

Month 10
(January)

Integrated Performance Report

East Suffolk and North Essex NHS Foundation Trust
Board of Directors

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28FDS	28 Day Faster Diagnosis Standard	EMC	Executive Management Committee	NICU	Neonatal Intensive Care Unit
2WW	2 Week Wait	ENT	Ear Nose & Throat	NMPA	National Maternity and Perinatal Audit
A&G	Advice & Guidance	EOL	End of Life	NNU	Neonatal Unit
AEC	Ambulatory Emergency Care	ERF	Elective Recovery Fund	NOF	Neck of Femur
AECU	Ambulatory Emergency Care Unit	ES	East Suffolk	NRLS	National Reporting and Learning System
AF	Accountability Framework	ESEOC	Essex & Suffolk Elective Orthopaedic Centre	OPA	Outpatient Appointment
AKI	Acute Kidney Injury	FFT	Friends and Family Test	OPD	Outpatient department
AMD	Associate Medical Director	FGR	Fetal Growth Restriction	OPEL	Operational Pressures Escalation Levels
ANDU	Antenatal Day Unit	FOT	Forecast Outturn	P1	To intermediate care & reablement services at home
APGAR	Appearance, Pulse, Grimace, Activity and Respiration	FSG	Financial Sustainability Group	P2	To residential care within the independent & community sector.
ARU	Anglia Ruskin University	FTE	Full Time Equivalent	P3	To nursing care within the independent sector.
ASSKING	Model for pressure ulcer care management	GIRFT	Getting It Right First Time	PALS	Patient Advice and Liaison Service
ATAIN	Avoiding Term Admissions Into Neonatal Units	HALO	Hospital Ambulance Liaison Officer	PAS	Patient Administration System
BAU	Business as Usual	HIE	Hypoxic-ischaemic encephalopathy	PDC	Public Dividend Capital
C@TFD	Care at the Front Door	HOHA	Healthcare Onset Healthcare Associated	PPH	Postpartum haemorrhage
CABG	Coronary Artery Bypass Graft	HSIB	Healthcare Safety Investigation Branch	PROMPT	Practical Obstetric Multi-professional Training
CCG	Clinical Commissioning Group	HSMR	Hospital Standardised Mortality Ratio	PSIRP	Patient Safety Incident Response Plan
CCU	Critical Care Unit	I&E	Income & Expenditure	PSR	Patient Safety Response
CDC	Community Diagnostic Centres	IA	Industrial Action	PTL	Patient Tracking List
CDEL	Capital Departmental Expenditure Limit	ICB	Integrated Care Board	PTS	Patient Transport Services (non-emergency)
CDG	Clinical Delivery Group	IFRS	International Financial Reporting Standard	PUJ	Pelvic Ureteric Junction
CDH	Community Diagnostic Hub	IH	Ipswich Hospital	PURPOSE-T	Pressure Ulcer Risk Primary or Secondary Evaluation Tool
CGH	Colchester General Hospital	IP&C	Infection Prevention & Control	QI	Quality Improvement
CIP	Cost Improvement Plan	K2	Learning Package for Midwives	QJA	Quality Impact Assessment
CLC	Consultant Led Care	KPI	Key Performance Indicator	RCA	Root Cause Analysis
CNS	Clinical Nurse Specialist	LD	Learning Disabilities	RCOG	Royal College of Obstetrics & Gynaecology
CNST	Clinical Negligence Scheme for Trusts	LEDER	Learning Disabilities Mortality Review	RES	Routine Elective Services
CO	Carbon monoxide	LFT	Lateral Flow Test	RTT	Referral to Treatment
COC	Continuity of Care	LLOS	Long length of stay	SALT	Speech and Language Therapy
COD	Cause of Death	LMNS	Local Maternity and Neonatal System	SBLCBv2	Saving Babies Lives Care Bundle v2
COHA	Community Onset Healthcare Associated	LMNSB	Local Maternity and Neonatal System Board	SHMI	Summary Hospital Mortality Indicator
COTE	Care of the Elderly	LOS	Length of Stay	SJR	Structured Judgement Review
CPE	Carbapenemase-producing Enterobacteriaceae	LRINEC	Laboratory Risk Indicator for Necrotising Fasciitis	SNEE	Suffolk & North East Essex
CQC	Care Quality Commission	M&M	Morbidity & Mortality	SOF	Single Oversight Framework
CSU	Commissioning Support Unit	MADE	Multi Agency Discharge Event	SOP	Standard Operating Procedure
CT	Computerised Tomography	MASD	Moisture-Associated Skin Damage	SPC	Statistical Process Control
CTG	Cardiotocography	MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries	SSD	Sterile Services Department
D2A	Discharge to Assess	MDT	Multidisciplinary Team	SUS	Secondary Uses Service
DAM	Divisional Accountability Meeting	MH	Mental health	T&O	Trauma & Orthopaedics
DEXA	Dual energy X-ray absorptiometry	MHLT	Mental Health Liaison Team	TOCH	Transfer of Care Hub
DFI	Doctor Foster Intelligence	MIS	Maternity Incentive Scheme	TVN	Tissue Viability Nurse
DM01	Diagnostics Waiting Times and Activity	MLC	Midwifery Led Care	UTC	Urgent Treatment Centre
DMT	Divisional Management Team	MSK	Musculoskeletal	UTI	Urinary Tract Infection
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	MUST	Malnutrition Universal Screening Tool	VBAC	Vaginal Birth After Caesarean
DOC	Duty of Care	MVP	Maternity Voices Partnership	VF	Ventricular Fibrillation
DP	Deteriorating Patient	NEE	North East Essex	VTE	Venous thromboembolism
DTI	Deep Tissue Injury	NEECS	North East Essex Community Services	WLI	Waiting List Initiative
EAU	Emergency Assessment Unit	NF	Neurofibromatosis	WSFT	West Suffolk Foundation Trust
ECC	Essex County Council	NHSP	NHS Professionals	WTE	Whole Time Equivalent
EEAST	East of England Ambulance Service	NHSR	NHS Resolution	YTD	Year to Date

This month's performance report provides detail of the January 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 the 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 December performance did not take place in February to allow for 24/25 Business Planning sessions to go ahead.

