



MONTH 8
(November)

Integrated Performance Report

East Suffolk and North Essex NHS Foundation Trust
Board of Directors

	Page
Glossary	2
Introduction	3
Trends & Hotspots	4
Accountability Framework and DAMs	5
Quality section	6 – 38
Performance Report	39 – 55
Finance and Use of Resources	56 – 64
Well-led	65 – 71
How to read an SPC chart	72



2WW	2 Week Wait	FY1	Foundation Year 1 Doctor	NNU	Neonatal Unit
A&G	Advice & Guidance	FY2	Foundation Year 2 Doctor	NRLS	National Reporting and Learning System
ADO	Associate Director of Operations	GIRFT	Getting It Right First Time	OPD	Outpatient department
AECU	Ambulatory Emergency Care Unit	GM	General Manager	OPEL	Operational Pressures Escalation Levels
AF	Accountability Framework	HALO	Hospital Ambulance Liaison Officer	OSCE	Objective Structured Clinical Examination
AHP	Allied Health Professional	HCSW	Health Care Support Worker	OT	Occupational Therapist
AKI	Acute Kidney Injury	HIE	Hypoxic-ischaemic encephalopathy	P1	To intermediate care & reablement services at home
AMD	Associate Medical Director	HOHA	Healthcare Onset Healthcare Associated	P2	To residential care within the independent & community sector.
AMSDEC	Acute Medical Same Day Emergency Care	HSIB	Healthcare Safety Investigation Branch	P3	To nursing care within the independent sector.
ANDU	Antenatal Day Unit	HSMR	Hospital Standardised Mortality Ratio	PACS	Picture Archiving Communications System
APGAR	Appearance, Pulse, Grimace, Activity and Respiration	I&E	Income & Expenditure	PALS	Patient Advice and Liaison Service
ARU	Anglia Ruskin University	IA	Industrial Action	PAS	Patient Administration System
ATAIN	Avoiding Term Admissions Into Neonatal Units	ICB	Integrated Care Board	PCN	Primary Care Network
CCG	Clinical Commissioning Group	IES	Ipswich & East Suffolk	PDC	Public Dividend Capital
CCU	Critical Care Unit	IFRS	International Financial Reporting Standard	POD	People & Organisational Development Committee
CDC	Community Diagnostic Centres	IH	Ipswich Hospital	PPH	Postpartum haemorrhage
CDEL	Capital Departmental Expenditure Limit	IP&C	Infection Prevention & Control	PROMPT	Practical Obstetric Multi-professional Training
CDG	Clinical Delivery Group	IPR	Integrated Performance Report	PSII	Patient Safety Incident Investigation
CDH	Community Diagnostic Hub	K2	Learning Package for Midwives	PSIRF	Patient Safety Incident Response Framework
CFS	Chronic Fatigue Syndrome	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	LFPSE	Learn from Patient Safety Events	PT	Physiotherapist
CLC	Consultant Led Care	LFT	Lateral Flow Test	PTL	Patient Tracking List
CN	Community Nurse	LLOS	Long length of stay	PURPOSE-T	Pressure Ulcer Risk Primary or Secondary Evaluation Tool
CNS	Clinical Nurse Specialist	LMNS	Local Maternity and Neonatal System	QI	Quality Improvement
CNST	Clinical Negligence Scheme for Trusts	LMNSB	Local Maternity and Neonatal System Board	QIA	Quality Impact Assessment
CO	Carbon monoxide	LRINEC	Laboratory Risk Indicator for Necrotising Fasciitis	QPS	Quality & Patient Safety Committee
COC	Continuity of Care	LRTI	Lower Respiratory Tract Infections	RCA	Root Cause Analysis
COHA	Community Onset Healthcare Associated	M&M	Morbidity & Mortality	RCOG	Royal College of Obstetrics & Gynaecology
COPD	Chronic obstructive pulmonary disease	MADE	Multi Agency Discharge Event	RES	Routine Elective Services
CQC	Care Quality Commission	MASD	Moisture-Associated Skin Damage	RN	Registered Nurse
CQUIN	Commissioning for Quality and Innovation	MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries	RTT	Referral to Treatment
CT	Computerised Tomography	MCCD	Medical Certificate Cause of Death	SAU	Surgical Assessment Unit
CTG	Cardiotocography	MDT	Multidisciplinary Team	SBLCBv2	Saving Babies Lives Care Bundle v2
CUSUM	Cumulative Sum	ME	Medical Examiner	SDEC	Same Day Emergency Care
CYP	Children & Young People	MECC	Making Every Contact Count	SHMI	Summary Hospital Mortality Indicator
DAM	Divisional Accountability Meeting	MEO	Medical Examiners Office	SMR	Standardised Mortality Ratio
DEXA	Dual energy X-ray absorptiometry	MH	Mental health	SNEE	Suffolk & North East Essex
DFI	Doctor Foster Intelligence	MHLT	Mental Health Liaison Team	SOF	Single Oversight Framework
DM01	Diagnostics Waiting Times and Activity	MIS	Maternity Incentive Scheme	SOP	Standard Operating Procedure
DMT	Divisional Management Team	MLC	Midwifery Led Care	SPC	Statistical Process Control
DNA	Did Not Attend	MNSI	Maternity & Newborn Safety Investigations	SRO	Senior Responsible Officer
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	MNVP	Maternity and Neonatal Partnership	SUS	Secondary Uses Service
DOC	Duty of Care	MRI	Magnetic Resonance Imaging	T&O	Trauma & Orthopaedics
DP	Deteriorating Patient	MSK	Musculoskeletal	TVN	Tissue Viability Nurse
EBED	Every Birth Every Day	MUST	Malnutrition Universal Screening Tool	TWT	Tomorrows Work Today
ED	Emergency Department	MVP	Maternity Voices Partnership	UCRS	Urgent Community Response Standards
EEAST	East of England Ambulance Service	NED	Non Executive Director	UEC	Urgent & Emergency Care
ELT	Executive Leadership Team	NEE	North East Essex	UTC	Urgent Treatment Centre
EMC	Executive Management Committee	NEECS	North East Essex Community Services	VBAC	Vaginal Birth After Caesarean
ENT	Ear Nose & Throat	NF	Neurofibromatosis	VTE	Venous thromboembolism
EOL	End of Life	NHSP	NHS Professionals	WLI	Waiting List Initiative
ERF	Elective Recovery Fund	NHSR	NHS Resolution	WSFT	West Suffolk Foundation Trust
FDS	Faster Diagnosis Standard	NICE	National Institute for Health & Care Excellence	WSH	West Suffolk Hospital
FFT	Friends and Family Test	NICU	Neonatal Intensive Care Unit	WTE	Whole Time Equivalent
FGR	Fetal Growth Restriction	NMPA	National Maternity and Perinatal Audit	YTD	Year to Date
FTE	Full Time Equivalent	NNAP	National Neonatal Audit Programme		

This month's performance report provides detail of the November performance for East Suffolk and North Essex NHS Foundation Trust (ESNEFT).

The NHS Oversight Framework is built five national themes that reflect the ambitions of the NHS Long Term Plan published in 2019. These themes apply across Trusts and ICBs:

- **Preventing ill-health and reducing inequalities;**
- **Quality of care, access and outcomes;**
- **Finance and use of resources;**
- **People; and**
- **Leadership and capability.**





As part of the Trust's 2023 Well Led Review, a redesign of the Integrated Performance Report (IPR) was agreed. The format that follows in this report now includes a slide that highlights high level trends and hotspots that broadly cover these five national themes as well as local priorities. The trends and hotspots highlighted are shown as areas that have seen improvement in the month and areas that require further work.

Before each section of the report a more detailed trends and hotspots update is also provided showing metrics which highlight performance in key areas of the domain and include more detail on the issues raised in the high-level trends and hotspots.

Spotlight reports are also included to provide more detail on performance across each domain, 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 RTT recovery.

The Accountability Framework (AF) is the mechanism by which the Trust holds both Clinical and Corporate Divisions to account for their performance. The AF is 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. The domains covered in the AF broadly cover the five national themes laid out above and a review is held at the end of each financial year to consider metrics included, their weights and their targets. Divisional Accountability Meetings to discuss November's performance will be cancelled in January to allow for 24/25 Business Planning meetings to go ahead in their place.

	Areas of Improvement	Areas requiring further work
<p>QUALITY</p> 	<ul style="list-style-type: none"> • Non-slip socks have been implemented across all acute and community hospitals. • For Tissue Viability, training has commenced to introduce PURPOSE-T • The Medical Examiner service has been praised by the National Medical Examiner. • Since August 22, the Trust has employed more than 40 internationally educated AHPs. 	<ul style="list-style-type: none"> • Duty of Candour compliance within 10 days remains below the 100% trajectory. • The number of overdue Patient Safety Reviews undertaken by the Division continues to be high.
<p>PERFORMANCE</p> 	<ul style="list-style-type: none"> • There is now revised system reporting to support Urgent and Emergency Care support using the new OPEL Guidance in place. • Emergency Department 4-hour performance in November 23 was up 4% on same time last year but below trajectory for 23/34. Ambulance handovers over 30 mins fell by 339 compared to same period last year. • Community integration continues with the implementation of the Community at the front door model, Ambulatory Emergency Care, Unscheduled Coordination Hub, Virtual Wards and Frailty. • The overall cancer PTL has reduced and there has been improvement against the 62-day target and the 28-day FDS. • RTT targets are improving and performing above national average. 	<ul style="list-style-type: none"> • Additional seasonal variation schemes to support further improvements in Ambulance Handover, 12 Hour waits and to support patient flow (85% bed occupancy) during the next few months to decompress Emergency Departments. • The Trust will also need to maximise the use of SDEC. • Further work is needed to improve performance in diagnostics. • Insourcing/outsourcing is required to deliver the 65-week RTT position. • Clinical configuration and 24/25 Business Planning are now a focus.
<p>FINANCE</p> 	<ul style="list-style-type: none"> • As part of SNEE ICS system's 23/24 delivery of revenue balance, the Trust is now planning to deliver a year-end surplus of £1.3m. • Capital spend exceeded plan in November, resulting in a reduction in the cumulative underspend against target. • ERF performance has been strong across the year. 	<ul style="list-style-type: none"> • The delivery of recurrent CIP is below plan and needs focussed attention. • Ensuring that the gap between the capital expenditure plan and actual spend is closed further. • The impact of the change in national policy regarding IFRS 16 and the capital treatment of lease costs, and the projected overspend this now leads to in relation to the system's CDEL.
<p>WORKFORCE</p> 	<ul style="list-style-type: none"> • Vacancy and turnover rates improved in month. • 7 employee relations cases were closed in November, the Trust continues to use Just and Learning Culture as the basis for resolving disputes at the earliest possible level • Leadership/Management training continues to receive excellent feedback. The Trust is also launching a Civility & Respect toolkit and training. EDI training attendance has been extremely positive • National Staff Survey stations were erected on both Acute sites. • The Trust is in the top quartile in EOE for delivery of the staff covid/flu vaccination programme • E-roster training sessions are ongoing for Matrons, to support effective roster management and minimise bank and agency spend. 	<ul style="list-style-type: none"> • The Retention strategy work plan is now underway. • There will be focus on staff well-being and preparing for 360 appraisal launches • The Talent Management toolkit currently being finalised for launch. • Listening Sessions in Ipswich Maternity will be carried out. • The Trust is piloting 121's in NEECS for the Retention & Well-being programme • There will be a review of key policies to support staff experience • An engagement session will be held in the new year regarding the ESEOC Workforce and OD Plan • Sickness has risen and is being supported by the Wellbeing hub • Appraisal performance is non-compliant; however, all divisions are showing a slight improvement in November.

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 7 (October performance)

Divisional Accountability Meetings to discuss October performance took place on the 4th, 5th & 6th of December. The Corporate meetings took place on the 11th December.

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	4	4	→		3	4	↑		2	3	↑		3	3	→		3	2	↓		4	3	↓		3	2	↓		4	4	→	
Responsive	2	2	→		4	4	→		1	2	↑		2	2	→		2	2	→		4	3	↓		1	1	→		1	1	→	
Safe	3	2	↓		3	3	→		3	3	→		3	2	↓		3	3	→		3	2	↓		3	3	→		3	4	↑	
Effective	3	1	↓		4	2	↓		3	3	→		3	3	→		3	2	↓		3	3	→		2	3	↑		2	2	→	
Well-Led	2	2	→		2	2	→		2	2	→		2	2	→		3	2	↓		3	3	→		2	2	→		2	2	→	
Use of Resources	1	1	→		2	1	↓		1	1	→		2	1	↓		1	1	→		1	1	→		1	1	→		1	1	→	
Aggregated AF Score	2	1	↓		3	2	↓		1	2	↑		2	2	→		2	2	→		2	2	→		1	1	→		1	1	→	

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

Corporate performance

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

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

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

Mortality	Target						
12-mth rolling HSMR to July 2023	100	108.9	107.3	107.6	106.5	106.9	104.9
SHMI to May 2023	1	1.08	1.08	1.08	1.10	1.10	1.10

Incidents & Complaints	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Total incidents reported	-	3,104	2,879	2,969	2,791	2,918	2,999
Never Events	0	0	1	1	0	1	0
Mixed Sex Accommodation Breaches	0	129	63	188	120	337	231
Total complaints reported	-	131	136	121	135	128	161
Overdue Complaints	0	0	1	0	2	5	0
Complaint Response Compliance	-	97.0%	96.0%	99.0%	98.0%	93.0%	94.0%
Total PALs Enquiries	-	455	384	430	412	319	401
Duty of Candour (Initial)	100%	81.1%	72.4%	86.8%	86.8%	75.4%	80.0%

Infection Control	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
C.Diff	0	11	8	14	9	18	8
MRSA	0	0	1	1	0	1	0
MSSA	0	2	3	5	2	6	5
E.Coli	0	9	26	9	10	12	15

Harm Free Care	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
VTE Risk Assessments	95%	50.78%	64.37%	54.09%	53.12%	52.25%	57.51%
Total falls	-	177	194	196	173	220	N/S
Serious Harm falls	0	1	2	2	4	3	3
Category 2 Pressure Ulcers	0	40	41	34	38	31	38
Category 3 Pressure Ulcers	0	5	3	2	4	1	3
Category 4 Pressure Ulcers	0	0	0	0	0	1	0
Unstageable Pressure Ulcers	0	12	8	12	12	19	N/S

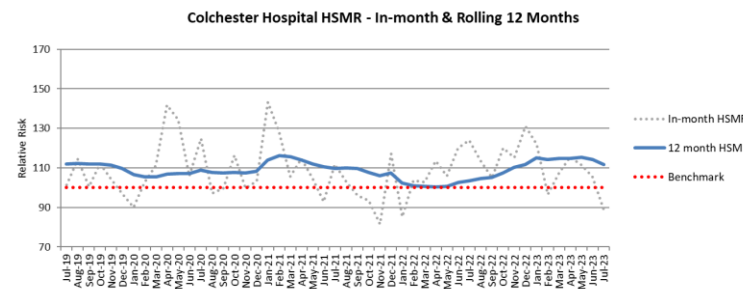
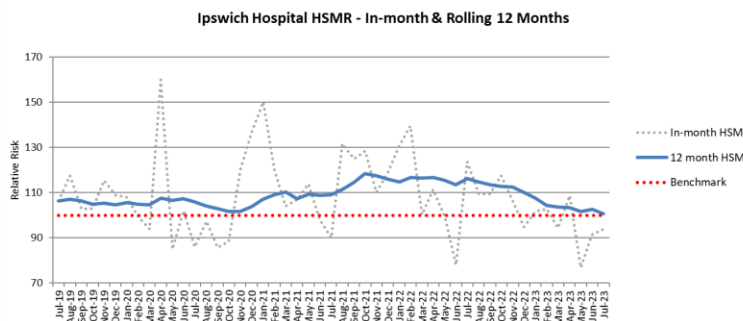
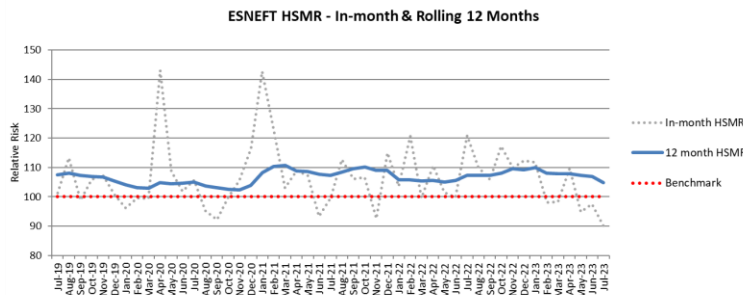
FFT	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
F&F: Inpatients % Recommending	90%	93.1%	94.1%	92.3%	93.5%	92.4%	93.0%
F&F: A&E % Recommending	90%	83.6%	85.7%	84.6%	85.8%	81.2%	82.8%
F&F: Day Case % Recommending	90%	93.7%	93.4%	94.6%	94.5%	94.3%	94.5%
F&F: Birth % Recommending	90%	100.0%	90.0%	100.0%	93.3%	100.0%	100.0%
F&F: Post Natal Ward % Recommending	90%	98.0%	93.0%	98.2%	95.0%	95.5%	95.5%
F&F: Antenatal % Recommending	90%	100.0%	89.0%	94.6%	96.4%	100.0%	100.0%

Areas of Improvement	Areas requiring further work
<ul style="list-style-type: none"> Regarding falls Prevention a QI project has introduced non-slip socks across all acute and community hospitals. For Tissue Viability, training has commenced to introduce PURPOSE-T (Pressure Ulcer Risk Primary or Secondary Evaluation Tool) which is an evidence-based pressure ulcer risk assessment instrument developed using robust research methods and recommended through NICE. The Medical Examiner service has been praised by the National Medical Examiner for making good progress with GP on-boarding due to commence in April 2024. ESNEFT has been described as an exemplar site. Since August 22, the Trust has employed more than 40 internationally educated AHPs, this was supported by funding for 16 internationally educated AHPs (10 radiographers, 5 OTs and 1 PT), with 2 in the pipeline (1 OT, 1 Podiatrist), recruitment targets will be met. 	<ul style="list-style-type: none"> Duty of Candour compliance within 10 days remains below the 100% trajectory. The community teams have developed a leaflet and discussion method to undertake DOC in a timely manner as in these cases there may be very little community nursing involvement, however national reporting requires ESNEFT to report any pressure damage and manage through advice and guidance. The number of overdue Patient Safety Reviews undertaken by the Division continues to be high. The Patient Safety Team staffing has not enabled further support for the Divisions. The Divisions have been asked to review any potential risks in these delays.

Mortality Ratios - Data Sources DF Intelligence (Telstra Health)

Summary

- ESNEFT 12-mth HSMR to July 2023, 104.9 marginally **'higher than expected'**.
- ESNEFT 12-mth all-diagnoses (SMR) to July 2023, 103.9 **'higher than expected'**.



Dr Foster Summary – July data owing to incomplete Jul data

July 2023 12 month rolling data except where specified	ESNEFT	IPS	COL
HSMR in-month EXCLUDES C-19 ON ADMISSION	89.9	93.9	89.1
HSMR EXCLUDES C-19 ON ADMISSION	▼ 104.9 Outlier	▼ 100.6 As expected	▼ 111.7 Outlier
HSMR Lower confidence limit EXCLUDES C-19 ON ADMISSION	▼ 100.9 Outlier	▼ 94.8 As expected	▼ 106.1 Outlier
HSMR NO C-19 PATIENTS	▼ 101.6	▼ 96.6	▼ 108.9
HSMR Lower confidence limit NO C-19 PATIENTS	▼ 97.5 As expected	▼ 90.7 As expected	▼ 103.0 Outlier
HSMR Death rate (nat. 3.3% ▶)	▼ 3.2%	▶ 2.9 %	▼ 3.8 %
All diagnosis groups INCLUDES C-19 DURING ADM	▼ 103.9 Outlier	▼ 100.3 As expected	▼ 109.8 Outlier
Lower confidence limit (all)	▼ 100.3 Outlier	▼ 95.2 As expected	▼ 104.7 Outlier

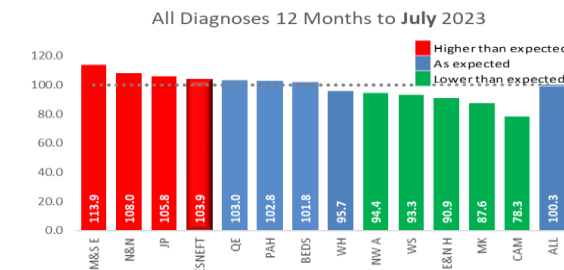
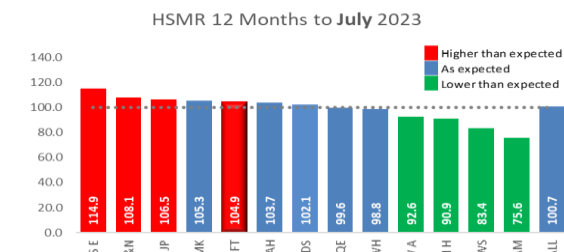
August 2023 – around 4,630 inpatient discharges missed the inclusion deadline, including 55 deaths. The Dr Foster report is being retarded by one month owing to an exponential increase in late data submission **nationally**.

Weekend/Weekday HSMR Admissions

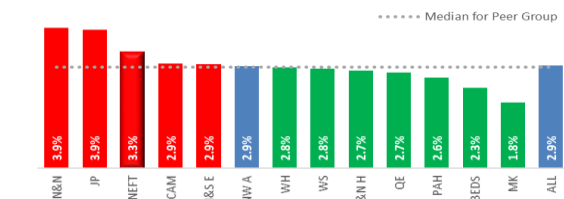
In the 12 months to July 2023, weekend ESNEFT HSMR emergency admissions were 'higher than expected'. Ipswich weekday and weekend emergency admissions were 'as expected'.

National & Regional Peer Group

The Trust is 1 of 4 in the regional peer group with 'higher than expected' relative risks. The peer group has improved its mortality ratios and rates over the last few months. The region is currently no longer an HSMR and SMR outlier overall.



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



Mortality Trend Data – All inpatients and ED attenders

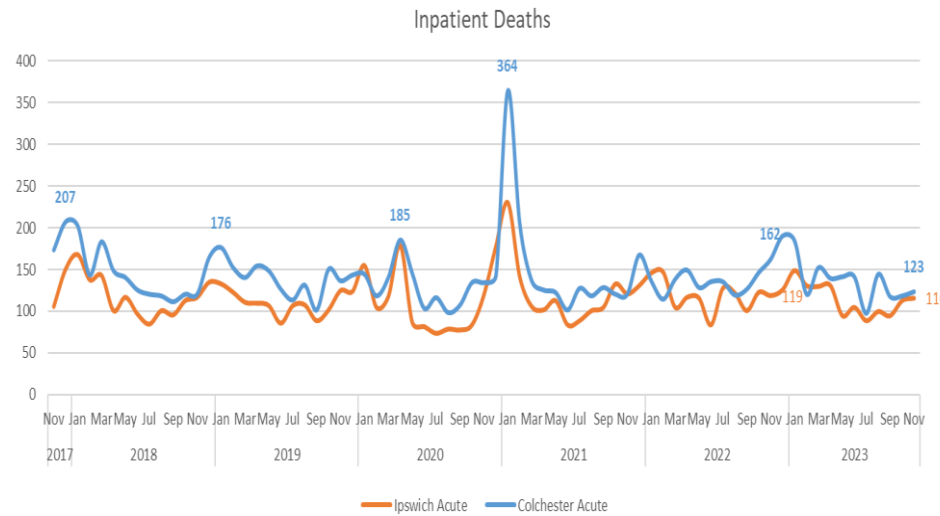
November 2023

239 inpatient deaths

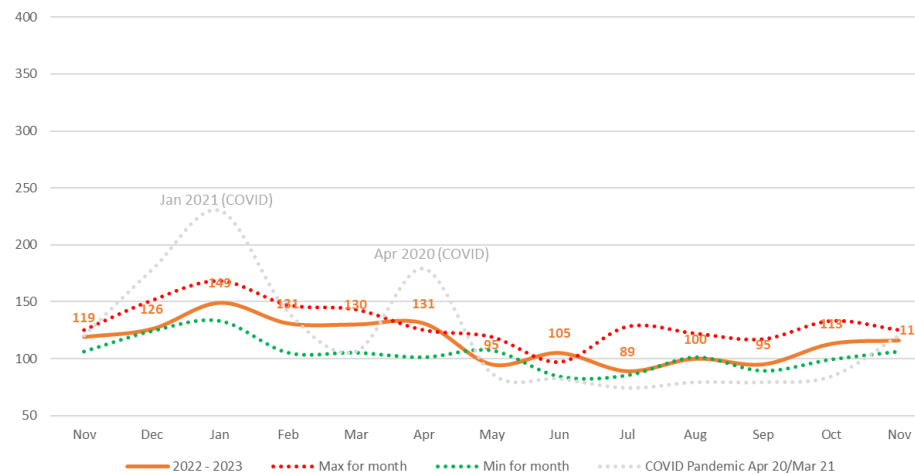
(231 in October):

- Ipswich 116 – **within seasonal 'norm'**
- Colchester 123 – **bottom of seasonal 'norm'**

24 deaths in EDs (26 deaths in October) – initial review indicates these patients were awaiting admission under speciality care



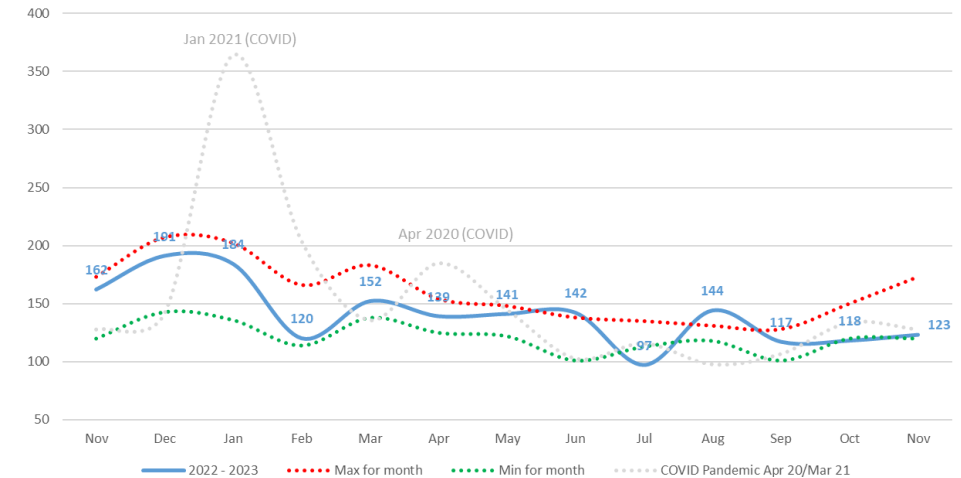
Ipswich Hospital 'Excess' Inpatient Deaths 2017 - 2023
(Max & Min exclude COVID-19 pandemic months)



(IP = inpatient)	November 23 No. Deaths	November 22 No. deaths	Rolling 12 mths avg
Ips acute IP	116 (113)	119	115
Col acute IP	123 (118)	162	142
Ips ED	8 (12)	8	10
Col ED	16 (14)	19	14

Figure in brackets = previous month

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



Mortality: Stillbirths & Perinatal Mortality - **October data**

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

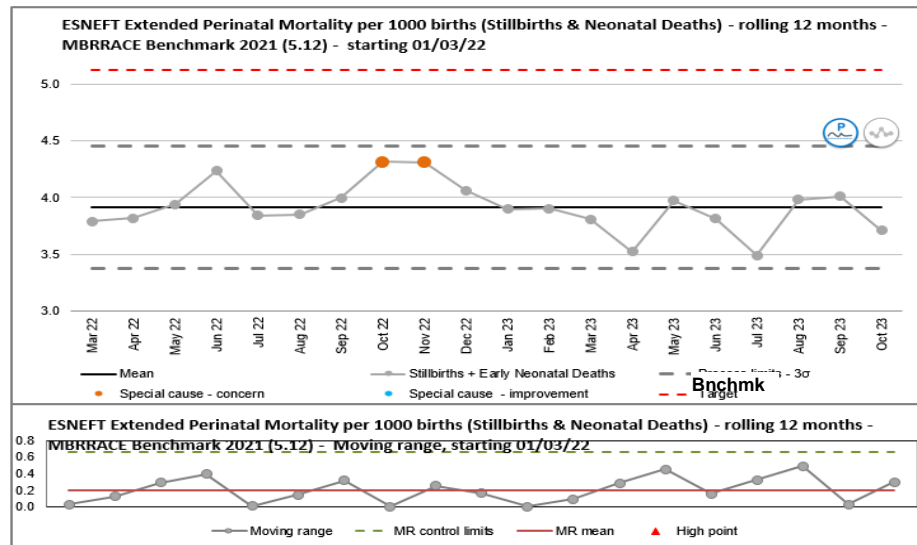
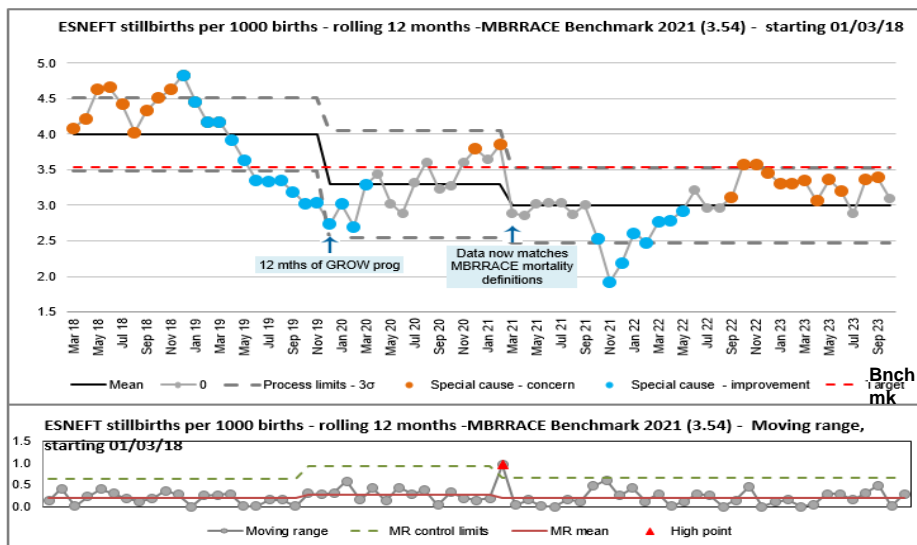
Provisional Data
(summary 12 mths to October 2023)

- **Stillbirths/1,000 births[¶]**
3.1 – 2020
MBRRACE* 2021 benchmark 3.5
- **Extended perinatal mortality 3.7/1000 births[¶]**
MBRRACE* 2021 benchmark 5.1

(Perinatal mortality was removed as a measure from the 2021 report published Sep 2023)

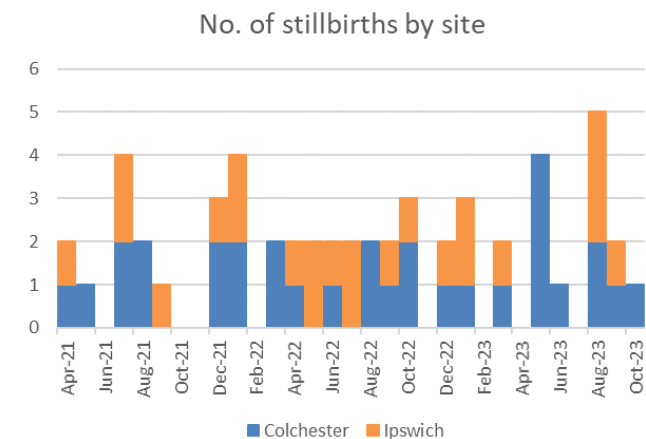
**Mothers and Babies: Reducing Risks through Audits and Confidential Enquiries*

[¶]excludes terminations of pregnancy and births <24^{±0} weeks gestational age



12 months to October 2023			
Metric – Benchmark reflects rates for England (MBRRACE 2021)	Benchmark	Ips	Col
Stillbirths [¶]	3.5	2.6	3.6
Extended Perinatal Mortality [¶] (stillbirths and neonatal deaths up to 28 days following delivery)	5.1	2.9	4.5

Based on ESNEFT births activity, 12-month stillbirth numbers need to be below 23 in order to remain within national benchmarks for 2021. By site for the 12 months to Oct 2023, Ipswich had 8 stillbirths and Colchester 12. In the preceding 12 months to Sep 2022, the figure for ESNEFT was 21. The SPC chart is demonstrating special cause variation owing to the fact that rolling 12-month data is now consistently above the average for data after the period ending Mar 2021 and only marginally within the benchmark. MBRRACE data released September identified an increase in perinatal mortality in 2021 for the first time in 7 years following year on year reductions. It is not possible to say if that trend will continue.



Ethnicity Mortality Recording - 12 months to August 2023– Data Source Telstra Health

- Telstra Health (Dr Foster) data indicates that overall, the Trust has slightly above average levels of deceased activity where ethnicity was not stated/not known.

