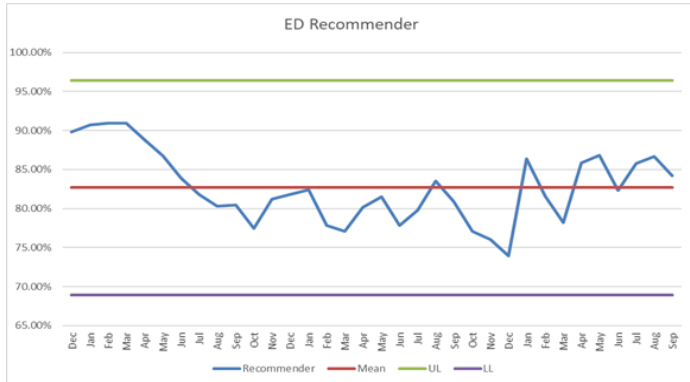
Outpatient		June	July	August	September
ESNEFT	Recommended	93.73%	94.71%	94.62%	94.48%
National	Recommended	94.03%	0.00%	0.00%	0.00%

Antenatal		June	July	August	September
ESNEFT	Recommended	100.00%	100.00%	94.59%	96.43%
National	Recommended	91.70%	0.00%	0.00%	0.00%

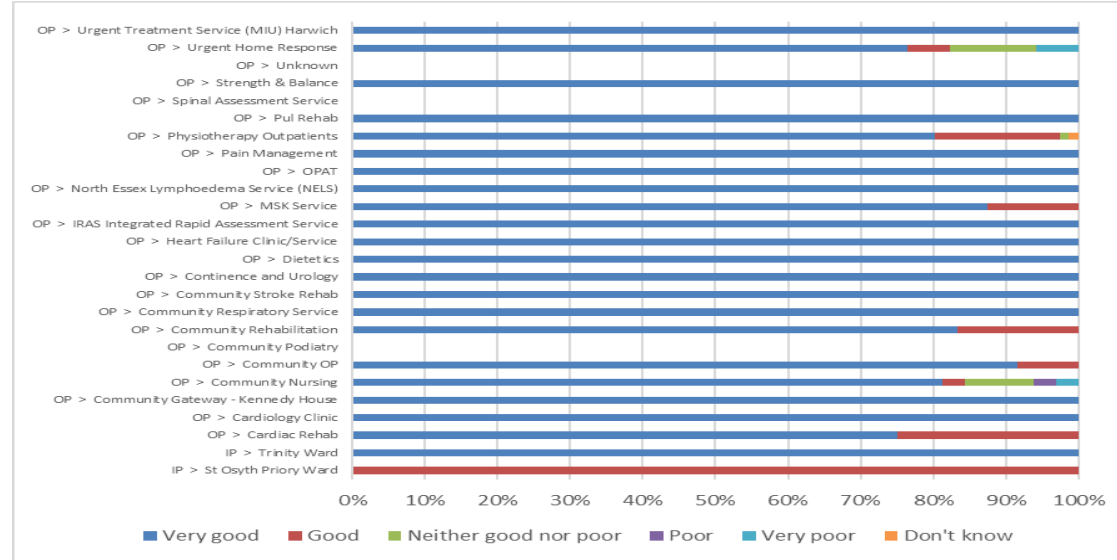
Post Ward		June	July	August	September
ESNEFT	Recommended	97.95%	93.02%	98.21%	95.00%
National	Recommended	94.15%	0.00%	0.00%	0.00%

Post Com		June	July	August	September
ESNEFT	Recommended	97.96%	100.00%	100.00%	100.00%
National	Recommended	93.09%	0.00%	0.00%	0.00%

Patient Experience – Friends and Family Test



Community - Essex



FFT Feedback/Comments

Cardiac Rehab - I had a long telephone conversation with a cardiac rehab clinician following a stay in hospital due to an angina attack. A staff member called me and talked through the actual attack, my hospital treatment, my subsequent additional and change of medication, and current health. We talked through my current diet, lifestyle and exercise and I was offered a 6-week rehab exercise course which I have gladly taken up. All my questions were dealt with during the conversation, and I consider the call was extremely helpful and reassuring.

Physio Outpatients - Seen quickly. Care and consideration from all staff.

Heart Failure - Very informative - explains things clearly.

Cardiology Clinic - The lady that I saw is such a caring person and was very thorough in all the tests she did. She put me at ease 100%.

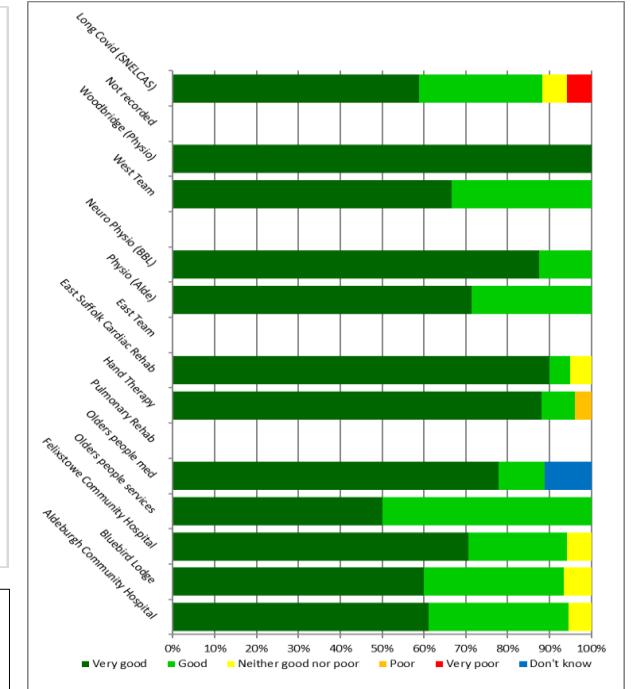
Urgent Home Response - Helpful, kind and caring and fast service!

Community OP - Was seen within an hour diagnosed and prescription picked up all within hour and a half. Most grateful to this service. Hand Therapy - Efficient, friendly everything explained and treated me like an intelligent person not an old duffer

Older peoples Med - Communication - my appointment was a phone appointment, and the consultant really needed a face to face. I have to have another appointment in 4-6 weeks, so I can't really answer your question.

Neuro Physio BBL - Care - I found the staff brilliant. I have no complaints at all. Well looked after. Thank you.

Community - Suffolk



95% 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)	76%	● 74.6%	● 76.4%	● 71.4%	● 2.5%	● 3.3%	● 1.1%
	Time to initial assessment - 95th pct	15 mins	● 26	● 14	● 34	● 1	● (4)	● 4
	Time to initial assessment- percentage within 15 minutes (new measures)		86.2%	96.7%	72.6%	● (0.1%)	● 3.1%	● (4.6%)
	Time to treatment - median time in department	60 mins	● 76	● 49	● 99	● 2	● (7)	● 11
	Average (mean) time in department- non-admitted patients (new measure)		252	339	191	● (20)	● (55)	● 8
	Average (mean) time in department- admitted patients (new measure)		434	524	324	● (75)	● (134)	● (11)
	Patients spending more than 12 hours in A&E		831	750	81	● (379)	● (376)	● (3)
	Proportion of ambulance handovers within 15 minutes (new measure)		21.6%	17.2%	27.3%	● 1.4%	● 1.9%	● 1.2%
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 54.2%			● (1.7%)		
	% patients 28 day faster diagnosis		● 64.1%			● 3.1%		
	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 69.0%			● (3.5%)		
Diagnostics	% patients waiting 6 weeks or more for a diagnostic test	1%	● 8.8%			● 1.0%		
	% of incomplete pathways within 18 weeks	92%	● 56.3%			● 0.1%		
RTT	Total RTT waiting list (open pathways)	87180 (Trajectory)				● (173)		
	Total 65+ waiters	1469 (Trajectory)	● 993			● (31)		

UEC – The Ipswich site continues to focus on incremental improvements to support patient experience and safety within its emergency department and improved grip and controls around its own internal processes and procedures linked to the “Tomorrow's Work Today” programme, and the safe discharge of patients earlier in the day. The site saw significant pressure from back-to-back Industrial Action in late September & early October. The business case for workforce changes to support the UEC new build opening in summer 2024 has been completed which should support longer term sustained improvement through the introduction of a Rapid Assessment Treatment area and increased cubicle and resus space as well as the new front door pathways for UTC patients.

NEE system discussions are ongoing to support the integration of acute and community services to ensure sustainability of all improvements seen within this month; notably the Unscheduled Care Hub & ‘Call before Convey’ programmes.

Cancer – the focus is very much on delivering required activity by the end of March and there has been good progress on pathways improving the LGI performance. Patients have start dates for treatment in October for Colchester and November for Ipswich. The initial impact has shown that out of the first clinic held, 15 patients were triaged and 10 discharged with live typing as the clinic progressed. There has been good clinical engagement across the tumour sites and new cancer standards are to be launched in October. A Professor Briggs visit is planned for November for LGI.

Elective – Teams have continued to see a reduction in both the over 78-week cohort and 65-week cohort of patients. A review of trajectories has been finalised with risks and mitigations identified across the specialities. The impact on industrial action has been assessed from April to September and shows a loss overall of 18,824 contacts. All patients that are in the 65-week cohort needing a first OPA by the end of October are managed and tracked daily and significant progress made in September. This target is on track to deliver across most specialities – T&O are at risk but teams are working through mitigations.

ESNEFT Whole Economy performance has improved for both sites, which in turn has improved ESNEFT performance in month by 2.5%. The Trust is sitting above the regional/national averages. Unfortunately, this is 4.4% below the ESNEFT trajectory. Colchester increased by 3.3% with Ipswich increasing by 1.1%. ESNEFT attendances have seen a 0.8% increase in month.

4-hour standard- ESNEFT whole economy*

74.6%

↑ vs 72.1% last month

4-hour standard- Colchester

76.4%

↑ vs 73.1% last month

4-hour standard- Ipswich

71.4%

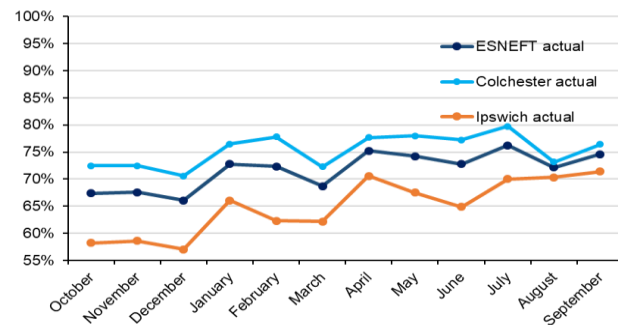
↑ vs 70.3% last month

Attendances - ESNEFT

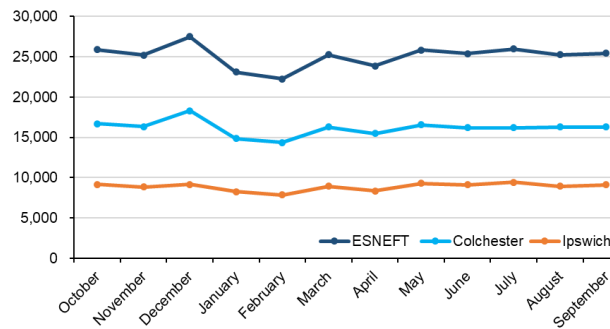
25,413

↑ vs 25,211 last month

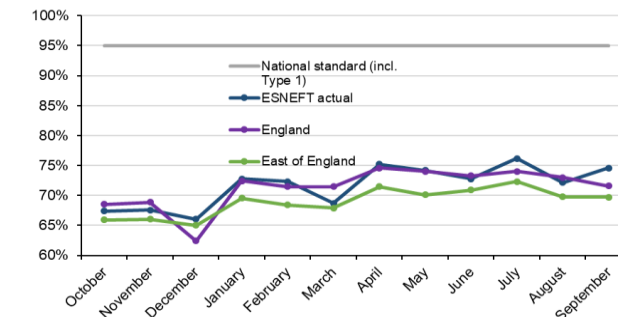
ED Performance: Four hour standard



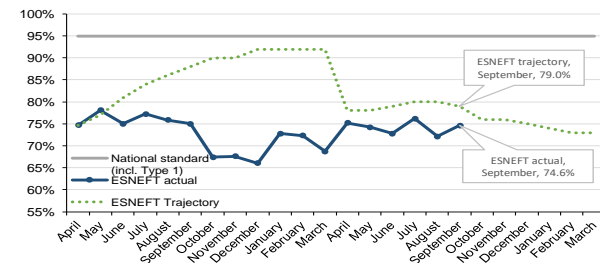
ED Performance: Attendances



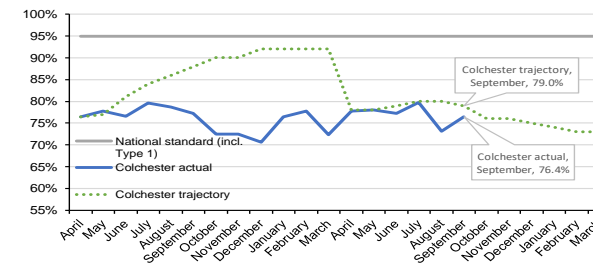
ED Performance: Four hour standard - benchmarking



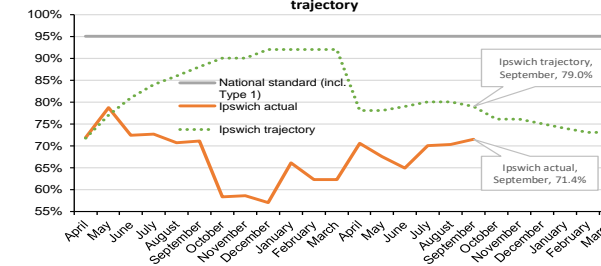
ED Performance: Four hour standard - ESNEFT trajectory



ED Performance: Four hour standard - North East Essex trajectory



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



Colchester

Following a review of initial assessment processes, clinical and operational changes have been introduced. This has resulted in an average increase of 11 patients per day being seen within 60-minute of arrival by a clinician in the month of September, compared to August. Additionally, the average mean time in the department for non-admitted patients reduced in September by 50-minutes. Early October data suggests that these positive trends continue in the right direction. Breach validation trends are being shared with divisional colleagues to support timely response to referral and diagnostic requests. This has generated a positive response from speciality colleagues and is supporting 4-hour performance.