	Areas of Improvement	Areas requiring further work
<h2>QUALITY</h2> 	<ul style="list-style-type: none"> Extended perinatal mortality is performing significantly below the MBRRACE benchmark for 2021 with a reduction in the number of deaths within 28 days of delivery. No never events were reported for the third consecutive month. Mixed sex breaches reduced significantly in the month. This was achieved by divisions working to increase flow across the organisation. Falls returned to historic levels following a big increase in December. The increase in December was normal seasonal variation. 	<ul style="list-style-type: none"> Mortality Reviews are to be undertaken for four key diagnosis groups beginning with secondary malignancies. Complaints were high in January. This is expected as part of normal seasonal variation as were the lower complaints seen in December. There was a big increase in category 2 pressure ulcers driven by new national changes to categorisation. Purpose-T continues to be rolled out with a focus on the new guidelines, early intervention and care planning
<h2>PERFORMANCE</h2> 	<ul style="list-style-type: none"> Emergency Department 4-hour performance in January 23 was up above the plan submitted to NHS England at 72.2%. Plans to achieve 76% for March and reduce 12-hour waits are part of a deep dive for Performance and Finance committee in February. 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 performance deteriorated, however the number of patients seen, treated and discharged significantly increased month on month and year on year. RTT targets are improving and performing above national average. 	<ul style="list-style-type: none"> The Ipswich site will also focus on non-admitted 4-hour ED breaches in conjunction with system partners, additional cubicle space will be available through changes in March in addition to the provision of a Front Door Registrar between 4pm and Midnight to mitigate overnight waits in the main waiting room as well as extended GP Streaming from 9pm to Midnight. The Trust will also need to maximise the use of SDEC with Ipswich reviewing work undertaken at Colchester around the AECU for some emergency patient pathways. New ED and Patient Flow Huddles every hour are in place at both sites during March. Further work is needed to improve performance in diagnostics. Clinical configuration and 24/25 Business Planning remain a focus for preparation for next year, focus for next month is those vacated theatre spaces that are created with the implementation of ESOC
<h2>FINANCE</h2> 	<ul style="list-style-type: none"> The Trust delivered another strong in-month revenue performance, reporting a surplus of £113k (surplus of £1.1m YTD). To support the achievement of the wider SNEE system balanced revenue position the Trust is now planning to deliver a year-end surplus of £1.3m. Good ERF performance was once again reported in January. External audit have provisionally confirmed that they believe the Trust's proposed accounting treatment of EPR is appropriate. This provides more certainty in relation to the Trust's capital programme and CDEL requirements. A Board Seminar was held on the 21st February 2024 to discuss business plans for 24/25. The planning process continues with support from all divisions and corporate teams. 	<ul style="list-style-type: none"> Recurrent CIP delivery continues to be below plan and needs to be improved. Despite the positive update on EPR accounting, ensuring that the gap between the capital expenditure plan and actual spend is closed is vital. In spite of the absence of final national planning guidance for 24/25, the Trust needs to continue with its 24/25 business planning. Initial modelling suggests that the achievement of revenue balance in 24/25 will be challenging for both the Trust and wider SNEE system.
<h2>WORKFORCE</h2> 	<ul style="list-style-type: none"> Vacancy and turnover rates improved in month. 17 employee relations cases were closed in January, 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. E-roster training sessions are ongoing for Matrons, to support effective roster management and minimise bank and agency spend. Appraisal rate has increased in January from 89.7% to 90.06% across the Trust, which is now above the target of 90% 	<ul style="list-style-type: none"> The Retention strategy work plan is ongoing with a strengthened team of Retention Partners. There will be focus on staff well-being and preparing for 360 appraisal launches in February The Talent Management toolkit is currently being tested in a couple of areas of the Trust. ESEOC Workforce and OD Plan, collaborative approach with WSH. Recruitment Open day was held on 20th January 2024. Over 400 attendees with applications currently being reviewed for all roles. The Trust continues to work in partnership with Union colleagues to review key policies to support staff experience [Updates to Bullying and Harassment (Civility and Respect) and Disciplinary Policies and Leave policies have been completed]. Sickness has decreased and is being supported by the Wellbeing hub.

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 9 (December performance)

Divisional Accountability Meetings to discuss December performance did not take place in February to instead allow 24/25 Business Planning sessions to go ahead.

Clinical divisions performance

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

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

Corporate performance

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

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

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	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
HSMR 12-mth rolling	100	107.6	106.5	106.9	104.9	104.7	105.5
SHMI 12-mth rolling	1	1.10	1.10	1.10	1.10	1.10	TBC

Incidents & Complaints	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Total incidents reported	-	2,969	2,791	2,918	2,999	3,133	3,199
Never Events	0	1	0	1	0	0	0
Mixed Sex Accommodation Breaches	0	188	120	337	231	285	159
Total complaints reported	-	121	135	128	161	84	132
Overdue Complaints	0	0	2	5	0	3	2
Complaint Response Compliance	-	99.0%	98.0%	93.0%	94.0%	91.0%	91.0%
Total PALs Enquiries	-	430	412	319	401	350	442
Duty of Candour (Initial)	100%	86.8%	86.8%	75.4%	80.0%	96.2%	75.6%

Infection Control	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
C.Diff	0	14	9	18	8	7	8
MRSA	0	1	0	1	0	1	2
MSSA	0	5	2	6	5	8	11
E.Coli	0	9	10	12	15	16	16

Harm Free Care	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
VTE Risk Assessments	95%	54.09%	53.12%	52.25%	57.51%	54.47%	62.75%
Total falls	-	196	173	220	194	274	201
Serious Harm falls	0	1	2	2	4	3	3
Category 2 Pressure Ulcers	0	34	38	31	29	46	73
Category 3 Pressure Ulcers	0	2	4	1	1	1	14
Category 4 Pressure Ulcers	0	0	0	1	0	1	1
Unstageable Pressure Ulcers	0	12	12	19	19	12	9

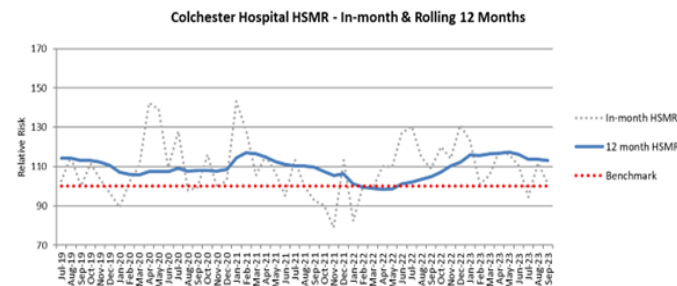
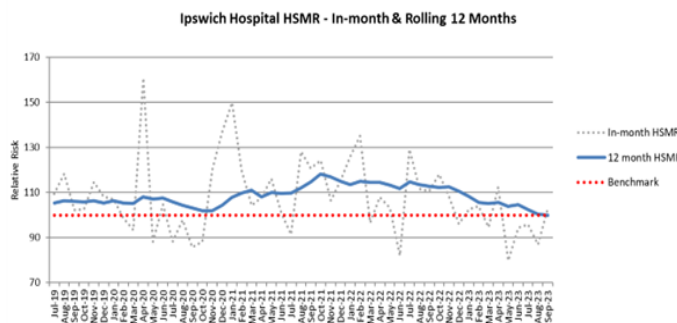
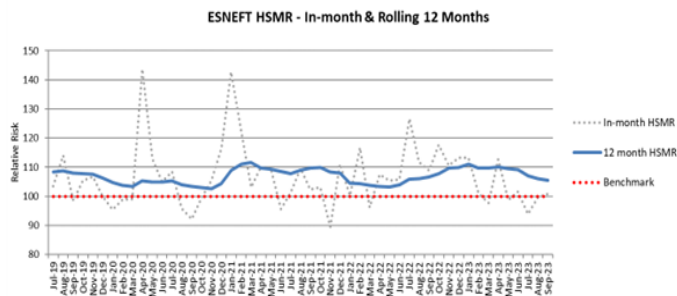
FFT	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
F&F: Inpatients % Recommending	90%	94.1%	92.3%	92.7%	93.6%	93.3%	92.6%
F&F: A&E % Recommending	90%	85.7%	84.6%	92.6%	85.1%	80.1%	81.9%
F&F: Day Case % Recommending	90%	93.4%	94.6%	94.3%	94.5%	94.5%	94.8%
F&F: Birth % Recommending	90%	90.0%	100.0%	100.0%	100.0%	83.3%	100.0%
F&F: Post Natal Ward % Recommending	90%	93.0%	98.2%	95.5%	95.5%	96.6%	0.0%
F&F: Antenatal % Recommending	90%	89.0%	94.6%	100.0%	100.0%	100.0%	81.8%