Deceased Group	ESNEFT	National
Not known	6.8%	3.5%
Not stated	8.4%	7.4%
Total	15%	11%

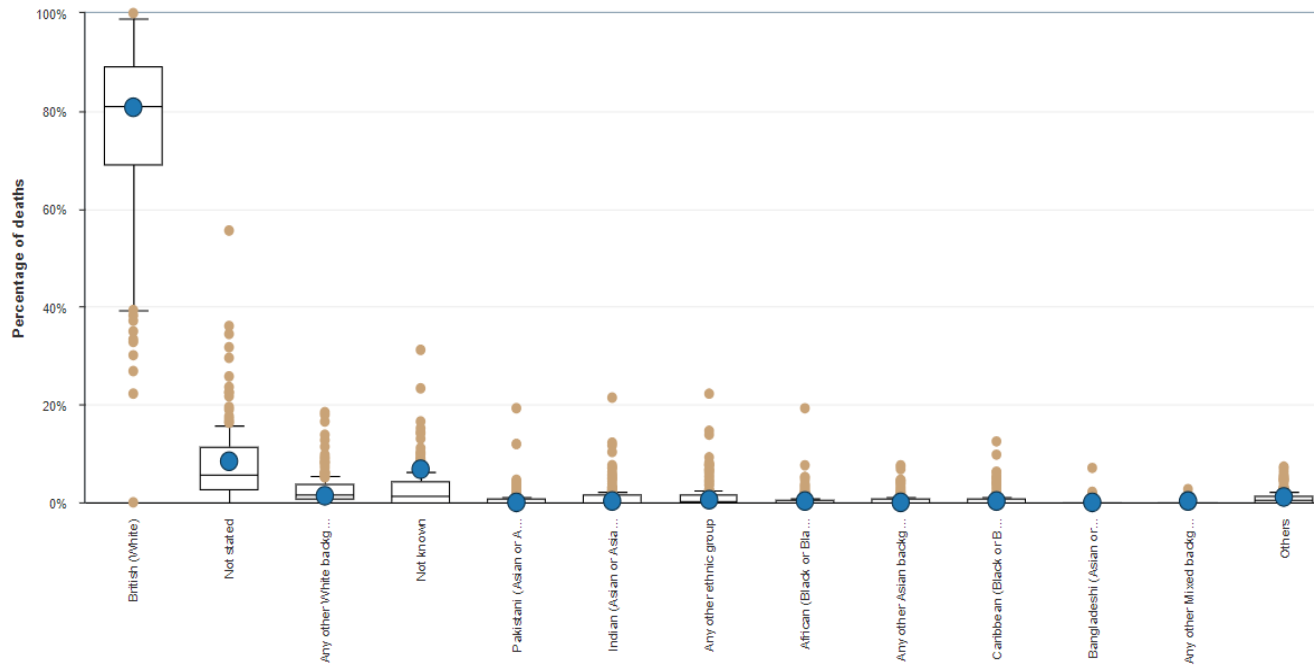
- Business Informatics has rolled out two additional tools to support accurate data capture.
- It might be that language difficulties have reduced data capture for patients from global majority ethnic groups.
- At ESNEFT, global majority groups make up 7.1% of admitted activity compared to 15.8% nationally

Ethnicity recording for deceased inpatients

Diagnoses | Mortality (in-hospital) | Sep 2022 - Aug 2023 | ALL (acute) by Ethnicity

Patient classification: Ordinary

Peers: ALL (acute) | Analyse by: Ethnicity | Measure: Deaths | Show points: All peers



Business Informatics has introduced self-check-in kiosks in the Ipswich Outpatients departments which will improve data capture as patients are given the opportunity to confirm key data elements (kiosks have been used on the Colchester site for a number of years now.) Cards have been issued to ward clerks which will support ethnicity identification. Clarity has also been given around which field to use if the patient declines. It is hoped that this will reduce anxiety around re-asking a patient who has previously declined to answer.

Mortality Ratios

For ordinary admissions, 2 groups are flagging as ethnicity mortality outliers; British (white) and 'not known'.

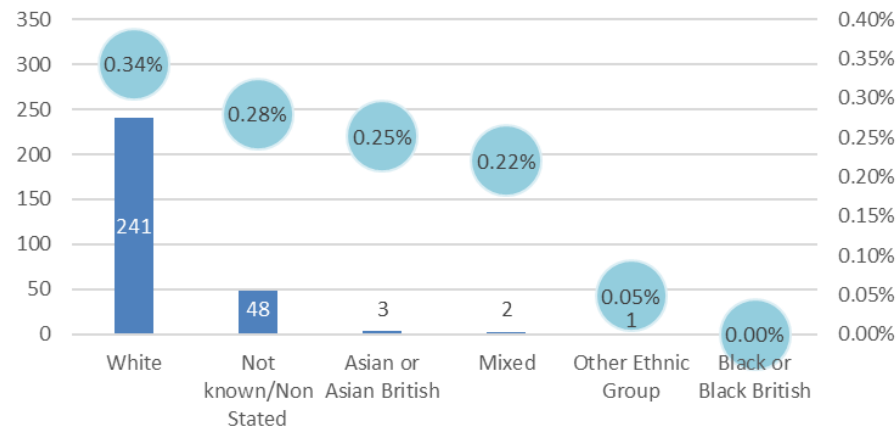
No ethnic group in the category perinatal mortality is a negative outlier; white British perinatal mortality is a positive outlier, i.e. mortality is 'better than expected'.

Ethnicity Mortality Rates October 2022 to September 2023 – Emergency Departments – by patient, not attendance – data source ESNEFT BI

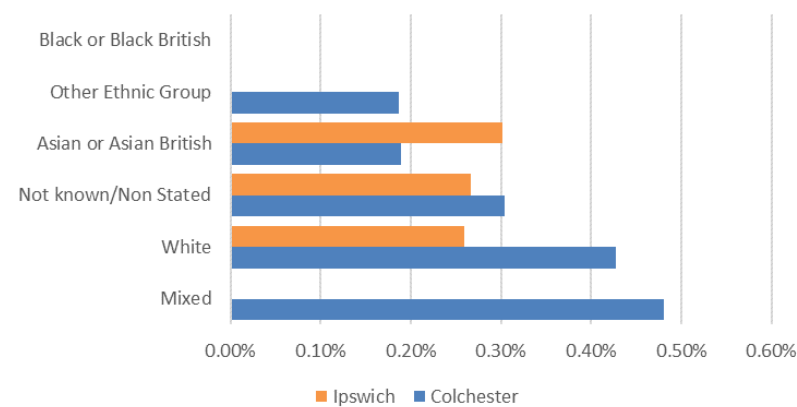
- The highest mortality rate in ED for all ethnic groups is seen in the 'white' category.
- For Colchester site, there were 2 patients who died in the ethnic group 'mixed'.
- For Ipswich site, there were 2 patients who died in the Asian ethnic group.
- Overall mortality rates for Colchester ED were 0.4% and 0.2% for Ipswich, however, the Colchester denominator was affected by UTC activity.
- For patients aged 0-17, there were 3 deaths in the EDs.

Reporting mortality rates by ethnic group is problematic owing to the percentage of activity where there is no record/the patient has declined to state, coupled with low numbers of discharges in global majority ethnic groups.

ESNEFT - Deaths in ED Aged 18+ and Mortality Rate by Ethnic Group



ED Mortality Rate by Site - Patients Aged 18+



For patients aged 18+ Location	ED – Unknown ethnicity – all discharges	ED unknown ethnicity - % deaths
ESNEFT	18.5%	16.3%
Ipswich	22.1%	23.8%
Colchester	14.4%	11.0%

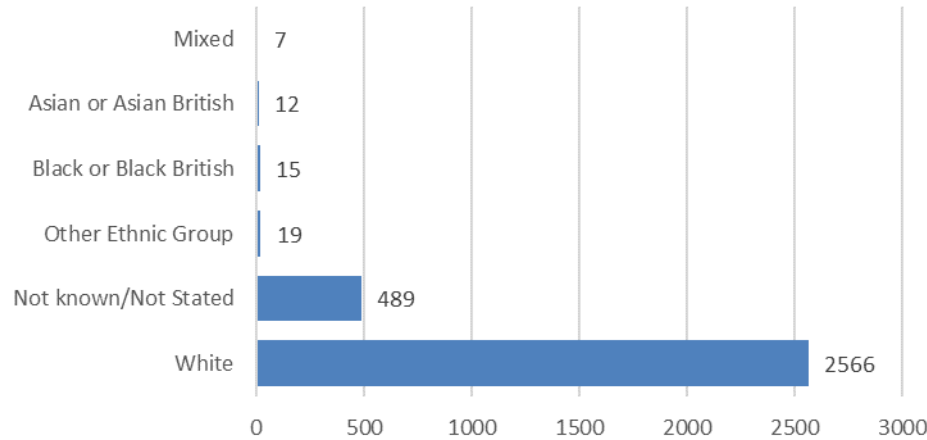
Ethnic Group – patients aged <18 years	Colchester	Ipswich
White	1	0
Black or Black British	1	0
Not known/Non-Stated	0	1
Asian or Asian British	0	0
Mixed	0	0
Other Ethnic Group	0	0

Ethnicity Mortality Rates October 2022 to September 2023 – Inpatients– by patient, not attendance – data source ESNEFT BI

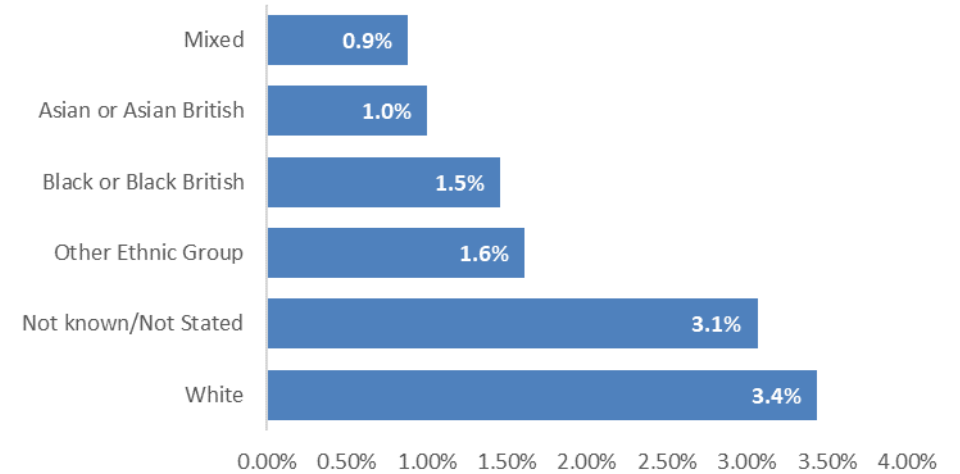
Inpatient Location	Unknown ethnicity – multiple discharges
ESNEFT	14%
Ipswich	18%
Colchester	10%

- The data shows the mortality rate within each ethnic group. Adult patients from known ethnic minorities make up 1.7% of all in-hospital deaths
- The highest mortality rate (for patients aged 18+) by ethnic group was seen in 'white' patients followed by not known/stated.
- There were 15 Black/Black British deaths, 6 on the Colchester site and 9 on the Ipswich site.
- There were 3 deaths for patients aged 29 days to 17 years, with 1 death with an unidentified ethnicity.

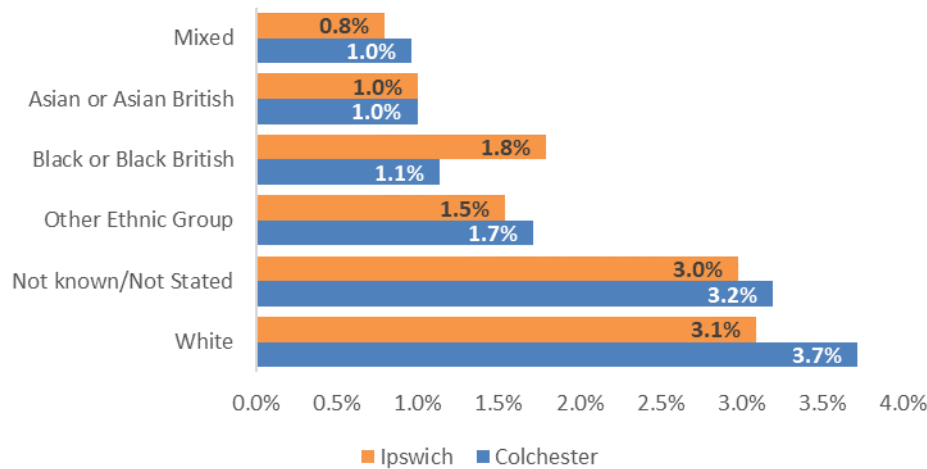
Number of Deaths by Ethnicity - ESNEFT Inpatients Aged 18+



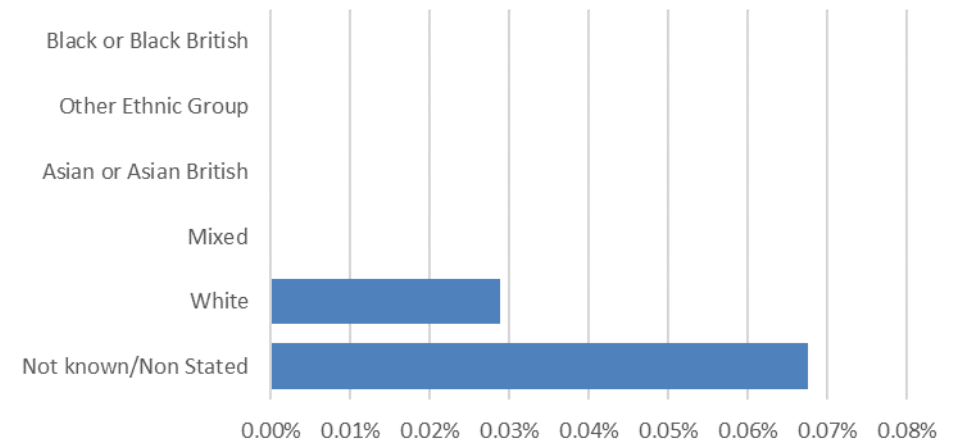
Mortality Rates by Ethnic Group - ESNEFT Inpatients Aged 18+



Mortality Rates by Site - Inpatients Aged 18+



Mortality Rates by Ethnic Group - ESNEFT Inpatients Aged 29 days to <18 years

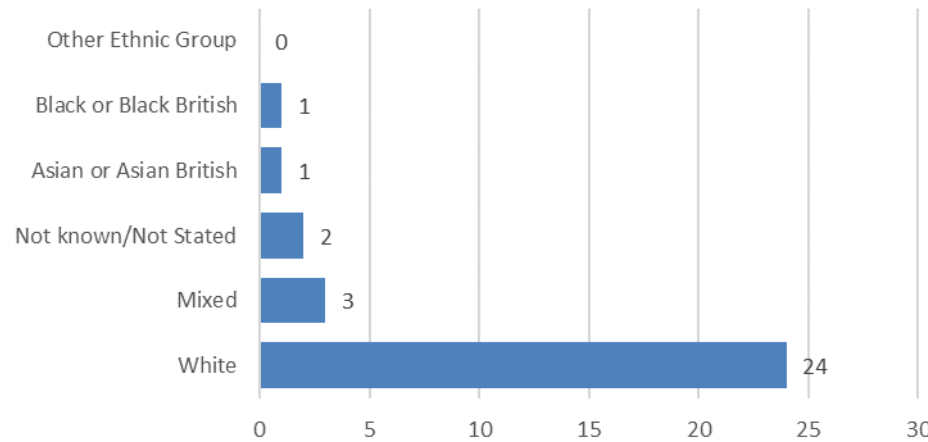


Ethnicity Mortality Rates October 2022 to September 2023 – Extended Perinatal – by patient, not attendance – data source ESNEFT BI

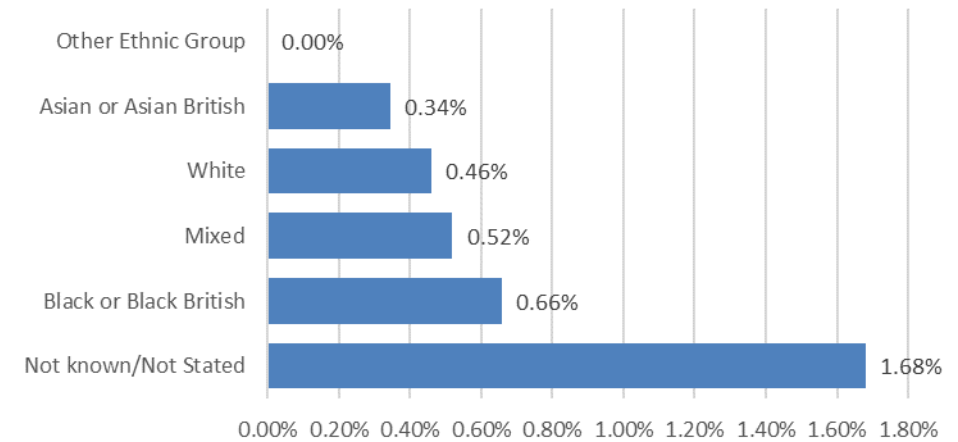
- The highest ESNEFT perinatal mortality rate by ethnic group was seen in 'Not known/Not stated', 2 babies, followed by 'Black/Black British', 1 baby.
- The highest Ipswich mortality rate was for Not known/stated, 5.3% (2 babies out of 38 births).
- The highest Colchester mortality rate was for the ethnic group 'mixed', 0.8% or 2 babies out of 263 deliveries – 8 times the figure for white births.

Data Quality Example			
	Patients	Deceased	Rate
Black/black British	109	1	0.9%
	110	2	1.8%
	111	3	2.7%
	112	4	3.6%

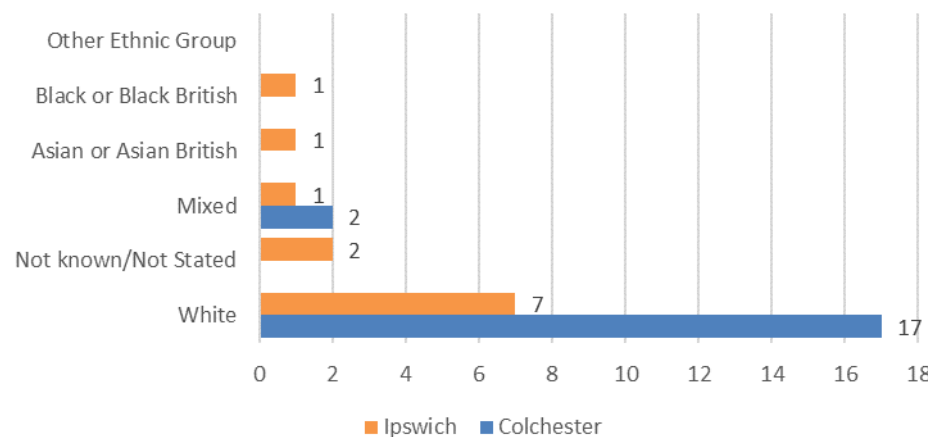
Number of Deaths by Ethnicity - ESNEFT Inpatients Aged 0-28 Days



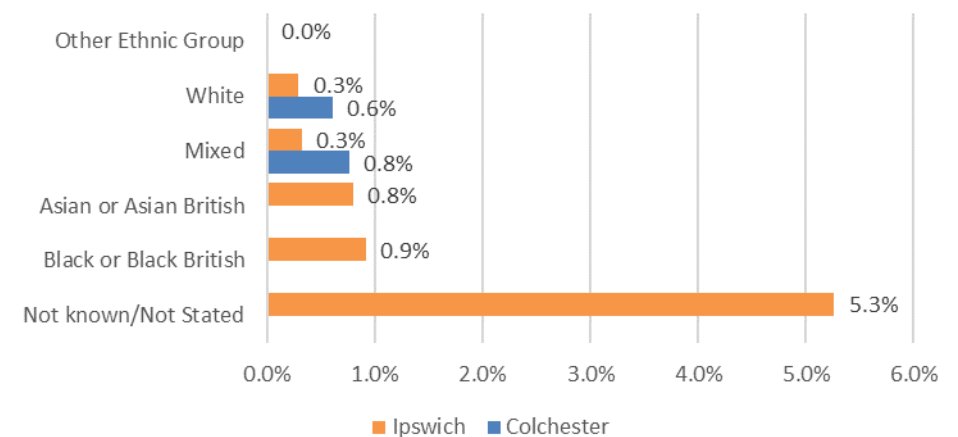
Percentage of Deaths by Ethnicity - ESNEFT Inpatients Aged 0-28 Days



Number of Deaths by Site - Inpatients Aged 0-28 Days



Mortality Rates by Site - Inpatients Aged 0-28 Days

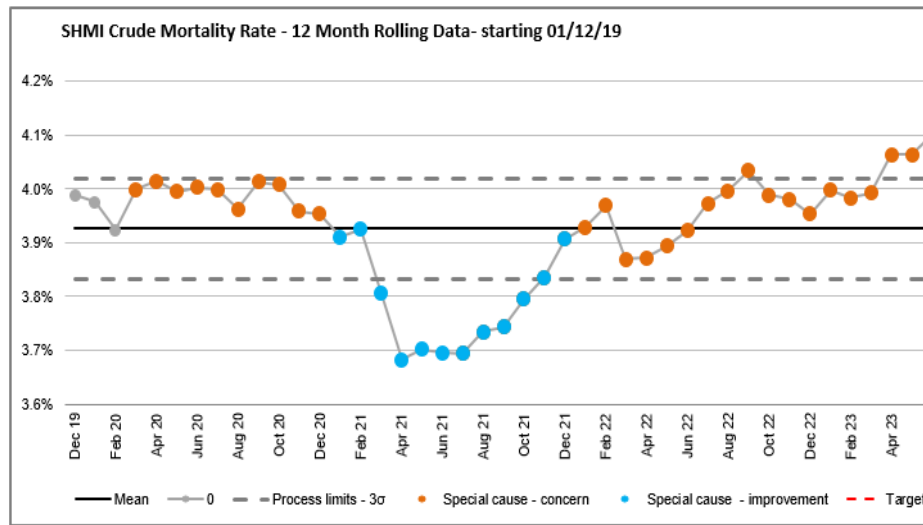
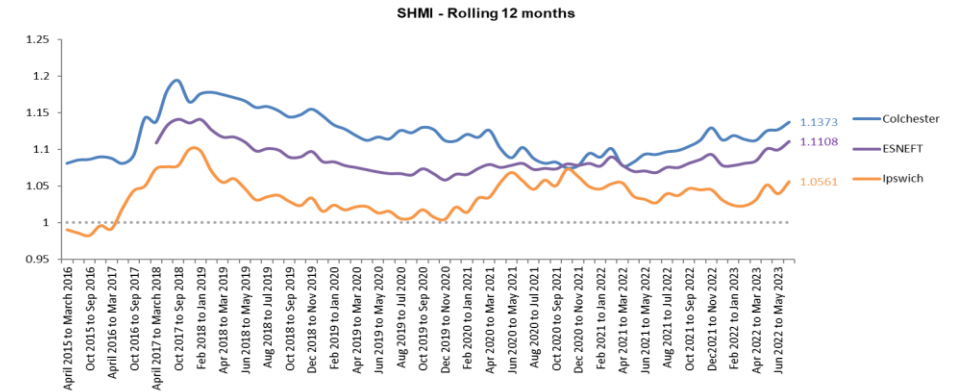
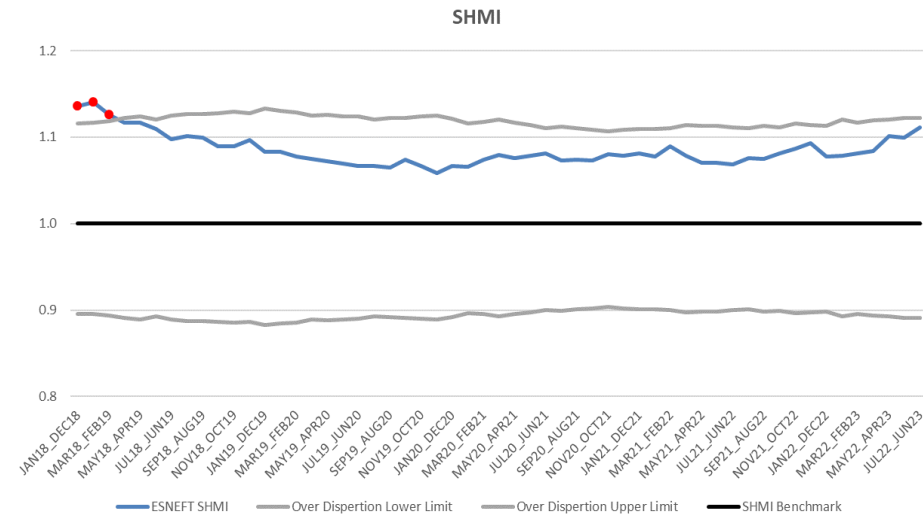


Mortality – SHMI & Crude Mortality Rates

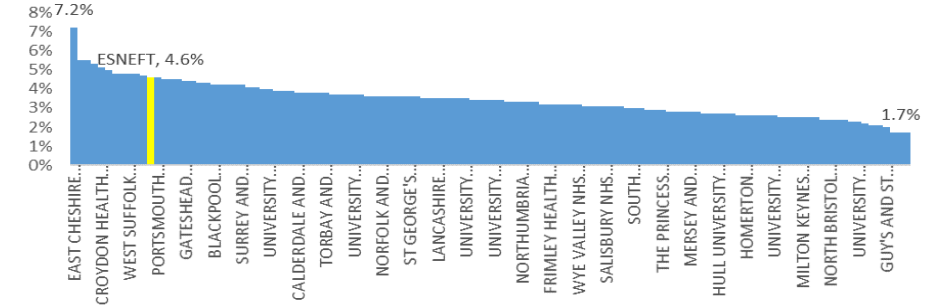
ESNEFT SHMI to May 2023

1.0993 'as expected' but close to over dispersion upper limit

- Colchester 1.1270
- Ipswich 1.0397



Percentage Provider Spells with COVID-19 Coding (Excluded from SHMI)



Crude mortality rates are being influenced by increases in inpatient deaths and deaths within 30 days of discharge, coupled with drops in discharges. The latter is partly affected by the loss of any admission where the patient had a clinical diagnosis of COVID-19. For the 12 months to June 2023, 4,620 spells (4.6%) were excluded. Comparing pre and post COVID-19 activity, the loss of around 14,000 spells per annum has resulted in a higher crude rate post COVID-19.

Mortality Review Dashboard



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

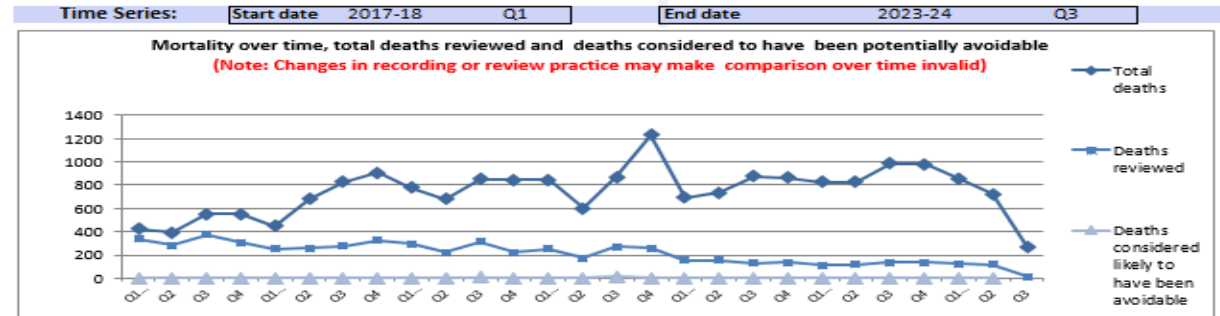


Description:
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

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
269	241	17	36	0	1
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
269	723	17	118	0	3
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1847	3613	259	504	6	9



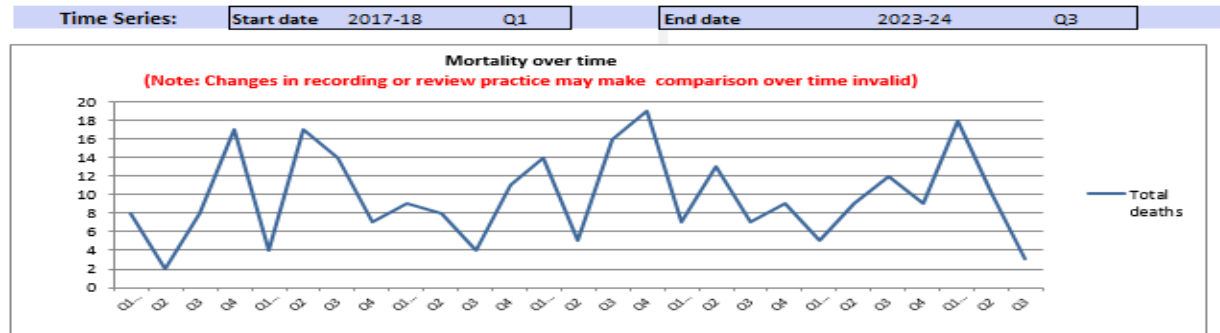
Total Deaths Reviewed by Mortality Methodology Score

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: 0 (0.0%)	This Month: 0 (0.0%)	This Month: 2 (12.5%)	This Month: 14 (87.5%)
This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 2 (12.5%)	This Quarter (QTD): 14 (87.5%)
This Year (YTD): 0 (0.0%)	This Year (YTD): 3 (1.2%)	This Year (YTD): 3 (1.2%)	This Year (YTD): 3 (1.2%)	This Year (YTD): 19 (7.5%)	This Year (YTD): 226 (89.0%)

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
3	2	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
3	10	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
31	35	0	0	0	0



Mortality Review Dashboard

Trust ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18)
 Org Code 432
 Month October
 Year 2023-24

Total deaths include inpatients, paediatrics, maternity, ED
 Total deaths also includes patients with LD reviewed under SJR criteria by local team - additional LeDeR death reviews are shown separately

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.

Not all deaths are subject to mandatory review.

Review of mandatory case records

Financial Year	Month	Total Deaths	Total Deaths Reviewed	Deaths likelihood > 50% contributed to death	Deaths judged to have been due to problems in healthcare					Deaths judged not due to problems in care LD Deaths	No. deaths subject to case record review	No. reviews returned	% Case record reviews completed	No. case record reviews outstanding	
					Defin	Evidnc	>50/50	<50/50	Slight						
					↓ 1	↓ 2	↓ 3	↓ 4	↓ 5						
2022-23	April	301	40	0	0	0	0	2	5	33	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	37	2	0	1	1	3	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	52	1	0	0	1	4	3	44	3	26	22	85%	4
2023-24	April	308	34	1	0	1	0	0	1	30	7	18	15	83%	3
2023-24	May	269	48	2	0	1	1	0	4	42	4	31	29	94%	2
2023-24	June	278	42	0	0	0	0	0	2	40	7	30	22	73%	8
2023-24	July	210	29	0	0	0	0	1	1	26	4	20	11	55%	9
2023-24	August	272	53	2	0	0	2	1	5	45	4	37	29	78%	8
2023-24	September	241	37	1	0	1	0	1	4	30	2	31	22	71%	9
2023-24	October	269	17	0	0	0	0	0	2	14	3	33	11	33%	22

Mortality – Cases where care may have contributed to death

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. HotSpot circulated.
- Jan 2023 – PSR 126016 poor diabetes control in pregnancy. The consultant did not emphasise the importance of delivery at <37 weeks so the woman was booked into the next available slot owing to reduced elective caesarean capacity over the Christmas period. There has been individual reflection on this care planning. Shared learning at the M&M meeting to ensure all aware of the process of escalating for cat 3/extra lists should timely delivery be required.
- Feb 2023 – PSR 130649 patient not escalated according to trust standards; delays in accurate radiological report. This was discussed at the May ED M&M, senior team discussed actions with staff member who did not escalate the patient. To be discussed at surgical M&M. Final approval pending.
- Mar 2023 - PSII 131578, NF diagnosis delays. Pending actions include LRINEC assessments, reinforcement of escalation of abnormal results and cellulitis pathway development (DP group). Inquest.
- Apr 2023 - PSII 136004, severity of ENT event not considered. Action log pending.
- May 2023 – Datix: 139025, fall with harm. Patient with metastatic cancer, at high risk of falling owing to lack of insight, got out of bed to turn light off. There had been no falls risk assessment prior to fall, no assistive technology, gaps in intentional rounding documentation, no documentation of lying/standing blood pressure. A presentation given at Learning from Deaths group, falls prevention in the last days of life is to be shared more widely with clinical teams. Action plan being developed.
- May 2023 - PSII 139167, patient with clear hospital passport guidance was left to eat unsupervised leading to aspiration. Food charts and nutritional requirements not documented according to Trust policy, no seizure charts, no requested SALT review, delayed sepsis 6, O₂ target sats not met. Discussed at unit huddle, inquest.
- Aug 2023 – Datix 148758, delays in AKI management. Under review
- Aug 2023 – Datix 147304, 104-day cancer breach. Under review
- Sep 2023 – Datix 150285, delays in MRI reporting led to exacerbation of intracerebral bleed. Under review, see learning from deaths meeting slide.

Mortality – Health Inequalities

- Incorrect saturation assessment leads to readmission

Health inequalities

- Smoking cessation quit rate is 50%
- MECC is expanding – top 3 referrals are for emotional support, support with physical activity and weight management.
- Clacton frailty service is supporting older patients closer to home, promoting wellness and screening.
- Alcohol care team has increased patient access to support.