Ipswich

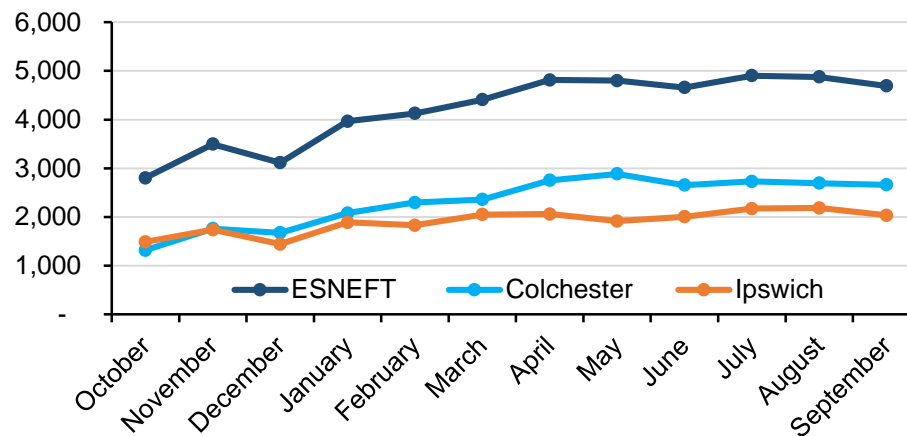
Performance continues to be on an improvement trajectory for the third month in a row with an increase of 1.04%. The department continues to embed improved safety processes at the front door with e-observations. An increase in the volume of patients streamed to the UTC increased in September supporting performance.

Performance and trajectory				
September		ESNEFT	NEE	IES
	Actual	74.6%	76.4%	71.4%
	Trajectory	79.0%	79.0%	79.0%
Position		✗	✗	✗

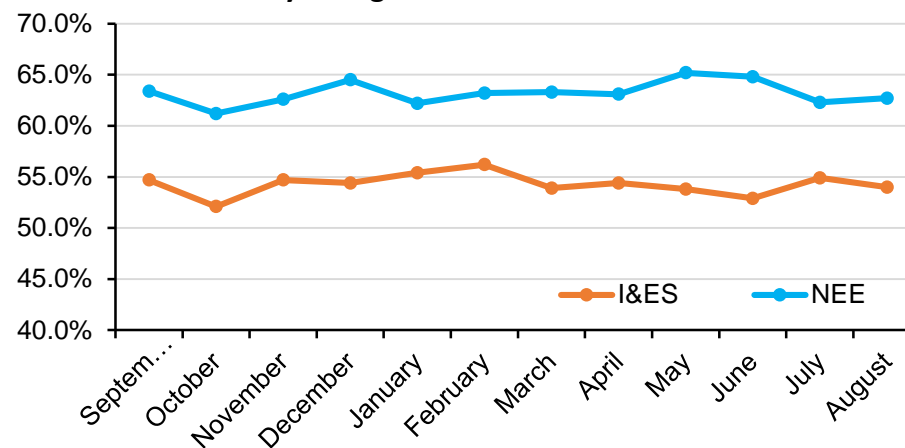
*includes Clacton and Harwich

The number of ambulance handovers decreased in month for ESNEFT by 3.8%; Colchester decreased by 1.3% with Ipswich decreasing by 6.9%.

Ambulances: Number of handovers



Ambulances: Conveyancing rate



Number of handovers - ESNEFT

4,694

↓ vs 4,878 last month

Number of handovers - Colchester

2,660

↓ vs 2,694 last month

Number of handovers - Ipswich

2,034

↓ vs 2,184 last month

Colchester

The Emergency CDG is working in collaboration with system partners, EEAST and the Unscheduled Care Hub, to support the redirection of ambulances to the most appropriate alternative service.

Colchester continues to meet the Same Day Emergency Care (SDEC) performance standard of 33% of emergency admissions to be discharged on the same day with the latest data showing performance of over 40%.

The Unscheduled Care Hub continues to operate Monday to Friday, 8am-4pm. Opportunities include new Virtual Ward pathways, 'Call Before Convey', Home Visiting and extending the opening hours. The acute teams are fully supportive of these initiatives to ensure ambulance crews are free to deal with life-threatening emergencies more quickly and to ensure patients receive the best on-going care in the community.

Ipswich

Ambulance conveyances decreased in September. Improvements in handovers were achieved with collaborative working and early escalation with the HALO, NIC and EPIC when demand is high. Ipswich continues to support across the system with divers.

ESNEFT performance has improved across the board in month. 15-minute handovers for ESNEFT increased by 1.4% which was reflected at both sites; Colchester increasing by 1.9% and Ipswich increasing by 1.2%. The proportion of handovers for ESNEFT that occurred within 15-30, 30-60 minutes and over 60 minutes all have seen an improvement.

Handovers within 15 minutes - ESNEFT

21.6%

↑ vs 20.2% last month

Handovers within 15 minutes - Colchester

17.2%

↑ vs 15.4% last month

Handovers within 15 minutes - Ipswich

27.3%

↑ vs 26.1% last month

Handovers within 15 – 30 minutes - ESNEFT

58.9%

↑ vs 54.0% last month

Handovers within 30 – 60 minutes - ESNEFT

12.7%

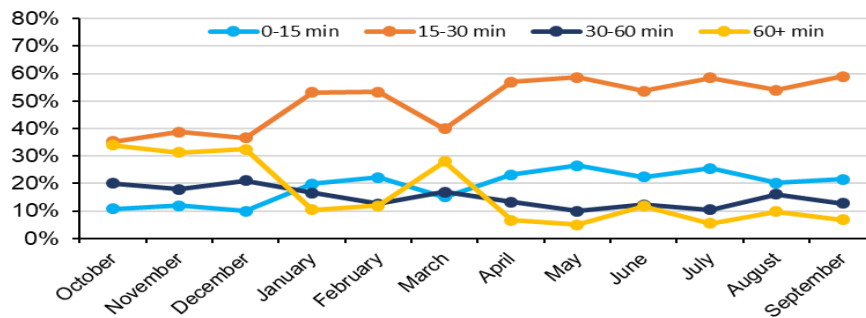
↓ vs 16.0% last month

Handovers over 60 minutes - ESNEFT

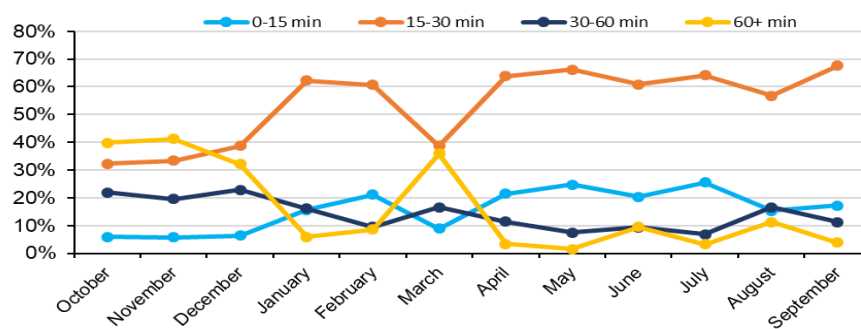
6.8%

↓ vs 9.8% last month

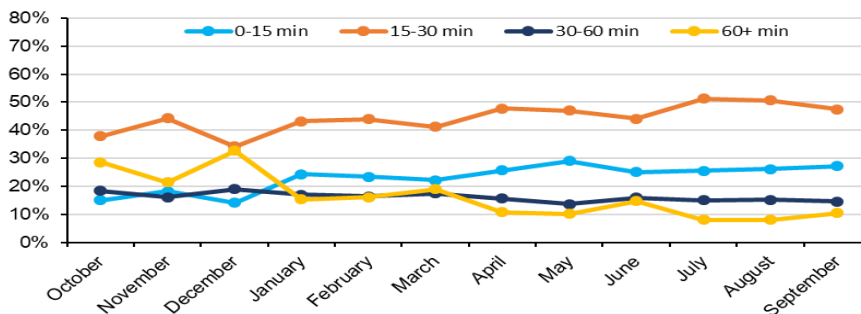
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Colchester

The process for ambulance handover has been adapted in Colchester, to support the 15-minute standard and timely release of crews. Cubical spaces have been protected from occupancy and are to be used solely for the initial assessment of patients, rather than patients queuing in the inbound corridor awaiting a cubical space to become vacant.

Multidisciplinary teams have been developed and assigned to initial assessment, with either a Consultant or Registrar completing the assessment to ensure patients are fully assessed in the first 30-minutes of arrival – including the appropriate ordering of diagnostics.

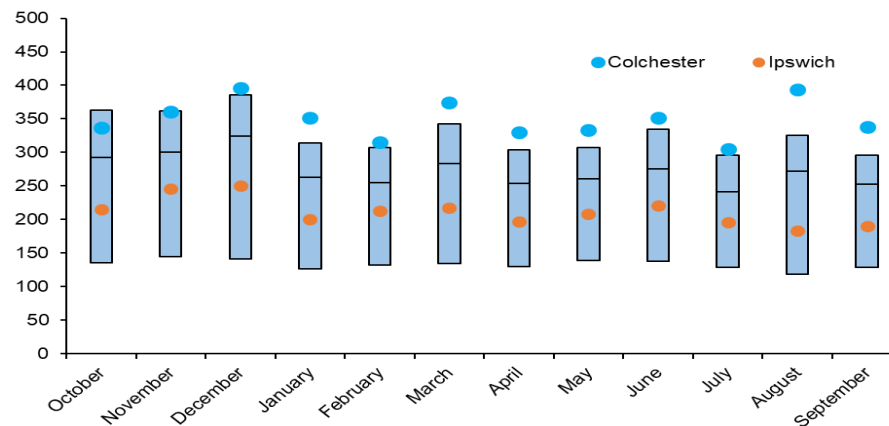
Front door open access to SDEC is also being worked up with consultant support within ED and SDEC to facilitate appropriate streaming of patients to the right services.

Ipswich

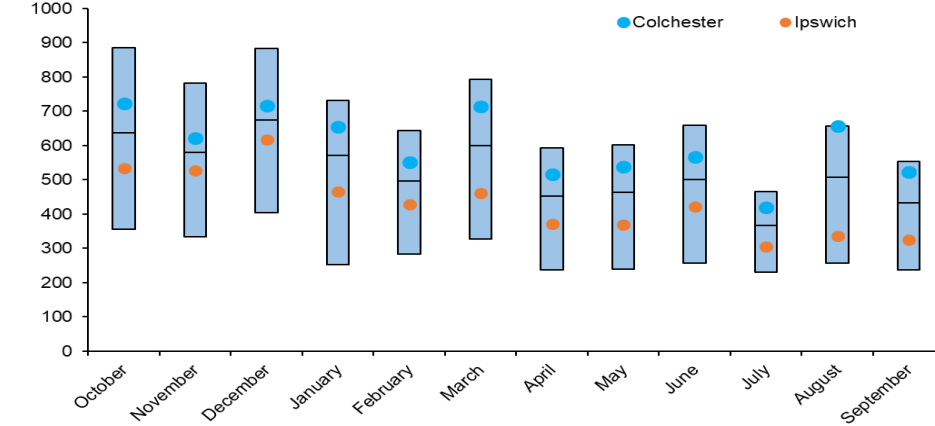
Improvements continue to be seen in offload compliance. The department acknowledges the constraints to offload due to current cubicle capacity and are working proactively with the HALO and ambulance crews to identify patients who are able to sit and therefore can be handed over without needing to wait for cubicle availability. There is a dedicated team during the day with a receptionist and Triage nurse which improves the speed in which teams can offload.

ESNEFT performance deteriorated slightly for time to initial assessment within 15 minutes by 0.1% for ESNEFT in month; Colchester improved by 3.1% whereas Ipswich worsened by 4.6%. Average times in department improved for both non-admitted and admitted patients; by 20 minutes and 75 minutes, respectively. The number of 12-hour patients reduced by 31.3% 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.

Colchester

Performance has recovered in month as the ED remains focused on reducing length of stay, particularly for non-admitted patients, through the revised Initial Assessment processes. Productivity gains have been achieved through this change of process and use of physical space. The focus remains to reduce the day-to-day variability of new initiatives, ensuring that the outcomes are not person dependent and that they are sustained out of hours.

A newly implemented ED/Site MDT huddle at 11am and 3pm has proven very useful in informing the site wide bed meetings of clinically-informed actions that are required to decompress the risk in ED.

Ipswich

The Trust is implementing new safety processes in the recording of e-observations and the Manchester triage score. Performance has declined in month for the 15 minutes to triage despite other improvements seen and this is being reviewed.

Reduced time in the department has been reported for admitted patients in September with 12-hour waits reducing in month. Non-admitted length of stay maintained at an average of 3 hours from arrival to departure.

Time to initial assessment (% patients within 15 mins)

86.2%

↓ vs 86.3% last month

Time to initial assessment: (95pct)

26 min

↑ vs 25 last month

Average time in dept – non-admitted

252 min

↓ vs 272 last month

Average time in dept – admitted

434 min

↓ vs 509 last month

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

76 min

↑ vs 74 last month

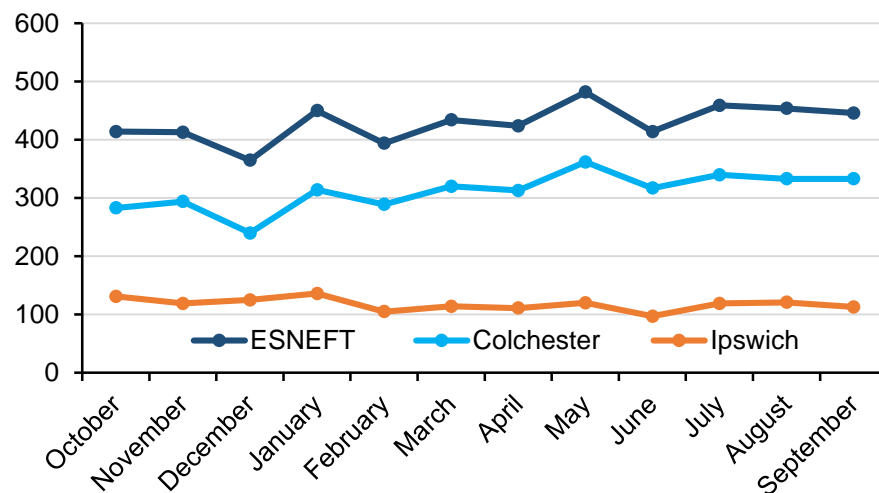
12-hour patients

831

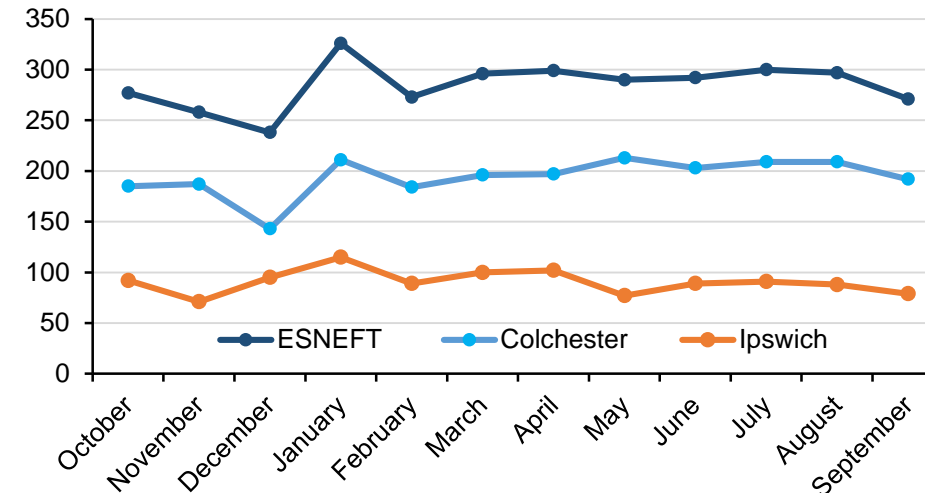
↓ vs 1,210 last month

MH ED attendances have decreased by 1.8% across ESNEFT in month; for Colchester there was no change with Ipswich decreasing by 6.6%. MH referrals also decreased by 8.8% in month across ESNEFT; decreases at both sites with Colchester by 8.1% and Ipswich by 10.2%.