Areas of Improvement	Areas requiring further work
<ul style="list-style-type: none"> Extended perinatal mortality is performing significantly below the MBRRACE benchmark for 2021 with a reduction in the number of deaths within 28 days of delivery. No never events were reported for the third consecutive month. A thematic review is being undertaken on cases reported this year. Mixed sex breaches reduced significantly in the month. This was achieved by divisions working to increase flow across the organisation. Falls returned to historic levels following a big increase in December. The increase in December was normal seasonal variation. 	<ul style="list-style-type: none"> Mortality Reviews are to be undertaken for four key diagnosis groups beginning with secondary malignancies. Complaints were high in January. This is expected as part of normal seasonal variation as were the lower complaints seen in December. Colchester reported 80 cases and Ipswich 52. National changes with pressure ulcer categorisation have taken effect updating processes for managing pressure damage. This has led to a big increase in category 2 occurrences being reported in January. Numbers of pressure ulcers will continue to fluctuate over the coming months as the new guidance is embedded. Purpose-T continues to be rolled out with a focus on the new guidelines, early intervention and care planning.

Mortality Ratios - Data Sources DF Intelligence (Telstra Health)

Summary

- ESNEFT 12-mth HSMR to September 2023, 105.5 **'higher than expected'**.
- ESNEFT 12-mth all-diagnoses (SMR) to September 2023, 105.1 **'higher than expected'**.
- ESNEFT has the **third highest crude mortality rate** in the peer group (ordinary admissions).



Dr Foster Summary – September data owing to incomplete data

September 2023 12 month rolling data except where specified	ESNEFT	IPS	COL
HSMR in-month EXCLUDES C-19 ON ADMISSION	100.7	102.6	101.1
HSMR EXCLUDES C-19 ON ADMISSION	▲ 105.5 Outlier	▲ 99.8 As expected	▲ 113.0 Outlier
HSMR Lower confidence limit EXCLUDES C-19 ON ADMISSION	▲ 101.5 Outlier	▲ 94.1 As expected	▲ 107.4 Outlier
HSMR NO C-19 PATIENTS	▲ 102.1 Outlier	▲ 95.9 As expected	▲ 109.9 Outlier
HSMR Lower confidence limit NO C-19 PATIENTS	▲ 97.9 As expected	▲ 90.0 As expected	▲ 104.0 Outlier
HSMR Death rate (nat. 3.3% ▶)	▶ 3.2%	▶ 2.8%	▼ 3.8%
All diagnosis groups INCLUDES C-19 DURING ADM	▲ 105.1 Outlier	▲ 100.0 As expected	▲ 112.0 Outlier
Lower confidence limit (all)	▲ 101.5 Outlier	▲ 94.8 As expected	▲ 106.9 Outlier

October 2023 – around 5,229 inpatient discharges missed the inclusion deadline, including 46 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

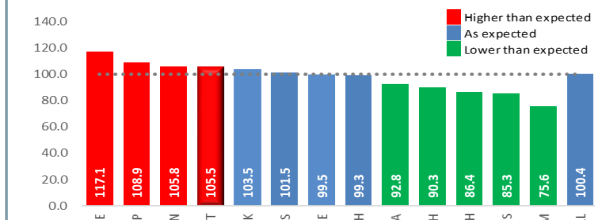
In the 12 months to September 2023, weekend ESNEFT HSMR emergency admissions were 'higher than expected'. Ipswich weekday and weekend emergency admissions were 'as expected'.

It should be noted that NHS digital is advising caution in interpreting data for Milton Keynes University Hospital NHS FT, West Suffolk NHS FT and Mid & South Essex NHS FT, owing to invalid diagnosis codes and deaths being picked up by ONS as 'survivals' in error.

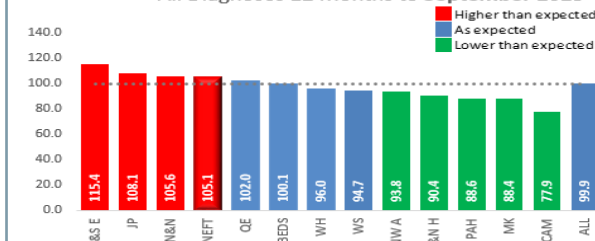
National & Regional Peer Group

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.

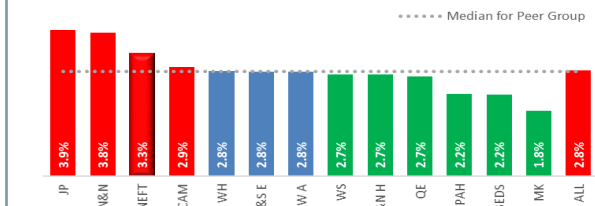
HSMR 12 Months to September 2023



All Diagnoses 12 Months to September 2023



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



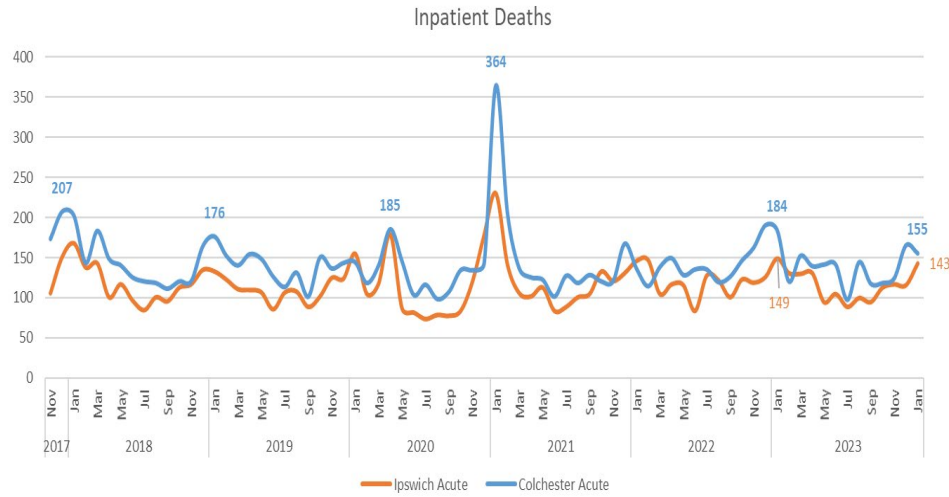
Mortality Trend Data – All inpatients and ED attenders