A Medical Examiner requested an SJR owing to two quick readmissions. Carers called an ambulance as the patient ‘was in no fit state’ to be left alone at her flat and on both of these occasions was re-admitted to the hospital. A very thorough mortality review was undertaken by Dr Awais who noted:

- At the time of discharge, there was clearly an error in recording oxygen saturations. She was readmitted the same day with hypoxia, delirium and later found to be COVID-19 positive.
- Not recording the oxygen delivery status is a very common error which has been highlighted multiple times. This leads to inappropriate discharges and subsequent readmission.
- Although this would not have changed the outcome for this patient, this is something that needs to be addressed.

Health Inequalities Programme Group Meeting – 29 November 2023

- Programme activities include expansion of the alcohol service, learning disability prioritisation, GPPC hypertension, diabetes inpatient service, frailty support in Clacton, enhanced asthma clinical services, ophthalmology DNA, healthy eating adults and young people, smoking cessation and Making Every Contact Count (MECC).
- The smoking cessation 28 day quit-rate is currently around 50%.
- MECC in Outpatients - to date, over 23,000 offers of support have been made in our participating clinics with over 4,500 referrals made to our external providers. The programme is expanding into paediatrics, Ipswich U/S, Colchester IR, Long-term Chronic Conditions & MSK . Community (NEECS) and ‘MECC Light’ offer now in place with Targeted Lung Health Check Team.
- Frailty services project running in Clacton as this patient group has been identified as having lower than average life-expectancy and high-attendance in ED. Funding was secured to work with a PCN providing frailty provision closer to home. The programme supports patients with a CFS of 5-6, with comprehensive geriatric assessment and sign-posting as well as medication review to minimise risk of side-effects leading to harm events (e.g. constipation, falls).
- There is now an alcohol care team which can currently provide the following services:
 - alcohol support 7 days a week in Ipswich Hospital;
 - alcohol support on a daily basis to those presenting to ED in crisis;
 - face to face post detox clinics;
 - cancer clinics;
 - pre op assessment clinics (start 6th Dec), for those requiring detox for elective surgery;
 - second Alcoholic Liver Disease (ALRD) Stable Cirrhotic clinic starts in Jan 24;
 - support to the elderly who are drinking excess alcohol, working with frailty;
 - increased staff training sessions;
 - KPIs include: reduced admissions in ED, reduced bed stay, increased community referrals, Seven-day service – daily presence in ED, increased clinic time for outpatients, cancer support, pre-op support, elderly support and improved patient experience.

Mortality – Medical Examiner Update

Medical Examiner service praised for progress made with GP on-boarding

Preparations for the statutory phase of the Medical Examiner system, due to commence in April 2024, are well advanced on both sites. The number of GP surgeries actively enquiring about on-boarding ahead of the statutory roll out is encouraging. Having a number of GPs working as MEs has been massively beneficial in aiding discussions with GP surgeries and the ICB. The ICB has been actively encouraging GPs to engage and has offered support to the service with any surgeries that are slow to engage.

Alan Fletcher (the National Medical Examiner) visited the Colchester site in November. The feedback from the visit was very complimentary of the service, in particular the engagement with GP surgeries was highlighted for a special mention. It was described as "an exemplar site".

ESNEFT has also been actively involved in discussions with the NHS Business Services Authority; tasked with designing the electronic certificate system due to be implemented alongside the statutory phase. A site visit and several Teams meetings have been held to gather information to help shape the design of the electronic system.



Dr Alan Fletcher (front left) pictured with members of the team

Mortality – Learning from Deaths Meeting 1st December 2023

Summary

- Falls in the last days of life. Learning is to be shared more widely.

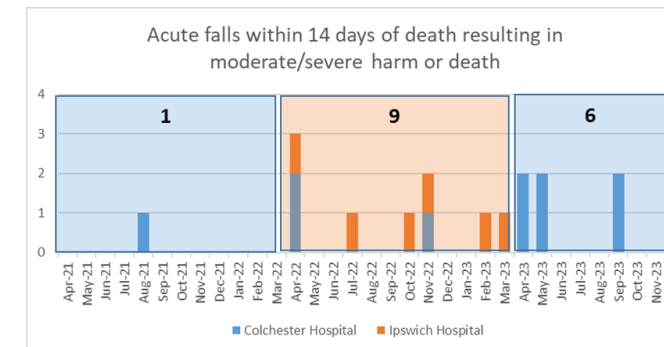
ICS Update

Joe Allen advised that there is going to be an ICS-wide Learning from Deaths meeting going forwards. Terms of reference will be circulated.

Falls in the last days of life – presentation by Alice Gaskin, Falls Prevention Practitioner

Falls analysis has indicated increases in the number and severity of harm for falls in the last days of life. Alice has worked with the palliative care team to review cases and understand some of the factors:

- Causative factors include increased complexity, frailty, deconditioning from COVID-19 shielding, lower vitamin D levels, poorer bone health and reduced muscle strength, leading to a higher risk of fall with fracture.
- In addition, currently more than 50% of patients who fall have cognitive impairment. Complexity and confusion require enhanced supervision to maintain patient safety, but this is not always achievable, resulting in more than 70% of all falls being unwitnessed. There are also issues in accessing specialist mental health and complex dementia care support, resulting in increased LoS and a greater risk of multiple falls.
- Other issues include the impact of multiple ward moves owing to operational and clinical pressures. This leads to additional agitation and cognitive decline as patients are moved to unfamiliar surroundings, cared for by staff who do not know them.
- The fall will often act as a catalyst for a downward spiral of immobility, weakness and bed dependency, resulting in a greater risk of secondary infections and frailty (hospital-associated functional decline).
- Nationally, a fall results in an extension of 6-8 days on the LoS. This is as a result of post-fall injury care and the subsequent requirement for additional care packages or placement in a care home – this can cause delays to discharge while care on discharge is arranged.
- The mortality rate for fractured hip UK stands at 18–31% at one year.
- A case study was presented involving a patient with a large postural drop who fell and fractured his hip. Although poorly prior to the fall, he had been able to access the coffee shop with family and go out for a cigarette. The patient was not fit for surgery so became bed bound and was transferred to the hospice unresponsive. The fall caused physical harm to the patient and emotional trauma for the patient and his family as he had previously been alert and orientated and able to enjoy spending time with them.
- In a second case study, a patient was found on the floor of EAU as he had become uncomfortable on a trolley after 10 hours. He was returned to the trolley for another 16 hours before being admitted to a ward and dying 8 hours later.
- The presentation went through essential falls prevention measures including lying/standing blood pressure (trust is at national benchmark of 35%), medication review e.g. addressing constipation to reduce straining and increased commode use, use of appropriate falls tech, careful use of sedation and anticoagulants and most importantly, reassessment of falls risk in change of setting or condition, encouraging visitors to reduce agitation, use of hospital volunteers, pain control and appropriate use of bed rails where indicated.
- Current actions include CQUIN for clinical frailty scoring, 4AT delirium assessment, yellow blanket on admission for high-risk fallers, joint project with the infection prevention control team around cohorting, post-falls review, close links with the palliative care team, study days and e-learning.



Patient Safety – Total incidents and Overdue action plans

Total incidents and harm

There were a total of 2,999 (2,918) incidents reported in November. 2,526 of these incidents were Patient Safety related and 2,525 were reported to the NRLS.

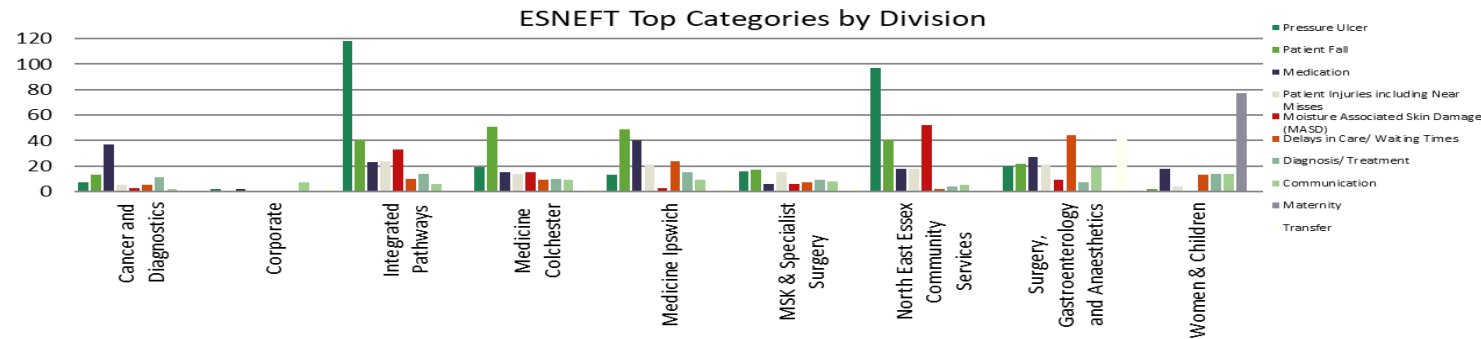
Overdue incidents have shown a decrease to 608 (654).

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 with 293 (261) incidents reported, 3 of which were severe harm (all of which were within the community within both NEECS and Integrated Pathways).

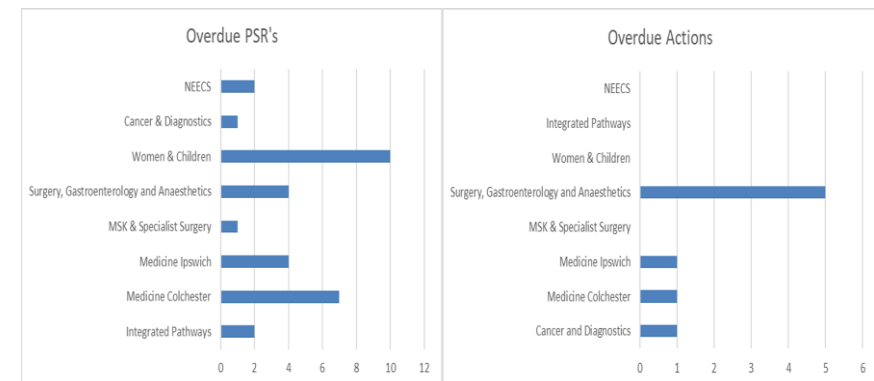
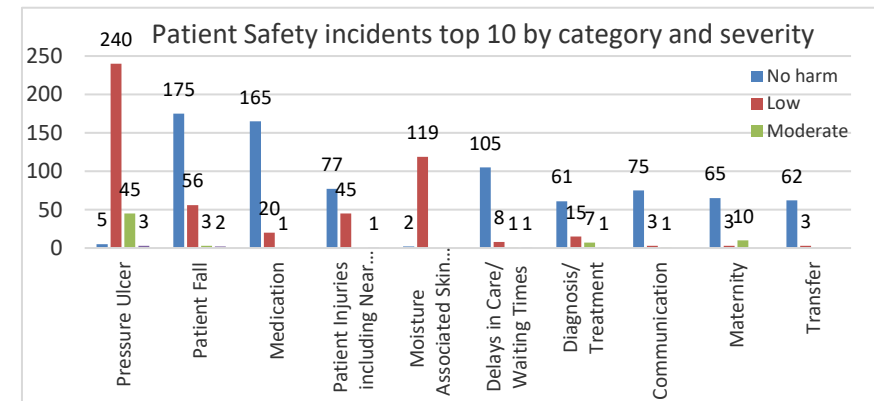
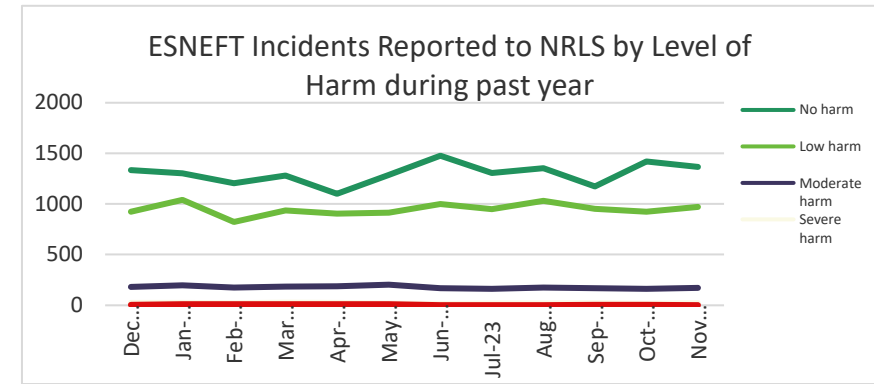
The 2nd highest reported category was Patient Falls with there being 236 (261) incidents reported, 2 of which were reported as severe harm on Nayland Ward and Bramford Ward, and one of these being unwitnessed.

The 3rd highest reported category was Medication with 186 (190) incidents, 1 was reported as moderate harm and the remainder were all reported as low and no harm.



Patient Safety Reviews Overdue and with Actions outstanding

- 1 PSR was completed in November 2023, this was for Women & Children
- There are 31 overdue PSRs, Integrated Pathways (2), Medicine Colchester (7), Medicine Ipswich (4), Surgery, Gastroenterology & Anaesthetics (4), MSKSS (1), NEECS (2), Cancer & Diagnostics (1) and Women & Children (10).
- There are currently 8 (79) actions overdue for November 2023 a decrease from October 2023: Medicine Colchester (1), Medicine Ipswich (1), Surgery, Gastroenterology & Anaesthetics (5), MSK and Specialist Surgery (0), Cancer & Diagnostics (1), Integrated Pathways (0), NEECS (0) and Women & Children (0).



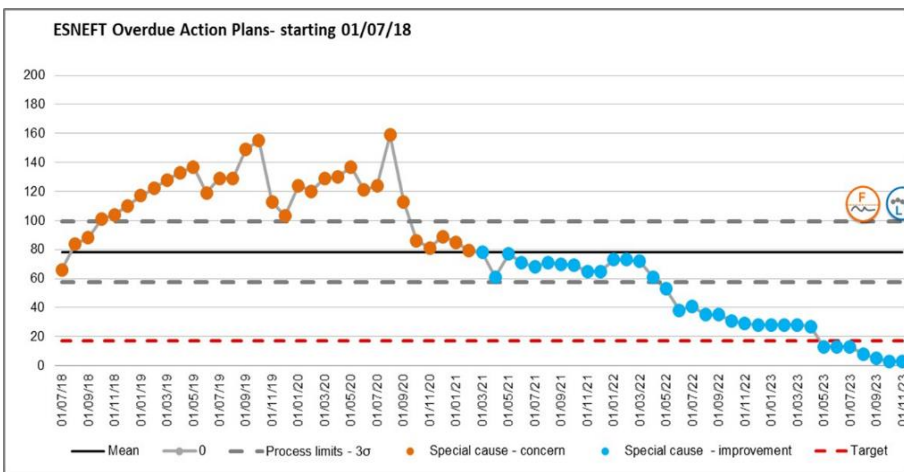
Patient Safety – Never Events, Overdue action plans & Duty of Candour

Never events

There were no Never Events reported in November 2023.

Number of completed action plans closed in the month

There are currently 3 (3) plans overdue.



Duty of Candour

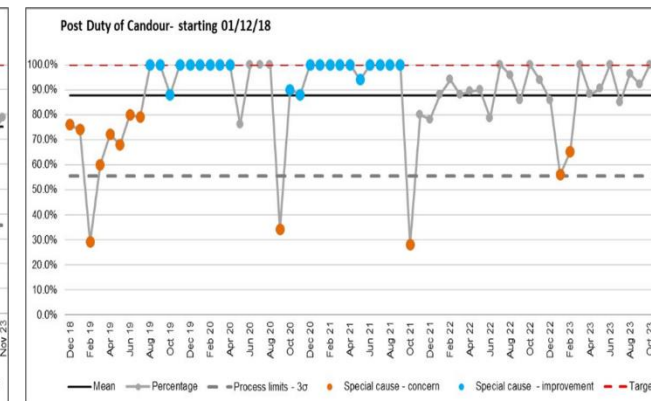
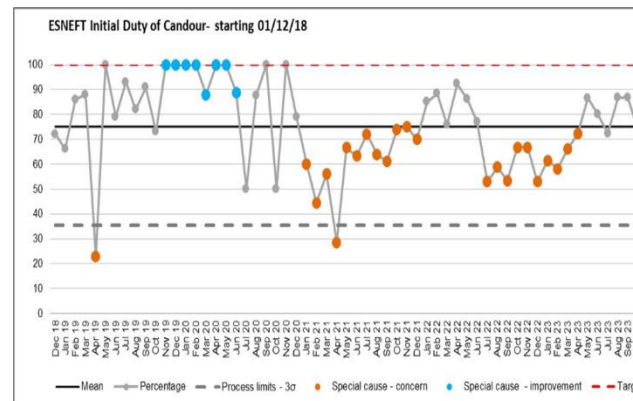
Due to the LFPSE changes to the definitions of harm, the weighting of DOC on the AF will be reduced for a period of 6 months while the Divisions adjust to the changes.

A total of 61 initial Duty of Candour were due in the month of November, of which 48 were completed within the timeframe. The Trust compliance is 78.7% (73.9%).

A total of 28 post Duty of Candour letters were due in the month of November and all were completed within the timeframe. The Trust compliance is 100% (100%).

Division	Due	Completed
Cancer & Diagnostics	1	1
Integrated Pathways	8	1
Medicine Colchester	3	3
Medicine Ipswich	6	6
Surgery & Anaesthetics	7	7
Women's & Children's	19	19
MSK & Specialist Surgery	5	4
NEECS	12	7
Total	61	48

Division	Due	Completed
Cancer & Diagnostics	0	0
Integrated Pathways	0	0
Medicine Colchester	2	2
Medicine Ipswich	2	2
Surgery & Anaesthetics	0	0
Women's & Children's	17	17
MSK & Specialist Surgery	5	5
NEECS	2	2
Total	28	28



Patient Safety – Falls

2022 - 2023 Deep Dive

2022 saw an upward trend in falls, which can be attributed to the additional contingency ward areas opened to support capacity and flow. Across all sites, ward areas were decanted for cleaning, following COVID-19 outbreaks- which meant patients were moved, often to different wards more often than expected.

There was an increase in the acuity of patients presenting to acute services, and a higher number of elderly patients with functional decline following isolation and shielding throughout the pandemic. However, inpatient falls across both acute sites showed sustained improvements from January 2023 with a consistent reduction of inpatient falls.

While classroom-based training was stood down during much of the pandemic, face-to-face induction training re-commenced in January 2023 on the Ipswich site. Harm free care study days started November 2022, and have been well attended and the success from this has led to study days being rolled out at the Colchester site. This includes for community staff.

Milestones: 2023

- Harm Free Panel reviews continue with After Action Reviews to focus on learning outcomes from incidents. This is currently under review with an aim to reduce the workload of ward staff and to achieve timelier After Action Reviews with more meaningful learning achieved.
- Post Falls Flow charts have been updated with new NICE guideline changes in post-fall head injuries, also incorporated into the e-learning package.
- Intranet pages updated for ESNEFT.
- A QI Project commenced aiming to reduce falls within trolled areas as a response to higher number of falls in ED and assessment areas.

Quality Account: November 23**Patient Safety Priority:**

To reduce the numbers of inpatient falls, as the impact on patients following a fall in hospital can be wide ranging and complex.

Targets:

- A reduction of inpatient falls per 1,000 bed days to below 5 within the two acute hospitals.
- The community falls per 1,000 bed days to be below 15 falls per 1,000 bed days.

Key Improvements in the year:

- Regular re-introduction of the Harm Free study days on both acute sites including the community hospitals, including safeguarding and dementia teams.
- Update and standardisation of falls documentation across sites, including a tool to determine the presence of delirium.
- Introduction of non-slip socks across both acute sites and all community hospitals.
- Targeted ward support by the falls practitioners to support the areas with the highest risk patients, providing ad hoc teaching and education has shown a reduction in falls over bed rails and by bedside.
- A ESNEFT Falls Prevention Operational group was created, replacing previous site-specific meetings for better ESNEFT working and communication.

The overall number of falls this year has dropped from the previous year. However, teams remain unable to consistently achieve the Trust target of no more than 5 falls per 1,000 bed days. Since January 2023 the ESNEFT Acute falls per 1,000 bed days ranges from 4.9 to 6.9 (national benchmark is 6.63). However, the number of falls with severe harm is showing sustained improvement across all acute and community sites.

Currently, community hospitals have achieved 5.8 falls per 1,000 bed days, against the Trust's benchmark of fewer than 15 falls per 1,000 bed days, and 5.7 falls per 1,000 bed days for the Acute sites against the Trusts benchmark of below 5 falls per 1,000 bed days.

Patient Safety – Tissue Viability

Aim:

- To continue to reduce the number of ESNEFT Acquired Pressure Ulcers.

Targets:

- A reduction in ESNEFT Acquired Pressure ulcers per 1,000 bed days
- To provide extra support to wards who have seen an increase in PU reporting
- To provide further training to all staff

Key Improvements in the year:

- Introduced Harm Free Care Study days Trust-wide
- PURPOSE-T has been recognised as a NICE accredited prevention tool and we are in the process of implementing this. Tracking Package has been commenced.
- We have recognised the latest PU recommendations from the National Wound Care Strategy Programme and have changed from SSKIN to aSSKINg
- Continued Validation training across both sites, allowing B6 and B7s to validate their own damage (MASD, cat 1, 2 and DTIs).
- Training has been given to all Community Nursing teams in Suffolk and NEECS.

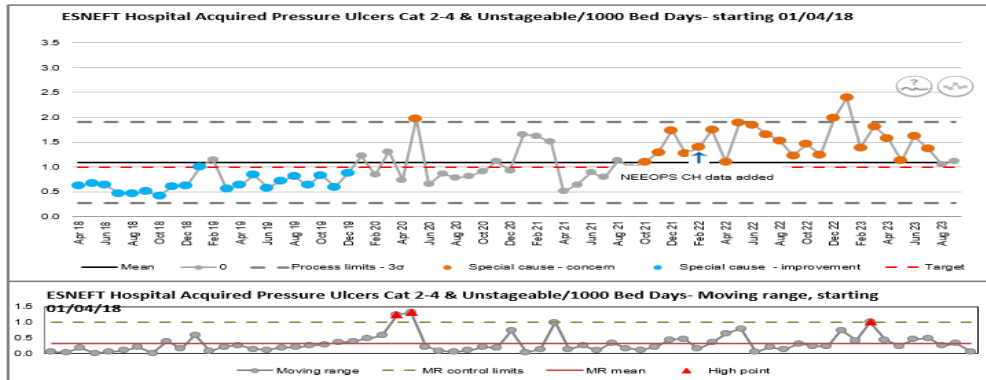
QI projects:

- Contiplan wipes and Derma Protective Plus trials have begun. The aim is for a reduction in MASD across all localities. Derma Protective Plus is being trialled in Suffolk and NEECS, as well as acute.
- NEECS requested funding for a Wound Care app that would guide the CN on appropriate dressings and will provide the senior members of NEECS figures and trends.

Link Nurses:

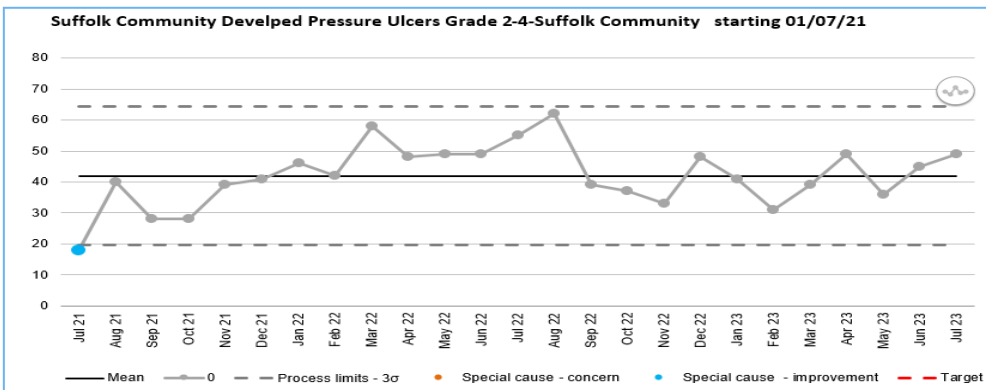
- We are looking to commence with TV Link Nurses in 2023 across all localities.

Patient Safety – Tissue Viability

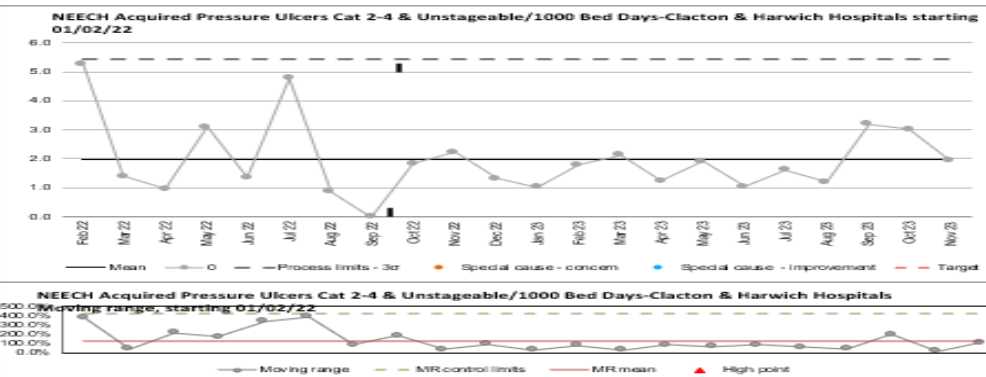


NEECS community hospital data was added to this data set at the start of 2022, creating a rise.

Although above the mean of 1.0/1,000 bed days from April 2023, the data has remained relatively stable in comparison to data for the year from April 2022.



Suffolk Community Data shows a decrease in the above average occurrences from late 2022.



NEECS have seen variable performance for pressure ulcers. Although there has been a rise towards the end of 2023; there has been an increase in training and therefore an increase in Datix submissions.

Patient Safety – Tissue Viability

There is no national benchmarking data for developed pressure ulcers. This is largely due to the many different approaches used in studies measuring incidence and prevalence rates – rendering the data incomparable. The Trust target of less than 1.0 developed pressure ulcer, per 1,000 bed days was agreed based on a review in 2019 of the previous year's pressure ulcer numbers. This target continued to be achieved prior to the COVID-19 pandemic.

Based on monthly incident reporting, to provide assurance for the processes and procedures in place for prevention, identification and management of pressure ulcers, teams re-introduced the education package for prevention, early detection and validation by band 6/7.

Although pressure Ulcers per 1,000 bed days have stayed above 1.0 for a longer period of time, teams acknowledge that NEECS have also joined with ESNEFT and therefore their data is included within the numbers.

There has been a decrease from 2.4 per 1,000 bed days in January 2023, to 1.0 in August 2023, and teams are hopeful with the training package and new pressure ulcer prevention tools, that the Trust will remain close to the benchmark of 1.0.

Key activities for the next quarter:

- Role out the PURPOSET Training package.
- FY1 and FY2 training to commence in January 2024 .
- Commence LFPSE.
- Face-to-Face training across all ESNEFT bases from TVN teams.
- Harm Free Care conference at both IPH and CGH.

Patient Safety – Infection Control

***Clostridioides difficile* – ESNEFT total 8**

Ipswich & East Suffolk

HOHA, 4, Bramford, Washbrook, Stowupland and Haughley
COHA, None

Colchester and North East Essex

HOHA, 3, Brightlingsea (2) and D’arcy
COHA, 1, Stanway
PSIRF reviews to be undertaken

Overview

The C.difficile case threshold for 2023/24 is 101. There have been a total of 82 C.difficile cases April 2023-end of November 2023 (the total number of HOHA and COHA cases). The team are undertaken analysis using the new PSIRF framework. Some of the cases on Colchester site in Nov had shared wards although cases found to be different ribotypes.

MSSA – ESNEFT total 5

Ipswich & East Suffolk:

HOHA, 1, Stowupland
COHA, None

Colchester and North East Essex:

HOHA, 3
EAU-unknown source
D’Arcy-unknown source
Aldham-PVD related, ?infected arm

COHA, 1, EAU

Data collected from x3 cases Oct/Nov has identified vascular access as an issue further plans for an aseptic programme related to vascular access.

E.coli bacteraemia – ESNEFT total 15

Ipswich & East Suffolk:

HOHA, 4, Kirton - Lower Urinary Tract - long standing urostomy, Grundisburgh- Hepatobiliary - Biliary sepsis, Stradbroke- Hepatobiliary - Gall bladder and liver abscess
Kirton - Lower Respiratory Tract (pneumonia, VAP, bronchiectasis, exac COPD etc.) - Aspiration pneumonia

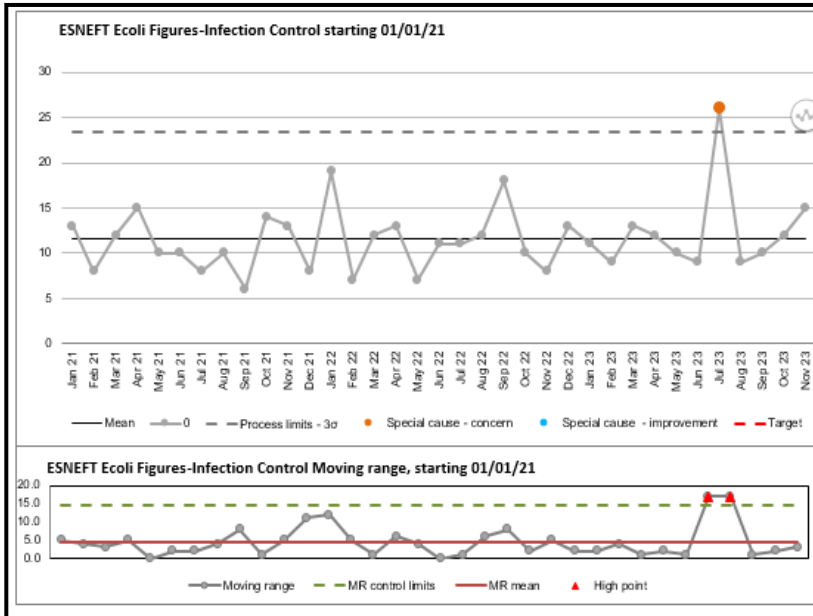
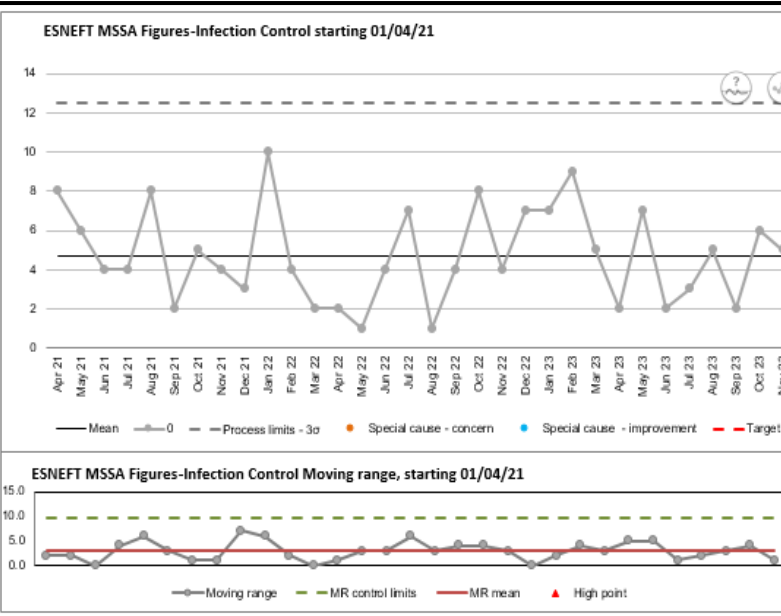
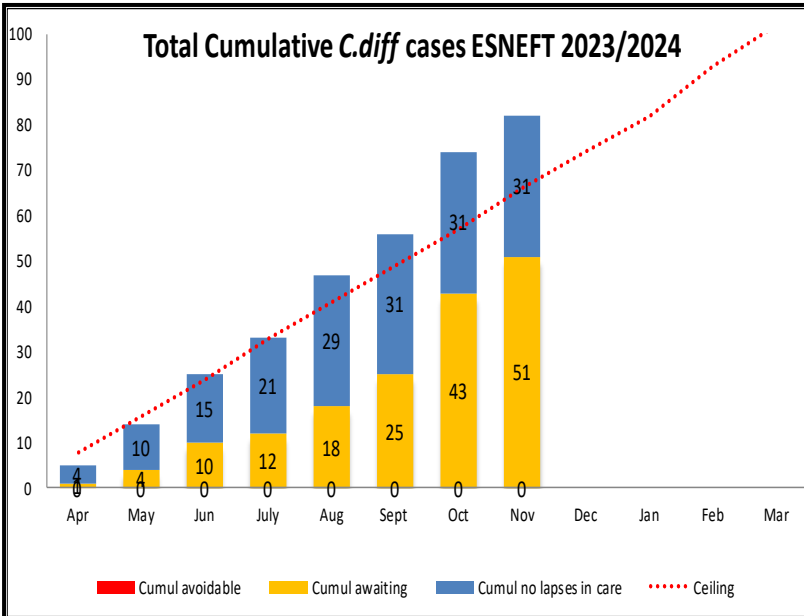
COHA, 3, Lavenham, Somersham, Shotley

Colchester and North East Essex:

HOHA, 2, Trinity-upper urinary, pyelonephritis and Layer Marney – upper urinary, previous urosepsis

COHA, 6, AMSDEC, Birch, Layer Marney, Easthorpe, Mersea, Frailty

System approach work in progress related to urinary source and catheters

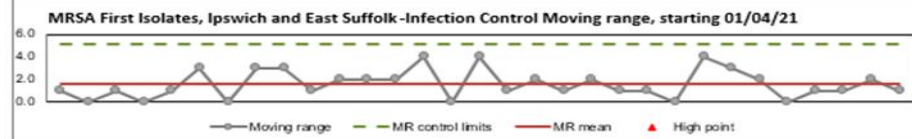
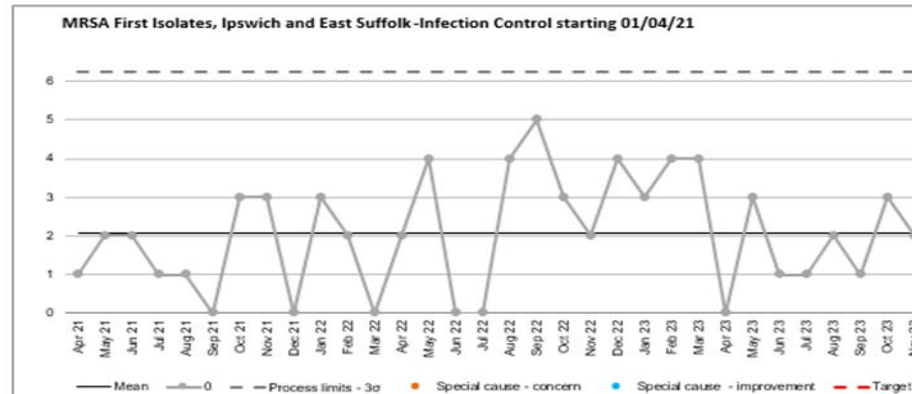
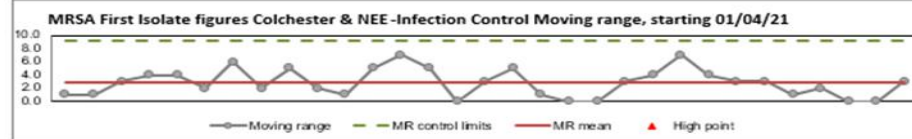
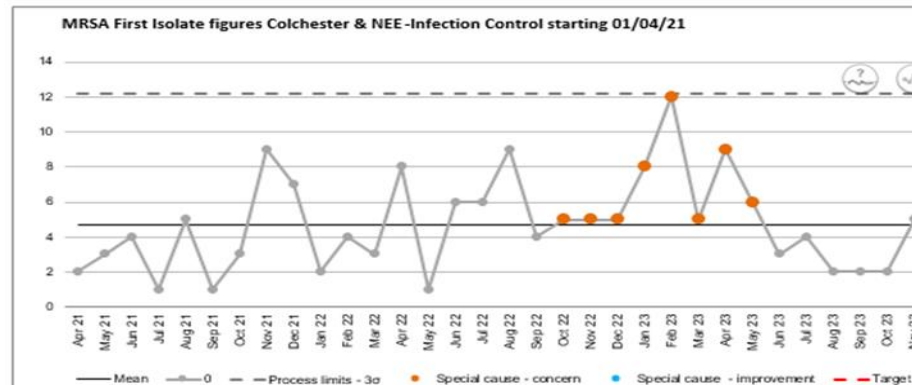


Patient Safety – Infection Control: MRSA

There were no Healthcare onset Healthcare associated MRSA bacteraemia in November 2023. There were 7 new MRSA isolates (5 at Colchester/NEE and 2 at Ipswich/East Suffolk). See table below.