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



MH attendances - Colchester

333

→ vs 333 last month

MH attendances - Ipswich

113

↓ vs 121 last month

MHLT referrals - Colchester

192

↓ vs 209 last month

MHLT referrals - Ipswich

79

↓ vs 88 last month

Service Commentary

There have continued to be occasions (more so in Colchester) on both sites where patients have experienced delays in accessing inpatient mental health beds and as such have been subject to increased risk factors, often requiring increased observations. These individual cases continue to be reviewed jointly with MH partners and ICB leads. This matter has been discussed within the MH urgent and emergency care forum and a request has been made for data in relation to incidents of moderate/severe harm which has occurred during periods where patients have been unable to access admission at the point this need has been identified.

Work is ongoing to review the risk assessment tool used within ED for children, plans are underway to discuss the adult risk assessment that is in use.

Total admissions increased in month for ESNEFT by 0.5%. Increases were in emergencies and non-electives by 1.6% and 6.3% respectively; with electives reducing by 1.0% in month. Compared to 2022-23 admission levels for September, emergencies and electives have increased by 3.4% and 6.1% respectively with non-electives showing a decrease by 1.7%.

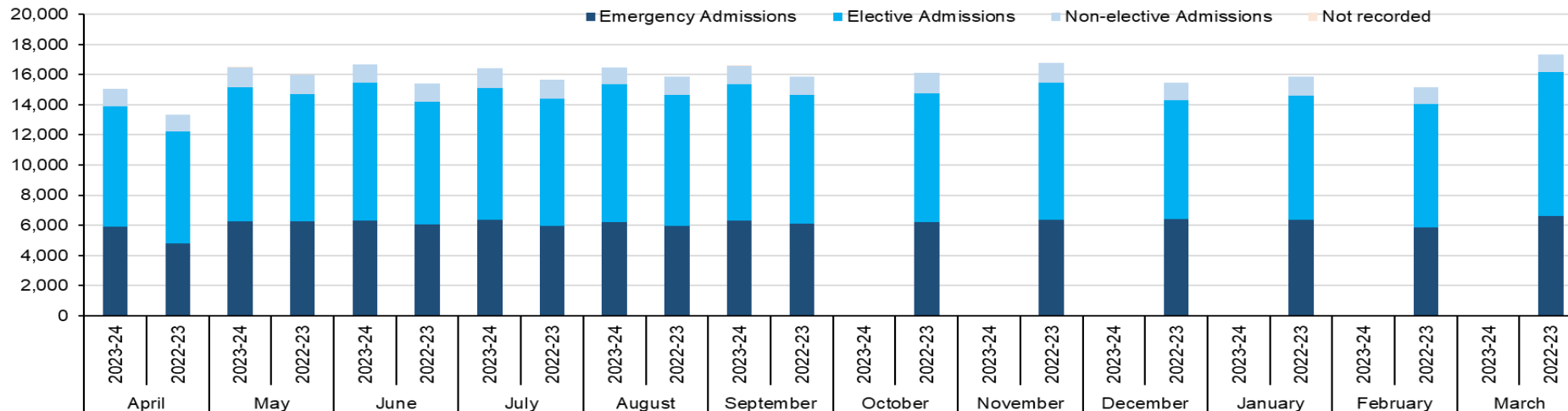
Emergency admissions
6,316
↓ vs 6,218 last month

Elective admissions
9,038
↓ vs 9,125 last month

Non-elective admissions
1,219
↑ vs 1,147 last month

Total admissions
16,574
↑ vs 16,490 last month

Admissions: Inpatient spells by admission type



Colchester

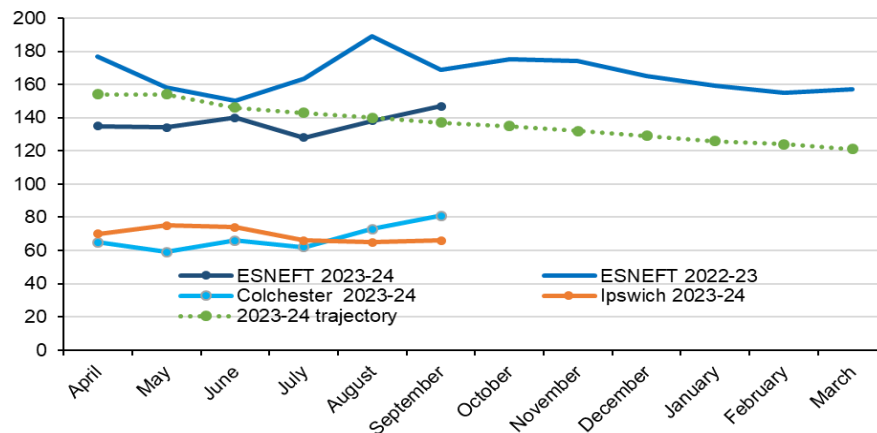
The strong and robust focus continues improving flow out of ED and maximising assessment capacity. The TMT programme is supporting the use of alternative pathways; as well and the identification of next day AMER discharges; and early morning discharges. The DCL is now fully operational; adopting a pull and push model with discharges being worked up over night for transfer at 8am. To ensure flow out of ED and admitting capacity; our Flow Matron now has winter cover for 7 days; as well as senior support from the Transfer of Care Hub to ensure traction on delays; and review of complex patients.

Ipswich

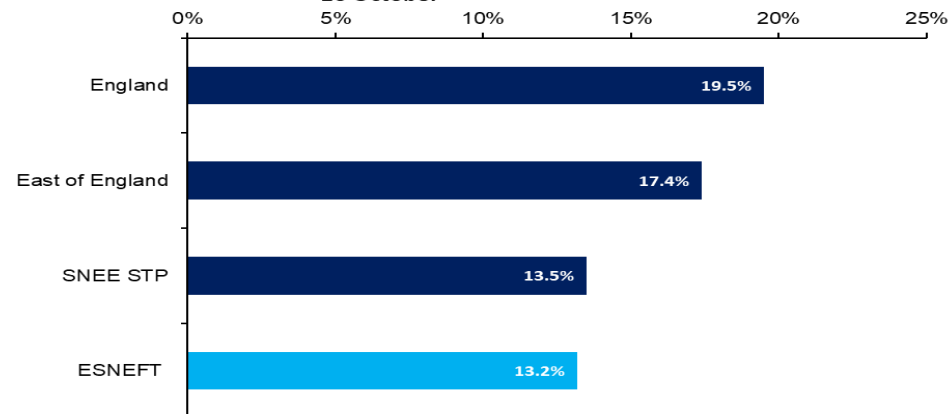
The Trust continues to have a strong focus on flow out of ED and this was commended on by the recent peer review visit in September. Focus remains on SDEC pathways and virtual wards are on-going to improve flow further.

Average number of long length of stay patients across ESNEFT increased in month by 9 patients and is now 10 patients over trajectory. There were increases at both sites with Colchester by 8 patients and Ipswich by 1 patient. The percentage of beds occupied by 21+ patients increased by 0.6% 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 16 October



Colchester

There is a small number of complex patients with a significant LLOS which is in turn impacting on the average LOS. There is some relationship also drawn between availability in the P2 and P3 market where there have been delays in placement this month. Fortunately, good availability in P1 is counteracting this to some extent, and very few delays in sourcing care for these patients. Work continues with teams to improve early identification of complexity to support early discharge planning.

Ipswich

There has been a slight increase in complex patients, especially mental health patients, with complex behaviour and housing needs which is impacting LLOS. Patients on PW1 have also seen a very slight increase although capacity remains reasonable. There have been some delays on PW3 for patients either returning or going to new care home placements due to COVID-19. There are several patients across the divisions that have been in hospital for over 21 days and are NMFFD. Regular reviews are done as part of the LLOS review panels.

21+ day patients - ESNEFT
147

↑ vs 138 last month

21+ day patients - Colchester
81

↑ vs 73 last month

21+ day patients - Ipswich
66

↑ vs 65 last month

Average number of medically fit for discharge patients has seen an increase in month for ESNEFT by 6.2%. This was reflected at both Colchester and Ipswich by 6.5% and 6.0% respectively.

Medically fit discharges - ESNEFT

224

↑ vs 211 last month

Medically fit discharges - Colchester

82

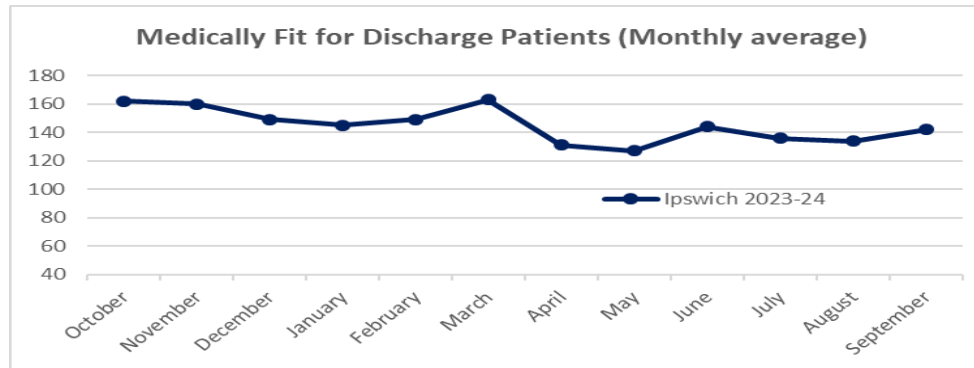
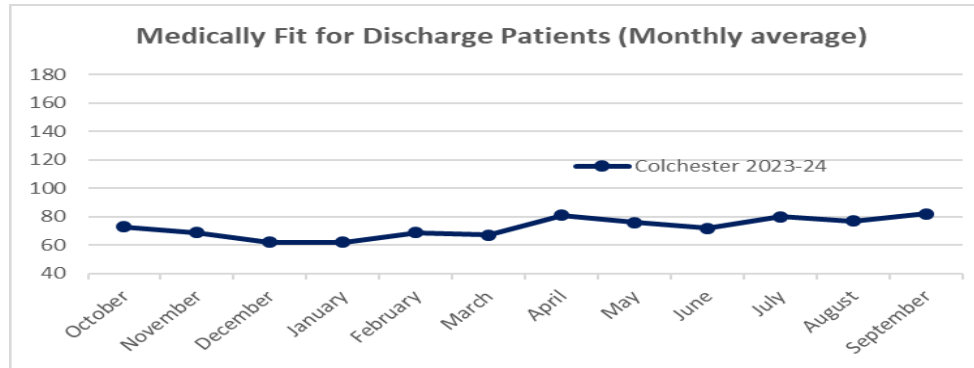
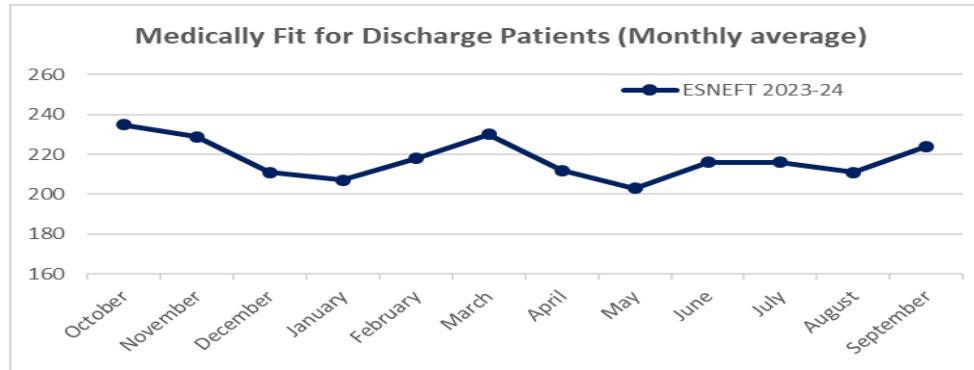
↑ vs 77 last month

Medically fit discharges - Ipswich

142

↑ vs 134 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

Although there have been less referrals into the TOCH for patients requiring PW1-PW3 in September compared to August the number of discharges per pathway have remained very similar. Teams did see a slight increase of LOS for patients waiting for discharge compared to August hence seeing an increase in the number of patients with no criteria to reside. These are being closely monitored via regular huddles and through points of escalation in reviewing capacity available.

Colchester

There has been an increase in delays to placements in the P2 and P3 markets this month. Teams are working with social care to improve processes and timelines including the development of a joint SOP. Teams are also working to promote early identification of complexity to support early planning and prevent delays once MFFD. Work is ongoing with teams to reduce over prescription of care to translate some P2 requests where appropriate to P1. The TOCH are supporting with robust triage. P1 discharge pathways have been responsive, and teams continue to push "Pathway Light" and alternative discharge support routes with the voluntary sector.

ESNEFT cancer performance deteriorated in month for two week waits and 62 day wait performance by 1.7% and 3.5% respectively. 28-day faster diagnosis performance increased by 3.1% albeit is below the trajectory set for the month by 5.9%. The number of patients on the 62-day 1st PTL, and those waiting 63 days or more, have both increased with no change on patients treated after 104 days.