January 2024

298 inpatient deaths (281 in December):

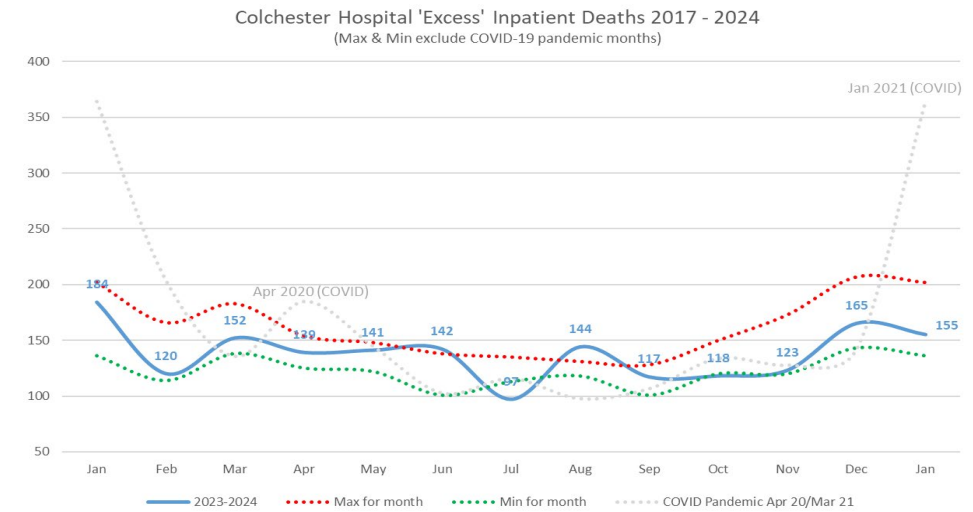
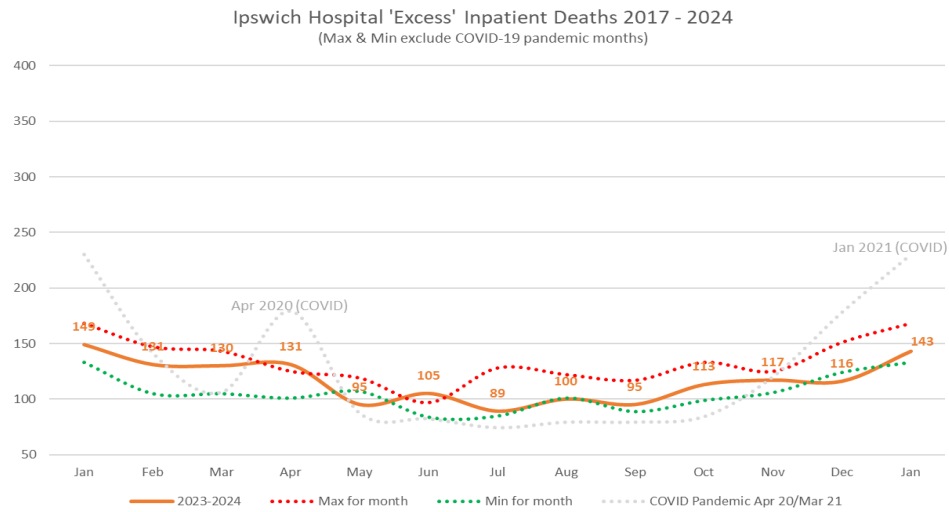
- Ipswich 143 – within seasonal 'norm'
- Colchester 155 – within seasonal 'norm'

39 deaths in EDs (29 deaths in December).



(IP = inpatient)	January 2024 No. Deaths	January 2023 No. deaths	Rolling 12 mths avg
Ips acute IP	143 (116)	149	114
Col acute IP	155 (165)	184	137
Ips ED	15 (8)	12	9
Col ED	24 (21)	24	14

Figure in brackets = previous month



Mortality: Stillbirths & Perinatal Mortality - December data

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

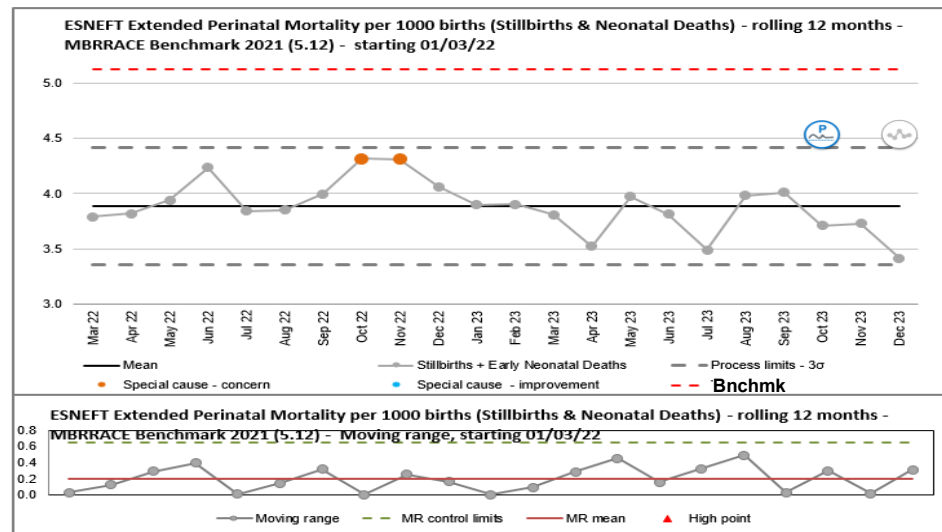
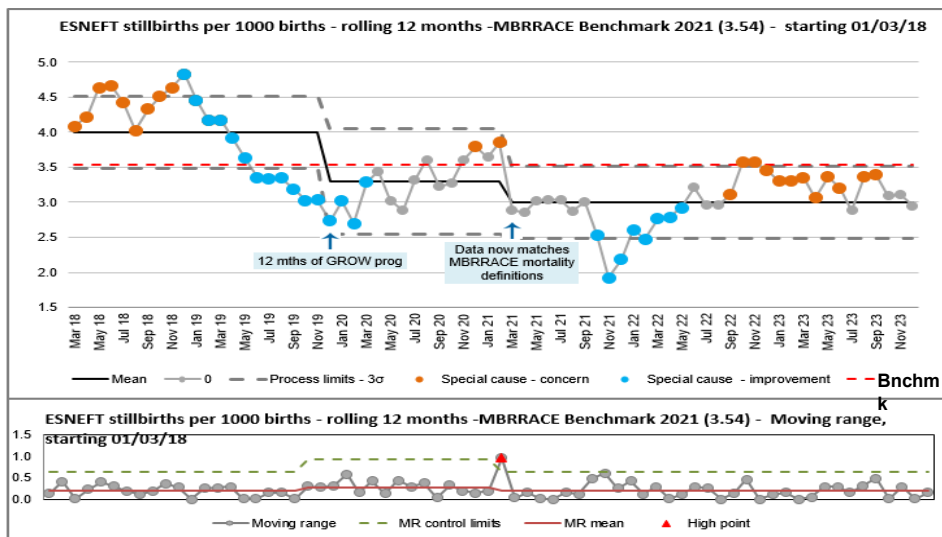
Provisional Data - Summary 12 mths to December 2023