MRSA new isolates

Ward	Comments
Colchester and NEE	
Langham Ward	D0583040 admitted 29.09.23, positive 02.11.23 PEG Site Review of sites screened on admission
ACU	D0545389 admitted 22.11.23, positive 24.11.23 Groin Swab. Likely community onset
St Osyth Priory	D5312379 admitted 22.10.23, positive 20.11.23 Nose swab. Review underway
St Osyth Priory	D5154236 admitted 07.11.23 (AMSDEC) positive 30.11.23 Nose + Groin Review underway
Waverley Ward, Harwich Hospital	D0104007 admitted 21.11.23 (Tiptree), positive 30.11.23 Review underway
Ipswich and East Suffolk	
Framlingham Ward	RGQ1234507 admitted (born) 20.10.23, positive 01.11.23 groin swab Mum known MRSA positive
Saxmundham Ward	RGQ037005E admitted 07.11.23, positive 10.11.23 Nose/Groin Not screened on admission ? Community onset



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
October 2023	30	19	34	24	20	35
November 2023	49	9	35	9	26	12

COVID-19 outbreaks identified in November 2023 :

Colchester and North East Essex (10)

Aldham 06/11/2023
 Tiptree 07/11/2023
 Peldon 09/11/2023
 Copford 12/11/2023
 Wivenhoe 13/11/2023
 SOP 13/11/2023
 Brightlingsea 14/11/2023
 Langham 22/11/2023
 West Bergholt 23/11/2023
 Copford v2 28/11/2023

Ipswich and East Suffolk (5):

ACH 10/11/2023 2
 Claydon 05/11/2023 6
 Saxmundham 09/11/2023 2
 Stowupland 15/11/2023 3
 Woodbridge 11/11/2023 3

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: New screening and respiratory pathways now in place and in line with national guidance. Screening of symptomatic patients only with assessment of patients within area of known contacts in place.

Patient Safety – Maternity Dashboard, SBL & CNST updates

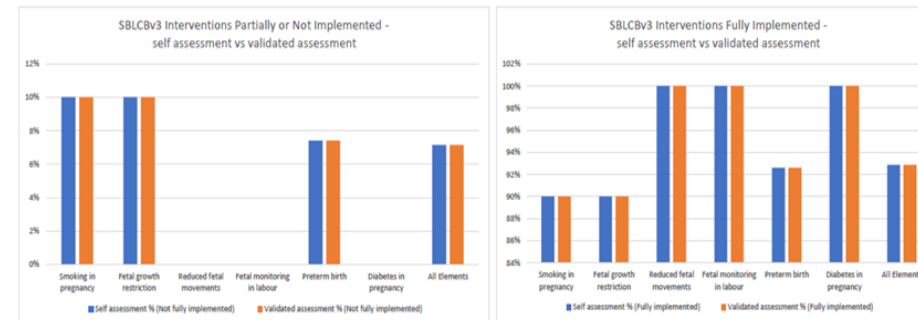
Indicator	Green	Amber	Red	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Numbers									
Pre term Births (<37 weeks) annual rolling rate	<=6%		>=6%	8.45%	8.40%	8.40%	8.42%	8.18%	8.03%
Smoking									
% of Women Smoking at Delivery	<=10%	10-11%	>=11%	7.28%	6.70%	6.55%	4.42%	6.31%	7.55%
Mode of Delivery									
% of Non operative vaginal deliveries	>=58%		<=58%	51.65%	54.68%	52.93%	57.04%	51.69%	51.03%
Maternal Morbidity and									
% PPH >=1500mls - Vaginal (NMPA Criteria)	<=2.9%	2.9-3%	>=3%	2.83%	3.44%	2.98%	4.13%	2.40%	4.31%
Neonatal Morbidity and Mortality									
HIE Grades 2 & 3	0		>=1	1	0	0	0	0	0
Term Admissions to NNU as a % of babies born	<=6%		>6%	8.09%	6.47%	5.86%	5.48%	8.02%	6.36%
APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	1.65%	0.85%	0.59%	0.55%	2.14%	1.12%
Number of Stillbirths	0	1-2	>=3	1	0	5	2	2	2

Our overall position at this time is as below

Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	This standard is externally verifiable, we have met this standard
Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	This standard is also externally verifiable, we have met this standard
Safety action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	We are confident we have met this standard and have the required evidence
Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?	We are confident we have met this standard and have the required evidence
Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Following the approval of the workforce paper from QPS today and Trust Board in January we will have met this pathway
Safety action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	This standard is met by working collaboratively with the LMNS and having quarterly sign off meetings for all the evidence collated for each of the 6 elements. It has been validated and we have met this criteria. The standard was 70% compliance and we achieved 93%
Safety action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users	With support from the LMNS we have worked collaboratively with multiple service users groups as well as the MNVP and have met this standard.
Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	This has been challenging to meet and in recognition of the industrial action this year, NHSR has reduced the compliance rate from 90% to 80% with an agreed action plan to get to 90% within 12 weeks of the end of the reporting period. This standard has been met
Safety action 9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	Good level of confidence with this standard with evidence being reviewed in readiness for approval at the extraordinary QPS 20 th December 2023
Safety action 10: Reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/CQC/MNSI) and to NHSRs Early Notification (EN) Scheme	This is an externally verifiable standard which has been met.

Implementation Progress

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Partially implemented	90%	Partially implemented	90%	CNST Met
Element 2	Fetal growth restriction	Partially implemented	90%	Partially implemented	90%	CNST Met
Element 3	Reduced fetal movements	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 5	Preterm birth	Partially implemented	93%	Partially implemented	93%	CNST Met
Element 6	Diabetes	Fully implemented	100%	Fully implemented	100%	CNST Met
All Elements	TOTAL	Partially implemented	93%	Partially implemented	93%	CNST Met



SBLCB v3

Minimum target standards exceeded.

Element 1: Improvement noted in compliance with 36-week CO and CO at every appointment. Currently no prompt in Ipswich paper notes re: smoking status, so 'stamp' in use until update completed.

Element 2: Wider discussions required re: digital BP monitors – concerns about lack of monitors validated for use in pregnancy. Feedback from digital team confirms that the updated risk assessment for FGR can be added onto Careflow.

Element 3: 100% compliant

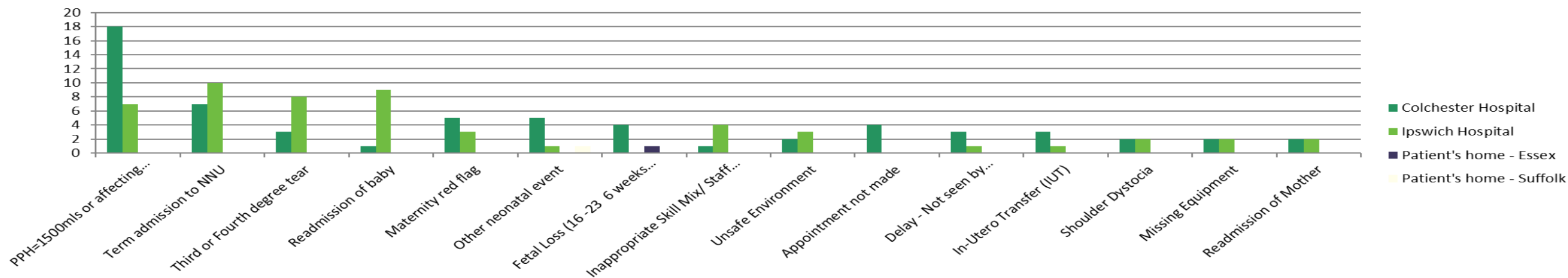
Element 4: 100% compliant

Element 5: Neonatal team reviewing NNAP brain injury data for Colchester - recommendation for deep dive added into LMNS Safety Forum agenda. QI project starting soon to improve early administration of maternal breast milk.

Element 6: 100% compliant

Patient Safety – Governance update

Incidents last month



ESNEFT top three Maternity incidents:

1. Postpartum haemorrhage ≥1500mls / affecting woman's health
2. Term Admissions to the Neonatal Unit
3. Third or fourth degree tear

ITU Admissions:

None

PSII and MSNI (formerly HSIB) investigations:

- No new PSII's raised in November.
- Currently open – 2 x Open PSII's: 1 x hysterectomy and 1 x Delay in recognising a Deteriorating Patient (also formal complaint raised by patient).
- No new or open cases with MNSI.

Unit Diverts

- CGH – 1

Risk Register

- No new risks approved.
- Ongoing regular reviews of Ipswich Maternity lift related risks, these are happening alongside Deben theatre task and finish group.
- 1 risk closed in November:
 - 1117 CGH: Pregnant people will be unable to use the facilities at Clacton unit for labour care in event of lift failure or maintenance. Mitigation score has been reached – no incidents reported in October.

New Complaints

- ✓ Call-back – 100% compliant
- ✓ Due for Closure – 6/6 completed within timeframe
- ✓ Extended – N/A none extended
- ✓ Reopened – N/A none reopened

3 x Low (IPH)

1. Concerns regarding midwifery support worker who was caring for the complainant whilst on the ward.
2. Staff did not take the complainants situation into consideration, and she felt that she was being treated like a first-time mum who was worrying unnecessarily.
3. Staff did not take the complainants situation into consideration, and she felt that she was being treated like a first-time mum who was worrying unnecessarily.

4 x Medium (2 CGH, 2 IPH)

1. Patient has raised several concerns regarding the care and treatment they received on Deben ward following their C-Section.
2. Patient has raised several concerns regarding the care and treatment they received on Deben ward following their C-Section.
3. Patient received inadequate care from midwifery & maternity services during pregnancy.
4. Patient was concerned following private scan showed low fluid level, tried to contact midwife twice but did not receive a response. Unfortunately, baby was diagnosed with bilateral renal agenesis and the patient chose to terminate the pregnancy. Patient tried contacting the midwife again to query why she had been ignored and again did not receive a response.

Patient Safety – Quarterly reporting to Trust Board (CNST)

REGULATORY BODIES							
CQC DOMAINS	Rating (last inspection)						
Unit	Date of last inspection	S (Safe)	E (Effective)	C (Caring)	R (Responsive)	W (Well led)	Action Plan Status
Colchester	March/April 2021	Good	Good	Good	Good	Good	Completed
Ipswich	April 2021	Good	Good	Good	Good	Good	Completed

CQC DOMAINS	
Outstanding	Blue
Good	Green
Requires improvement	Yellow
Inadequate	Red

CQC Action plan status	
To commence	Red
Progressing	Yellow
Completed	Green

Maternity Safety Support Programme (MSSP)

Maternity Services is still being supported by Maternity Improvement Advisors (MIA) who have been working with the senior leadership team to aid improvements with service delivery, staffing levels and governance. The Trust has been part of this programme for over a year and is now working with the MIA's on an exit plan that will ensure the supportive work has been put in place can continue once the MIA's have left.

Requests/concerns raised by external bodies

We have not received any external concerns, but we continue to meet regularly to review the actions arising from the unannounced CQC visit at Colchester hospital in March 2023, and we also had a visit in July 2023 at Clacton, we have subsequently been graded as 'good' at Clacton. The action plan from the Colchester maternity visit remains on track with 3 of the actions completed and in the benchmarking process prior to sign off and completion. 5 remain in progress with good traction.

Coroner Regulation 28 reports made directly to the Trust

None received in the reporting period

Midwifery staffing

We have an establishment that exceeds the revised BR+ report. We have 275.9 WTE midwives in our establishment with 273 required, we have 26.6 WTE band 3 working in postnatal care and have a requirement for 26.7 WTE across site

Current vacancy to date:

Colchester				Ipswich			
Vacancies RM	New Starters RM	Vacancy MSW	New starters MSW	Vacancies RM	New Starters RM	Vacancy MSW	New Starters MSW
2.34 WTE	4 new starters due in next quarter	WTE	0 new starters at this time – out to advert	0%	6 new starters due in next quarter	0	Out to advert

Claims scorecard

2022 data shared previously this year, quarterly claims and litigation reports are provided by the legal team and discussed within Divisional Governance.

Patient Safety – Quarterly reporting to Trust Board (CNST)

ESNEFT Training compliance					
ESNEFT FETAL MONITORING COMPLIANCE					
	Total trained	Percentage	Total Eligible Compliance		
Midwives	279	90.58%	308		
Consultants	23	92%	25		
Doctor	31	93.93%	33		

PROMPT	Col	Ips	Combined		
Overall	0.912088				
	Total trained	Percentage	Total trained	Percentage	combined percentage
Midwives	141	99.3	156	93.98	96.64
Nurses	5	100	4	100	100
Support Workers	55	98.21	38	95	96.605
Consultants	12	92.31	11	91.67	91.99
Doctors	27	96.43	17	94.44	95.435
Anaesthetic Consultant	16	88.89	9	90	89.445
Anaesthetic Doctor	23	92	14	87.5	89.75

NLS	
Peadatric Consultants	100%
Neonatal Doctors	96.50%
ANNP	100%
Nurses	98.50%
Midwives	96.64%

Action No.	Area of Practice for Review	Aim	Smart Action	Responsible Lead	Proposed completion date	Comments/progress	BMAG status	Date closed	Assurance	Supporting Documents
1	Esneft CCF Compliance	Ensure minimum of 90% training compliance in all areas within maternity over and maintained	To routinely monitor compliance and ensure once above 90% in all areas a reduction in compliance does not occur.	James Borthwick	Feb-24	We are currently above 90% training compliance in all areas except PROMPT			PDM to report into CDG monthly	Esneft Maternity training planner
			Forecast and project out dates made available to all workgroups to ensure compliance with CCF	James Borthwick	Feb-24	All dates are already forecast, need a robust process in place to capture nominations and ensure a healthy turnover of staff is distributed across the year.			PDM to report into CDG monthly	Esneft Maternity training planner
			Nominations to be collated 1 month prior to training delivery and allocated to the rota to ensure a steady flow of Multi Disciplinary Training across all required workgroups.	James Borthwick	Monthly forecast	It is essential to ensure true MDT that each work group nominates between 8-12% each month			PDM to report into CDG monthly	Esneft Maternity training planner
			Early rotation through training to avoid peak time and mass loading towards then end of the training year.	James Borthwick	Monthly forecast	It is essential that MDT is spread out across the year to ensure compliance and the best possible training is offered. This will require training to be repeated within the compliant year but will set the conditions for a smoother pathway in CNST year 7+			PDM to report into CDG monthly	Esneft Maternity training planner

Service user feedback

Orwell ward –

- “I had a very positive experience. When I had my first baby it was during Covid and my experience was very scary however this time even though I had more complications and was more poorly I have had such a positive birth experience and cannot thank the staff enough.”
- “Lots of breastfeeding support, very friendly and helpful staff all round.”
- “My midwives during birth were incredible and got me through my Labour. Sarah, Emily, Helena and Anne. Service after birth has also been amazing. Constant care and feel safe.”
- “Felt very supported and well looked after.”

Deben ward –

- “All the midwives were fantastic! So supportive and caring. At all times they were really encouraging and confident which reflected on my birth. My midwife that delivered my baby was unbelievable! She gave clear instructions and support during me giving birth which is exactly what I needed. After birth she continued to provide support despite being busy, she didn't make me feel I was worrying over nothing. There was nothing that could be improved. I actually enjoyed the experience!”
- “Throughout my labour I felt very supported by all staff. I was fully informed about all aspects of my care and I was able to ask questions if I was unsure of anything. Even when urgent intervention was required, everything was explained so I was able to understand what was happening.”
- “Staff were amazing, couldn't fault them, I was made to feel so at ease and confident. Thank you.”

Lexden ward –

- “We had trouble with breastfeeding at the start, however the staff were very helpful, especially Magdalena, and we got there in the end”
- “After care has been amazing with friendly staff”
- “Everything was perfect, the staff were fantastic and incredibly hardworking.”
- “Everyone was very kind and helpful, I couldn't have asked for more.”

Delivery Suite –

- “Professional service, Caring staff, Organised system”
- “The midwives looking after me were all great and made it the best experience”

Staff feedback from frontline champions and walkabouts

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

- Estates concerns about Ipswich Maternity Tower – An Estates action plan is being monitored through MSDG.
- Lifts in Maternity tower – Closely monitoring any incidents and reviewing risk regularly.
- Temporary theatre of Deben - Meeting with anaesthetist team 8th Nov 2023 to discuss.

Staffing at Colchester – Workforce over recruitment, acuity review and BR+ refresh, business case to Board and LMNS

Patient Safety – Ockenden Action Plan update

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 Handling	7	0	0	0	7	100.0%
Section 6: Learning from Maternal Deaths	3	0	0	0	3	100.0%
Section 7: Multidisciplinary Training	7	0	0	0	7	100.0%
Section 8: Complex Antenatal Care	5	0	0	0	5	100.0%
Section 9: Preterm Birth	4	0	0	0	4	100.0%
Section 10: Labour and Birth	6	0	1	0	5	83.3%
Section 11: Obstetric Anaesthesia	8	0	0	0	8	100.0%
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	7	83	90.2%
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

The overall compliance position has improved from the previous month for the Ockenden actions and we only have 9 actions to complete. We have completed a positional review in line with our newly designed 3 year delivery plan and we provide updates on the delivery plan to Trust Board.

We have amalgamated a number of the Ockenden actions into the maternity and neonatal services 3 year delivery plan, but the new plan does not account for some of the existing (incomplete) actions from Ockenden, and therefore we have taken the decision to continue to complete the Ockenden actions, so we will continue to report progress through this group.

We hope that a compliance update for section 14 will enable us to sign off on those remaining actions – these further reviews are planned for the end of December.

Patient Safety – 3 year delivery plan

Our three year delivery plan for Maternity and Neonatal services sets out how we will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families.

NHS England engaged a wide range of stakeholders who supported the development of this plan, which we have implemented for use within ESNEFT.

The plan concentrates on four themes, and we have created 44 actions across these four themes :-

1. Listening to and working with women and families, with compassion
2. Growing, retaining, and supporting our workforce
3. Developing and sustaining a culture of safety, learning, and support
4. Standards and structures that underpin safer, more personalised, and more equitable care.

Delivering this plan will continue to require the dedication of everyone working in maternity and neonatal services across ESNEFT, and within our LMNS.

Regular updates around our performance against the action plan are provided via the EBED programme, and the Maternity and Neonatal services leadership teams have oversight and responsibility for delivery against the actions, and for updating the plan. Areas of concern will be escalated via the Divisional Management Team (DMT), and performance updates will be provided to the DMT as part of the EBED programme.

The overall position on the 44 actions is shown below. Within our scoping work, before starting to implement this plan, we reviewed our Trust responsibilities alongside existing work plans, including Ockenden and East Kent recommendations, and we have seen some symmetry - which we have highlighted on the plan.

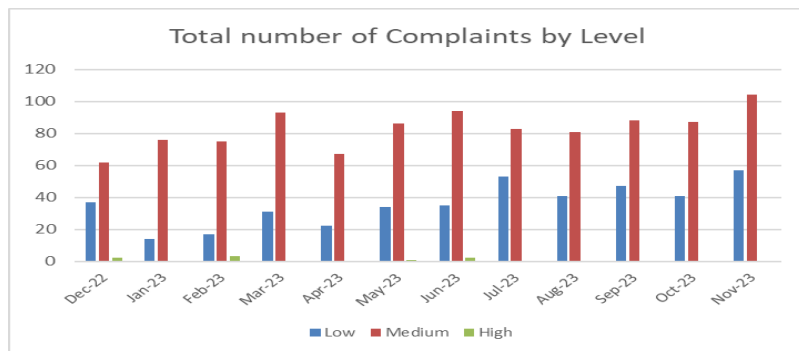
The majority of the responsibilities that were outlined by NHS England were things did required newly created actions, and they will now work together with the existing Ockenden work plan. Many of the responsibilities align with Trust processes that are already in place, or they work alongside CNST safety requirements, and these have also been recognised within the individual actions on the action plan.

As part of the cross over work with previous delivery plans, we have already been able to sign off 8 actions, and we have plans in place for 31 other actions. Some of the larger projects like EPR delivery will be in progress for a large part of the 3 years, but some of the other areas that come within the delivery of the CNST Safety Actions, like working with the MNVP and HSIB reporting can be assessed through our year five compliance.

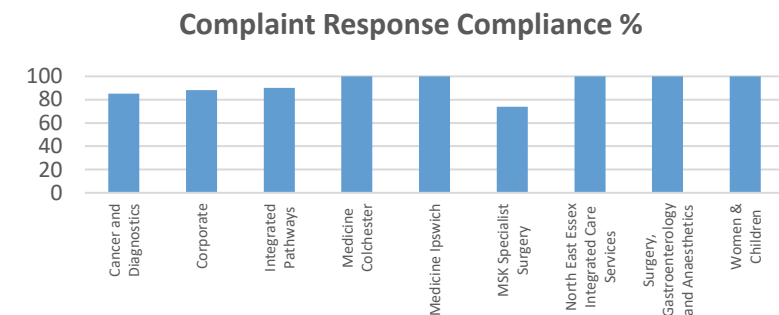
Number of actions	Overdue actions (Red)	On-target actions (Amber)	Completed actions (Green)	Actions completed and evidence signed off (Blue)	% complete with evidence signed off
44	0	5	31	8	18.2%

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

Patient Experience – Complaints



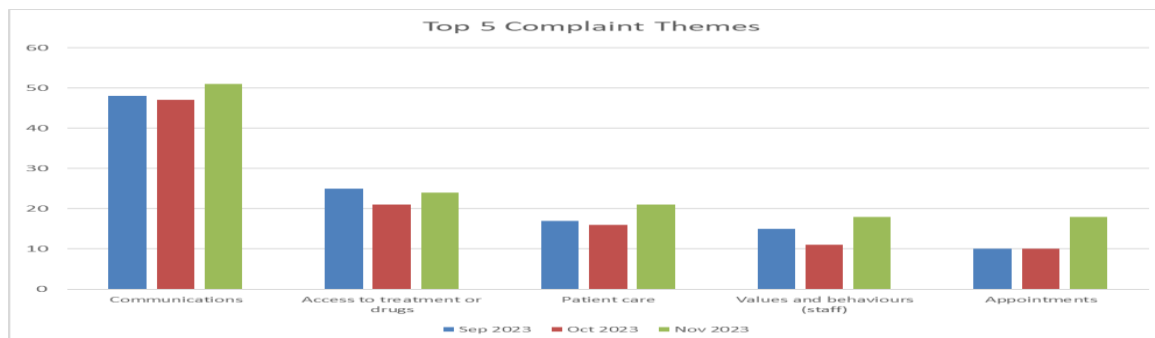
Overall complaint numbers for ESNEFT in November were 161 (128). Colchester reported 100 (67) complaints and Ipswich reported 61 (61).



Overall response rate compliance increased to 94% (93%). There were 143 (180) complaints closed in the month of November. Overdue complaints decreased to 0 (5).

Complaint themes

The two most common themes for complaints in November 2023 remain 'Communication' and 'Access to Treatment or Drugs'. Patient care was the next highest number of complaints received.



Top themes from PALS:

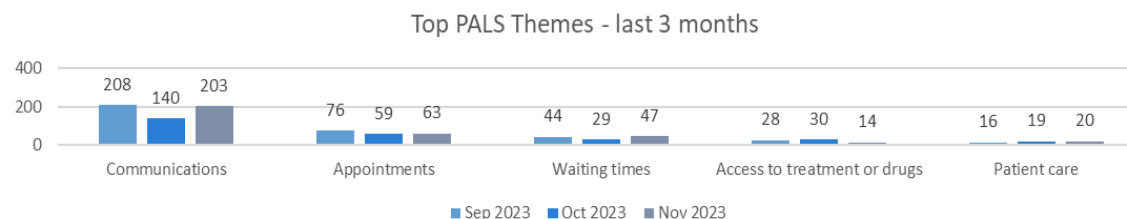
There were 401 (326) PALS enquiries logged in November 2023:

245 (192) for Colchester
156 (134) for Ipswich

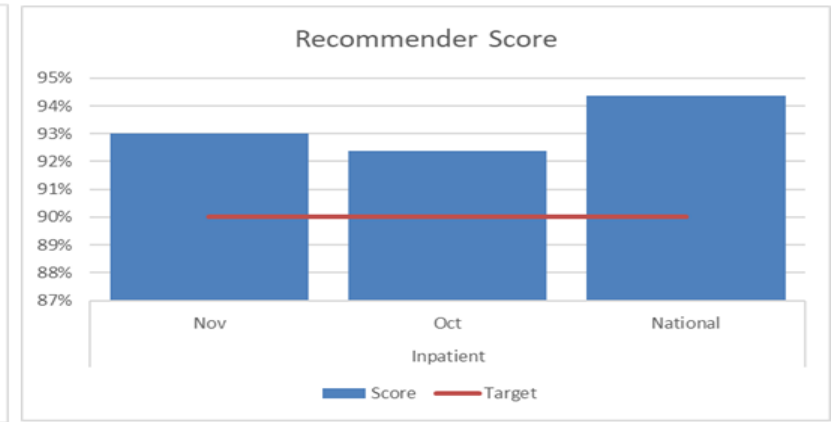
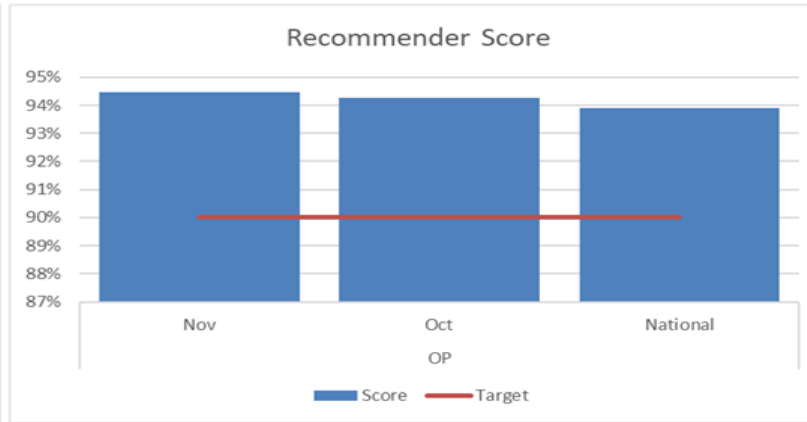
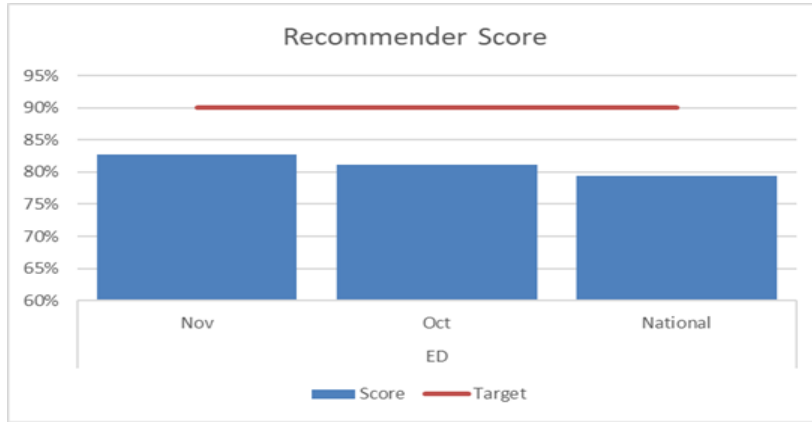
The top theme for PALS enquiries in November was 'Communication' followed by 'Appointments'.

The majority of PALS enquiries included queries regarding follow-up appointments and when surgery would be re-scheduled.

There were 2 (4) PALS cases converted into formal complaints for November 2023.