Two week wait performance

54.2%

↓ vs 55.9% last month

62-day wait performance

69.0%

↓ vs 72.5% last month

28-day faster day diagnosis performance

64.1%

↑ vs 61.0% last month

Patients treated after 104 days

28

→ vs 28 last month

Total patients on 62-day 1st PTL

4,681

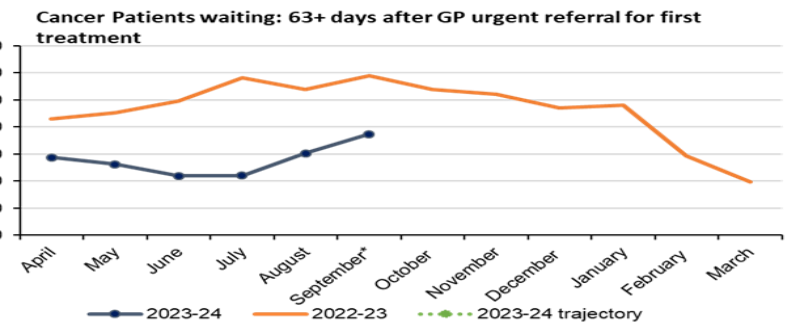
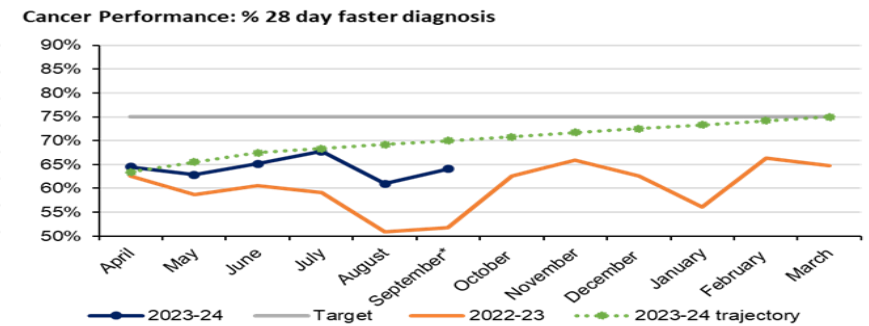
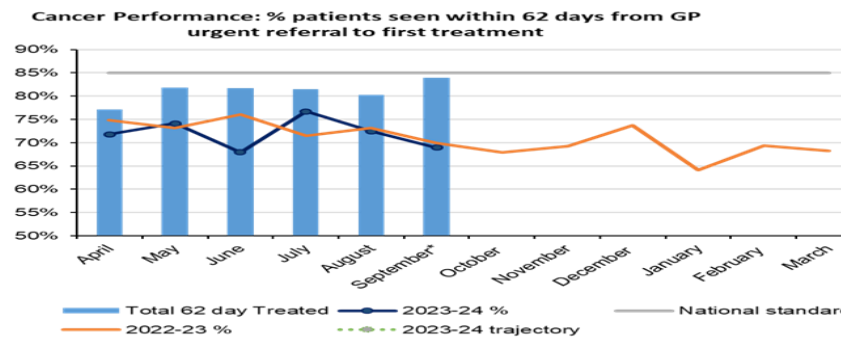
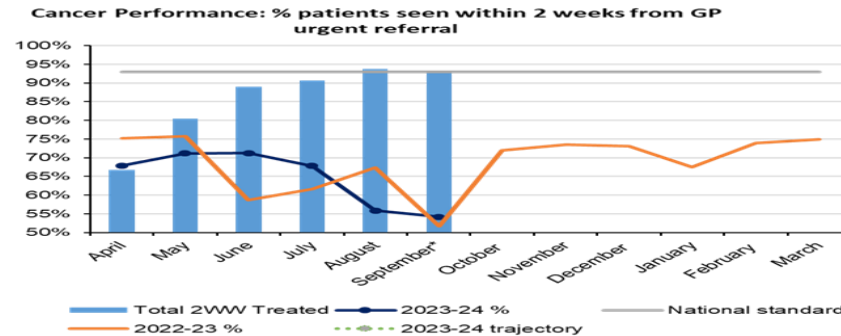
↑ vs 4,539 last month

62-day 1st patients 63+ days

374

↑ vs 303 last month

**Unvalidated figures as of the 12/10/23. Final figures for September 2023 will be available in November 2023 after submission*



Service Commentary

September is the last month that 2WW performance will be reported nationally. The target has been dropped from October 2023. This is one of the reasons why performance has declined as some specialties begin to focus more on the 28-day FDS standard. 2WW data will still be collected internally and submitted to the NHSE Cancer Alliance until 2025 for assurance that patients are still being seen as soon as possible.

Although 28-day FDS performance has improved at Trust level there is still more work to be done at individual tumour site level. Progress in some areas has been masked by the impact of industrial action. Recovery plans are in place for LGI and Urology.

September is also the final month for reporting the 62-day (2WW) performance. From October 62-day performance will include screening and consultant upgrade pathways. ESNEFT has been one of the highest performing Trusts in England in 23/24 for 62-day performance.

The backlog increase is almost all within surgery, with colorectal at Ipswich and Urology at Colchester seeing the biggest rise in patients waiting. Target areas to reduce numbers are overdue clinical reviews and review of capacity to address delays with TCI dates.

6-week performance declined in month by 1.0% with the waiting list increasing by 2.2% compared to last month. The number of breaches increased by 141 patients in month. Ipswich have 78.0% of the total breaches with echocardiography accounting for 59.4% of them.

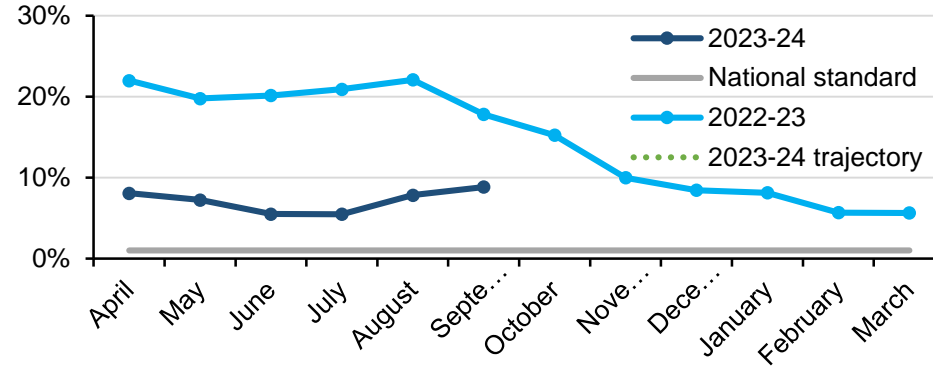
For Colchester sleep studies account for 41.9% of their breaches.

% patients waiting > 6 weeks or more
8.8%
 ↑ vs 7.8% last month

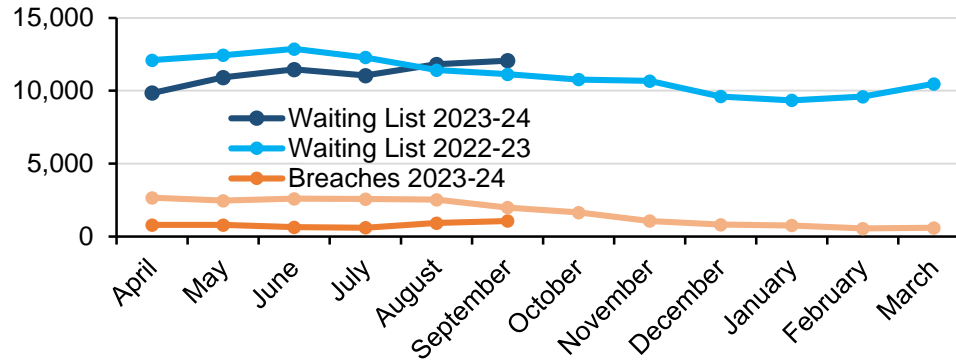
DM01 6-week breaches
1,065
 ↑ vs 924 last month

DM01 Waiting List
12,070
 ↑ vs 11,809 last month

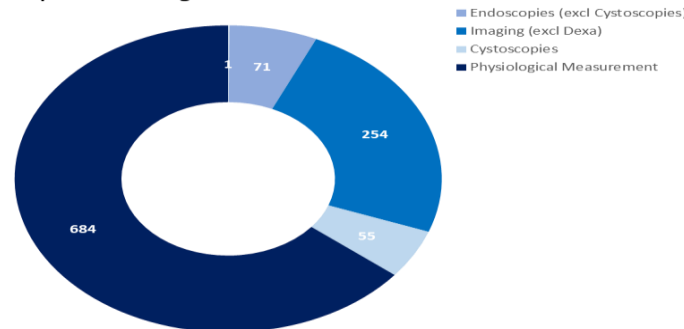
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



Service Commentary

Echocardiography remains the biggest challenge for DM01 performance on the Ipswich site. The breach numbers were less than predicted due to a higher number of patients transferring over to the Clacton CDC (60 a month) and the introduction of a locum to cover a vacancy.

The Division are now going to insource 150 patients a month to recover the backlog. They have undertaken a full capacity and demand modelling exercise, and they have enough capacity to meet demand if vacancies are filled.

Medical Imaging has the biggest level of DM01 activity and achieved 3.27% in September, which is compliant and below the internal ambition of 5%. Medical Imaging have been below the 5% target since May 2023 and ESNEFT is one of the best performing Trusts nationally.

Performance against the 18 week standard has increased by 0.1% in month and 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 stayed the same in month at 1.1% and remains lower than the national/regional averages reported for August.

Incomplete pathways within 18 weeks - ESNEFT

56.3%

↑ vs 56.2% last month

Incomplete pathways within 18 weeks – National

58.0% (August 23)

65+ waiters as % of list - ESNEFT

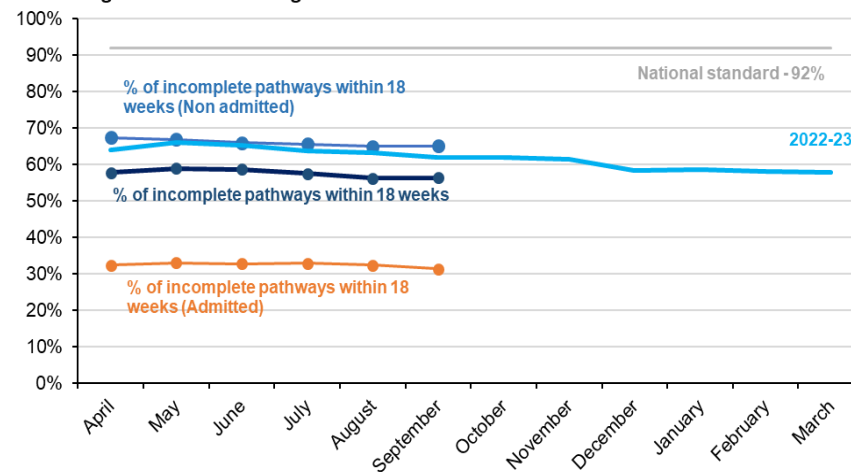
→ **1.1%**

vs 1.1% last month

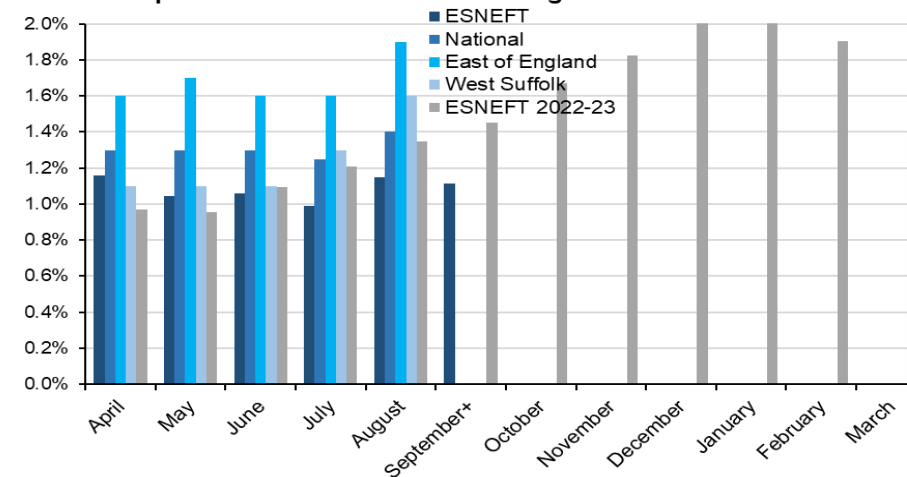
65+ waiters as % of list – National

1.4% (August 23)

RTT Waiting List: Performance against 92% standard



65+ Incompletes as a % of the Total Waiting List



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

Service Commentary

Two specialties remain 18 weeks compliant – Rheumatology and Geriatric Medicine.

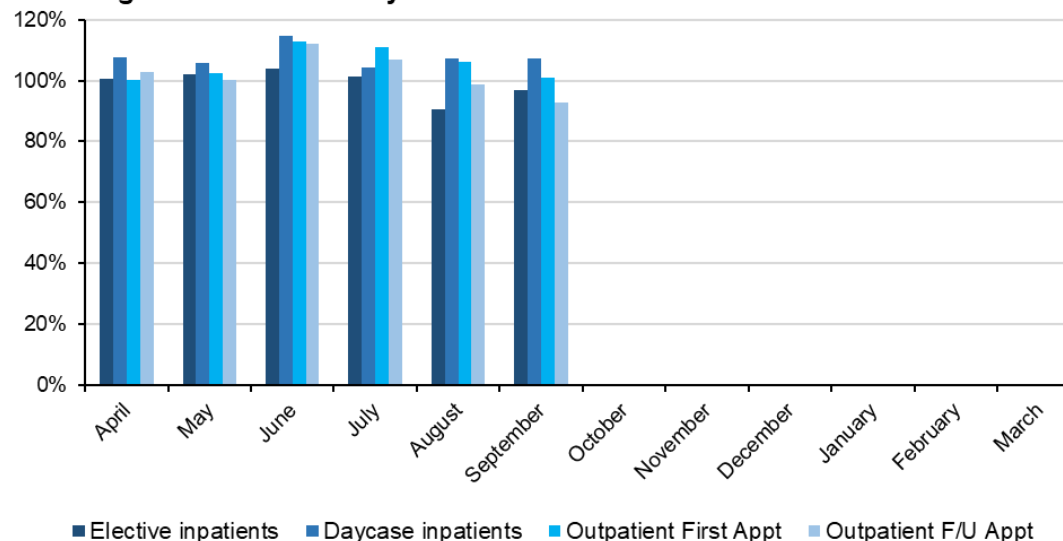
A further 6 specialities have improved compliance compared to September.

- Dermatology
- Endocrine
- ENT
- Gastroenterology
- Pain management
- Plastics

Industrial Action continues to impact on overall capacity and workload.

Activity decreased across the board in month, with the exception of elective inpatients which increased by 8.6%. There were decreases in daycases by 1.8%, outpatient firsts by 1.2% and follow ups by 2.7%. Higher levels were reported against 2022-23 activity levels for daycases and outpatient first appointments with lower levels for elective inpatients (96.9%) and outpatient follow ups appointments (92.9%).

Percentage of 2022-23 activity



Elective inpatients

845

↑ vs 778 last month

Daycase inpatients

8,192

↓ vs 8,344 last month

Outpatient First Appt

28,249

↓ vs 28,606 last month

Outpatient F/U Appt

47,619

↓ vs 48,935 last month

Service Commentary

Focussed attention continues on 65-week recovery. Weekly recovery meetings take place with the most challenged specialties:

- General Surgery
- Urology/Vascular
- Gastro
- Trauma & Orthopaedics
- Specialist Surgery
- Community Paediatrics
- Gynaecology

PTL meetings continue with all other RTT specialties - with more senior oversight, scrutiny support and escalation in place

The decrease of day case, first OPA and OP follow up activity can be associated with the impact of industrial action – both direct and indirect. August saw a loss of 5 days and September a loss of 7 days.