- Stillbirths/1,000 births ^a 3.0 – 2021 MBRRACE* benchmark 3.5
- Extended perinatal mortality 3.4/1,000 births ^a – 2021 MBRRACE* benchmark 5.1

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

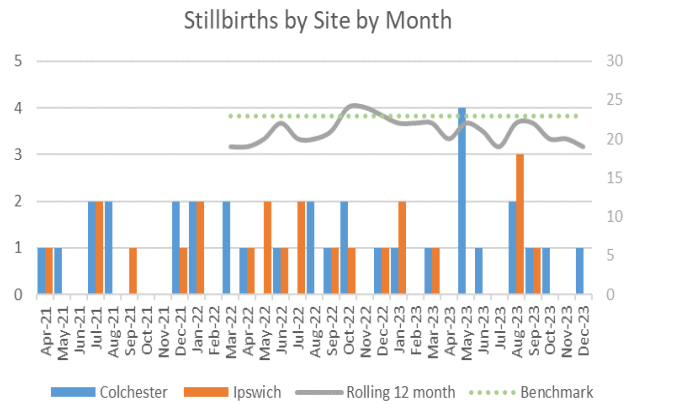
**Mothers and Babies: Reducing Risks through Audits and Confidential Enquiries*

^aexcludes terminations of pregnancy and births <24⁺⁰ weeks gestational age



12 months to December 2023			
Metric – Benchmark reflects rates for England (MBRRACE 2021)	Benchmark	Ips	Col
Stillbirths ^a	3.5	2.3	3.6
Extended Perinatal Mortality ^a (stillbirths and neonatal deaths up to 28 days following delivery)	5.1	2.6	4.2

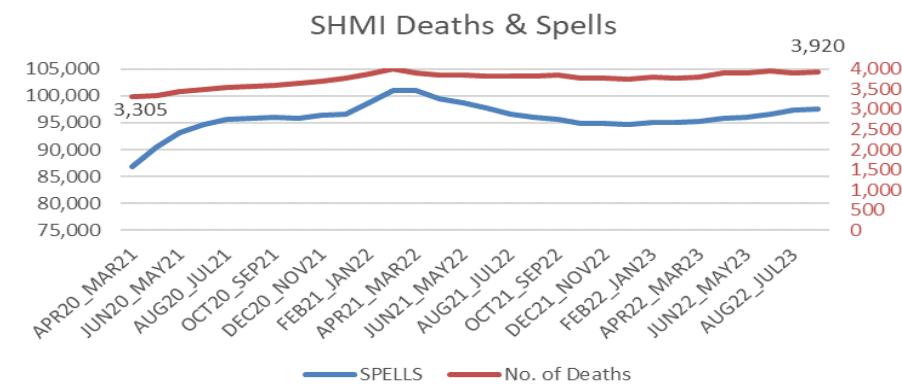
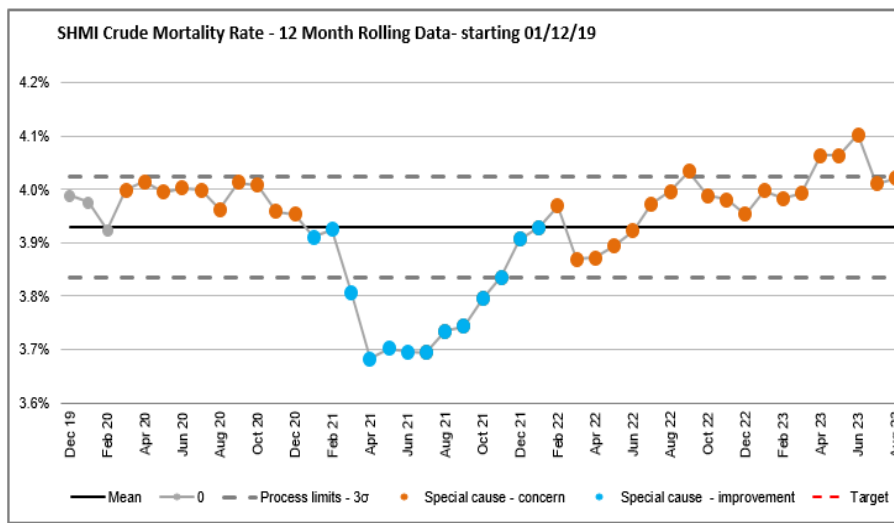
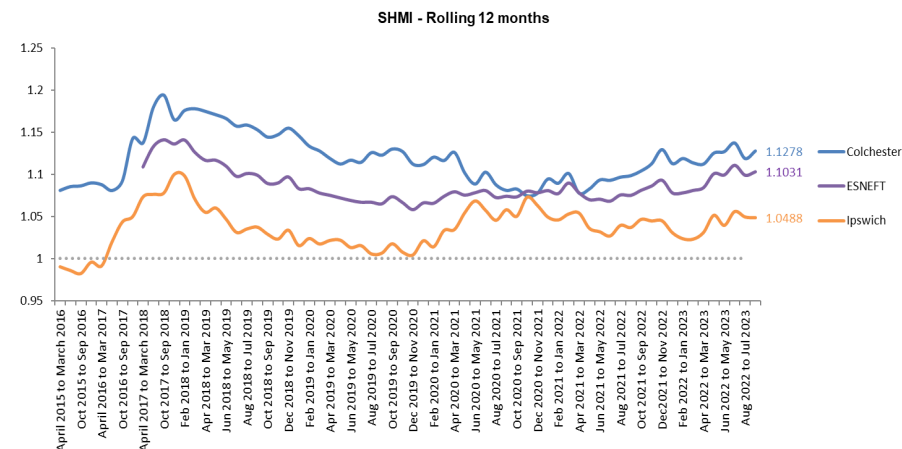
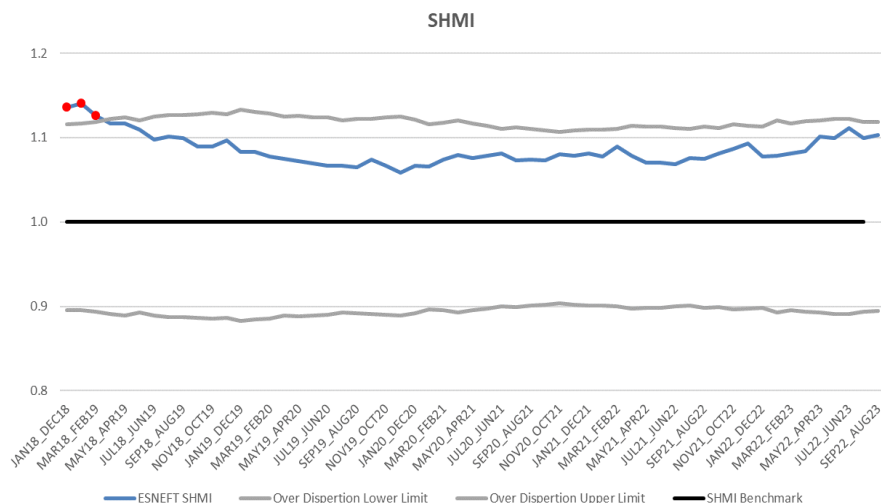
Based on ESNEFT births activity, 12-month stillbirth numbers need to be below 23 in order to remain within national benchmarks for 2021. By site for the 12 months to Dec 2023, Ipswich had 7 stillbirths and Colchester 12. The stillbirth SPC chart was demonstrating special cause variation (orange) owing to the fact that rolling 12-month data was consistently above the average; this is now back to normal variation (grey). MBRRACE data released Sept 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.