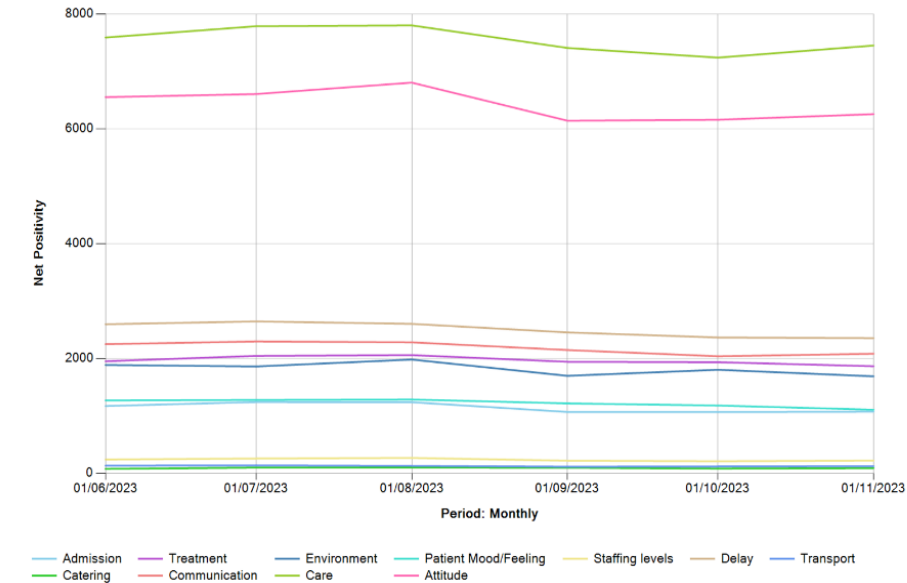


Patient Experience – Friends and Family Test



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

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	6,649	2,376	7,853	1,250	1,974	2,842	1,304	150	285	2,084
Negative	395	296	404	179	287	470	199	29	67	222
% Negative	6%	11%	5%	13%	13%	15%	13%	16%	19%	10%
Change	Down 1%	Down 1%	Down 1%	Down 1%	Down 1%	Up 3%	Down 2%	Down 5%	Down 4%	Down 1%

ED		August	September	October	November
ESNEFT	Recommended	84.64%	85.76%	81.20%	82.78%
	Responded	18.00%	18.00%	18.00%	16.00%
National	Recommended	81.55%	79.43%	0.00%	0.00%

Inpatient		August	September	October	November
ESNEFT	Recommended	92.27%	93.53%	92.38%	93.01%
	Responded	25.00%	25.00%	24.00%	23.00%
National	Recommended	94.14%	94.35%	0.00%	0.00%

Birth		August	September	October	November
ESNEFT	Recommended	100.00%	93.33%	100.00%	100.00%
National	Recommended	93.75%	93.78%	0.00%	0.00%

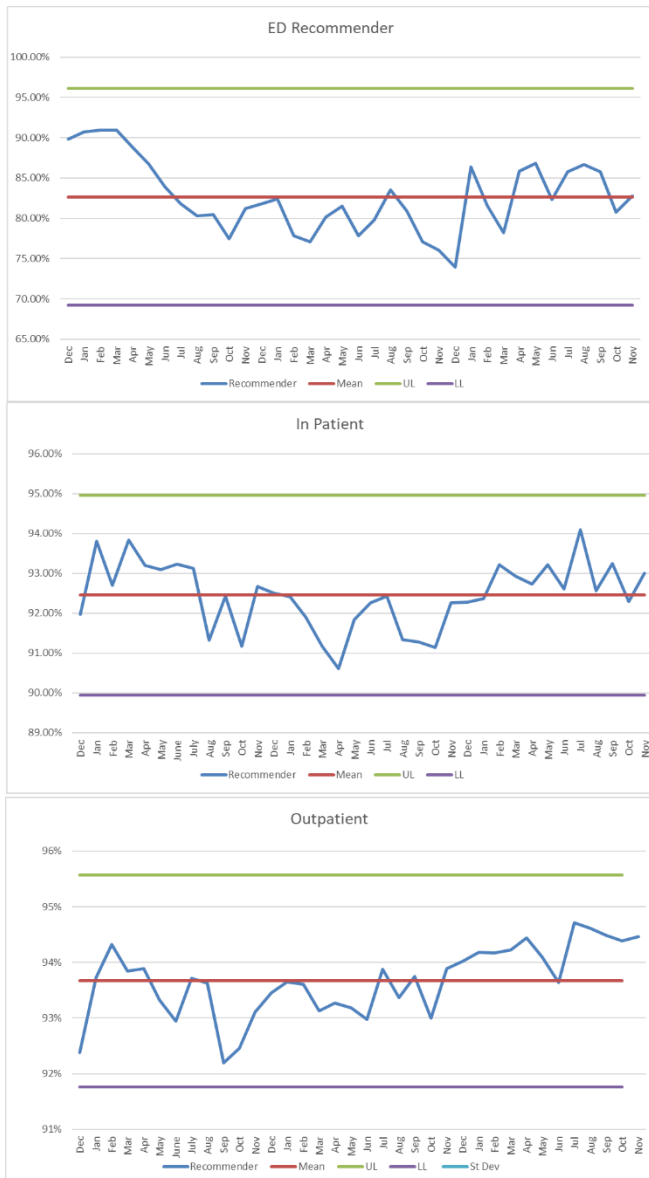
Outpatient		August	September	October	November
ESNEFT	Recommended	94.62%	94.48%	94.26%	94.46%
National	Recommended	94.17%	93.89%	0.00%	0.00%

Antenatal		August	September	October	November
ESNEFT	Recommended	94.59%	96.43%	100.00%	100.00%
National	Recommended	91.02%	91.00%	0.00%	0.00%

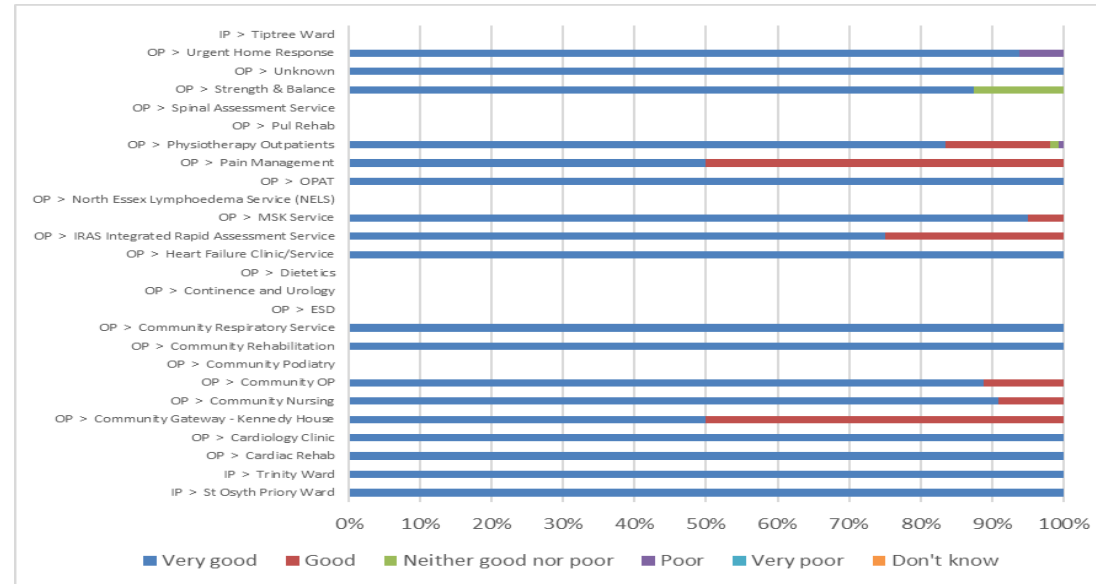
Post Ward		August	September	October	November
ESNEFT	Recommended	98.21%	95.00%	95.45%	95.45%
National	Recommended	92.29%	91.94%	0.00%	0.00%

Post Com		August	September	October	November
ESNEFT	Recommended	100.00%	100.00%	100.00%	100.00%
National	Recommended	91.71%	91.11%	0.00%	0.00%

Patient Experience – Friends and Family Test

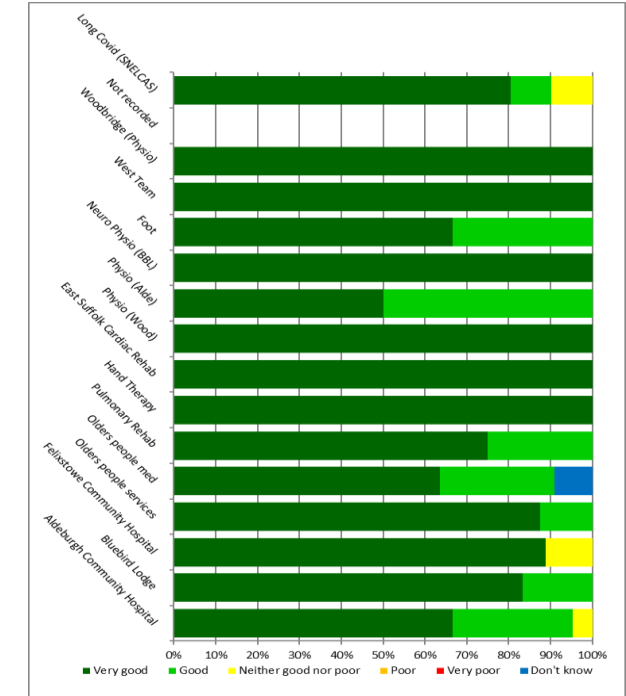


Community - Essex



Pul Rehab - Learned new exercises - hope to carry on doing them at home.
 Felixstowe - Physio good, friendly staff and patients. Food is nice. Would have liked a TV on the ward.
 Aldeburgh - So much help and kindness lovely food wouldn't have changed nothing.
 Aldeburgh - Meals well planned and cooked but spoiled by sloppy overcooked vegetables. Daily vegetables should be cooked for 5 min. Staff are all very kind and sympathetic.
 Felixstowe - I really enjoyed the opportunity to recuperate in a nice environment, both the hospital and the town. I cannot think of anything that may have improved it.
 Neuro Physio (BBL) - Efficient, informative, friendly & supportive service.
 Hand Therapy - Friendly staff, knowledgeable, listened to me and gave great advice.
 SNELCAS – The clinician listened really well without interrupting and interpreted my responses accurately. She affirmed my progress and celebrated successes and encouraged me where I am uncertain about things. She was suggestive rather than directive.
 SNELCAS - This was a serious but light-hearted meeting I was left with some new thoughts/ideas on things to do differently, to increase my strength and brain fog which I will try. And report at my next meeting.
 Pul Rehab - East Suffolk. Well organized course. Good exercises, medical information. Informative. Satisfied with my experience.

Community - Suffolk



98% of Essex Community patients would recommend our service to friends and family and 95% of Suffolk Community Patients would recommend our service to friends and family.

Emergency Care								Areas of Improvement <ul style="list-style-type: none"> 4 Hour performance although below trajectory is 4% above the same period in 22/23. There were also 339 fewer ambulance offloads above 30 mins compared to November 2022. Both sites have seen a reduction in the average number of patients with a LOS > 21 days compared to November 22. Overall, there has been a PTL reduction for cancer as well as those patients over 62 days. There has also been improvement in the delivery of the 28FDS – both being on trajectory for November. It is very encouraging to see the reduction in the Lower GI pathway given this pathway accounts for approx. 60% of the overall backlog. There is a reduction in the number of patients waiting over 65-weeks in month and with just 16 patients over 78-weeks of which 14 were awaiting corneas. Both these metrics ESNEFT are performing better than the national averages. All points of delivery (POD) for activity saw a month-on-month improvement 	Areas requiring further work <ul style="list-style-type: none"> Both sites have identified a number of cross divisional plans to share risk of ED department pressures and ambulance offload delays including system wide escalation under the new OPEL Framework. This has included a review of trigger and escalations for ambulance off-load delays which has been submitted by all ICBs in the region. Further work is required to improve diagnostic turnaround times, and capacity and demand modelling to meet the varying demands. There will be finalisation of insourcing/outsourcing for the end of March position for the 65-week RTT target. Clinical configuration for new builds and 24/25 business planning will be a focus moving forward.
Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23			
A&E: Total Wait - 4 Hour Performance	76%	72.8%	76.2%	72.2%	74.6%	71.4%	71.9%		
A&E: % Ambulance clinical handovers > 30 minutes	5%	23.0%	21.5%	24.9%	18.9%	31.3%	27.6%		
A&E: Time to initial assessment	-	86.0%	84.2%	86.3%	86.2%	80.7%	77.9%		
ESNEFT Mental health Attendances	-	414	459	454	446	398	380		
Inpatients									
Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23			
ESNEFT Total Admissions	-	16,663	16,445	16,490	16,581	17,182	17,813		
ESNEFT 21 day+ patients	-	74	66	65	66	68	74		
Cancer									
Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23			
Cancer: 62 days Urgent GP Ref to 1st Treatment	85%	67.9%	76.7%	72.5%	70.4%	68.0%	73.2%		
Cancer: 28 Day Faster Diagnosis Standard	75%	65.1%	67.7%	61.0%	60.4%	63.3%	70.4%		
Diagnostics									
Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23			
Diagnostics: % Patients waiting 6 weeks or longer	5%	5.2%	5.2%	7.6%	8.6%	7.4%	10.5%		
RTT									
Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23			
RTT: Incomplete pathway >65 weeks	0	925	882	1,024	993	1,055	855		
RTT: Incomplete pathway >78 weeks	0	51	42	37	38	38	17		

Performance Area	Performance measure	Target	Latest Month			Trend		
			ESNEFT	COL	IPH	ESNEFT	COL	IPH
Emergency Department	Four hour standard (Whole Economy)	76%	● 71.9%	● 76.5%	● 63.5%	● 0.5%	● 2.3%	● (3.2%)
	Time to initial assessment - 95th pct	15 mins	● 32	● 23	● 38	● 0	● 5	● (2)
	Time to initial assessment- percentage within 15 minutes (new measures)		77.9%	88.0%	65.0%	● (2.8%)	● (4.6%)	● (2.0%)
	Time to treatment - median time in department	60 mins	● 80	● 49	● 118	● (2)	● 3	● (7)
	Average (mean) time in department- non-admitted patients (new measure)		274	349	219	● 4	● (6)	● 8
	Average (mean) time in department- admitted patients (new measure)		512	548	460	● (48)	● (129)	● 45
	Patients spending more than 12 hours in A&E		1,339	993	346	● (119)	● (265)	● 146
	Proportion of ambulance handovers within 15 minutes (new measure)		15.4%	13.1%	18.3%	● (1.7%)	● (0.6%)	● (2.8%)
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 67.3%			● 10.8%		
	% patients 28 day faster diagnosis		● 70.3%			● 7.1%		
Diagnostics	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 73.2%			● 5.2%		
	% patients waiting 6 weeks or more for a diagnostic test	1%	● 10.5%			● 3.1%		
RTT	% of incomplete pathways within 18 weeks	92%	● 57.5%			● 0.0%		
	Total RTT waiting list (open pathways)	85594 (Trajectory)		86,469		● (1,827)		
	Total 65+ waiters	1344 (Trajectory)	● 855			● (200)		

*November's Oaks data not received in time October 2023 data used for reporting

UEC: Both sites have reduced their longest ambulance wait handover times. Following a meeting between the Director of Operations and ED and Medicine Clinical Leadership, a joint rapid improvement plan has been developed to try and decompress the volume of attendances within ED at Ipswich as shown in the GIRFT Summary Emergency Care indicator Table. This plan aims to develop a shared risk across divisions to support the Front Door and deliver improved safety during the strikes and Quarter 4. The Trust is now reporting against the revised OPEL framework presented to the Performance and Finance Committee last month.

Cancer: On trajectory for end of November with for both 28FDS and 62-day backlog. Colorectal continues to be the focus with a triage pathway now live across ESNEFT. Breast have seen a significant improvement in waiting times. There are still a number of patients past their 62-day date and performance may dip over the next month or two with the focus firmly on the 28FDS delivery and 62-day backlog reduction for March 2024.

Elective: The number of patients over 78 weeks reduced month on month with just 2 patients in General Surgery and 14 patients awaiting corneas (national issues). Good progress in month in the reduction of patients waiting over 65 weeks. Out of 40,640 patients needing to be treated, there are 3,649 remaining undated for the end of March. MSK remains a concern for end of March with further options being worked up for insourcing and outsourcing. Diagnostics compliance deteriorated in month largely due to an increase in referrals for MRI. There has been continued good improvement in ECHOs.

Whole economy performance has improved for ESNEFT in month by 0.5% and is above the regional /national averages for November but below the trajectory set for the month by 4.1%. Colchester increased by 2.3% and is above national standard /trajectory whereas Ipswich deteriorated by 3.2%. ESNEFT attendances have seen a 1.5% decrease in month with Ipswich showing a 6.0% decrease.

4-hour standard- ESNEFT whole economy*

71.9%

↑ vs 71.4% last month

4-hour standard- Colchester

76.5%

↑ vs 74.2% last month

4-hour standard- Ipswich

63.5%

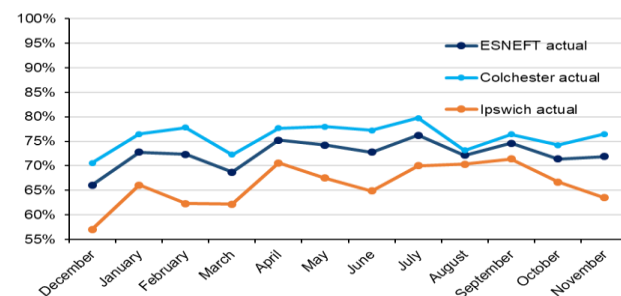
↓ vs 66.7% last month

Attendances - ESNEFT

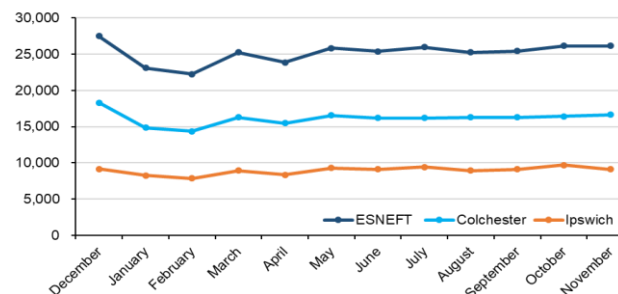
25,741

↓ vs 26,123 last month

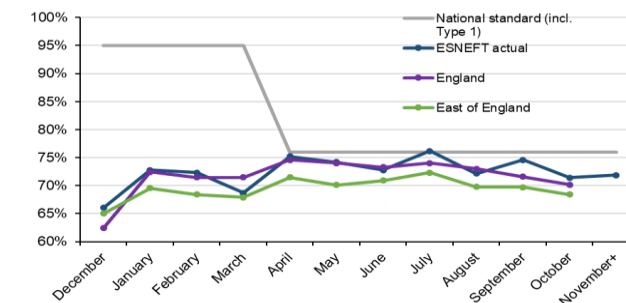
ED Performance: Four hour standard



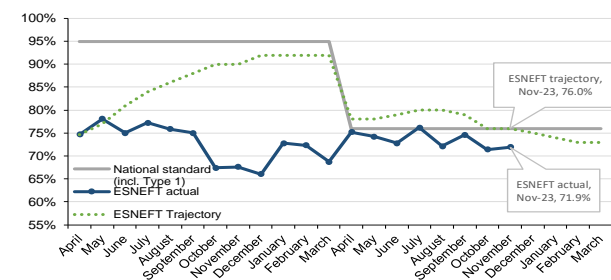
ED Performance: Attendances



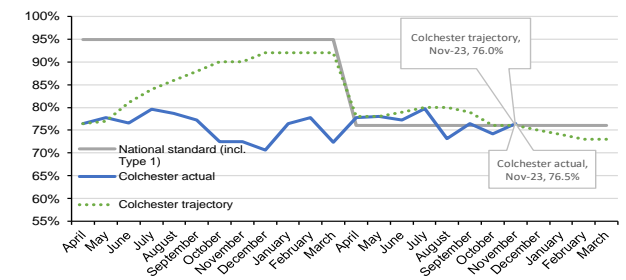
ED Performance: Four hour standard - benchmarking



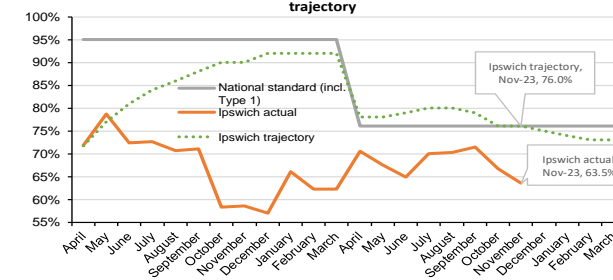
ED Performance: Four hour standard - ESNEFT trajectory



ED Performance: Four hour standard - North East Essex trajectory



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



Colchester

Various schemes launched in-month to decompress the ED, ensuring patients receive the right care, in the right place, first time.

The Ambulatory Emergency Care Unit (AECU) launched on 27th November. 100 patients have been streamed from ED to the unit in the last 4 days of the month, discharging 92 patients on same day of admission with an average length of stay of 3.5 hours for November.

Community at the Front Door continue with their soft launch but have had funding agreed to improve the model and extend opening times of the service.

The enhanced Boarding Policy was formally approved and rolled out, with wards supporting early morning flow based on OPEL status. Patients are boarding across all wards.

The focus for the New Year will be on surgical pathways. From 2nd January 2024 all patients that meet previously agreed criteria will be streamed to SAU rather than referred to ensure patients of surgical presentation are seen in the right place, first time. This will be socialised on the Emergency Care Programme Board in December and will be formally communicated with the Surgical division.

Ipswich

Significant operational pressures impacted flow out of ED in November. Escalation areas were opened to support and boarding enacted on wards where possible. The outbound corridor remained open within ED to support the capacity of the department.

Performance and trajectory				
November		ESNEFT	NEE	IES
	Actual	71.9%	76.5%	63.5%
	Trajectory	76.0%	76.0%	76.0%
	Position	✘	✔	✘

*includes Clacton and Harwich

The number of ambulance handovers increased in month for ESNEFT by 0.7%; Colchester increased by 3.8% with Ipswich decreasing by 2.9%.

Number of handovers - ESNEFT

4,835

↑ vs 4,800 last month

Number of handovers - Colchester

2,702

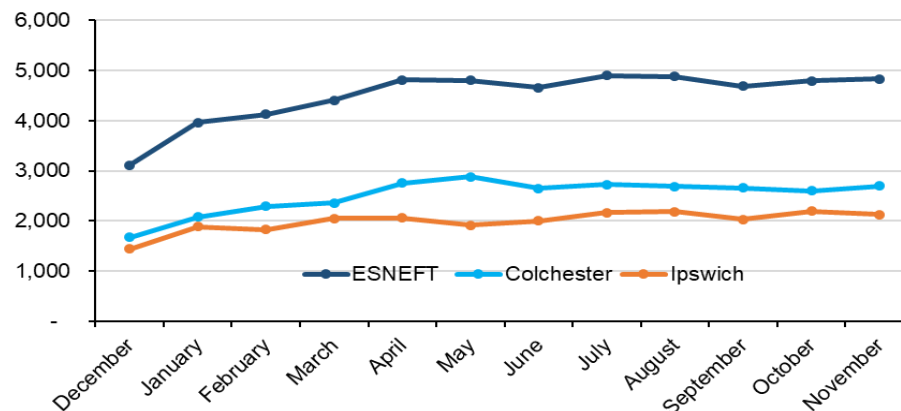
↑ vs 2,604 last month

Number of handovers - Ipswich

2,133

↓ vs 2,196 last month

Ambulances: Number of handovers



Colchester

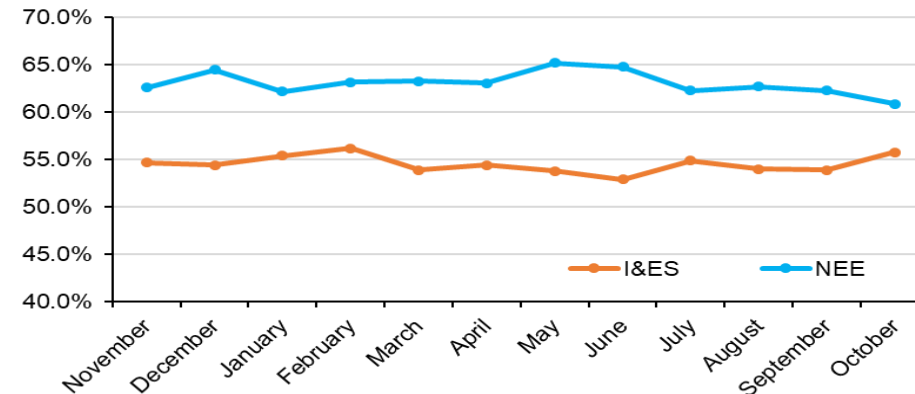
Colchester continues to see an increase in ambulance conveyance numbers. This corresponds with the launch of the 45-minute drop and Go EEAST policy in April 2023. The UEC General Manager and ED Clinical Lead are to collaborate with the EEAST GM to ensure there is an understanding of the policy and appropriate control measures are in place to mitigate.

The UEC GM and ED Clinical Lead are also to meet with the NEECS DMT to understand what support UCRS is putting in place with admission avoidance and if ED can provide any support / data / learning to enhance the offering. Additionally, there will be a push to ensure Community at the Front Door is sufficiently resourced to operate a pull model from the inbound ambulance activity for any UCRS activity that was unable to be captured prior to conveyance to hospital.

Ipswich

Ambulance conveyances reduced marginally in November compared to October. However, the Trust continues to see more than 2,000 ambulances per month. Ambulance handover times also deteriorated in month with the department continuing to be crowded and delays in cubicle space impacting offload. Due to the space in ED, there are limitations in providing additional space to enable offloads. All ambulance arrivals are triaged to offload faster patients who can sit.

Ambulances: Conveyancing rate



*November 2023 data not received from the CCG

ESNEFT performance for handovers within 15 minutes have deteriorated in month by 1.7%. Decreases were seen at Colchester and Ipswich by 0.6% and 2.8% respectively. All other handover metrics have improved in month for ESNEFT; 15-30 minutes by 5.5%, 30-60 minutes by 1.6% and over 60 minutes by 2.2%.

Handovers within 15 minutes - ESNEFT

15.4%

↓ vs 17.1% last month

Handovers within 15 minutes - Colchester

13.1%

↓ vs 13.7% last month

Handovers within 15 minutes - Ipswich

18.3%

↓ vs 21.1% last month

Handovers within 15 – 30 minutes - ESNEFT

55.9%

↑ vs 50.4% last month

Handovers within 30 – 60 minutes - ESNEFT

15.9%

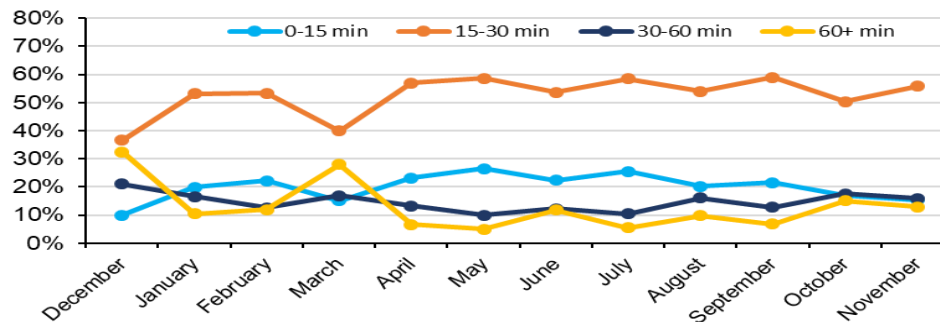
↓ vs 17.5% last month

Handovers over 60 minutes - ESNEFT

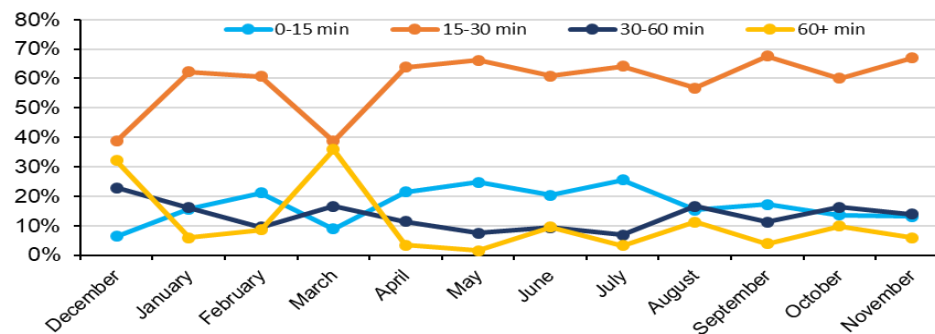
12.9%

↓ vs 15.0% last month

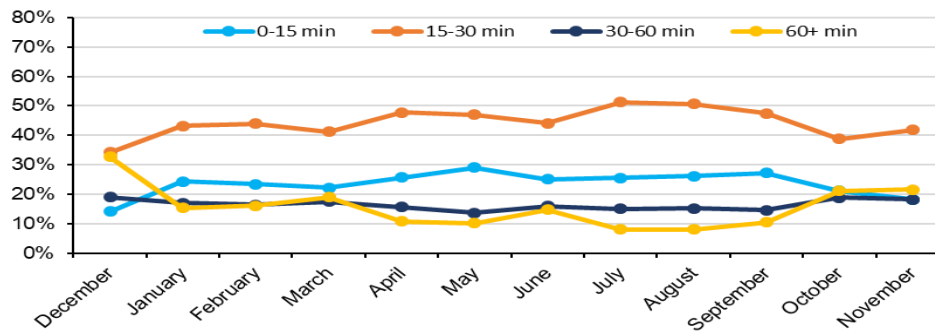
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Colchester

The Ambulance Handover process is to be reviewed and formalised in the ambulance SOP and shared with EEAST.

Various internal changes to use of space have impacted on the ability to drive improvements. There is a focused effort on reducing variability and ensuring all crews & ED staff work in line with the SOP.

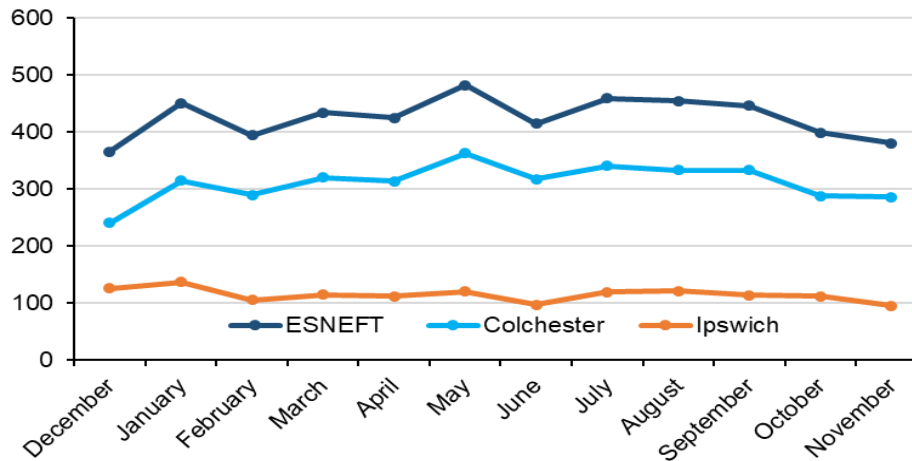
Ipswich

Constraints to offload continue due to overcrowding and cubicle capacity in ED. Collaborative working with the community hub and workstreams with frailty and SDEC continue.

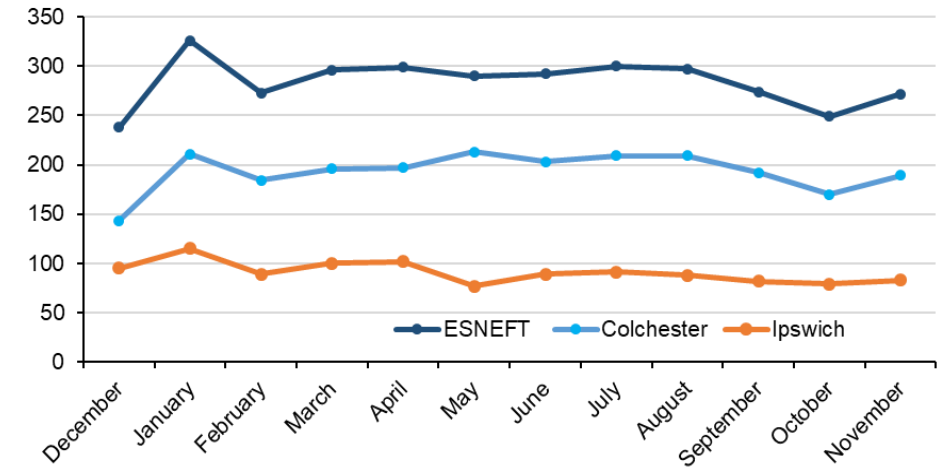
The triage nurse works closely with the HALO in the department to identify patients who can sit to offload into the ambulatory area and prioritise patients in acuity succession for cubicles.

MH ED attendances have decreased by 4.5% across ESNEFT in month; for Colchester a decrease of 0.7% with Ipswich decreasing by 14.4%. MH referrals have seen an increase by 9.2% in month across ESNEFT; increases at both sites with Colchester by 11.2% and Ipswich by 5.1%.

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



MH attendances - Colchester
285

↓ vs 287 last month

MH attendances - Ipswich
95

↓ vs 111 last month

MHLT referrals - Colchester
189

↑ vs 170 last month

MHLT referrals - Ipswich
83

↑ vs 79 last month

Service Commentary

In Ipswich there were no patients detained under section during November; there was one occasion where a person was brought to ED under section 136. 3 people were detained under section in Colchester Hospital (3 CYP).

Use of security staff for 1:1 enhanced observations remains high (296 hours in Ipswich, 6,538 hours in Colchester) resulting in high financial cost for nil clinical intervention. A weekly drop-in meeting has commenced to ensure that all patients who are subject to 1:1 observations (currently across medicine divisions) have the appropriate specialist input, risk assessments and management plans, legal framework and monitoring tools in place.

Financial budget for anti-ligature work has been confirmed but needs to be spent within the remainder of this financial year. The estates team have been notified to identify actions needed. In November there were three incidents where patients attempted to use ligatures for self-harm/suicide in both hospitals.

ESNEFT performance declined for time to initial assessment within 15 minutes by 2.8% for ESNEFT in month; with declines at both Colchester by 4.6% and Ipswich by 2.0%. Average times in department for non-admitted patients deteriorated by 4 minutes with admitted patients improving by 48 minutes. The number of 12-hour patients decreased by 8.2% month on month.