Activity increased for both MRI and ultrasounds in month for ESNEFT by 6.0% and 0.7% respectively. Compared to the previous month, lower levels were seen in CT and endoscopies which decreased by 2.2% and 13.7% respectively. Activity exceeded 2022-23 activity levels with the exception of endoscopies failing to achieve these levels at 82.1%.

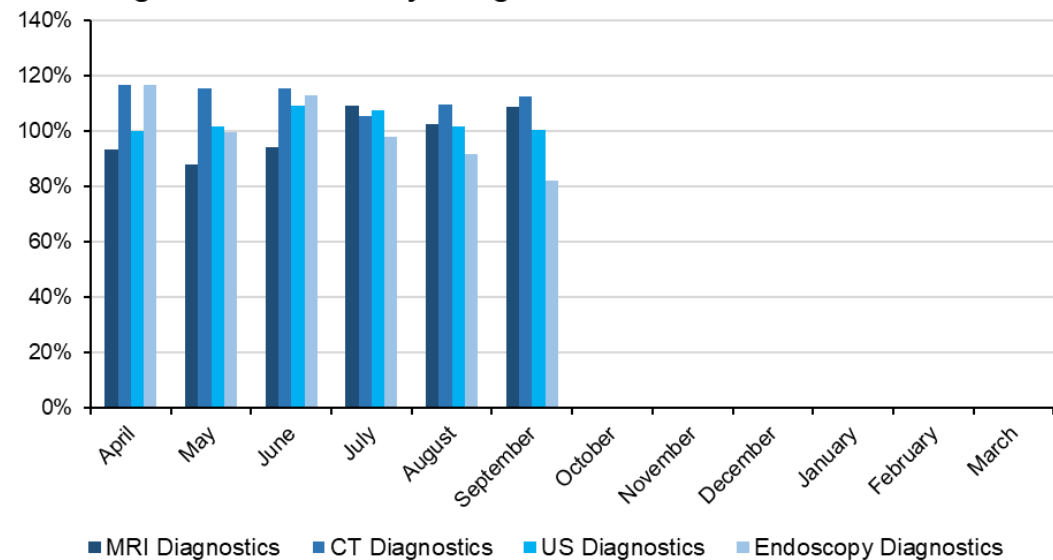
CT
7,460
 ↓ vs 7,630 last month

MRI
3,669
 ↑ vs 3,462 last month

US
11,145
 ↑ vs 11,071 last month

Endoscopy
1,514
 ↓ vs 1,754 last month

Percentage of 2022-23 activity - Diagnostics



Service Commentary

CT was impacted by radiographer strikes and a broken machine on the Ipswich Site for three days. The machine has been broken for a further three days in October and inpatient activity has been prioritised over DM01. Endoscopy continued to be compromised by the consultant strikes.

Teams are currently reviewing their trajectories and identifying actions to improve the Trust overall performance to 5%.

The CDC continues to monitor activity plans on a weekly basis to ensure there is no lost capacity. Services are in the process of agreeing activity plans for 24/25.

Improvements have been seen across the board for ESNEFT with the waiting list decreasing in month by 0.2% although is above trajectory by 1,930 patients. All long waiting patient's metrics waiting 65 weeks or more improved in month for ESNEFT with 65+ week waiters decreasing by 31 patients and is under trajectory for the month by 476 patients. Colchester has two thirds of the 65+ week patients.

Total open RTT pathways
89,110

↓ vs 89,283 last month

65+ week waiters

993

↓ vs 1,024 last month

78 + week waiters

38

↓ vs 43 last month

98 + week waiters

0

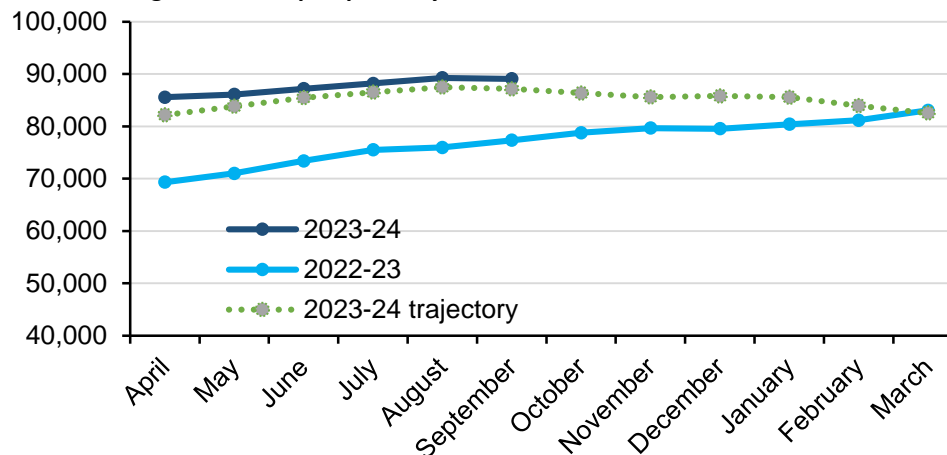
↓ vs 1 last month

104+ week waiters

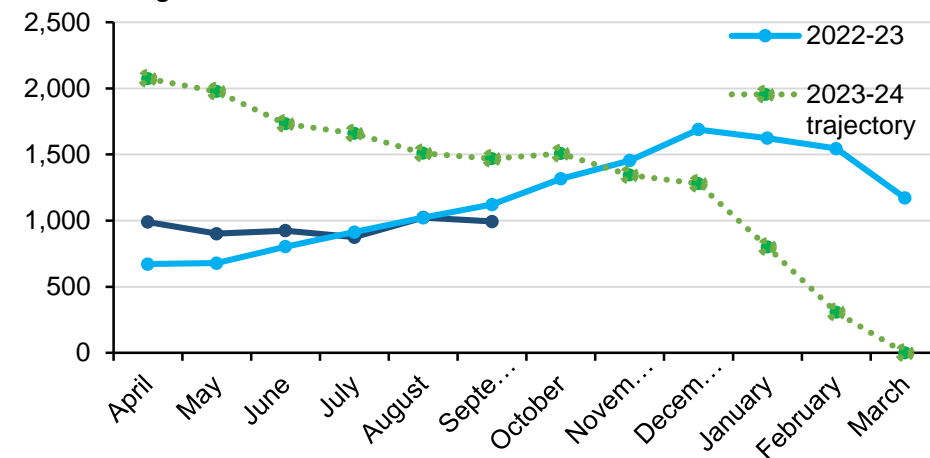
0

↓ vs 1 last month

RTT Waiting List: Total open pathways



RTT Waiting List: Total 65+ week waiters



Service Commentary

Teams continue to see a decrease in the number of patients waiting over 65-weeks in the longest wait cohorts, despite the continued challenge of Industrial Action and the resulting loss of both OP and elective capacity. Increasing capacity continues to be explored through insourcing and internal opportunities to maximise delivery of the national ambition to eliminate all RTT waiting patients over 65-weeks by the end of March 2024.

The PIDMAS initiative remains a National NHSE priority. Teams are on track to comply with all actions and set deadlines.

Month 6 Performance

Summary Income and Expenditure	September			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Income from Patient Care	79,623	82,716	3,093	477,699	488,141	10,442
Other Operating Income	3,772	4,235	463	22,612	28,926	6,314
Total Income	83,395	86,952	3,557	500,311	517,067	16,756
Pay	(51,636)	(52,514)	(878)	(311,207)	(315,565)	(4,358)
Non Pay	(27,771)	(30,897)	(3,126)	(166,663)	(180,779)	(14,116)
Total Expenditure	(79,407)	(83,411)	(4,004)	(477,870)	(496,344)	(18,474)
EBITDA	3,988	3,541	(447)	22,441	20,724	(1,717)
Other Non Operating	(4,192)	(3,750)	442	(25,185)	(23,235)	1,950
Surplus / (Deficit)	(204)	(210)	(6)	(2,744)	(2,511)	233
EBITDA %	4.8%	4.1%		4.5%	4.0%	
Performance Against CT						
Capital donations I&E impact	28	27	(1)	168	59	(109)
Total Non CT Items	28	27	(1)	168	59	(109)
Performance Against CT	(176)	(182)	(6)	(2,576)	(2,452)	124
Less gains on disposal of assets	-	(18)	(18)	-	(31)	(31)
Performance for System Purposes	(176)	(200)	(24)	(2,576)	(2,483)	93

M6 Revenue Headlines

In September the Trust reported an actual deficit of £0.210m which was a positive variance of £6k against the external plan (deficit of £0.204m).

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

The Trust then planned 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 variance against the plan both in-month and year to date, there are a number of key variances.

Income continued to report a favourable variance to plan in September. As detailed in previous months 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. September saw additional ERF monies allocated to the Trust in respect of secondary dental, this accounted for £0.65m and additional inflationary monies linked to ERF allocations, £0.3m. Benefits reported in other income are consistent with previous months.

Within pay, there was an overspend of £0.878m in September, with a YTD adverse variance of £4.358m. The medical pay award detailed last month has now been updated within the plan therefore the adverse variance reported predominately relates to clinical divisions continued reliance on additional sessions; some relating to additional elective ERF activities. As previously reported, there is a working group underway to identify potential alternative workforce solutions to reduce spend going forward. Discussions continue around mutual aid with other providers, WSH for example. The review of junior doctor establishments and associated spend is ongoing and outcomes will be shared with divisions as soon as possible.

Non-pay reported an adverse variance of £3.126m in September, increasing the year to date overspend to £14.116m. Whilst CIP non-delivery accounted for some of this unfavourable position, other significant pressures continued to be reported across a number of clinical divisions:

- Clinical supplies remains the key area of concern (approximately £7.7m overspent cumulatively after adjusting for CIP non-delivery, notably in Ophthalmology within MSK and Specialist Surgery);
- Secondary commissioning (£3.5m overspend for M1-M6, there is continued reliance on insourcing arrangements to support the elective programme for long waiting patients, such as in General Surgery, OMFS, Plastic Surgery; and Endoscopy has continued and is expected to for the remainder of the financial year);
- Premises (£4.3m 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 in relation to utility costs).

Temporary Pay

Agency costs in September significantly reduced compared to previous months although they still accounted for 2.3% of all pay costs (compared to 3.4% cumulatively to September 2022). Whilst consultants reported a significant reduction in spend this relates to a review of YTD invoices within Histopathology and Microbiology.

A reduction in bank spend was reported in September of approximately £0.3m. Junior doctors spend reduced in several divisions but most notably in SG&A with previous cover relating to sickness reducing in Urology.

Elective Recovery Fund (ERF)

ERF M1-6

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 2023/24. 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.

Actuals for Months 1-5 use internal calculations based on data extracted at freeze/refresh date from national datasets, and Month 6 uses internal calculations based on data extracted at day 1 of the following month.

Month 6 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 5 and 6 will continue to update as data is completed as well.

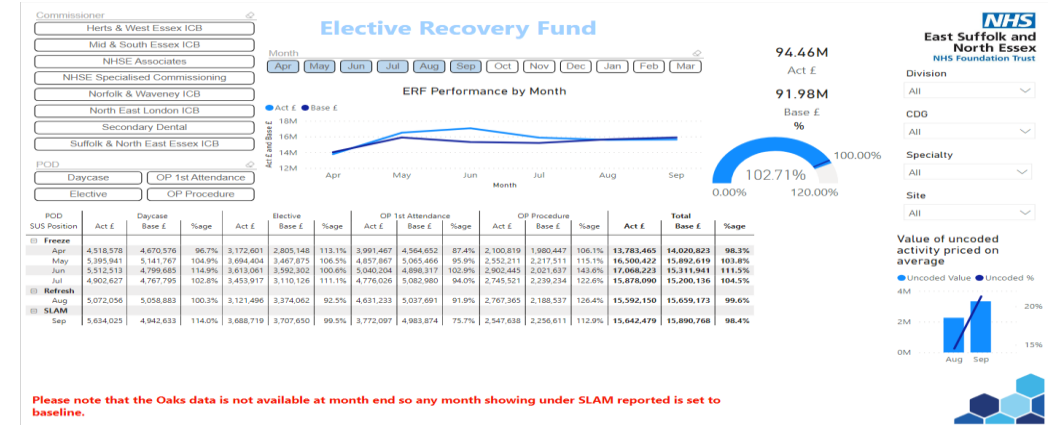
ESNEFT figures include Oaks RES patients unless otherwise stated.

To date, ERF for M1-6 is calculated at 102.7% of cost-weighted 19/20 elective patient care, an increase from 102.0% @ M5:

- April (internal view of frozen national data) – 98.3% (98.7% excluding Oaks RES)
- May (internal view of frozen national data) – 103.8% (104.7% excluding RES)
- June (internal view of frozen national data) – 111.5% (114.3% excluding RES)
- July (internal view of refresh national data) – 104.5% (105.2% excluding RES)
- August (internal view of refresh national data) – 99.6% (100.2% excluding RES)
- September (initial internal view) – 98.4% (98.3% excluding RES)

Total – 102.7% (103.6% excluding RES) excluding A&G, 104.6% inclusive of A&G

Nationally released M3 NHSE A&G rates incorporate greater payment than M1-2 nationally released. This is incorporated into our calculations.



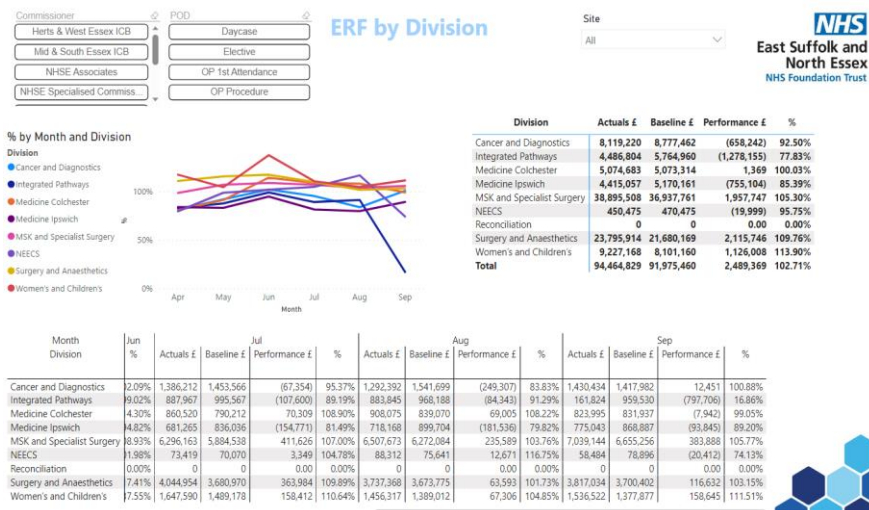
ESNEFT A&G

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	M1-3	M1-5	M1-6
ESNEFT	£ 298,522	£ 332,691	£ 252,485	£ 292,863	£ 259,709	£ 292,863	£ 883,699	£ 1,436,271	£ 1,729,135
WSH	£ 130,312	£ 167,288	£ 120,009	£ 152,711	£ 116,543	£ 139,901	£ 417,608	£ 686,862	£ 826,763
SNE	£ 428,834	£ 499,980	£ 372,494	£ 445,574	£ 376,251	£ 432,765	£ 1,301,308	£ 2,123,133	£ 2,555,898

M1-3 as per NHSE figures, M4&5 based upon EROC nationally reported, M6 estimated based upon working days

Month	Admitted/Non-Admitted	A&G	Total Actual	Baseline	Perf.
Apr	£ 13,783,465	£ 298,522	£ 14,081,988	£ 14,020,823	100.4%
May	£ 16,500,422	£ 332,691	£ 16,833,113	£ 15,892,619	105.9%
Jun	£ 17,068,223	£ 252,485	£ 17,320,708	£ 15,311,941	113.1%
Jul	£ 15,878,090	£ 292,863	£ 16,170,953	£ 15,200,136	106.4%
Aug	£ 15,592,150	£ 259,709	£ 15,851,859	£ 15,659,173	101.2%
Sep	£ 15,642,479	£ 292,863	£ 15,935,342	£ 15,890,768	100.3%
Total	£ 94,464,829	£ 1,729,135	£ 96,193,964	£ 91,975,460	104.6%

Elective Recovery Fund (ERF): Divisional Position (including RES)



Plan profile and actual performance

Internal calculations, taking into account only April's IA mitigation, indicate that to September the Trust's calculated ERF position is £1.2m above the Trust's agreed target 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.