Mortality: SHMI & Crude Mortality Rates

ESNEFT SHMI to Aug 2023
1.1031 'as expected' but close to over dispersion upper limit

- Colchester 1.1278
- Ipswich 1.0488
- COVID-19 coding is still impacting SHMI calculation.

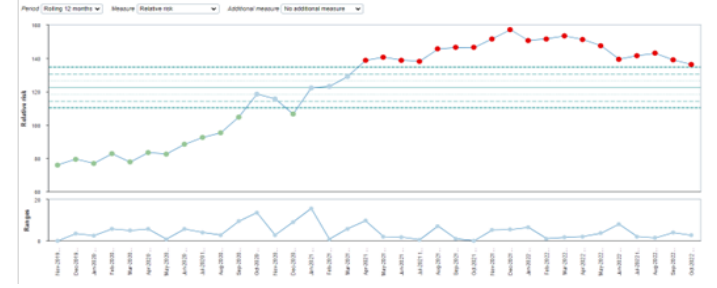
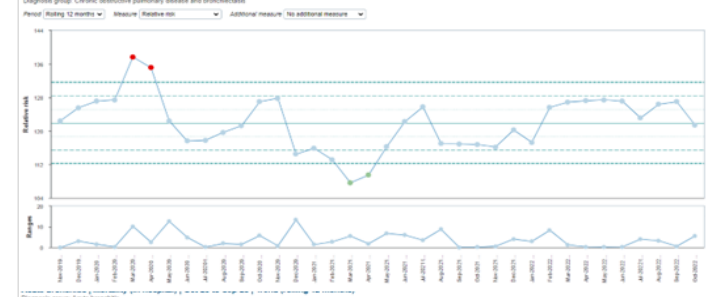
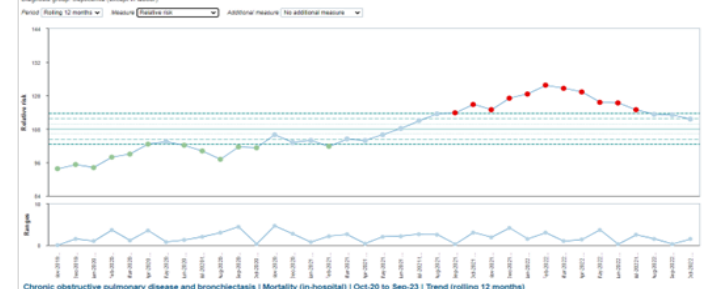
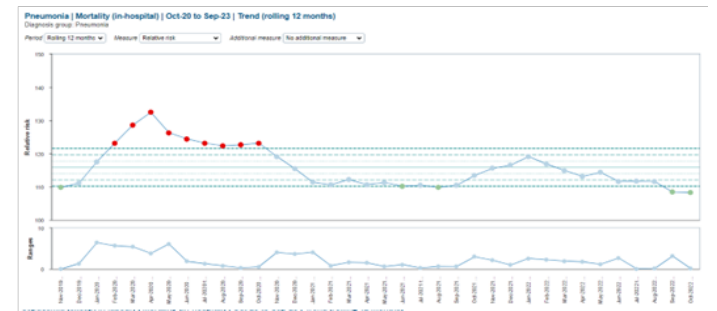
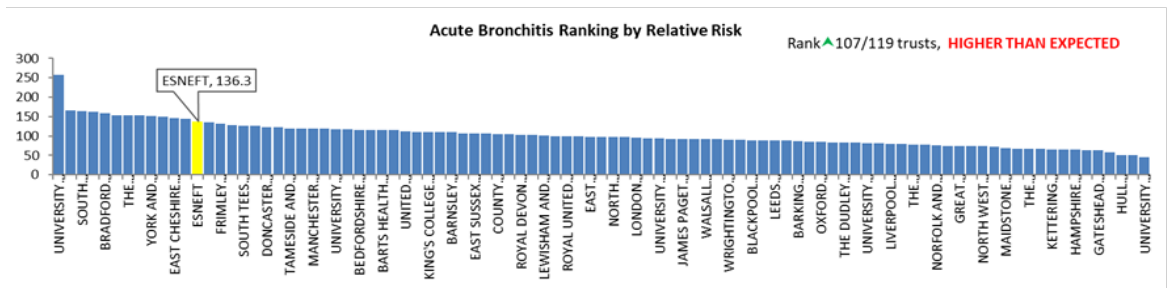
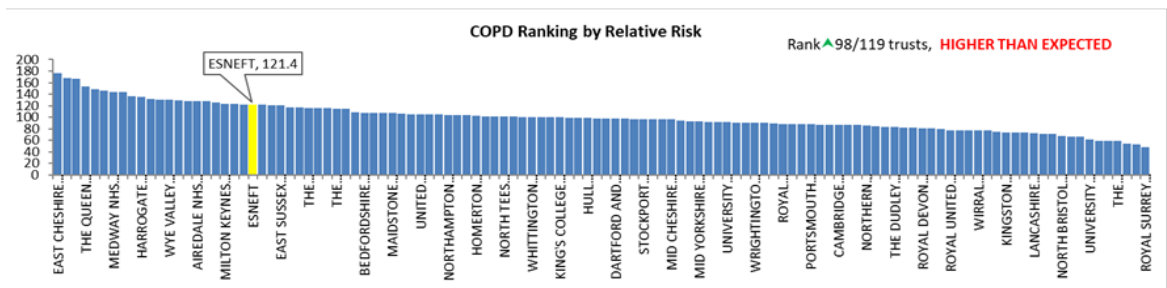
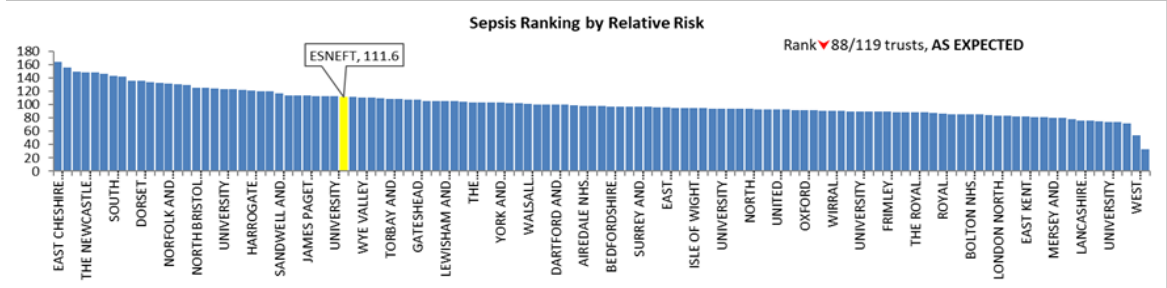
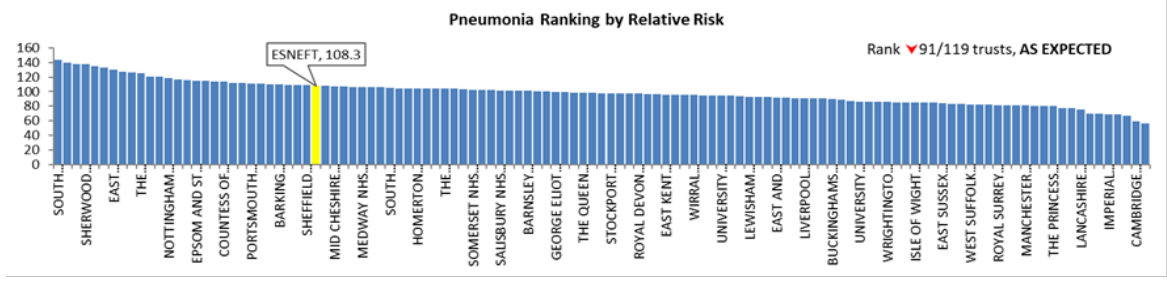