Time to initial assessment (% patients within 15 mins)

77.9%
 ↓ vs 80.7% last month

Time to initial assessment: (95pct)
32 min
 → vs 32 last month

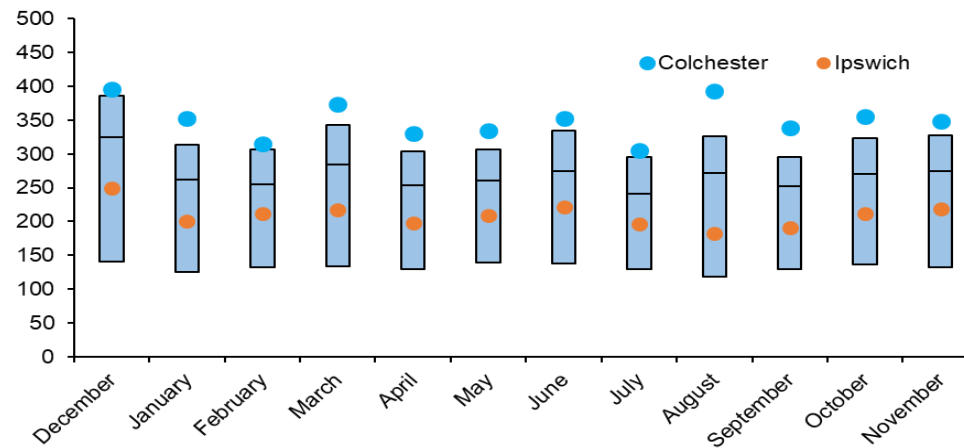
Average time in dept – non-admitted
274 min
 ↑ vs 270 last month

Average time in dept – admitted
512 min
 ↓ vs 560 last month

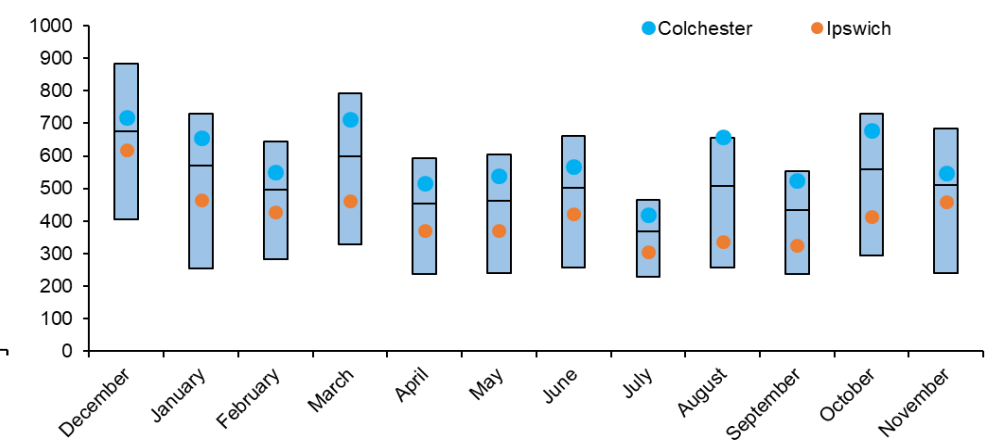
Time to treatment – median time in dept. (60 mins)
80 min
 ↓ vs 82 last month

12-hour patients
1,339
 ↓ vs 1,458 last 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

There has been a focused effort on reducing 12-hour patients in the department. There were 993 12-hour patients in November, compared to 1,258 in October.

The launch of AECU is intended to improve turnaround times for 0-day length of stay patients. The Enhanced Boarding Policy is also supporting flow out of the ED with admitted patients moving to the wards early in the morning rather than waiting for discharges that come later in the day.

Ipswich

High attendance volumes at peak times impacted performance for time to initial assessment.

Late evening and overnight attendances where there are less redirections available to the team continue to negatively impact performance.

The Trust is keen to commence the UTC extended opening hours to midnight in line with Colchester and await approval of the UTC business case.

GIRFT – Summary Emergency Department Indicator. Ipswich Site.

Domains - Benchmarked metrics

■ 1st quartile
 ■ 2nd quartile
 ■ 3rd quartile
 ■ 4th quartile

Demand (-1)		Capacity (-7)		Flow (5)		Outcomes (6)	
Metric Name	Site Value	Metric Name	Site Value	Metric Name	Site Value	Metric Name	Site Value
Proportion of catchment population attending ED per year	% 25.1	Annual ED attendances per ED consultant	8,335.4	Emergency ambulance handover delays > 30 minutes	% 38.6	All ED patients spending > 12 hours in department	% 2.92
ED admissions aged 75+	% 43.1	Annual ED admissions per ED consultant	2,126.9	DAT-2 (patients discharged, admitted or transferred <= 2 hours of arrival)	% 22.6	APBR-12 (admitted patient breach rate > 12 hours)	% 8.76
ED attendances in the highest quintile of deprivation	% 18.9	Annual ED attendances per ED registered nurse	1,046.8	DAT-4 (patients discharged, admitted or transferred <= 4 hours of arrival)	% 56.9	APD-12 (admitted patient delay > 12 hours)	hrs 2.88
GIRFT-EM ED Acuity Index	2.3	Annual ED admissions per M&R cubicle	1,435.6	Mean time in ED for non-admitted patients	mins 209.2	ED-DRH (estimate of annual number of ED patients with delay-related harm)	94.01
Conversion rate (proportion of ED attendances admitted) [APC]	% 26.5	Annual ALL overnight admissions per G&A bed	60.5	Mean time in ED for admitted patients	mins 412.3	MHBR-12 (mental health breach rate >12 hours for all MH patients)	% 5.21
Proportion of all emergency admissions that occur via ED	% 69.1	Annual acute overnight admissions per G&A bed	53.1	APBR-6 (admitted patient breach rate > 6 hours)	% 55.9	MHPD-12 (mental health patient delay >12 hours of all MH patients)	11.62
Proportion of ED arrivals by ambulance	% 28.7	Annual elective overnight admissions per G&A bed	7.4	APD-6 (admitted patient delay > 6 hours)	hrs 3.3	Litigation liability per ED attendance *	£ 12.18
Proportion of all attendances with a mental health condition	% 1.2	Annual trust admissions per WTE trust consultant	425.0	SDEC (same day emergency care): emergency admissions with Zero LoS	% 24.2	NHS Staff Survey: Happy with standard of care for a relative/friend	% 63.00
Trauma status of the ED	TU					NHS Staff Survey: Recommend as a place to work	% 53.90

For queries, or to update your workforce and/or cubicle numbers, please email england.analyticsproductsteam@nhs.net

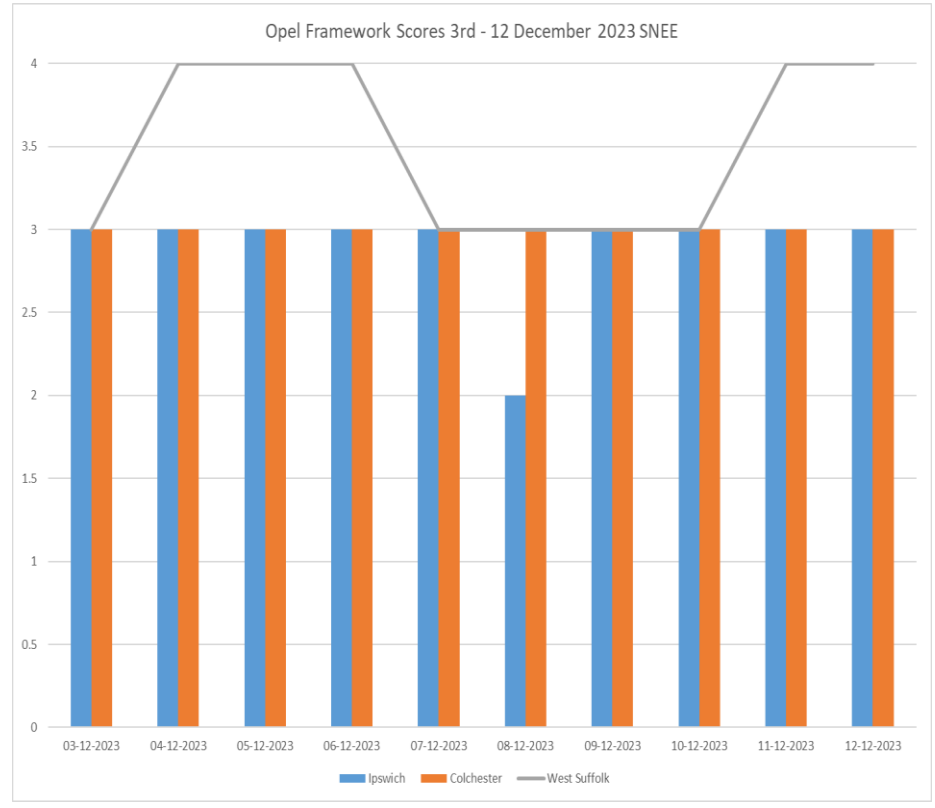
* For further information on the trends and themes within your ED's litigation data, please contact: nhsr.safety@nhs.net

Urgent care – Revised OPEL Framework Score

The Trust commenced reporting against the revised National OPEL framework score from the 3rd December 2023. Revised reporting will be developed from Q4 as we receive full months data sets.

Snapshot as at 6.27am on 13/12/23

23/24 OPEL Framework - ICB		Suffolk & NE Essex ICB		
OPEL Status		3		
OPEL Score		27		
23/24 OPEL Framework Score - Trust		WSFT	ESNEFT	
OPEL Status		3	3	
OPEL Score		27	27	
23/24 OPEL Framework Score - Sites		West Suffolk Hospital	Ipswich Hospital	Colchester Hospital
OPEL Status		3	3	3
OPEL Score		27	24	29
23/24 OPEL Framework Metrics		West Suffolk Hospital	Ipswich Hospital	Colchester Hospital
Average Arrival to Handover Time (Rolling 180 mins)		1h 11m	19m	19m
Unvalidated 4hr % Performance (Since Midnight)		19.64%	75%	100%
% ED all-type attendances (Last Hour)		33.33%	25%	-33.33%
% Majors and Resus Occupancy		142.31%	64.71%	202.94%
Median Wait Time To Treatment		2h 38m	4h 20m	2h 23m
% LoS > 12hrs from Arrival in ED		41.27%	3.13%	0%
% Bed Occupancy		98.57%	95.45%	98.79%
% of open beds that are escalation beds		2.62%	3.68%	1.9%
% Beds with Not Meeting Criteria to Reside		14.25%	17.86%	21.55%



Total admissions increased in month for ESNEFT by 3.6%. There were increases for emergencies and electives by 8.2% and 1.1% respectively. Non-elective admissions decreased by 2.1%. Compared to 2022-23 admission levels for November, total admissions were up by 6.3%; emergencies and electives up by 13.3% and 3.1% respectively. Non-electives decreased by 5.6%.

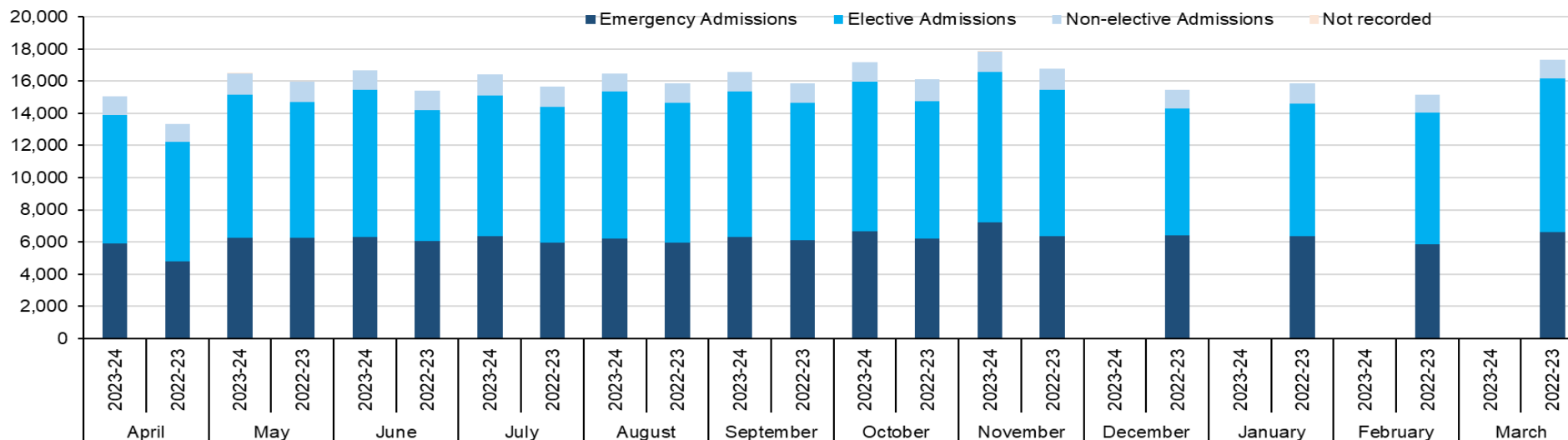
Emergency admissions
7,235
↑ vs 6,689 last month

Elective admissions
9,362
↑ vs 9,259 last month

Non-elective admissions
1,215
↓ vs 1,241 last month

Total admissions
17,813
↑ vs 17,189 last month

Admissions: Inpatient spells by admission type



Colchester

In November, the assessment areas continued to be bedded with the outbound corridor in ED bedded with an average of 25-30 patients with an extended length of stay in the department.

MADE events will continue in December and January with system partners to focus on admission avoidance as well as increased discharges.

Focused work continues with 'Tomorrow's Work Today'.

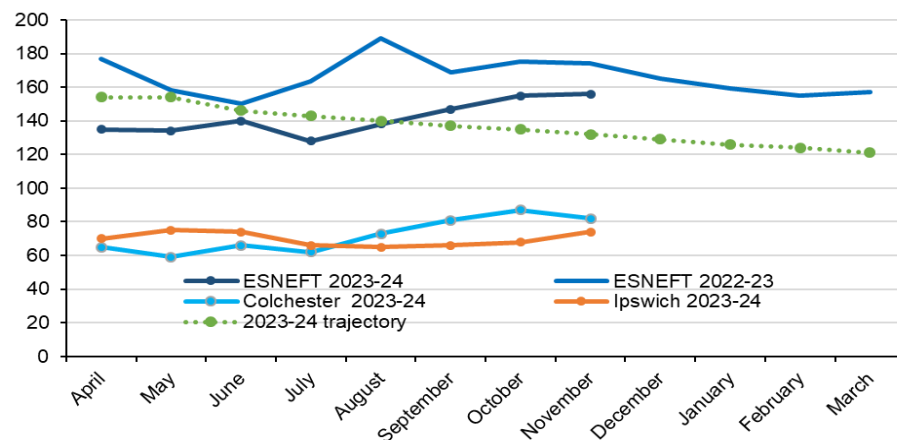
Ipswich

In November, the Trust had escalation areas open throughout the month and the outbound corridor was enacted.

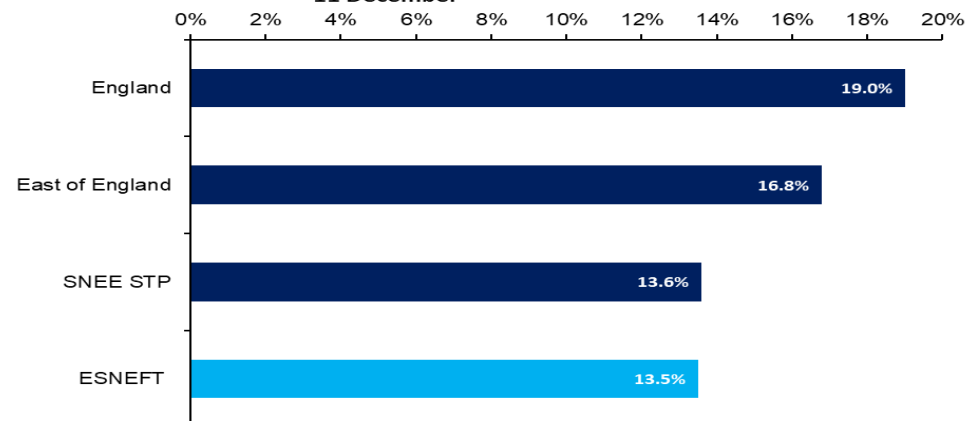
Flow through the Trust is maintained through the assessment areas to enable all patients get to the right ward as well as reduce length of stay. The Trust has a strong focus on reducing delays in discharge through the red day tracker.

Average number of long length of stay patients across ESNEFT increased in month by 1 patient and is now 24 patients over trajectory. Colchester decreased by 5 patients, whereas Ipswich increased by 6 patients. The percentage of beds occupied by 21+ patients decreased by 0.4% in month and is 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 11 December



21+ day patients - ESNEFT
156

↑ vs 155 last month

21+ day patients - Colchester
82

↓ vs 87 last month

21+ day patients - Ipswich
74

↑ vs 68 last month

Colchester

There continue to be delays in the P2 and P3 market. The P1 remains relatively capable of meeting the demand with the exception of complex care packages so although there has been a decrease in 21+ day patients the figure remains high. A slight increase in the number of patients with housing issues was also experienced in November which led to more delays.

Ipswich

There has been an increase in patients with housing issues in November, and this has inevitably led to an increase in length of stay. There has also been a peak in P1 referrals.

The community hospitals LLOS increased slightly which meant that the department didn't have as many P2 beds to flow in to.

Average number of medically fit for discharge patients has deteriorated in month for ESNEFT by 10.3%. This was reflected at Colchester and Ipswich by 12.8% and 8.9% respectively.

Medically fit discharges - ESNEFT

235

↑ vs 213 last month

Medically fit discharges - Colchester

88

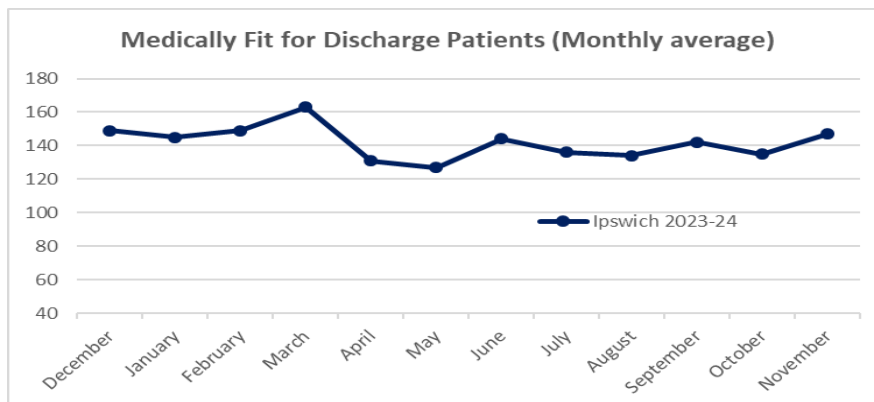
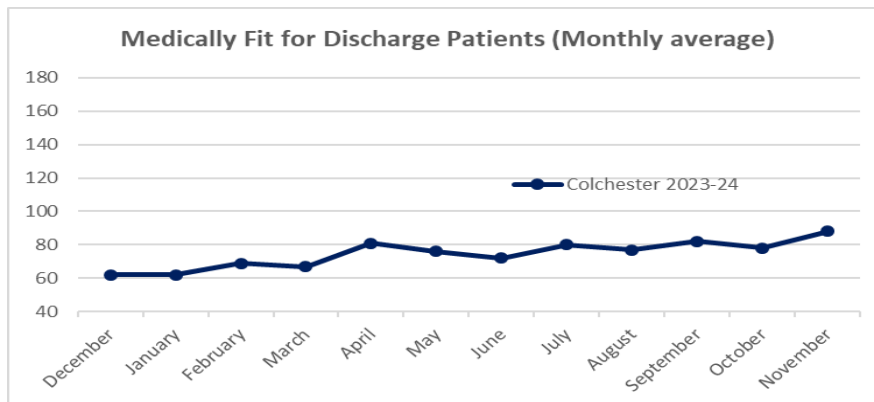
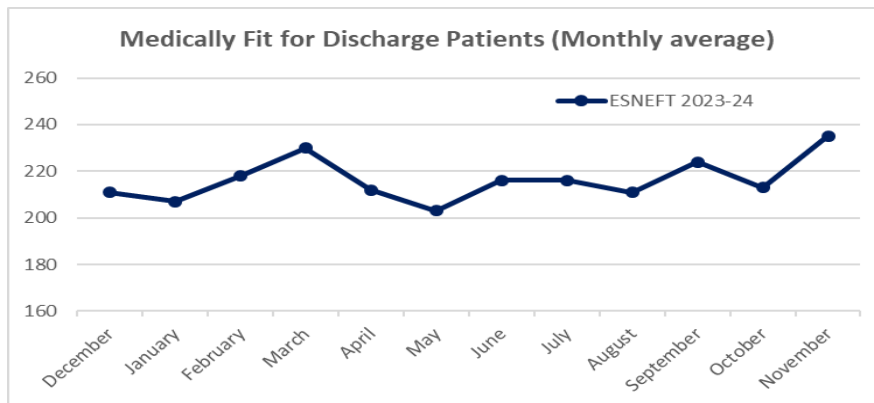
↑ vs 78 last month

Medically fit discharges - Ipswich

147

↑ vs 135 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*



Colchester

The delays in the P2 and P3 market continue to be a challenge and there have been difficulties sourcing beds in residential and care homes throughout the month.

A slight increase in the number of patients with housing issues was also experienced in November which led to more delays for medically fit patients.

Ipswich

Teams have now rolled out “Case Management” to all the wards and now have 2 dedicated Case Workers on shift to focus on the P1 discharges. The intention of this work is that it will have a positive impact on length of stay and the numbers of patients medically fit for discharge.

ESNEFT cancer performance improved across the board in month; two week waits by 10.8% and 62-day waits by 5.2%. 28-day faster diagnosis improved by 7.1% and is now 1.4% below the trajectory set for the month. The number of patients on the 62-day 1st PTL decreased by nearly 20% with those waiting 63 days or more also decreasing. Patients treated after 104 days stayed the same in month.

Two week wait performance

67.3%

↑ vs 56.5% last month

62-day wait performance

73.2%

↑ vs 68.0% last month

28-day faster day diagnosis performance

70.3%

↑ vs 63.3% last month

Patients treated after 104 days

29

→ vs 29 last month

Total patients on 62-day 1st PTL

3,614

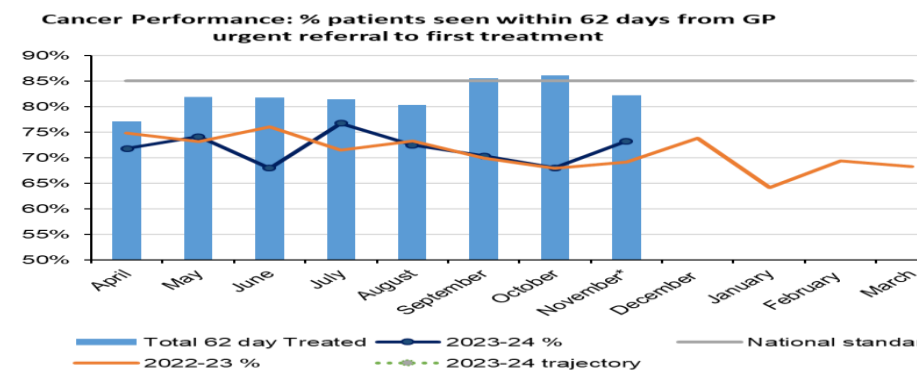
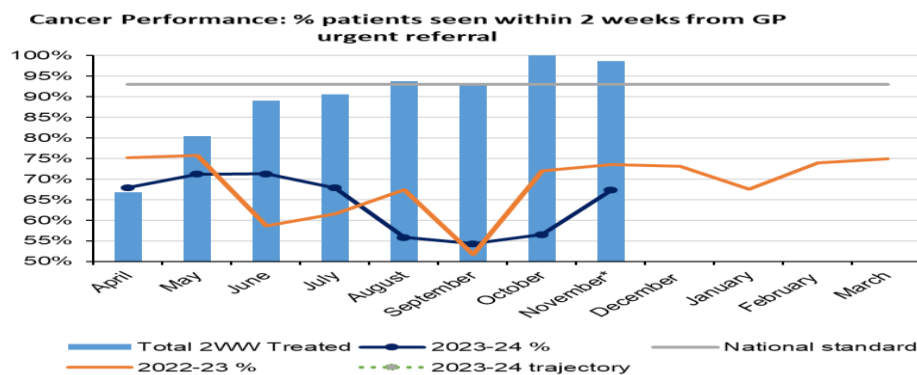
↓ vs 4,503 last month

62-day 1st patients 63+ days

266

↓ vs 355 last month

*Unvalidated figures as of the 17/11/23. Final figures for October 2023 will be available in December 2023 after submission



Service Commentary

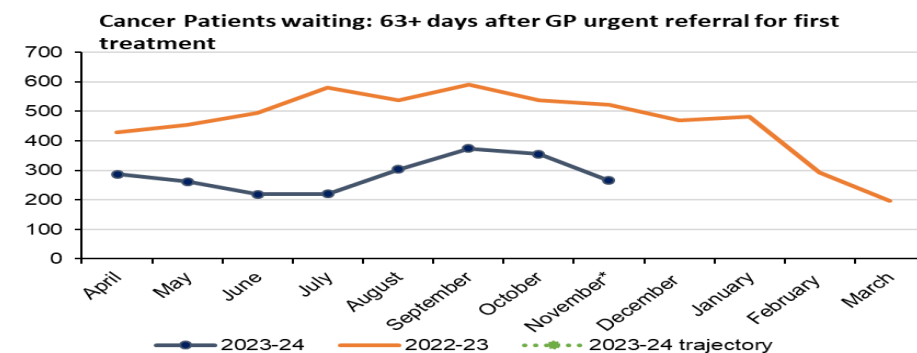
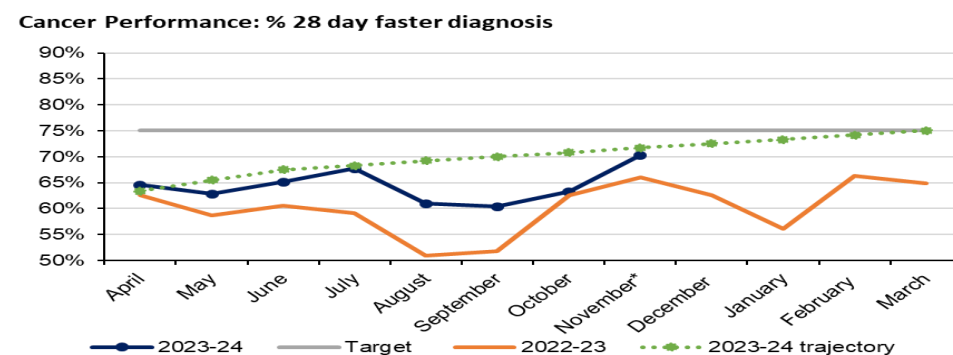
Overall, the cancer performance position has improved across all standards and the backlog continues to reduce at pace.

To note: The 3 new cancer standards should have been reported nationally from 1st October but are still showing on the national upload as individual standards – Update requested from NHSE as its currently unclear how the step change in reporting against baseline data will be managed.

Five specialties are compliant with the 28FDS standard with significant improvement seen in breast with performance increasing by 18% from the October position. Colorectal performance has also improved at Ipswich as the new triage pathway starts to embed. The Colchester pathway has been impacted by the loss of endoscopy capacity due to building works; but this will resolve in January when the CDC endoscopy suite opens.

62-day performance remains below standard but is above both the regional and England average. A number of patients are awaiting treatment dates, mainly for surgery (breast in particular) and there has also been an increase in the number of patients for Chemotherapy. Current waiting times are being managed below 2 weeks from referral to start date. This position is under constant review.

The highest number of patients waiting longer than 62 days remains within colorectal. However, good progress has been made and these numbers are reducing sustainably with the introduction of the new triage pathway.



Performance against the 18-week standard has reported no change in month and is above the regional average, but just below the national average for November. The proportion of the list waiting 65 weeks or more has improved by 0.2% and remains lower than the national/regional averages reported for September.

Incomplete pathways within 18 weeks - ESNEFT

57.5%

➔ vs 57.5% last month

Incomplete pathways within 18 weeks – National

57.6% (September 23)

65+ waiters as % of list - ESNEFT

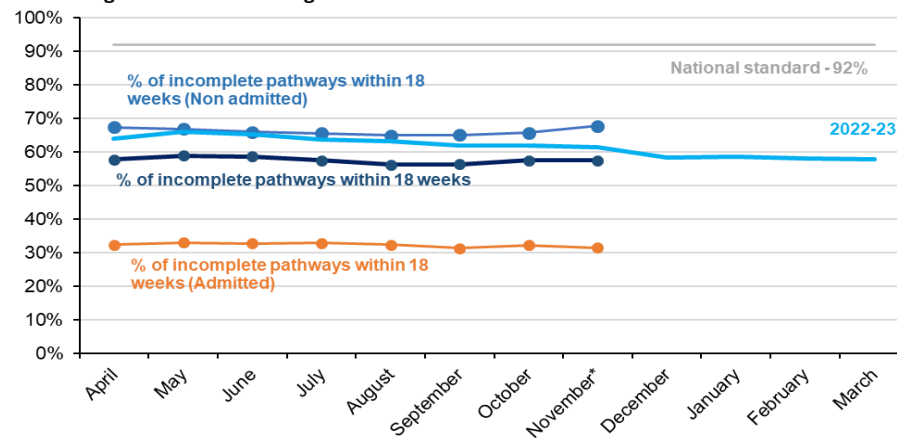
⬇ **1.0%**

vs 1.2% last month

65+ waiters as % of list – National

1.4% (September 23)

RTT Waiting List: Performance against 92% standard



*November's OAKS data not received in time October 2023 data used for reporting

Service Commentary

Two specialties remain 18 week compliant for November – Rheumatology and Geriatric Medicine. Neurology and Respiratory Ipswich performance ended November RTT compliant (by site only).

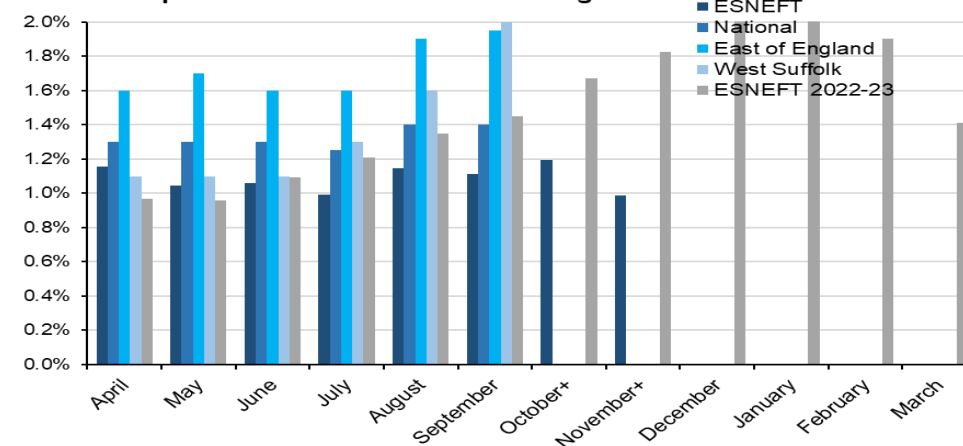
6 specialities have seen significant improved compliance from October to November:

- Pain Management increased from 36.5% to 39%
- Dermatology has increased from 65.49% to 73.7%
- ENT increased from 52.5% to 58.8%
- Plastic Surgery increased from 64.8% to 70%
- Endocrine Ipswich increased from 53.6% to 76%
- Endocrine Colchester has gone from 78.9% to 85%

The following specialities have seen a slight increase in performance in November:

- Endocrine Colchester
- Cardiology Ipswich
- Lipids Ipswich
- Spinal
- T&O

65+ Incompletes as a % of the Total Waiting List



6-week performance deteriorated in month by 3.1% with the waiting list increasing by 6.2%. The number of breaches increased by 50.1% in month; Ipswich have 80.6% of the total breaches with echocardiography accounting for 55.1% of them.

For Colchester non-obstetric ultrasounds account for 38.3% of their breaches.