As detailed on previous slides, the most recent month will report lower than prior months due to coding, recording of patient care (Medicine Ipswich, Integrated Pathways and NEECS particularly impacted) and clinic activity un-reconciled. It therefore should be reviewed with caution.

Month	Admitted/Non-Admitted	A&G	Total Actual	Base	Gap to Base	Target	Gap to Target	2% Fixed	Net
Apr	£13,783,465	£298,522	£14,081,988	£14,020,823	£61,165	£14,763,926	(£681,938)	£280,416	(£401,522)
May	£16,500,422	£332,691	£16,833,113	£15,892,619	£940,494	£16,734,928	£98,185	£317,852	£416,038
Jun	£17,068,223	£252,485	£17,320,708	£15,311,941	£2,008,767	£16,123,474	£1,197,234	£306,239	£1,503,473
Jul	£15,878,090	£292,863	£16,170,953	£15,200,136	£970,818	£16,005,743	£165,211	£304,003	£469,213
Aug	£15,592,150	£259,709	£15,851,859	£15,659,173	£192,686	£16,489,109	(£637,250)	£313,183	(£324,067)
Sep	£15,642,479	£292,863	£15,935,342	£15,890,768	£44,574	£16,732,979	(£797,637)	£317,815	(£479,821)
YTD	£94,464,829	£1,729,135	£96,193,964	£91,975,460	£4,218,503	£96,850,159	(£656,195)	£1,839,509	£1,183,314

The following Divisions are reporting a YTD over-performance:

- Surgery & Anaesthetics – 109.8%
- Women's & Children's – 113.9%
- MSK & Specialist Surgery – 105.3%

In addition to these, with the exception of partially complete September, since June Colchester Medicine have delivered over 100% of 19/20 levels. In July and August, NEECS delivered above historical levels.

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 6 Cost and Volume Elective monies funding available to Divisions was estimated based upon M1-5 position to enable draw down of funding.

Clawback was enacted for Month 2 actuals given limited Industrial Action in month. All other month's 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 £10.6m, with a further £0.8m of fixed drugs and devices funding.

	£m		
	This Mth	Last Mth	Diff.
ERF (inc. A&G)	£5.9	£5.6	£0.3
Diagnostics	£1.7	£1.5	£0.2
Community services	£0.2	£0.2	£0.0
NEE Pain Management Service	£0.1	£0.0	£0.1
ICU/POCU Additional capacity	£2.2	£0.7	£1.5
Chemotherapy delivery	£0.5	£0.4	£0.1
Total C&V	£10.6	£8.4	£2.2
Elective Excluded drugs and devices	£0.8	£0.7	£0.1
Total C&V	£11.4	£9.1	£2.3

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.

It is expected that further costs will be seen in later periods to deliver the expected patient treatment numbers required to meet national waiting times expectations.

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).

ERF Accounts position

ERF M1-3 national comparison

National colleagues have published April to June's actuals, along with revised targets to reflect the impact of April's Industrial Action.

Targets have been reduced by 2% to reflect April's Industrial Action, further details are expected from national colleagues in relation to post-April IA impact funding.

Month 6 accounts position

Due to a lack of clear guidance from national and regional colleagues, to ensure a consistent approach for Month 6 accounts across the ICS, Trust leads met with ICS and WSH colleagues to agree a consistent process to include an element of estimated Month 1-6 ERF performance into the Month 5 accounts.

National guidance highlighted the need to incorporate an estimate of the ERF funding due into the month 5 position, and to incorporate the M1-6 element of the 2% target reduction for the impact of April's Industrial action. Guidance also highlighted to not assume similar target reductions for other months impacted by Industrial action, but to await confirmation on these once agreement reached nationally on this. We continue to await information on this relating to June, July and August.

The following approach was agreed across the ICS:

- + M1-3 as per actuals shared by national teams
- + M4-6 estimated based upon M1 & M3 actuals per working day
- + 2% target reduction for April applied across 12 months in line with national guidance
- + Dermatology baseline adjustment agreed with ICB to reflect the impact of service change in 19/20
- + A&G based upon:
 - + M1-3 actuals
 - + M4-5 NHSE cost per diverted multiplied by the NHSE reported EROC return diverted referrals
 - + M6 based upon M1-5 per working day

The position takes reflects the assumption that IA continues for the remainder of the year, with no further target adjustments.

Inclusive of A&G, this reflects a M6 to date performance of £2.6m and a forecast of £3.4m over-delivery against Trust target.

East Suffolk And North Essex NHS Foundation Trust

Provider Name		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	M1-3	M1-6	Forecast
East Suffolk And North Essex NHS Foundation Trust	Forecast ERF	£14,207,717	£16,939,905	£17,444,404	£16,617,363	£17,408,666	£16,617,363	£17,408,666	£17,408,666	£15,034,757	£17,408,666	£16,617,363	£15,826,060	£48,592,026	£99,235,419	£198,939,600
East Suffolk And North Essex NHS Foundation Trust	Forecast A&G	£298,703	£333,230	£253,699	£290,011	£303,821	£290,011	£303,821	£303,821	£262,391	£303,821	£290,011	£276,201	£885,632	£1,769,475	£3,509,540
East Suffolk And North Essex NHS Foundation Trust	Dermatology Adjustment	£0	(£235,645)	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	(£235,645)	(£235,645)	(£235,645)
East Suffolk And North Essex NHS Foundation Trust	Total Actual	£14,506,420	£17,037,490	£17,698,103	£16,907,374	£17,712,487	£16,907,374	£17,712,487	£17,712,487	£15,297,148	£17,712,487	£16,907,374	£16,102,261	£49,242,013	£100,769,249	£202,213,495
East Suffolk And North Essex NHS Foundation Trust	Target (2% adjusted)	£14,039,012	£16,154,778	£18,021,282	£16,216,583	£16,744,035	£17,002,052	£17,581,967	£18,590,231	£14,179,722	£16,789,785	£17,110,932	£16,408,897	£48,215,072	£98,177,741	£198,839,276
East Suffolk And North Essex NHS Foundation Trust	ERF over/(Under)	£467,408	£882,712	(£323,179)	£690,792	£968,453	(£94,677)	£130,520	(£877,744)	£1,117,426	£922,703	(£203,558)	(£306,636)	£1,026,941	£2,591,508	£3,374,219

2023/24 CIP programme

In-month position

Delivery in September was similar to August, reflecting delivery in line with average monthly performance on CIP. Integrated pathways exceeded the in-month target, whilst Medicine Colchester remain ahead of plan year to date.

The Financial Sustainability Group (FSG) has now met to commence both strands of work, in relation to CIP scheme delivery review and wider opportunities to be explored, with the group to meet twice monthly. The focus of the group is to provide enhanced oversight of progress in relation to scheme delivery and enable recurrent CIP schemes.

CIP Delivery by Division	September			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	272	115	(158)	1,635	814	(821)
Integrated Pathways	155	180	25	930	415	(516)
Medicine Ipswich	158	124	(34)	950	715	(235)
Medicine Colchester	165	165	1	989	1,006	17
MSK and Specialist Surgery	225	231	6	1,351	1,171	(180)
NEE Community Services	115	100	(15)	691	414	(277)
Surgery, Gastro & Anaesthetics	305	99	(206)	1,828	554	(1,274)
Women's and Children's	260	25	(235)	1,559	808	(751)
Total Operations	1,655	1,040	(616)	9,933	5,896	(4,037)
Estates & Facilities	326	40	(286)	1,954	511	(1,443)
Corporate Services	121	132	12	725	743	18
Total Trust	2,102	1,212	(890)	12,612	7,150	(5,462)

Key variances

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

- Surgery, Gastro & Anaesthetics (£1.274m)
- Estates and Facilities (£1.443m)

Current Forecast Position

At the end of September, the Trust is forecasting that it will deliver £15.489m of its £25.4m CIP target (61% of the target which is an improvement compared to 59% in August). 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	%	Change
Corporate Services	1,449	1,265	-184	87%	-65
Estates & Facilities	3,909	1,280	-2,629	33%	0
Cancer and Diagnostics	3,270	1,551	-1,718	47%	10
Medicine Colchester	1,979	1,847	-131	93%	314
Medicine Ipswich	1,899	1,742	-157	92%	125
MSK and Specialist Surgery	2,702	2,253	-449	83%	74
Surgery, Gastro & Anaesthetics	3,833	1,998	-1,835	52%	64
Women's and Children's	3,117	1,534	-1,583	49%	-49
Integrated Pathways	1,861	1,075	-786	58%	-87
NEE Community Services	1,382	944	-439	68%	22
Trust Total	25,401	15,489	-9,912	61%	408

Quality Impact Assessments

At the end of September, against the FYE target, 46% (43% in August) 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 actual position is outlined below.

£000s	FYE QIA					
	Target	Idea	PID	DMT	QIA	QIA/Target
Corporate Services	1,449	0	0	0	856	59%
Estates & Facilities	3,909	70	188	0	776	20%
Cancer and Diagnostics	3,270	10	0	0	1,447	44%
Medicine Colchester	1,979	215	0	0	981	50%
Medicine Ipswich	1,899	49	0	12	1,061	56%
MSK and Specialist Surgery	2,702	236	0	12	1,604	59%
Surgery, Gastro & Anaesthetics	3,833	0	67	0	2,159	56%
Women's and Children's	3,117	100	45	0	1,601	51%
Integrated Pathways	1,861	187	24	24	476	26%
NEE Community Services	1,382	124	0	35	763	55%
Trust Total	25,401	992	324	83	11,725	46%

Capital & Cash

Capital expenditure

The YTD position reported an actual spend of £29.025m against a plan of £46.754m.

Capital Programme	Year to date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	No Text
Medical Equipment	348	452	(104)	796	1,367	(571)
Non-Medical Equipment	-	-	-	-	-	-
ICT	1,470	1,883	(413)	14,402	15,546	(1,144)
Estates & Facilities	5,964	3,018	2,946	11,964	12,093	(129)
Building for Better Care	34,769	21,692	13,077	71,029	68,993	2,036
Schemes	4,377	1,538	2,839	15,491	13,490	2,001
Right of Use Asset	(543)	198	(741)	(581)	6,023	(6,604)
PFI	-	-	-	1,161	1,161	-
Total Capital Programme	46,385	28,781	17,604	114,262	118,673	(4,411)
Other Adjustments:						
PFI Lifecycle Costs	-	-	-	(1,161)	(1,161)	-
PFI Residual Interest	369	369	-	738	738	-
Disposals	-	(19)	19	(1,948)	(2,649)	701
Donated	-	(106)	106	(1,501)	(1,607)	106
Net Expenditure Position	46,754	29,025	17,729	110,390	113,994	(3,604)
Net CDEL (adjusted for IFRS16 impact)				110,390	113,994	3,604
Performance against CDEL				0	0	0

In month, the Trust is under plan by £1.3m, with £5m spend incurred against a £6.3m plan.

The main variances are as follows:

- EOC - £1.6m less than plan. Spend was expected to be higher in September with a catch-up on the YTD underspend.
- Ipswich ED / UTC including Green Surgical Hub - £0.2m above plan of £1.2m.

The YTD position is under plan by £17.7m and continues to be driven by the same schemes as last month:

- **EOC £9m under plan** – most significant driver of YTD position. The Trust continues to challenge its cost advisors (Castons) and an updated and accurate forecast for this development has been provided and is under review. Whilst the development is behind, the building contractor MTX maintain that they will recovery on the delivery timetable. The assumption therefore continues to be that spend will also catch up over the coming months. The in year forecast has been updated and increased to £36m against the original plan with no impact on 24/25.
- **Ipswich ED & UTC including Green Surgical Hub (GSH) £4.3m under plan** – GSH was planned from April but actually commenced in July. Actual costs in month were higher helping to bridge the YTD underspend. Castons forecast is being heavily scrutinised to clarify the yearend outturn and any impact on 24/25.
- **Clacton CDC £2.4m under plan** – YTD underspend against plan has reduced slightly. The main development of Clacton CDC (including car park and podiatry elements) continue as per revised forecast.

The Endoscopy tender has now been concluded and the preferred supplier has been selected.

EPR tenders have been received and the draft FBC options are being finalised for approval – this will now be reviewed by national and regional teams which may mean the case is subject to changes in terms of the capital and revenue implications of this project.

Planning approval has not yet been gained for the Ipswich CDC project (Bluebird lodge).

The Trust continues to forecast a breakeven position on capital for 23/24 where CDEL is maximised.

Cash position

The Trust held cash of £70.584m at the end of September.

September saw a planned reduction in cash due to H1 financing payments in relation to PDC dividend and loans. Actual cash levels continued to be ahead of plan.