Crude mortality rates are being influenced by increases in inpatient deaths and deaths within 30 days of discharge, coupled with a loss of discharges. The latter is partly affected by the exclusion of any admission where the patient had a clinical diagnosis of COVID-19 (equates to 4.1% of admitted activity for last data release – range 1.1-5.7% nationally. 2021 COVID-19 activity was 5.5%).

Mortality: High Risk Conditions – Source Dr Foster

Summary

- 2 of the 4 main diagnosis group relative risks to Sep 2023 were 'higher than expected'. Sepsis cases are screened by the CNS for Deteriorating Patients and added to the mandatory mortality review list
- Acute Bronchitis and COPD are triggering as both a CUSUM and emerging risk.
- Although relative risks are higher than the national average, there are small signs of recovery in these groups.
- Thematic specialty reviews are being arranged to review sepsis, AMI, secondary malignancies and cellulitis.



Mortality Review Dashboard



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



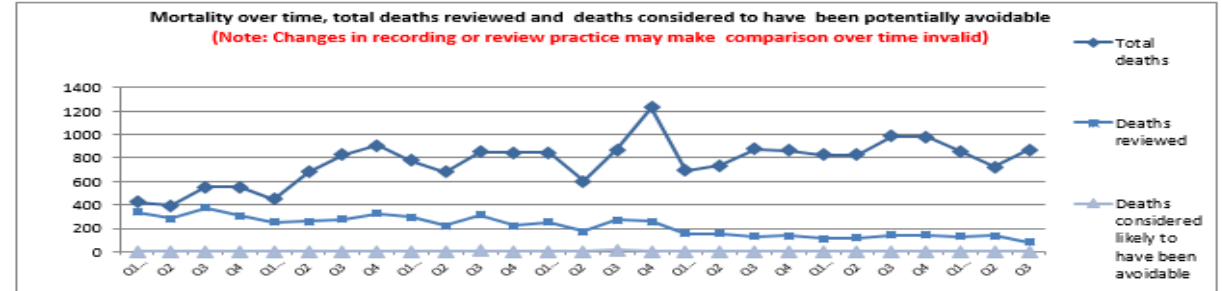
Description:
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

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
320	281	18	22	0	1
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
871	723	83	136	1	4
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
2449	3613	349	510	9	9

Time Series: Start date 2017-18 Q1 End date 2023-24 Q3



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: 1 (11.1%)	This Month: 8 (88.9%)
This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 1 (1.7%)	This Quarter (QTD): 2 (3.4%)	This Quarter (QTD): 6 (10.2%)	This Quarter (QTD): 50 (84.7%)
This Year (YTD): 0 (0.0%)	This Year (YTD): 4 (1.3%)	This Year (YTD): 5 (1.6%)	This Year (YTD): 6 (1.9%)	This Year (YTD): 25 (7.9%)	This Year (YTD): 277 (87.4%)

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

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

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total No. of deaths considered to have been potentially due to problems in healthcare	
This Month	Last Month	This Month	Last Month	This Month	Last Month
4	4	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
11	10	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
39	35	0	0	0	0

Time Series: Start date 2017-18 Q1 End date 2023-24 Q3



Mortality Review Dashboard – November data

January 2023 to December 2023, 13 deaths where issues in healthcare may have contributed to death – see next slide for detail.