% patients waiting > 6 weeks or more
10.5%

↑ vs 7.4% last month

DM01 6-week breaches
1,415

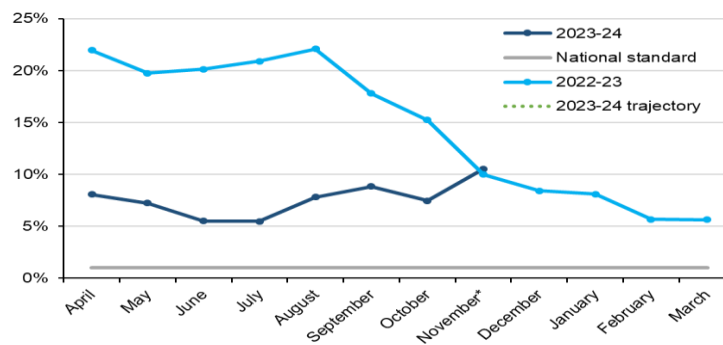
↑ vs 943 last month

DM01 Waiting List
13,454

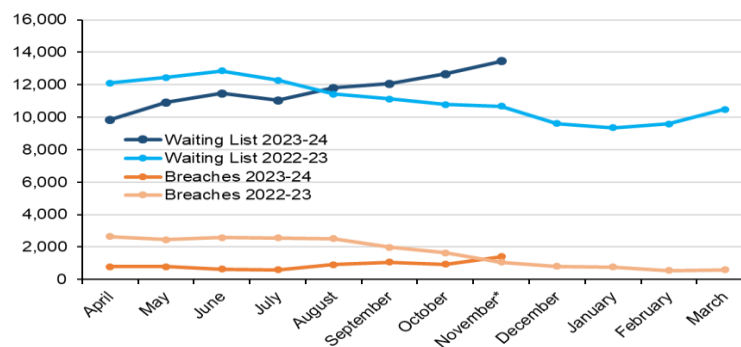
↑ vs 12,671 last month

*November's OAKS data not received in time October 2023 data used for reporting

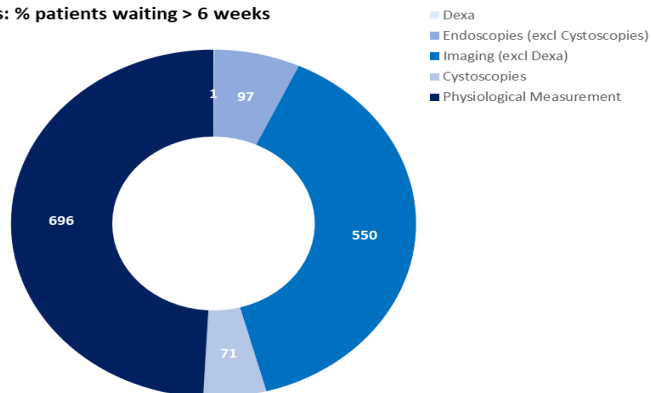
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



Service Commentary

Although Echo breaches continue to be high, they are reducing in line with trajectory. The service plans to be below 7% by the end of the March 2024.

The ultrasound breaches are due to increasing demand for obstetric scans that are prioritized over routine non-obstetric. The imaging team will be using an external company to increase capacity in December. The medical imaging service is discussing activity levels with Women's and Children's to understand the capacity needs for 24/25 for both sites.

MRI saw a significant peak in demand of more than 400 referrals in November above the normal base line. This equates to an additional 16 days of activity. The team are undertaking a more detailed piece of work to understand what had driven such an increase. They are also working with an insourced company to increase capacity in December; but a longer-term plan will be needed to open up more weekend capacity using substantive staff.

Medical Imaging prioritized long waiting patients for diagnostics in November to support having no patients waiting over 78 weeks.

Teams are now looking at capacity and demand models for 24/25 incorporating the requirement to deliver on long waiting patients as well as plans to support cancer.

Activity increased across the board in month for ESNEFT. Elective inpatients and daycases by 11.9% and 0.02% respectively. Outpatient firsts and follow ups by 2.8% and 5.8% respectively. Higher levels were reported against 2022-23 activity levels across the board with the exception of outpatient follow ups which were at 98.5% of the previous year's value.

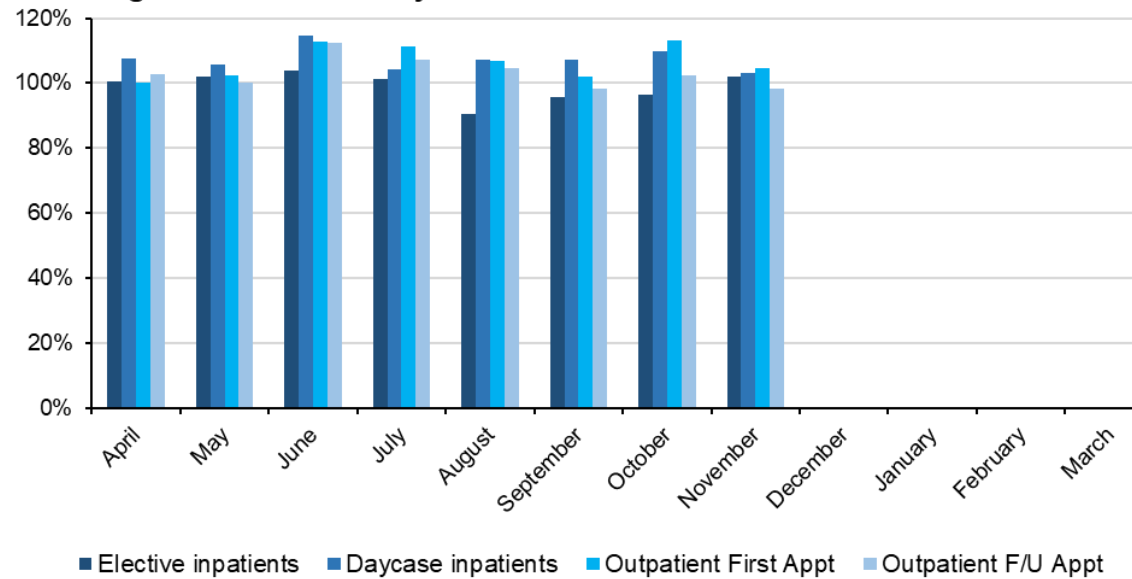
Elective inpatients
920
↑ vs 822 last month

Daycase inpatients
8,438
↑ vs 8,436 last month

Outpatient First Appt
32,385
↑ vs 31,518 last month

Outpatient F/U Appt
54,612
↑ vs 51,637 last month

Percentage of 2022-23 activity



Service Commentary

Activity continues to increase for admitted and non- admitted patients, through various ways including the independent sector, insourcing and increased internal activity. In addition, it should be noted that there has been no Industrial Action impact during November.

Teams continue to encourage increased internal activity through the WLI incentive to maximise delivery of the national ambition to eliminate all RTT waiting patients over 65-weeks by March 2024.

The impact of Junior Doctor Industrial Action is yet to be determined for December, but it will undoubtedly impact activity and therefore recovery. Teams are working to minimise this wherever possible.

The ESNEFT RTT waiting list in month has seen a decrease of 2.1%, albeit it is above the trajectory set for the month by 875 patients.

The longest waiting patients waiting 65 weeks or more decreased for ESNEFT by 200 patients and is under trajectory for the month by 489 patients. Colchester holds 63.2% of the total 65+ week patients. Patients waiting 78 weeks or more reduced by 21 patients in month.

Total open RTT pathways
86,469
 ↓ vs 88,296 last month

65+ week waiters
855
 ↓ vs 1,055 last month

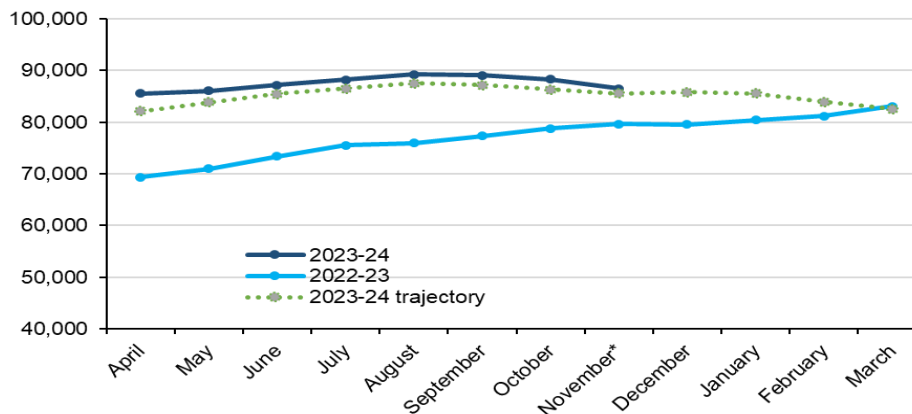
78 + week waiters
17
 ↓ vs 38 last month

98 + week waiters
1
 ↑ vs 0 last month

104+ week waiters
0
 → vs 0 last month

*November's OAKS data not received in time October 2023 data used for reporting

RTT Waiting List: Total open pathways



Service Commentary

There continues to be a reduction in the overall waiting list. This has been achieved by continued validation and increased activity via insourcing and increased internal activity, not due to reduction in referrals.

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

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

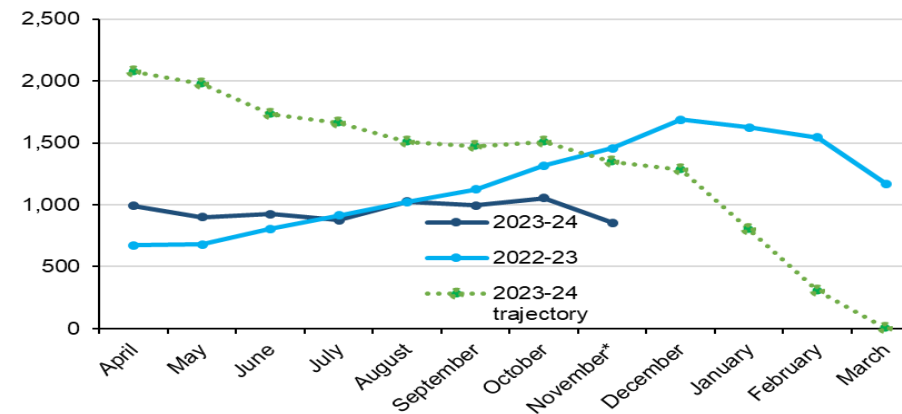
78-week delivery continues to be closely managed and supported with the above specialties, with additional targeted support in place from Pre-op, diagnostic and physio services to assist the specialty operational teams with immediate escalation and reducing pathway delays.

It was positive to see that overall numbers of patients waiting above 65 weeks continued to fall. As forecast, there were zero capacity breaches in November. At month end there were 16 patients remaining who have been waiting between 78 and 98 weeks. This is broken down into 14 corneas and 2 General Surgery (1 choice, 1 complex).

No patients again this month were waiting over 98 weeks. The one reported here is a validation error and has since been amended.

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

RTT Waiting List: Total 65+ week waiters



Revenue (£000s)	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Areas of Improvement	Areas requiring further work
YTD variance against plan	0	121	135	130	124	88	888	As part of the Trust's contribution to the overall balanced 23/24 revenue position projected by the SNEE ICS; and to mitigate the £4m adverse variance projected by WSFT, the Trust is now forecasting a £1.3m surplus.	Delivery of recurrent CIP is a priority to support this financial year but crucially financial sustainability in subsequent years. Work continues to generate new ideas and ensure delivery of existing schemes. The Trust's Financial Sustainability Group is supporting this.
FOT variance to plan	0	0	0	0	0	0	1,318		
YTD CIP variance to plan	0	-3,415	-3,865	-4,572	-5,462	-6,098	-6,958	Systems and their constituent organisations were asked to confirm they would deliver their control totals, and achieve revenue balance, following the award of additional funding to reflect the cost of industrial action. As part of this the Trust submitted the revised forecast surplus outturn of £1.3m, but this was not reflected in the plan included in the Trust's M8 reporting to NHSE. This is why there is a favourable FOT variance to plan.	Although the level of overall underspend against the capital plan reduced in November, there is still a significant gap to close. Planned, existing schemes are being closely monitored to ensure that spend is maximised where possible. Where it is identified that slippage is unavoidable, alternative schemes (that will mitigate capital spend in later years) are also being contemplated.
FYE CIP variance to plan	0	-13,988	-12,468	-11,806	-12,278	-12,640	-12,909		
ERF delivery	103.3%	113.0%	106.2%	103.2%	105.9%	110.9%	97.6%		
Capital (£000s)	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	ERF performance YTD has been strong.	The CDEL is a limit set for each NHS Trust of its maximum allowable capital spend. Under IFRS 16, leases are now charged against this CDEL.
In month variance to plan*			2,802	1,910	1,322	-2,181	-774		
YTD variance to plan*		11,695	14,497	16,407	17,729	15,548	14,774	There was additional capital expenditure in November, reducing the level of cumulative underspend reported against the Trust's CDEL.	NHSE advised in November 23 for the first time that lease costs will actually form part of the assessment of the delivery of CDEL and have awarded systems an allocation to cover lease costs. For SNEE ICS, and other systems, there is large shortfall between the CDEL allocation and actual reported costs. The Trust is working with the system and region to understand the implications of this are.
*(Overspend)/Underspend									
Balance Sheet (£000s)	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23		
Cash balance at the end of month		77,002	71,097	80,449	70,584	71,746	70,961		

Month 8 Performance

Summary Income and Expenditure	November			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Income from Patient Care	80,464	86,887	6,423	638,642	655,971	17,329
Other Operating Income	3,785	5,521	1,736	30,181	41,242	11,061
Total Income	84,249	92,408	8,159	668,823	697,212	28,389
Pay	(51,718)	(53,334)	(1,616)	(414,703)	(421,655)	(6,952)
Non Pay	(27,820)	(34,482)	(6,662)	(222,253)	(246,494)	(24,241)
Total Expenditure	(79,538)	(87,817)	(8,279)	(636,956)	(668,149)	(31,193)
EBITDA	4,711	4,591	(120)	31,867	29,063	(2,804)
Other Non Operating	(4,191)	(3,270)	921	(33,574)	(29,746)	3,828
Surplus / (Deficit)	520	1,321	801	(1,707)	(682)	1,025
EBITDA %	5.6%	5.0%		4.8%	4.2%	

Performance Against CT

Capital donations I&E impact	28	28	(0)	224	87	(137)
Total Non CT Items	28	28	(0)	224	87	(137)
Performance Against CT	548	1,349	801	(1,483)	(595)	888
Less gains on disposal of assets	-	(4)	(4)	-	(35)	(35)
Performance for System Purposes	548	1,345	797	(1,483)	(629)	854

M8 revenue headlines

In November, the Trust reported an actual surplus of £1.321m which was a positive variance of £0.801m against the external plan (surplus of £0.520m).

The adjusted performance was a surplus of £1.349m, which was a £0.801m favourable variance compared to the control total.

Key variances

Despite reporting a positive 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 November of £8.159m in month, £28.389m year to date. 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. November also reported additional monies received to support costs incurred by industrial action and the impact on ERF activities ('H2 reset').

Within pay, as in previous months an overspend of £1.616m was reported in November, with a year-to-date adverse variance of £6.952m. The medical workforce (consultant and junior doctors) continue to be the areas of concern with a number of clinical divisions reliant on additional sessions, some relating to additional elective ERF activities and some to support on-call rotas. Discussions continue around mutual aid with other providers, WSH for example.

Non-pay reported an adverse variance of £6.662m in November, increasing the year to date overspend to £24.241m. Whilst CIP non-delivery accounted for some of this unfavourable position, other pressures continued to be reported across a number of clinical divisions:

- clinical supplies reported a significant increase in spend in November and remains the key area of concern (approximately £11.1m overspent cumulatively after adjusting for CIP non-delivery, notably in Ophthalmology within MSK, and Specialist Surgery, NEECS and Pathology) with a number of year to date and prior year costs affecting the position;
- secondary commissioning (£6.149m overspend for M1-M8, there is a continued reliance on insourcing arrangements to support the elective programme for long waiting patients, this has been the case since April and is expected to continue for the remainder of the financial year);
- premises (£6.2m cumulative overspend) (Estates and Facilities, with the Trust experiencing significant increases in charges for those properties that it leases from both NHS Property Services and Community Health Partnerships in relation to utility costs). Please see slide 7 for more detail.

Temporary pay

Agency costs in November reduced within the Consultant and Junior doctor workforce. A number of specialities reported a reduction including Microbiology, Dermatology and Gastroenterology. Agency spend accounted for 2.3% of all pay costs (compared to 3.4% cumulatively to November 2022).

Bank spend reported in November remained consistent with previous months. Nursing, midwifery and support to nursing continues to report the highest spend and increased in a number of divisions which was offset by a reduction in junior doctor expenditure within Urology and Vascular services as activity levels reported were reduced.

Elective Recovery Fund (ERF)

ERF M1-8

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 have now been received following national re-costing for national confirmation both to account for the 23/24 published tariff and the impact of pay awards.

Actuals for Months 1-7 use internal calculations based on data extracted at freeze/refresh date from national datasets, and Month 8 uses internal calculations based on data extracted at day 1 of the following month.

Month 8 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 7 and 8 will continue to update as data is completed as well.

ESNEFT figures include Oaks RES patients unless otherwise stated.

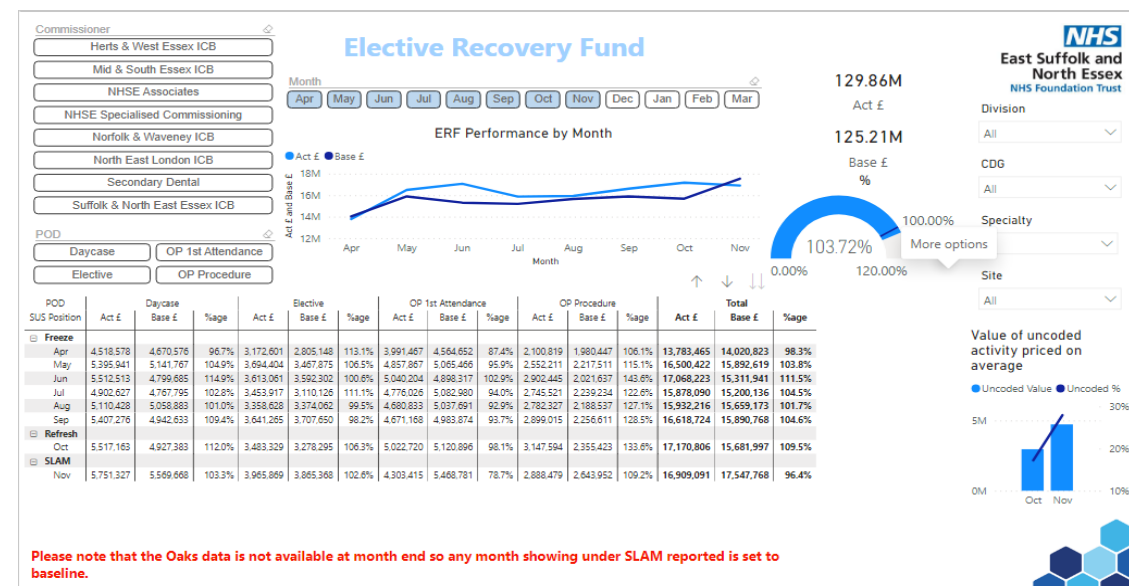
To date, ERF for M1-8 is calculated at 103.7% of cost-weighted 19/20 elective patient care, in line with the @M7 position of 103.7%.

- 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 frozen national data) – 104.5% (105.2% excluding RES)
- August (internal view of frozen national data) – 103.3% (101.8% excluding RES)
- September ((internal view of frozen national data) – 105.9% (105.1% excluding RES)
- October (internal view of refresh national data) – 110.9% (109.5% excluded RES contract)
- November (initial internal view) – 97.6% (96.1% excluded RES contract)

Total – 103.7% (104.4% excluding RES) excluding A&G, 105.2% inclusive of A&G

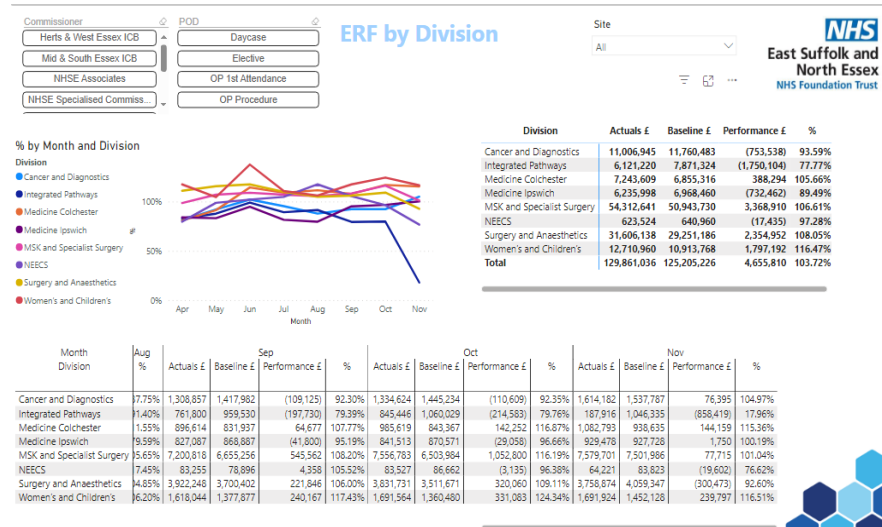
November’s position is likely to increase by approximately £610k when off-PAS data is available, moving the November performance to approximately 101.1% inclusive of A&G

ESNEFT A&G												
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	M1-3	M1-5	M1-8	
ESNEFT	£ 257,273	£ 294,136	£ 230,735	£ 262,453	£ 200,577	£ 205,545	£ 214,096	£ 214,096	£ 782,144	£ 1,245,175	£ 1,878,910	
WSH	£ 171,060	£ 205,280	£ 141,335	£ 171,474	£ 129,996	£ 119,551	£ 147,947	£ 147,947	£ 517,675	£ 819,145	£ 1,234,590	
SNE	£ 428,333	£ 499,416	£ 372,070	£ 433,927	£ 330,573	£ 325,096	£ 362,042	£ 362,042	£ 1,299,820	£ 2,064,320	£ 3,113,500	



Month	Admitted/Non-Admitted	A&G	Total Actual	Baseline	Perf.
Apr	£ 13,783,465	£ 257,273	£ 14,040,738	£ 14,020,823	100.1%
May	£ 16,500,422	£ 294,136	£ 16,794,558	£ 15,892,619	105.7%
Jun	£ 17,068,223	£ 230,735	£ 17,298,958	£ 15,311,941	113.0%
Jul	£ 15,878,090	£ 262,497	£ 16,140,587	£ 15,200,136	106.2%
Aug	£ 15,932,216	£ 226,035	£ 16,158,250	£ 15,659,173	103.2%
Sep	£ 16,618,724	£ 205,545	£ 16,824,268	£ 15,890,768	105.9%
Oct	£ 17,170,806	£ 214,096	£ 17,384,901	£ 15,681,997	110.9%
Nov	£ 16,909,091	£ 214,096	£ 17,123,186	£ 17,547,768	97.6%
Total	£ 129,861,036	£ 1,904,411	£ 131,765,447	£ 125,205,226	105.2%

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



Plan profile and actual performance

Internal calculations, taking into account IA impacts, indicate that to October the Trust's calculated ERF position is £4.9m 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 IH, 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	4% Fixed	Net
Apr	£13,783,465	£257,273	£14,040,738	£14,020,823	£19,916	£14,483,510	£(442,771)	£280,416	£(162,355)
May	£16,500,422	£294,136	£16,794,558	£15,892,619	£901,939	£16,417,075	£377,482	£317,852	£695,335
Jun	£17,068,223	£230,735	£17,298,958	£15,311,941	£1,987,017	£15,817,235	£1,481,723	£306,239	£1,787,962
Jul	£15,878,090	£262,497	£16,140,587	£15,200,136	£940,451	£15,701,740	£438,847	£304,003	£742,850
Aug	£15,932,216	£226,035	£16,158,250	£15,659,173	£499,077	£16,175,926	£(17,676)	£313,183	£295,508
Sep	£16,618,724	£205,545	£16,824,268	£15,890,768	£933,500	£16,415,163	£409,105	£317,815	£726,920
Oct	£17,170,806	£214,096	£17,384,901	£15,681,997	£1,702,904	£16,199,503	£1,185,398	£313,640	£1,499,038
Nov	£16,909,091	£214,096	£17,123,186	£17,547,768	£(424,582)	£18,126,845	£(1,003,658)	£350,955	£(652,703)
YTD	£129,861,036	£1,904,411	£131,765,447	£125,205,226	£6,560,221	£129,336,997	£2,428,450	£2,504,105	£4,932,554
									3.9%

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 has been confirmed that a further 2% target adjustment has been made in relation to IA for the remainder of H1, a 4% total adjustment. At ICS level targets have a floor of 100% of 19/20, but on individual provider/commissioner relationships there is no floor.

Overall, IA-adjusted ESNEFT target is 103.3% following target adjustments.

In addition, nationally it has been confirmed that ICBs will have their withheld funding released for the year-to-date position, cash payments are in the process of flowing to systems and organisations.

The following Divisions are reporting a year-to-date over-performance: 1) Surgery & Anaesthetics – 108.1% 2) Women's & Children's – 116.5% 3) MSK & Specialist Surgery – 106.6% 4) Medicine Colchester 105.7%

2% additional target reduction funding partially set aside for funding the additional reported costs of IA to date. Calculated ERF positions reflect the actual elective care provided, in line with ledger costs, 2% adjustment is also set aside for the additional costs of delivering 65+ week trajectory above the ERF which will be earned upon delivery.

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 8 cost and volume elective monies funding available to Divisions was estimated based upon M1-7 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

Month 8 clawback will be enacted with Month 9's more complete figures.

The total cost and volume funding made available was £13.6m, with a further £1.9m of revised drugs and devices funding and £0.6m of IA costs, totalling £16.0m of released funding. Further reviews are ongoing in relation to any potential additional Excluded Drugs and Devices funding driven by increased patient activities.

2023/24 CIP programme

In-month position

CIP delivery reduced in November. Medicine Colchester remains the only division to be ahead of plan, both in month and year to date.

Work continues via the Financial Sustainability Group (FSG) in relation to CIP scheme delivery. Current plans are reviewed, and wider opportunities explored, with the group meeting 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	November			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	272	112	(160)	2,180	1,044	(1,136)
Integrated Pathways	155	167	12	1,240	755	(485)
Medicine Ipswich	158	122	(36)	1,266	959	(307)
Medicine Colchester	165	192	27	1,319	1,394	75
MSK and Specialist Surgery	225	226	1	1,801	1,645	(157)
NEE Community Services	115	70	(45)	921	550	(371)
Surgery, Gastro & Anaesthetics	330	128	(202)	2,488	883	(1,606)
Women's and Children's	260	89	(171)	2,078	1,070	(1,008)
Total Operations	1,681	1,106	(575)	13,295	8,299	(4,995)
Estates & Facilities	277	(2)	(279)	2,606	635	(1,971)
Corporate Services	121	118	(3)	966	976	10
Total Trust	2,078	1,222	(857)	16,867	9,910	(6,956)

Key variances

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

- Surgery, Gastro & Anaesthetics (£1.606m)
- Estates and Facilities (£1.971m)

Current forecast position

At the end of November, the Trust is forecasting that it will deliver £15.411m of its £25.4m CIP target (61% of the target) 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	1,368	-81	94%	50
Estates & Facilities	3,909	925	-2,984	24%	-203
Cancer and Diagnostics	3,270	1,484	-1,786	45%	-106
Medicine Colchester	1,979	2,000	21	101%	155
Medicine Ipswich	1,899	1,730	-170	91%	-13
MSK and Specialist Surgery	2,702	2,329	-374	86%	-108
Surgery, Gastro & Anaesthetics	3,833	1,812	-2,021	47%	-174
Women's and Children's	3,117	1,471	-1,646	47%	-150
Integrated Pathways	1,861	1,180	-680	63%	57
NEE Community Services	1,382	1,113	-269	81%	169
Trust Total	25,401	15,411	-9,989	61%	-322

Quality impact assessments

At the end of November, against the FYE target, 45% of CIP has passed QIA.

£000s	FYE QIA					
	Target	Idea	PID	DMT	QIA	QIA/ Target
Corporate Services	1,449	0	64	0	1,016	70%
Estates & Facilities	3,909	29	40	0	771	20%
Cancer and Diagnostics	3,270	0	0	0	1,384	42%
Medicine Colchester	1,979	150	0	0	1,062	54%
Medicine Ipswich	1,899	35	0	0	1,059	56%
MSK and Specialist Surgery	2,702	175	0	12	1,514	56%
Surgery, Gastro & Anaesthetics	3,833	0	0	0	1,969	51%
Women's and Children's	3,178	70	38	0	1,418	45%
Integrated Pathways	1,800	88	12	0	565	31%
NEE Community Services	1,382	184	8	75	757	55%
Trust Total	25,401	730	161	87	11,515	45%

Capital & Cash

Capital expenditure

In month, the capital plan was exceeded £0.7m, with £5.5m spend against a £4.8m plan. EOC accounted for the majority of this variance being £0.6m more than plan, where there continues to be the expectation of catch-up against YTD underspend.

Capital Programme	Year to date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	464	593	(129)	796	1,524	(728)
Non-Medical Equipment	-	-	-	-	-	-
ICT	728	590	138	12,217	13,220	(1,003)
Estates & Facilities	7,760	6,391	1,369	10,899	11,628	(729)
Building for Better Care	41,954	31,225	10,729	71,029	56,197	14,832
Schemes	4,703	2,215	2,488	15,645	14,641	1,004
Right of Use Asset	(566)	5,503	(6,069)	(581)	10,688	(11,269)
PFI	-	-	-	1,161	1,161	-
Total Capital Programme	55,043	46,517	8,526	111,166	109,059	2,107
Other Adjustments:						
PFI Lifecycle Costs	-	-	-	(1,161)	(1,161)	-
PFI Residual Interest	492	492	-	738	738	-
Disposals	-	(47)	47	(1,948)	(2,689)	741
Donated	-	(133)	133	(1,501)	(1,634)	133
Net Expenditure Position	55,535	46,830	8,705	107,294	104,313	2,981
Funded by:						
Net CDEL (adjusted for IFRS16 impact)	55,535	61,604	6,069	107,294	104,313	(2,981)
Performance against CDEL	0	14,774	14,774	0	0	0

As a result, the year-to-date underspend reduced slightly but remains under plan by £14.8m, which continues to be driven by:

- **EOC £7.3m under plan** – The recent cashflow forecast from Castons has shown reduced spend on EOC, which is now forecast to be £34.9m in year (down from £36m previously). It is resulting from slippage on MTX construction costs and Estates are seeking further clarity on what exact slippage has occurred. The forecast has been updated and slippage impacts on 24/25. Until recently MTX have held that whilst behind schedule, they would recover on the delivery timetable. Overall costs of the scheme have increased for the project, but internal expectation is that these will be mitigated and remain within the approved business case value.
- **Ipswich ED & UTC including Green Surgical Hub £4.8m under plan** – no movement in YTD variance from last month. Castons forecast excluding equipment- used to inform forecast. Once equipment cost profile is updated, it is expected that Castons forecast will match our internal forecast.
- **Clacton CDC £2.3m under plan** – YTD underspend against plan has reduced slightly. The main development of Clacton CDC (including car park and Podiatry elements) continues as per the revised forecast and expected to deliver in full in 23/24.

The forecast outturn is for the Trust to breakeven against CDEL. This position includes an update from Castons on a worst-case scenario for Endoscopy new build, which envisages only £710k of spend in year. WBS are not expected to commence works on-site until end of Jan'24. The trust has committed to the funding allocation on this scheme.

The working assumption is that EPR spend will continue as planned, but with the funding allocation deferred (with national approval) to 24/25 mitigating the pressure relating to Endoscopy.

Internal mitigation on other areas of the longer-term capital plan has now been included in the updated forecast such as Linac replacement purchases, where this mitigates against in year underspend (such as Ipswich CDC) whilst also releasing pressure on the longer-term capital plan.

PACS is a potential risk to forecast capital position. The tender outcome is not yet received so costs are not currently included.

Cash

The Trust held cash of £70.961m at the end of November.

This is marginally lower than last month (£71.7m) and remains significantly higher than plan.

Partly this is due to the receipt of unplanned income which has not yet been expended (deferred income variance (£12.6m) on previous slide). This is reflected within 'increases in other liabilities'.

The other significant driver of the increased cash position is the underspend on capital and the net impact of reduced cash outflow on the purchase of assets and reduced PDC received (£12.6m).

IFRS 16 Month 8 system capital allocation uplifts

Background

International Financial Reporting Standard 16 (IFRS 16) was implemented in 2019 but deferred to April 2022 for the NHS.

The main implication of the standard is that leases are no longer a direct charge to the Trust's revenue account. Leases become a capital addition, with a new asset reflected on the balance sheet called a 'right of use' (ROU) asset.

However, overall, there is no material change to the costs reported in the I&E: although there is now no lease charge, depreciation and interest increase a by similar amount which offsets this.

There is no change to the physical cash payments associated with leases.

Capital Departmental Expenditure Limit (CDEL)

Each NHS Trust has an annual nationally/ICB allocated CDEL target. This is the maximum allowable capital spend for the Trust.

Under IFRS 16 leases are now charged against a Trust's CDEL.

The charge is the upfront full cost of lease (charge per year * years of lease)

Every time a new lease entered into (new or renewal) or lease conditions change then there is a charge against CDEL.

Without a compensating increase in the CDEL target, this then reduces available capital budget to maintain trust assets.

Calculation of CDEL

Historically CDEL calculated based on Trust's available funding (depreciation, financing commitments, surplus cash). This maintained a link between asset base, financing and its capital programme. Under this process a Trust's CDEL would have increased, because the new ROU assets generate increased depreciation. ROU assets would have been managed in same way as other assets.

But From April 2020; CDEL no longer based on available funding. CDEL now a national allocation to ICB (which does not match available funding)

This means that the national CDEL allocation needs to increase to meet increased capital costs flowing from IFRS16.

Month 8 2023 update

Since implementation in the NHS, IFRS 16 costs have been met by adjustment to CDEL managed nationally. Effectively, this has meant that all Trust IFRS 16 costs have been met nationally. Indeed, over the last 3 years there has been no indication of how this standard was going to be addressed in future Trust and CDEL reporting.