Other implications to note relate to the under spend on capital

Workforce Dashboard

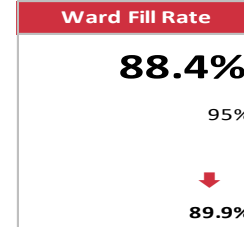
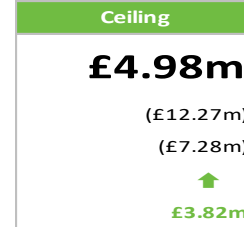
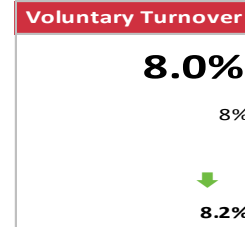
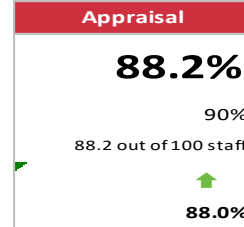
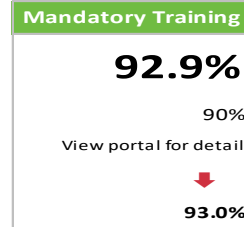
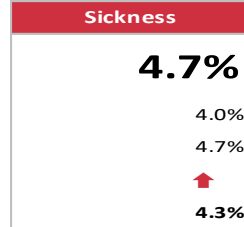
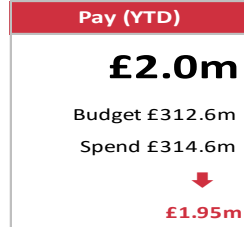
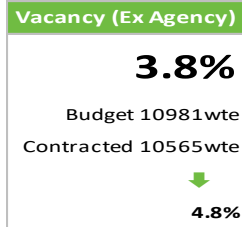
September 2023

Trust Level

Key Metrics

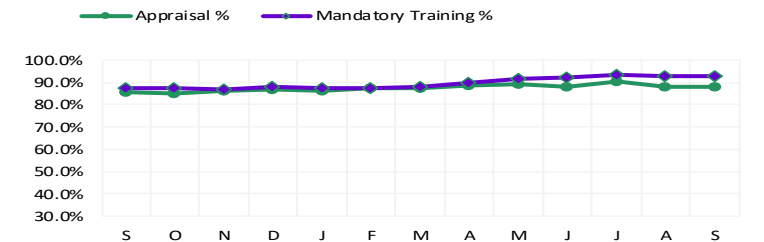
Performance

Target
Achieved
Vs Prior Month
Prior Month



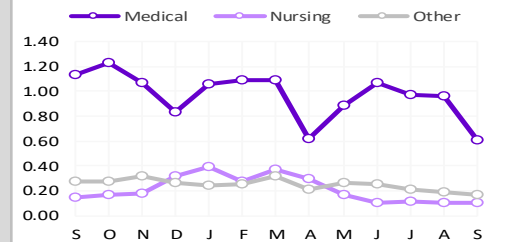
Appraisals & Mandatory Training Compliance

%



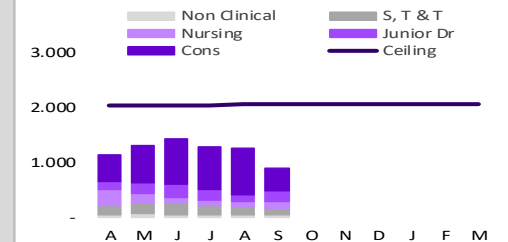
Agency Trends (ex Locum)

£m



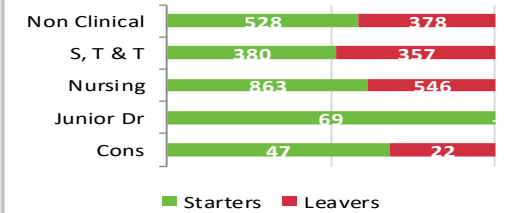
Agency Ceiling

£m



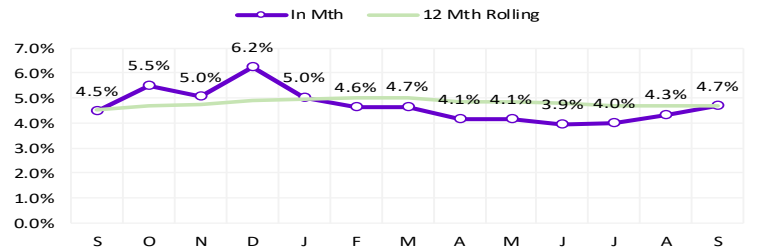
Starter - Leavers (12Mth Rolling)

Headcount



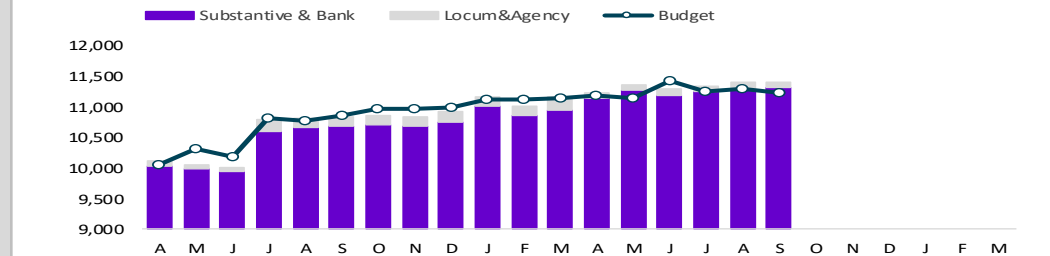
Sickness

%



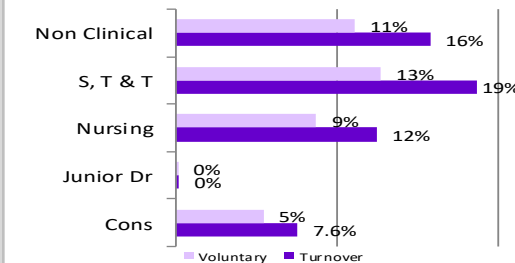
Workforce Trends

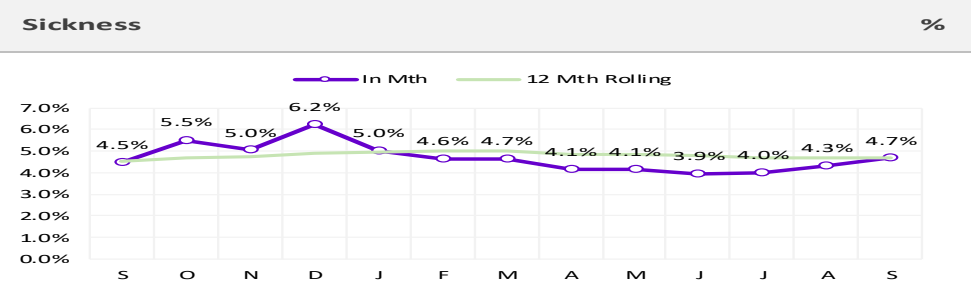
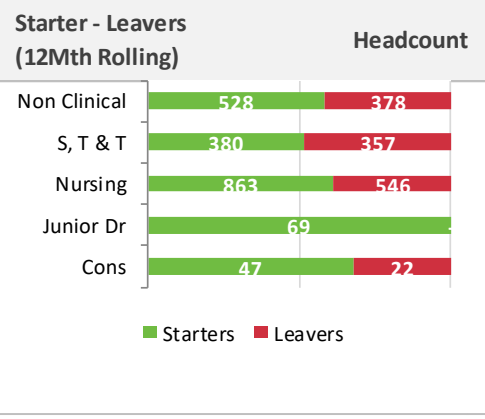
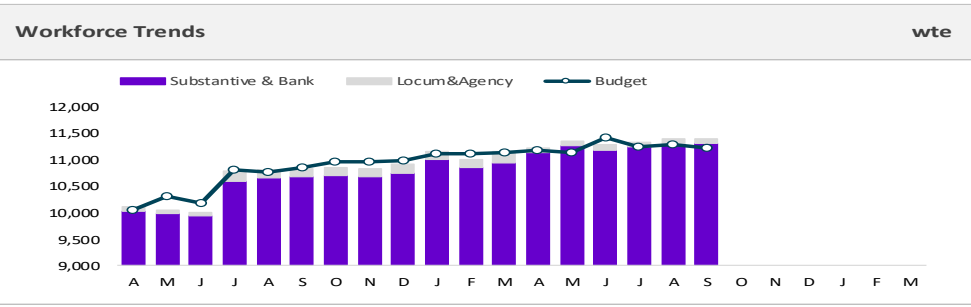
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Turnover by Staff Group

Headcount





Commentary

Recruitment
 In September, the number of staff in post increased to 10,565 WTE (August 10,473). The Trust’s rolling voluntary turnover for September was 8.0% (August 8.2%)

International Nurse recruitment: April 2023-December 2023 - 120 RNs. Next cohort during October with 16 due to commence across both sites.

Consultant vacancies increased to 39 WTE due to additional leavers to some of our hard to fill areas such as Microbiology, Anaesthetics (ICU) & Neurology. 12 Consultants are going through on-boarding (2 currently working as NHS Locum’s) with recent appointments to Paediatrics & Urology. 2 SAS vacancies. Accelerated Access Collaborative dates set in November for Paediatrics & Haematology.

2023-24 NHSE Agency ceiling confirmed as £18m. YTD NHSE Agency target of £9m (M06) with an actual of £7.2m. M6 - Agency spend £881k a reduction of over £300k on M05. £602k on Medical Locums. Finance accrual of £100k released in M06 within Cancer & Diagnostics with further decreases also seen in MSK & Specialist Surgery and Medicine Colchester. M6 - Bank spend @ £5m. Direct engagement VAT savings (Medical) M6 £47k. YTD savings £833k.

Sickness
 Sickness absence in September was 4.7% and was not compliant against the Trust target of 4%. The main reasons for absence were stress, anxiety and depression (23.71%) and cold, cough, flu – Influenza (also 23.71%).

The number of FTE days lost due to sickness remains higher for short term sickness (57.43%) than long term sickness (42.57%).

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 a decrease in the number of establishment (16 WTE), vacancies are at 3.8% and the Trust remains ahead of planned recruitment.

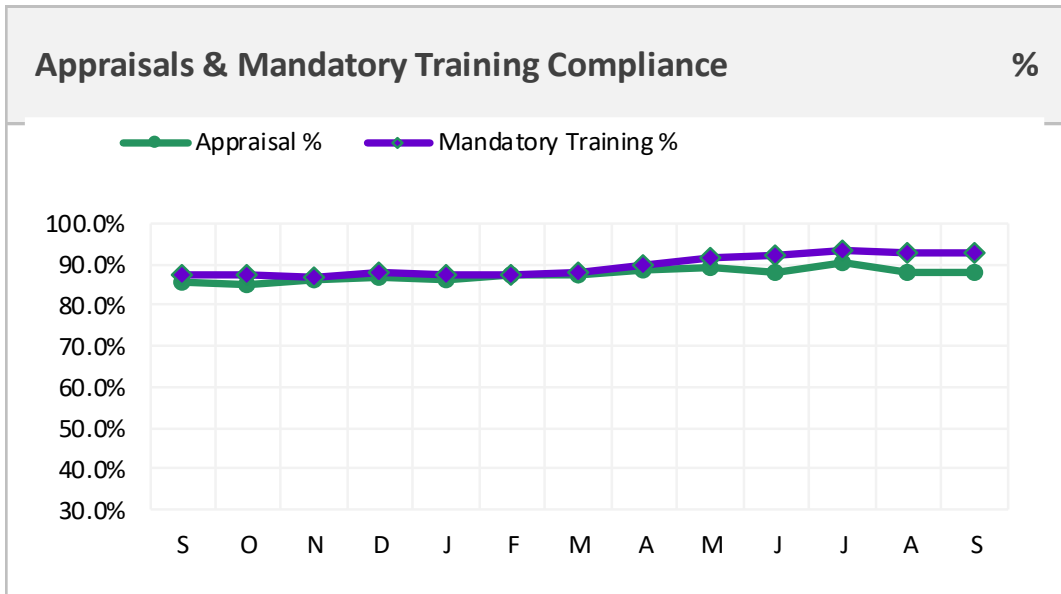
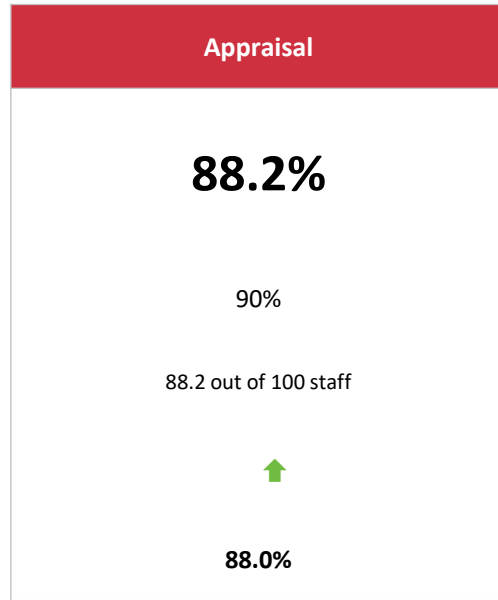
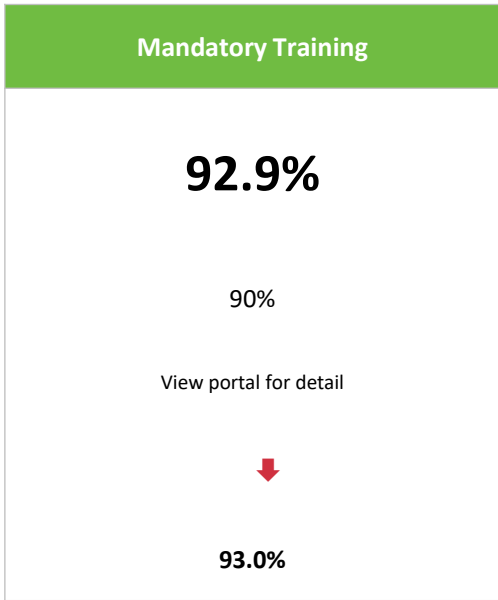
91 Newly qualified nurses commenced in September/October.

First cohort of HCSW apprentices commenced in Sept – 21 across both acute sites.

There is continued focus on hard to recruit consultant vacancies utilising Headhunters 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 and physio referrals uptake remains high. Follow up with staff who have experienced violence and aggression at work is now part of business as usual and the automated departmental stress risk assessment is now live. Covid and Flu vaccination programme has commenced.



Commentary

Mandatory Training

September’s compliance rate decreased marginally to 92.9%, from 93.0% in August and has remained above the 90% target for the five consecutive months.

Information Governance compliance remains static at 91.5%

Drop-in support sessions took place at Colchester and Ipswich Hospitals, where education team members were able to directly help with and resolve staff queries around training.

Appraisal

September’s compliance rate increased marginally to 88.2%, from 88.0% in August.

The drive to complete band 7 and below appraisals commenced from July with the aim to complete as many before winter sets in / end October, below is how it currently stands across divisions:

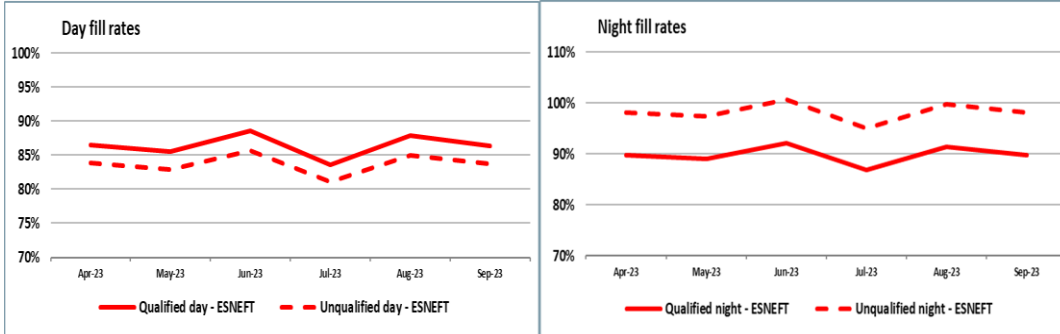
Division	Percentage Completed
Integrated Pathways	Was 88.1% now 92.50%
NEECS	Was 83.4% 88.1%
Womens and Children	Was 74.6% 76.74%
Surgery, Gastro, Anaesthetics	Was 74.0% 79.38%
Medicine Ipswich	Was 71.0% 78.26%
MSK	Was 68.9% now 80.80%
Medicine Colchester	Was 67.2% 75.91%
Cancer & Diagnostics	Was 60.3% now 71.99%
Corporate Services	Was 56.0% now 64.95%
Non-Divisional	Was 8.0% now 14.29%

Supportive 360-degree Leadership appraisals will be launched in November, between 20-30 facilitators will be trained in-house to enable the provision of feedback from the 360 to individual leaders.