However, in November 2023 NHSE announced funding for IFRS 16 would be delegated down to systems. The funding that has been delegated is significantly less than required by systems. For example, for the SNEE system in 23/24: funding £8m ; system plan £24m ; forecast costs £37m.

Notwithstanding the impact on this year, and assuming no new leases and based on current understanding re intra government leases having a nil effect, it is estimated that the annual cost of IFRS 16 to the Trust is approximately £2m.

Summary and Next Steps

This is a known issue which has been flagged by Trusts for over 3 years. The Trust understands that many other providers and systems are being impacted in the same negative way.

NHS England East of England region recognises the issue and is making representations nationally. The Trust has also informally spoken with NHSE's Director of Finance about the issues and the challenges posed by this policy change.

SNEE ICS – revenue positions (draft)

Revenue

The respective revenue positions of SNEE ICS organisations set out below is based on information requested and submitted to the ICB and NHSE on working day 6 (WD6) after the month end.

	YTD to M8 £000s			Forecast outturn £000s		
	Net Expenditure Plan	Net Expenditure Actual	Net Expenditure Variance	Net Expenditure Plan	Net Expenditure Actual	Net Expenditure Variance
Total ICB - Surplus/(Deficit)	1,766	1,766	0	2,649	4,477	1,828
East Of England Ambulance Service NHS Trust - Surplus / (Deficit)	(201)	2,022	2,223	51	475	424
East Suffolk And North Essex NHS Foundation Trust - Surplus / (Deficit)	(1,483)	(595)	888	0	1,318	1,318
West Suffolk NHS Foundation Trust - Surplus / (Deficit)	(2,607)	(5,266)	(2,659)	(2,700)	(6,270)	(3,570)
Total ICS Surplus / (Deficit)	(2,525)	(2,073)	452	0	0	0

Cumulatively to month 8, SNEE ICS provider organisations have delivered an actual revenue deficit of approximately £3.8m, which is approximately £0.4m favourable to plan. WSFT are £2.6m behind plan.

Compared to the actual deficit of £6.9m reported cumulatively in October, provider positions have been improved by the receipt of Industrial Action funding first notified by NHS England on 8th November.

The forecast for the system as a whole, is for the delivery of a balanced revenue position. This is even allowing for the £4m adverse variance now projected by WSFT and recognised by its board.

As was stated in the ICB Board approved system financial recovery plan, £4m of the £5.59m non pay inflation funding is to be utilised to mitigate the £4m forecasted overspend at WSFT. The balance is to be used as contingency.

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

Industrial action funding – 23/24 H2 finance and operational delivery

As was reported last month, NHS England notified systems of additional funding to cover the costs of Industrial Action but emphasised that these monies were contingent on:

- achievement of financial plans (and ideally revenue breakeven);
- protect patient safety and prioritise emergency performance and capacity;
- protect urgent care, high priority elective and cancer care.

The wider system and Trust were asked to submit revised revenue plans, as well as confirming commitment to the delivery of a number of performance and capacity standards.

It is understood that 5 out of the 6 systems in the East of England region have submitted plans that project achievement of their financial plans.

Financial Framework 24/25 (update)

Update from the national team (based on Director of Finance speech at the annual HFMA conference)

- Going forward will be difficult
- Additional capacity has been put into the system and this will be protected going forward.
- Nationally the position on performance standards is better on ambulance, ED, RTT, GP etc. Improvements have been made despite industrial action.
- Disappointment on Industrial Action but advise Trusts not to use this as an excuse.
- ERF in 24/25 will remain largely as is.
- Further investment will be made in the digital agenda. This is a key enabler for the better use of clinical time.
- Focus on systems working together.
- Continued push to reduce agency costs.
- Central funds will be held to protect key initiatives like Health inequalities etc.

Trust progress on 24/25 Business Planning

- Business planning templates shared with divisional management teams including Trust strategies.
- Business planning principles shared and agreed at EMC.
- Activity baselines shared with all divisions.
- Draft exit run rate review per division.
- Meetings held with relevant SROs to discuss 24/25 Trust planning ambitions.
- Fortnightly meetings in place across corporate teams (HR, finance & business analytics) to work on the triangulation of plans.
- Monthly meeting in place with business managers to troubleshoot problems.
- All DMT teams have been met with to discuss the business planning approach.

Next steps

- Cross divisional plans to be discussed on 4 January 2024 at the ADO forum. Discussions are already underway at CDG level between teams.
- Draft business plans due on 5 January 2024.
- First business planning sessions week beginning 8 January 2024, noting the announcement of junior doctor strikes which may impact on clinical / operational attendance. If required, corporate colleagues can lead the finance, workforce and activity discussion so as not to impact on the process and timeline.
- Meeting planned to update NEDs week beginning 15 January 2024.

Workforce: Trends & Hotspots

November 2023

Workforce Metrics	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Areas of Improvement	Areas requiring further work
Vacancy (excluding Agency)	-	5.2%	5.0%	4.8%	3.8%	3.3%	3.1%	<ul style="list-style-type: none"> Vacancy rate is 3.1% (from 3.3% previous month) Turnover rate is 8.05% (little change from previous month 8.04%) Time to hire is @ 15.3 days (National award 'CIVCA' attained) Management of 60 formal employee relations cases [including disciplinary and grievance] as well as informal cases - 7 cases were closed in November Leadership Development training (639 completed / 96 soon to complete, plus a further 988 attending management bitesize training) Enhanced divisional engagement at the monthly EDI Operational Group meetings Launch of Civility and Respect Toolkit Continued good attendance at EDI Bitesize Training sessions (c. 871 to date) National Staff Survey stations were erected on both Acute sites which increased completion rate to 52.4% against 38% previous year Vaccination programme (top quartile in EOE for delivery of vaccine programme) E-roster training sessions for our Matrons, to support effective roster management and minimise bank and agency spend. Mandatory Training has remained above target for 7 consecutive months A strengthened Retention team have rolled out new starter welcome meetings and are supporting the NHSE Flexible Working Leadership Development Programme 	<ul style="list-style-type: none"> Retention strategy work plan is underway. There will be a launch of flexible working as part of retention programme (Jan and Feb). Focus on staff well-being and valuing staff as part of HR Bulletin / Organisational Development (Nov and Dec). Preparation for 360 appraisal launch (facilitators are to commence training in January). Talent Management toolkit currently being finalised for launch. Continuation of EDI and Civility and Respect toolkit training sessions and roll out of Raising Concerns bitesize training for managers to support the launch of FTSU policy / NSS Theme 3: Confidence in raising concerns. Listening Sessions in Ipswich Maternity to improve the culture and impact on patient safety (linked to the Maternity SCORE survey results). Piloting 121's in NEECS as part of the Retention and Well-being programme in response to the NSS. Review of key policies to support staff experience – Bullying and Harassment, Disciplinary, Absence, and Employment of staff with a disability policy. ESEOC Workforce and OD Plan - Engagement session planned in New Year for senior leaders, collaborative approach with WSH. Sickness Absence has risen – teams are continuing to support divisions on 3-6mth sickness absence cases. The Wellbeing Hub continues to support staff who are currently absent due to stress, anxiety and depression. Whilst the Trust is slightly under target for Appraisals, all divisions are showing a slight increase in compliance.
Proportion of temporary staff (Bank)	-	11.5%	12.2%	12.0%	11.3%	11.7%	11.6%		
Sickness	4%	3.9%	4.0%	4.3%	4.7%	5.1%	5.0%		
Mandatory Training	90%	92.5%	93.4%	93.0%	92.9%	91.4%	92.4%		
Appraisals	90%	88.3%	90.2%	88.0%	88.2%	89.1%	89.7%		
Voluntary Turnover	12%	8.5%	8.3%	8.2%	8.0%	8.1%	8.1%		
Ward Fill Rates (ESNEFT)	95%	90.6%	85.6%	89.9%	88.4%	85.5%	94.4%		
Care Hours Per Patient Day (ESNEFT)	-	7.39	5.00	7.27	7.44	7.10	7.26		
Executive team turnover	-	0	0	0	0	0	0		

Workforce Dashboard

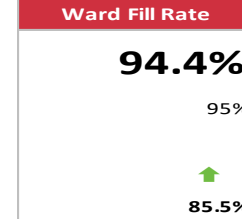
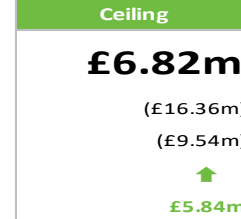
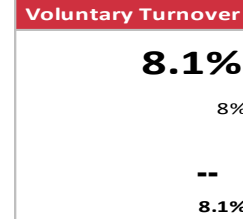
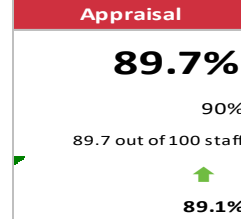
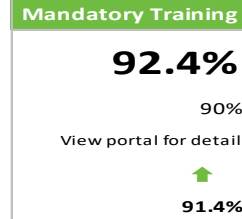
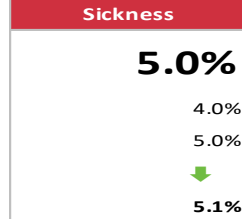
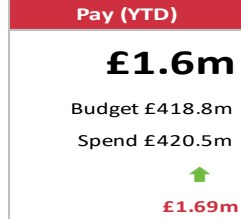
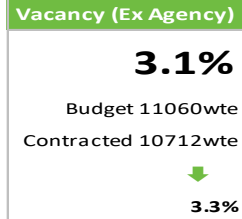
November 2023

Trust Level

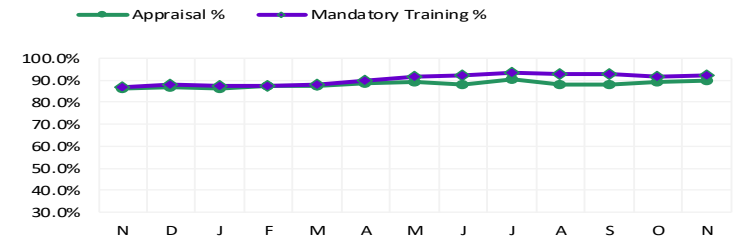
Key Metrics

Performance

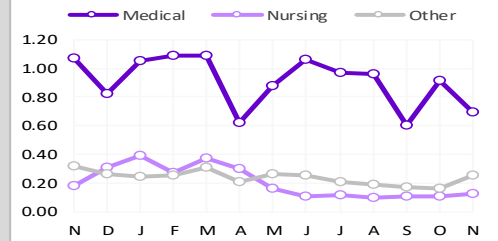
Target
Achieved
Vs Prior Month
Prior Month



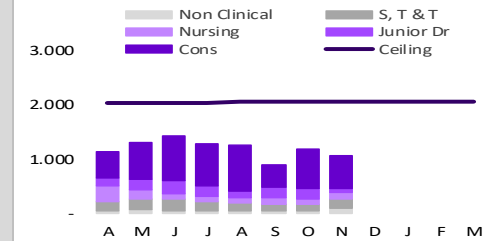
Appraisals & Mandatory Training Compliance



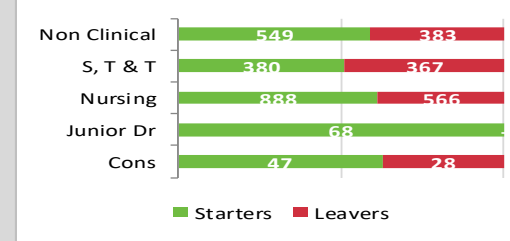
Agency Trends (ex Locum)



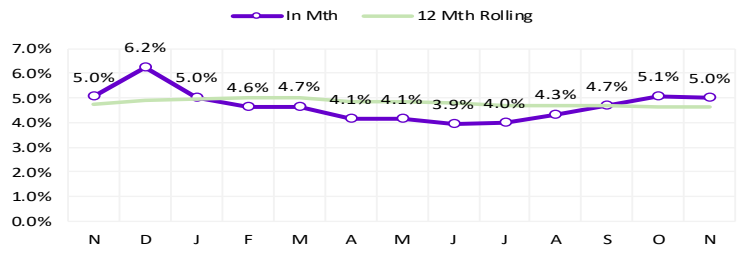
Agency Ceiling



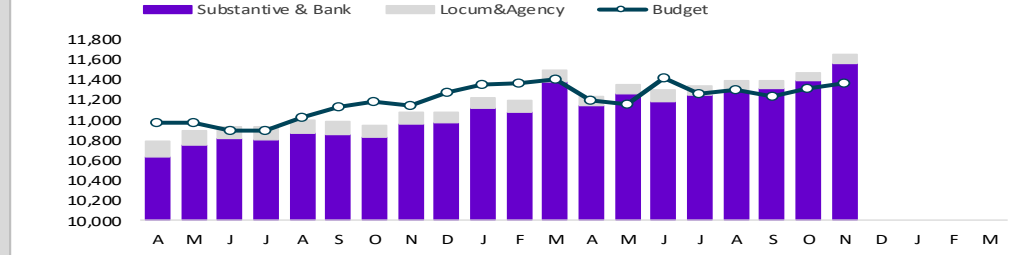
Starter - Leavers (12Mth Rolling)



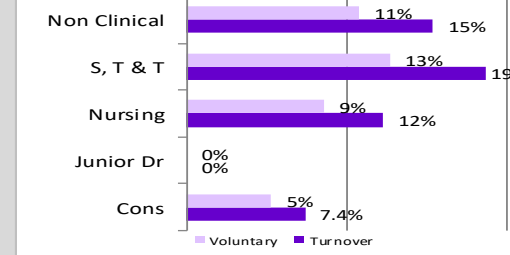
Sickness



Workforce Trends

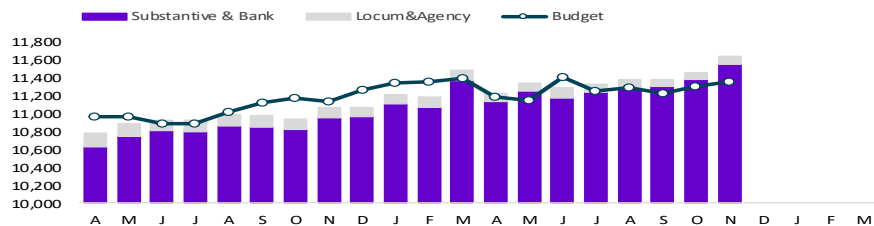


Turnover by Staff Group



Workforce Trends

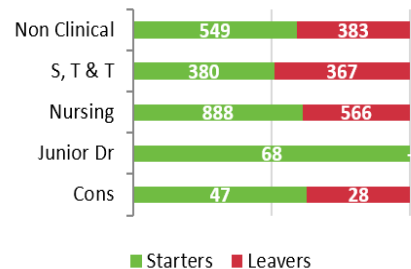
wte



Starter - Leavers

(12Mth Rolling)

Headcount



Sickness

%



Commentary

Recruitment

In November, the number of staff in post increased to 10,712 WTE (October 10,660). The Trust's rolling voluntary turnover for November was 8.1% (October 8.1%)

International Nurse recruitment: April 2023 - December 2023 - 120 RNs. Two cohorts arrived in November, 35 in total (17 allocated for Colchester and 18 for Ipswich). An additional cohort of 19 are due to arrive early January

Consultant vacancies currently to 37 WTE . 12 Consultants are going through on-boarding with recent Locum appointments to ICU and Histopathology. 3 SAS vacancies. AAC dates set in January for Paediatrics , Dermatology and Microbiology.

2023-24 NHSE Agency ceiling £18m. FYTD NHSE Agency target of £12m (M08) with an actual FTYD of £9.5m (£6.7m Medical spend). M8 - Agency spend £1.07m (£690k on Medical Locums) M8 - Bank spend @ £5m and remains in line with previous months. Direct engagement VAT savings (Medical) M7 £43,456. YTD savings @ £475k FYTD

Sickness

Sickness absence in November was 5.0% and was not compliant against the Trust target of 4%. The main reasons for absence were Anxiety, Stress and Depression which is 1.17% of the workforce.

The number of FTE days lost due to sickness remains higher for short term sickness (57.08%) than long term sickness (42.92%)

The total number of employees who have been absent for 3-6 months and over 6 months has increased slightly and on-going targeted work continues by the ER and OH teams.

Risks & Mitigating Actions

Recruitment, Resourcing and Planning

There has been an increase in the number of establishment (31.8 WTE), however vacancies are at 3.1% and the Trust remains slightly ahead of planned recruitment.

Third cohort of HCSW apprentice's scheduled for interview, 44 in total. 31 have commenced in post since the launch of the Academy programme.

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.

Mandatory Training

92.4%

90%

[View portal for detail](#)



91.4%

Appraisal

89.7%

90%

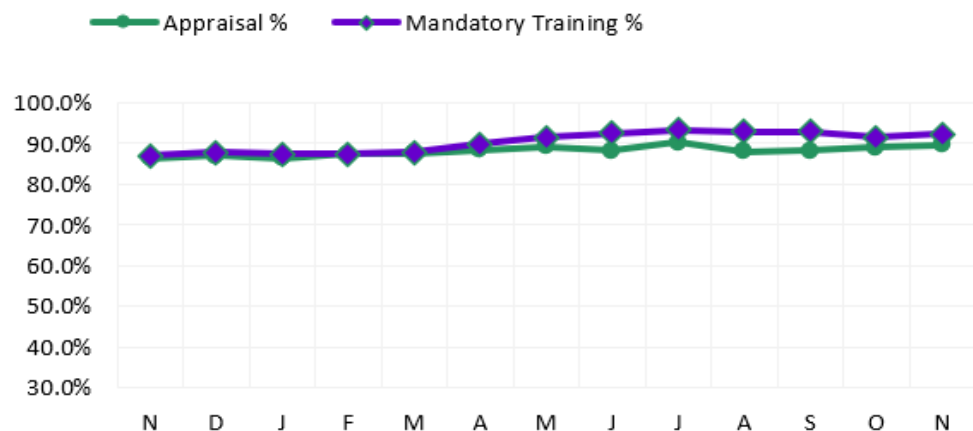
89.7 out of 100 staff



89.1%

Appraisals & Mandatory Training Compliance

%



Commentary

Mandatory Training

November's compliance rate increased to 92.4%, from 91.4% in October and has remained above the 90% target for the seventh consecutive months.

Equality, Diversity and Human Rights compliance has also returned to above 90% after a fall last month. Preventing Radicalisation is just below 90% compliance.

Appraisal

November's compliance rate increased marginally to 89.7%, from 89.1% in October. This is how it currently stands across divisions for compliance of band 7's and above:

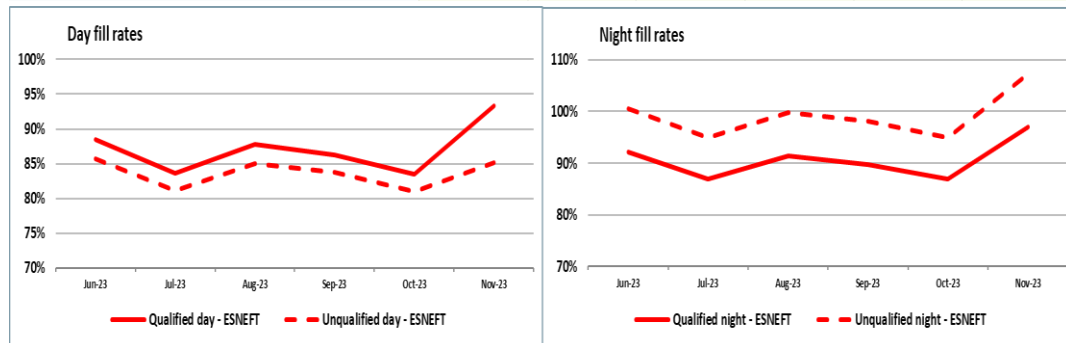
Division	Percentage completed	
	Last mth	This mth
Integrated pathways	90.68%	89.63%
NEECS	90.43%	93.12%
Womens and Children	77.71%	80.45%
Surgery, Gastro and Anaesthetics	79.01%	83.33%
Medicine Ipswich	81.20%	81.03%
MSK	83.59%	85.27%
Medicine Colchester	81.62%	84.06%
Cancer and Diagnostics	76.17%	78.76%
Corporate Services	68.79%	72.62%
Non Divisional	28.75%	35.71%

Facilitators will participate in a training programme in February ready for a March roll out of the Supportive 360 leadership review. A senior leadership seminar has been booked for 30 January 24 to launch the programme.

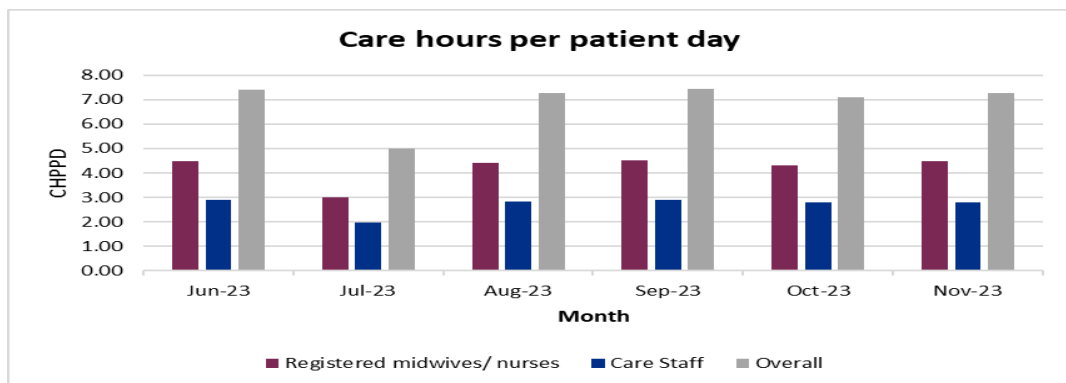
Nursing, Midwifery and AHP Workforce Update

Fill Rates (including care hours per patient day)

	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Qualified day - ESNEFT	88.5%	83.6%	87.9%	86.3%	83.4%	93.3%
Qualified night - ESNEFT	92.1%	86.9%	91.4%	89.8%	86.9%	97.1%
Unqualified day - ESNEFT	85.7%	81.1%	85.0%	83.7%	81.0%	85.2%
Unqualified night - ESNEFT	100.6%	95.0%	99.8%	98.1%	95.0%	107.3%
Overall (average) fill - ESNEFT	90.6%	85.6%	89.9%	88.4%	85.5%	94.4%



Care hours per patient day	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Registered midwives/ nurses	4.50	3.02	4.42	4.53	4.32	4.47
Care Staff	2.89	1.98	2.85	2.91	2.78	2.80
Overall	7.39	5.00	7.27	7.44	7.10	7.26



Commentary

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

International Nurse Recruitment:

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 18 in January 2023

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

The Trust is currently exploring options with international recruitment for paediatric nurses.

International AHP Recruitment:

Since August 22, the trust has employed more than 40 internationally educated AHPs, this was supported by funding for 16 internationally educated AHPs (10 radiographers, 5 OTs and 1PT), with 2 in the pipeline (1 OT, 1 Podiatrist), we will have reached our target. The rest of the internationally educated AHPs have been physiotherapists and dieticians. Most migrating from the Philippines, India and Africa. We have recently found a pipeline of internationally educated ODPs from India and are working with SGA and MSK to agree numbers for an initial cohort. The SLT international pipeline is limited currently,

Risks & Mitigating Actions

We have recently requested some NHSE funding to support a project for induction and integration of internationally educated AHPs, which will focus on providing bite sized training, alongside a practical guide on transport in the UK, local amenities, our interpretation of English, abbreviations and sign posting to National resources. This funding will be for 1 WTE B7 Internationally Educated AHP lead for 3/12 Jan- Mar 24.

Annual Safer staffing review:

The bi-annual acuity review was completed on 15th September encompassing a total of 84 areas. This will be presented to ELT, POD and EMC in January, followed by the Board in February.

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 have provided 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 to 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 presented 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 complete with the overall feeling from the HCSW workforce being positive and welcomed. The team anticipate this being completed by the end of November.

POD Profiles - Trust Level

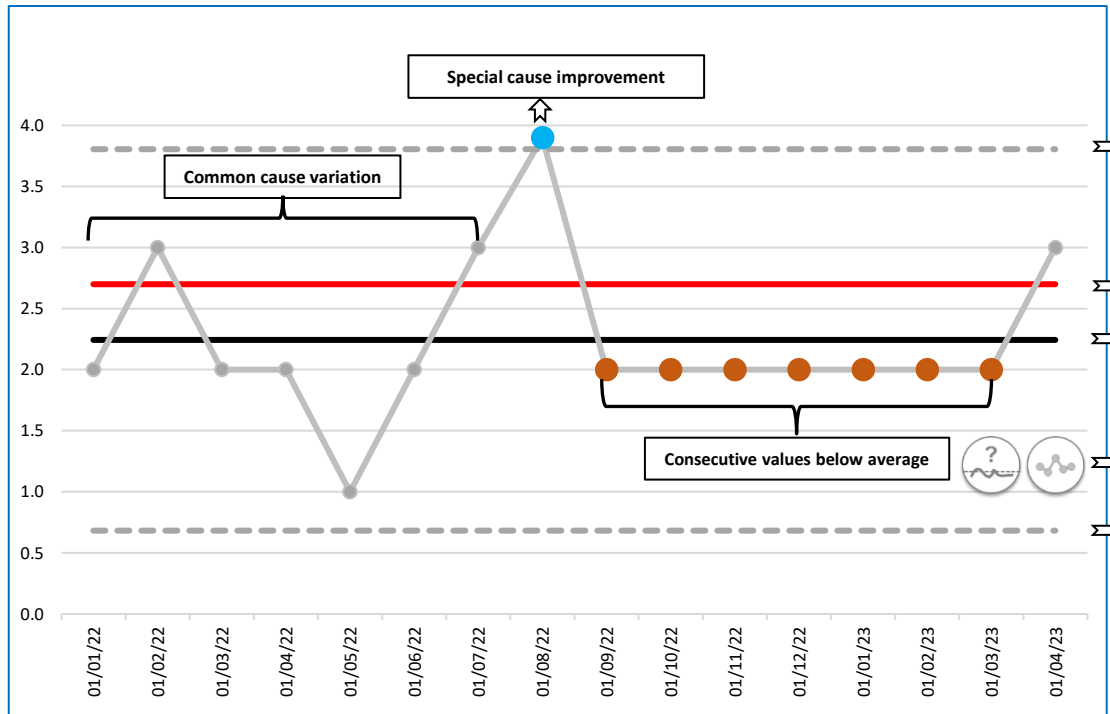
	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23
All Staff													
Headcount	11,821	11,804	11,844	11,901	11,858	11,983	11,945	11,974	11,806	12,024	12,079	12,186	12,262
Establishment (including agency)	11,133	11,265	11,347	11,363	11,394	10,907	10,937	10,997	11,028	10,996	10,981	11,028	11,060
In post	10,287	10,319	10,357	10,419	10,416	10,431	10,433	10,427	10,482	10,473	10,565	10,660	10,712
Vacancy	846	945	990	945	978	477	503	569	546	524	416	368	347
Vacancy %	7.6%	8.4%	8.7%	8.3%	8.6%	4.4%	4.6%	5.2%	5.0%	4.8%	3.8%	3.3%	3.1%
Establishment (excluding agency)	10,921	10,949	11,011	11,079	10,812	10,907	10,937	10,997	11,028	10,996	10,981	11,028	11,060
Vacancy (excluding agency)	634	629	654	660	395	477	503	569	546	524	416	368	347
Vacancy % (excluding agency)	5.8%	5.7%	5.9%	6.0%	3.7%	4.4%	4.6%	5.2%	5.0%	4.8%	3.8%	3.3%	3.1%
Turnover													
¹ Turnover (12 Month)	11.6%	11.6%	11.5%	11.5%	11.5%	11.4%	11.2%	11.3%	11.2%	11.4%	11.2%	11.3%	11.5%
¹ Voluntary Turnover (12 Month)	8.9%	8.9%	8.8%	8.8%	8.8%	8.6%	8.4%	8.5%	8.3%	8.2%	8.0%	8.1%	8.1%
¹ Starters (to Trust)	162	125	186	160	147	169	143	121	111	156	215	231	171
¹ Leavers (from Trust)	116	113	107	83	147	106	89	103	114	141	129	112	107
Sickness													
% In Mth	5.0%	6.2%	5.0%	4.6%	4.7%	4.1%	4.1%	3.9%	4.0%	4.3%	4.7%	5.1%	5.0%
WTE Days Absent In Mth	15,339	19,741	15,917	13,343	14,941	12,830	13,337	12,316	12,861	13,984	14,623	16,575	15,955
Mandatory Training & Appraisal Compliance													
Mandatory Training	87.0%	87.9%	87.5%	87.3%	87.9%	89.8%	91.4%	92.5%	93.4%	93.0%	92.9%	91.4%	92.4%
Appraisal	86.4%	86.9%	86.4%	87.3%	87.7%	88.4%	89.3%	88.3%	90.2%	88.0%	88.2%	89.1%	89.7%
Temporary staffing as a % of spend													
Substantive Pay Spend	42,008	42,126	42,810	42,585	64,961	44,376	46,535	46,131	45,517	47,990	46,250	46,350	46,901
Overtime Pay Spend	153	145	162	166	173	188	180	176	166	149	138	137	161
Bank Pay Spend	4,588	4,515	5,024	4,595	7,317	4,429	5,073	4,580	5,065	5,328	5,012	4,981	5,098
Agency Pay Spend	1,562	1,406	1,682	1,611	1,777	1,129	1,310	1,424	1,287	1,250	881	1,185	1,073
Total Pay Spend	48,311	48,192	49,679	48,957	74,228	50,122	53,097	52,311	52,035	54,718	52,280	52,653	53,234
Agency & Bank %	12.7%	12.3%	13.5%	12.7%	12.3%	11.1%	12.0%	11.5%	12.2%	12.0%	11.3%	11.7%	11.6%
Agency %	3.2%	2.9%	3.4%	3.3%	2.4%	2.3%	2.5%	2.7%	2.5%	2.3%	1.7%	2.2%	2.0%
Nurse staffing fill rate													
% Filled	86.9%	85.9%	85.6%	85.2%	89.8%	88.5%	87.6%	90.6%	85.6%	89.9%	88.4%	85.5%	94.4%

¹ Excludes training grade junior doctors

POD Profiles - Trust Level

	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,211	3,244	3,268	3,265	3,285	3,209	3,141	3,211	3,187	3,203	3,201	3,249	3,217
In post	3,032	3,020	3,021	3,018	3,038	3,010	3,031	3,047	3,025	3,026	3,090	3,100	3,109
Vacancy	179	224	247	247	247	199	109	164	162	177	111	149	109
Vacancy %	5.6%	6.9%	7.6%	7.6%	7.5%	6.2%	3.5%	5.1%	5.1%	5.5%	3.5%	4.6%	3.4%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,548	1,563	1,567	1,566	1,570	1,556	1,488	1,530	1,529	1,527	1,523	1,543	1,545
In post	1,485	1,472	1,450	1,436	1,446	1,438	1,447	1,470	1,445	1,437	1,450	1,473	1,482
Vacancy	63	91	116	130	124	118	41	60	84	90	73	70	63
Vacancy %	4.1%	5.8%	7.4%	8.3%	7.9%	7.6%	2.8%	3.9%	5.5%	5.9%	4.8%	4.5%	4.1%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,343	1,357	1,378	1,388	1,385	1,373	1,400	1,397	1,386	1,388	1,382	1,378	1,385
In post	1,128	1,149	1,161	1,186	1,209	1,247	1,254	1,251	1,238	1,224	1,250	1,251	1,247
Vacancy	215	208	217	202	176	126	146	146	148	165	133	127	138
Vacancy %	16.0%	15.3%	15.8%	14.5%	12.7%	9.2%	10.4%	10.5%	10.7%	11.8%	9.6%	9.2%	10.0%
Consultants													
Establishment (including agency)	511	511	512	512	516	520	521	525	525	524	522	524	521
In post	460	461	460	465	469	473	471	472	474	477	480	484	482
Vacancy	51	50	53	48	47	47	50	53	51	48	43	40	39
Vacancy %	10.0%	9.8%	10.3%	9.3%	9.2%	9.1%	9.6%	10.1%	9.7%	9.1%	8.1%	7.7%	7.5%
Junior Medical													
Establishment (including agency)	783	770	767	778	775	771	772	768	776	768	770	783	804
In post	742	750	742	750	758	757	757	764	760	819	811	787	785
Vacancy	41	20	25	27	17	15	15	4	16	(52)	(41)	(4)	18
Vacancy %	5.2%	2.6%	3.3%	3.5%	2.2%	1.9%	1.9%	0.5%	2.0%	-6.7%	-5.3%	-0.5%	2.2%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,173	2,195	2,237	2,229	2,233	2,191	2,185	2,244	2,197	2,221	2,172	2,180	2,201
In post	2,008	2,027	2,041	2,040	2,043	2,027	2,024	2,029	2,032	2,036	2,028	2,029	2,049
Vacancy	165	168	196	189	191	164	161	215	165	185	144	151	151
Vacancy %	7.6%	7.6%	8.8%	8.5%	8.5%	7.5%	7.4%	9.6%	7.5%	8.3%	6.6%	6.9%	6.9%

¹ Excludes training grade junior doctors



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

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

The mean: Average score across the recorded time frame

Assurance & Variation: See below key

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

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