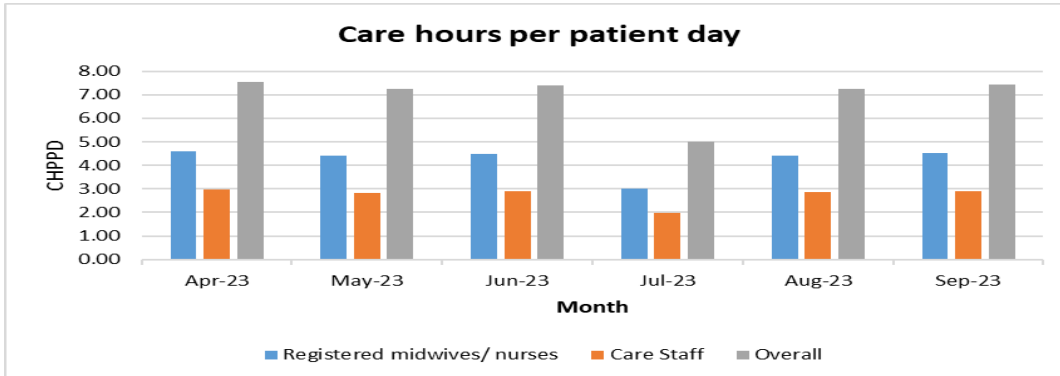
Nursing, Midwifery and AHP Workforce Update

Fill Rates (including care hours per patient day)

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Qualified day - ESNEFT	86.4%	85.5%	88.5%	83.6%	87.9%	86.3%
Qualified night - ESNEFT	89.8%	89.1%	92.1%	86.9%	91.4%	89.8%
Unqualified day - ESNEFT	83.9%	82.8%	85.7%	81.1%	85.0%	83.7%
Unqualified night - ESNEFT	98.2%	97.3%	100.6%	95.0%	99.8%	98.1%
Overall (average) fill - ESNEFT	88.5%	87.6%	90.6%	85.6%	89.9%	88.4%



Care hours per patient day	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Registered midwives/ nurses	4.60	4.42	4.50	3.02	4.42	4.53
Care Staff	2.96	2.84	2.89	1.98	2.85	2.91
Overall	7.56	7.26	7.39	5.00	7.27	7.44



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:

Teams continue to be committed to the delivery of an ethical, diverse and sustainable workforce and consider it a priority for new colleagues to feel supported, engaged with, and appreciated for the diversity of experience and skill they bring that benefits patients and staff. As a result, teams are continuing to review & improve processes including the international nurses starting salary, to ensure the Trust is a 'destination of choice'.

The Trust have developed a new bespoke support language package to offer internal OSCE candidates, if they should require it. There are currently 23 internal HCSW looking to start OSCE in the next 12 months, and 9 staff members who have passed their OSCE and are working as RNs with a further 7 currently on programme.

The Trust is on target to meet the objective of welcoming 120 International Nurses from April 2023 - March 2024 and have agreed to take an additional 16 in January 2023.

Teams are looking to support more internal HCSW to achieve UK registration over the next 6 months.

International AHP Recruitment:

The Trust has secured funding for 16 international AHPs (10 Diagnostic radiographers, 5 OTs, 1 Podiatrist) and have recruited 9 radiographers and 4 OTs. Unfortunately, the team have been unable to recruit Podiatrists and no other provider within region has done this. There has been successful recruitment of 3 international dieticians and 12 physiotherapists into the organisation since April 22. The international pipeline is limited for SLT, Podiatry and ODPs. The relocation offer and induction for AHPs has been aligned with international nurses. The Trust 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 on how to review experiences of international AHPs and provide robust ongoing pastoral care.

Risks & Mitigating Actions

Annual Safer staffing review:

the Bi-annual acuity review was completed on 15th September encompassing a total of 84 areas. The report is underway. Initial findings suggest daily mitigation and fill rate challenges pose the most issue and risk.

NHS England guidelines state Safecare should be used for daily redeployment and not utilised for establishment reviews. A 30-day data capture using the Safer Nursing Care Tool (SNCT) sits separately from Safecare and should be undertaken bi-annually. NHS England will be providing training for the use of this tool to enable ESNEFT to meet national standards with the use of this.

HCA retention

The Trust have received confirmation of achievement of the NHS Support Worker Pastoral Support Quality Gold Award in a letter from Ruth May. This was a pilot and NHS England have asked the Trust be an exemplar both regionally and nationally when rolled out.

Taster days for HCSWs have recommenced and collaborative working continues with the HCSW Academy. Plans for regular taster days in 2024 are underway. The Trust have been asked to present a workshop on these taster days as an example of best practice at an NHS East of England day for HCSW leads.

The HCSW band 2 review is underway with the overall feeling from the HCSW workforce being positive and welcomed. The team anticipate this being completed by the end of November.

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

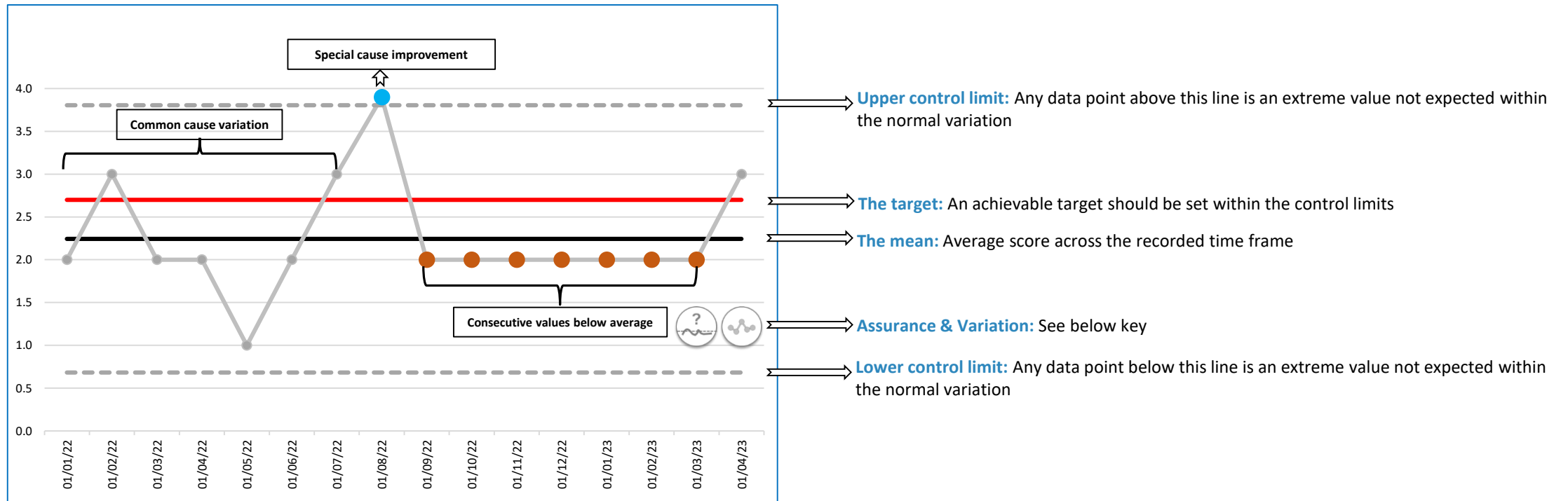
	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23
All Staff													
Headcount	11,807	11,833	11,821	11,804	11,844	11,901	11,858	11,983	11,945	11,974	11,806	12,024	12,079
Establishment (including agency)	11,127	11,180	11,133	11,265	11,347	11,363	11,394	10,907	10,937	10,997	11,028	10,996	10,981
In post	10,186	10,222	10,287	10,319	10,357	10,419	10,416	10,431	10,433	10,427	10,482	10,473	10,565
Vacancy	941	958	846	945	990	945	978	477	503	569	546	524	416
Vacancy %	8.5%	8.6%	7.6%	8.4%	8.7%	8.3%	8.6%	4.4%	4.6%	5.2%	5.0%	4.8%	3.8%
Establishment (excluding agency)	10,810	10,858	10,921	10,949	11,011	11,079	10,812	10,907	10,937	10,997	11,028	10,996	10,981
Vacancy (excluding agency)	624	636	634	629	654	660	395	477	503	569	546	524	416
Vacancy % (excluding agency)	5.8%	5.9%	5.8%	5.7%	5.9%	6.0%	3.7%	4.4%	4.6%	5.2%	5.0%	4.8%	3.8%
Turnover													
¹ Turnover (12 Month)	12.3%	12.0%	11.6%	11.6%	11.5%	11.5%	11.5%	11.4%	11.2%	11.3%	11.2%	11.4%	11.2%
¹ Voluntary Turnover (12 Month)	9.2%	9.0%	8.9%	8.9%	8.8%	8.8%	8.8%	8.6%	8.4%	8.5%	8.3%	8.2%	8.0%
¹ Starters (to Trust)	177	195	162	125	186	160	147	169	143	121	111	156	215
¹ Leavers (from Trust)	117	125	116	113	107	83	147	106	89	103	114	141	129
Sickness													
% In Mth	4.5%	5.5%	5.0%	6.2%	5.0%	4.6%	4.7%	4.1%	4.1%	3.9%	4.0%	4.3%	4.7%
WTE Days Absent In Mth	13,479	17,265	15,339	19,741	15,917	13,343	14,941	12,830	13,337	12,316	12,861	13,984	14,623
Mandatory Training & Appraisal Compliance													
Mandatory Training	87.4%	87.2%	87.0%	87.9%	87.5%	87.3%	87.9%	89.8%	91.4%	92.5%	93.4%	93.0%	92.9%
Appraisal	85.6%	85.3%	86.4%	86.9%	86.4%	87.3%	87.7%	88.4%	89.3%	88.3%	90.2%	88.0%	88.2%
Temporary staffing as a % of spend													
Substantive Pay Spend	45,661	43,046	42,008	42,126	42,810	42,585	64,961	44,376	46,535	46,131	45,517	47,990	46,250
Overtime Pay Spend	233	164	153	145	162	166	173	188	180	176	166	149	138
Bank Pay Spend	5,414	4,346	4,588	4,515	5,024	4,595	7,317	4,429	5,073	4,580	5,065	5,328	5,012
Agency Pay Spend	1,552	1,669	1,562	1,406	1,682	1,611	1,777	1,129	1,310	1,424	1,287	1,250	881
Total Pay Spend	52,860	49,224	48,311	48,192	49,679	48,957	74,228	50,122	53,097	52,311	52,035	54,718	52,280
Agency & Bank %	13.2%	12.2%	12.7%	12.3%	13.5%	12.7%	12.3%	11.1%	12.0%	11.5%	12.2%	12.0%	11.3%
Agency %	2.9%	3.4%	3.2%	2.9%	3.4%	3.3%	2.4%	2.3%	2.5%	2.7%	2.5%	2.3%	1.7%
Nurse staffing fill rate													
% Filled	87.2%	81.3%	86.9%	85.9%	85.6%	85.2%	89.8%	88.5%	87.6%	90.6%	85.6%	89.9%	88.4%

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,177	3,183	3,211	3,244	3,268	3,265	3,285	3,209	3,141	3,211	3,187	3,203	3,201
In post	3,009	3,007	3,032	3,020	3,021	3,018	3,038	3,010	3,031	3,047	3,025	3,026	3,090
Vacancy	167	176	179	224	247	247	247	199	109	164	162	177	111
Vacancy %	5.3%	5.5%	5.6%	6.9%	7.6%	7.6%	7.5%	6.2%	3.5%	5.1%	5.1%	5.5%	3.5%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,540	1,554	1,548	1,563	1,567	1,566	1,570	1,556	1,488	1,530	1,529	1,527	1,523
In post	1,486	1,476	1,485	1,472	1,450	1,436	1,446	1,438	1,447	1,470	1,445	1,437	1,450
Vacancy	54	78	63	91	116	130	124	118	41	60	84	90	73
Vacancy %	3.5%	5.0%	4.1%	5.8%	7.4%	8.3%	7.9%	7.6%	2.8%	3.9%	5.5%	5.9%	4.8%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,365	1,342	1,343	1,357	1,378	1,388	1,385	1,373	1,400	1,397	1,386	1,388	1,382
In post	1,128	1,126	1,128	1,149	1,161	1,186	1,209	1,247	1,254	1,251	1,238	1,224	1,250
Vacancy	238	216	215	208	217	202	176	126	146	146	148	165	133
Vacancy %	17.4%	16.1%	16.0%	15.3%	15.8%	14.5%	12.7%	9.2%	10.4%	10.5%	10.7%	11.8%	9.6%
Consultants													
Establishment (including agency)	511	513	511	511	512	512	516	520	521	525	525	524	522
In post	456	460	460	461	460	465	469	473	471	472	474	477	480
Vacancy	55	53	51	50	53	48	47	47	50	53	51	48	43
Vacancy %	10.8%	10.3%	10.0%	9.8%	10.3%	9.3%	9.2%	9.1%	9.6%	10.1%	9.7%	9.1%	8.1%
Junior Medical													
Establishment (including agency)	786	777	783	770	767	778	775	771	772	768	776	768	770
In post	756	754	742	750	742	750	758	757	757	764	760	819	811
Vacancy	30	24	41	20	25	27	17	15	15	4	16	(52)	(41)
Vacancy %	3.8%	3.0%	5.2%	2.6%	3.3%	3.5%	2.2%	1.9%	1.9%	0.5%	2.0%	-6.7%	-5.3%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,166	2,161	2,173	2,195	2,237	2,229	2,233	2,191	2,185	2,244	2,197	2,221	2,172
In post	1,996	2,005	2,008	2,027	2,041	2,040	2,043	2,027	2,024	2,029	2,032	2,036	2,028
Vacancy	170	155	165	168	196	189	191	164	161	215	165	185	144
Vacancy %	7.9%	7.2%	7.6%	7.6%	8.8%	8.5%	8.5%	7.5%	7.4%	9.6%	7.5%	8.3%	6.6%

¹ Excludes training grade junior doctors



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