Trust	ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18)	Total deaths include inpatients, paediatrics, maternity, ED	Please note, where it is indicated that care contributed to death (score 1, 2 or 3), the case is escalated to the Patient Safety Team for PSR/PSII - this result may be revised following MDT review.
Org Code	432	Total deaths also includes patients with LD reviewed under SJR criteria by local team - additional LeDeR death reviews are shown separately	
Month	December		
Year	2023-24		

		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						
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	52	0	0	0	0	1	5	46	5	26	26	100%	0
2022-23	December	367	43	1	0	1	0	4	4	34	3	17	17	100%	0
2022-23	January	381	40	2	0	1	1	3	2	33	5	24	23	96%	1
2022-23	February	287	48	1	0	1	0	1	6	39	1	22	22	100%	0
2022-23	March	310	52	1	0	0	1	4	4	44	3	26	22	85%	4
2023-24	April	308	35	1	0	1	0	0	2	30	7	18	16	89%	2
2023-24	May	269	48	2	0	1	1	0	4	42	4	31	29	94%	2
2023-24	June	278	47	1	0	0	1	0	2	44	7	30	27	90%	3
2023-24	July	210	35	1	0	1	0	1	1	30	4	20	17	85%	3
2023-24	August	272	56	2	0	0	2	2	5	46	4	36	31	86%	5
2023-24	September	241	45	1	0	1	0	1	5	37	2	31	29	94%	2
2023-24	October	270	43	0	0	0	0	2	4	37	3	33	24	73%	9
2023-24	November	281	22	1	0	0	1	0	1	11	4	28	17	61%	11
2023-24	December	320	18	0	0	0	0	0	1	12	4	30	14	47%	16

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 and delay in 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. Discussed at the May ED M&M, and senior team reviewed 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, got out of bed to turn light off. No falls risk assessment prior to fall, no assistive technology, gaps in intentional rounding documentation, blood pressure. A presentation 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 were not documented according to Trust policy, no seizure charts or requested SALT review, delayed sepsis assessment and management. Discussed at unit huddle.
- Jun 2023 - Referred to tertiary centre for aortic valve repair and coronary artery bypass graft (CABG). Whilst waiting for tertiary centre had a VF cardiac arrest in hospital and sadly passed away. All Trust care was delivered well. Tertiary centre updated.
- Jul 2023 – Patient with Learning Disabilities. Patient was seen by GP 12 days before death and in UTC 6 days before death, complaining of abdo pain. Patient sent home with safety netting advice to call GP. Patient vomiting during transit and arrested in ambulance outside ED. Delayed diagnosis of peritonitis.
- 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.
- Nov 2023 – Datix 155951. The main presentation appears to be sepsis and obstructing PUJ calculi (kidney obstruction). Initial sepsis was recognised within an hour of his admission, but treatment was not delivered. Missed opportunity to give IV antibiotics and fluids. failure to recognise no treatment given despite multiple reviews by multiple specialities. Review of lead speciality role underway

Learning from Deaths Group

The January meeting was cancelled owing to IA and clinical pressures.

Medicine, Ipswich – Mortality Lead Dr Waseem

- A case was discussed where care may have contributed to death owing to delays in scan reporting. Aside from noting that scan-follow-up was imperative, the learning point was that in the case of complex decision-making, it is essential that the thought processes involved in making significant clinical decisions about patient care and treatment are carefully documented.
- The prompt diagnosis of AAA and aortic dissection is still challenging – ambulance off-load delays are sometimes a factor.
- More careful monitoring of fluid intake/output could have reverted acute kidney injury - inadequate Bank Holiday handover contributed
- Main theme that has emerged in most of these reviews is communication and documentation - between Teams/Patients/Families/Departments

Actions

- Teaching around documentation of complex decision making.
- More awareness around AAA – ruptures both Aortic and Thoracic.
- Paper documentation - and missing notes leading to delay in treatments.
- Offload delays - how to triage them better.

Medicine, Colchester – Mortality Lead Dr Saksena

- It was noted that consultant clinical time is currently focussed on post-take reviews, which sometimes leaves daily review to less experienced staff who may miss signs of deterioration.
- A case was presented where a patient with LD did not receive an accurate diagnosis by the GP or the UTC. Feedback has been given to primary care. The learning point is that there should be a high suspicion of bowel symptoms in patients with LD; this requires senior review. (An article has been included in the new ESNEFT bulletin.)
- It can be challenging to obtain specialty support out of core Monday to Friday hours. This is under review by the AMD for Clinical Effectiveness as part of the work around 7 day services.
- Oxygen use at EoL. The learning point is that comfort is an absolute, and oxygen should only be withdrawn in consultation with the patient and those close to them; sedation may be required.
- It was noted that anticipatory meds should have been prescribed. It is the responsibility of the senior parent team to initiate the ICPLDL rather than leave for junior 'out of hours' colleagues, unfamiliar with the patient, to commence.



Learning from Deaths Group

Learning from Deaths



As AMD Patient Safety and chair of the Learning from Deaths Group, over the last few years I have become aware that there are some elements of care that our Trust does not do as well as it could. I hope that together, we can use the thematic learning identified in mortality reviews and investigations to improve patient safety and outcomes.

Dr Dan Coates
Consultant Physician, Older People's Medicine; Clinical Lead, Speech, Older People's Medicine

Patients with learning disability and Hospital Passports:
A large number of patients admitted with a learning disability or living with advanced frailty may have a Hospital Passport or information pertaining to their medical or nursing care in the community. It is there to ensure the correct care for the patient continues in hospital. This information is shared by people who know your patient well. Ignoring this information presents a safety risk. We have had a recent mortality case where this information was ignored, which led to the patient being incorrectly fed and developing aspiration pneumonia which sadly led to death. It is vital to be vigilant and look for the Hospital Passport/Advice Care Plan or ask relatives/careers if one is in place on arrival to the hospital. It is essential that we share this information with all staff who will be caring for your patient.

Liberal oxygen therapy has the potential to increase the mortality rate of patients.

- Non-rebreathing masks (NRM) are a high-flow, non-invasive oxygen device that can provide oxygen concentration up to 50%. In cases of respiratory failure, patients should be closely monitored to detect signs of carbon dioxide retention.
- The best way to support your patient is to establish the cause of the type II respiratory failure and critically analyse factors that would affect ceilings of care. If there is an increasing need for oxygen to maintain target sats, this must be quickly escalated to your parent team or the out of hours team.
- Increasing O₂ requirement is a key sign of deterioration that requires action.

IV fluid management.
A theme from mortality reviews has been incorrect IV fluid management (too much or not enough) and inadequate review of fluid status has occurred i.e. examining JVP, signs of hypovolaemia and a reluctance to fluid resuscitate in the frail older person, for fear of fluid overload, leading to hyponatraemia. There have also been incidents where multiple bags of IV fluids have been prescribed for maintenance, leading to fluid overload. Intravenous fluid delivery needs to be carefully assessed daily and when needed, multiple boluses of smaller amounts safer than a large volume given unmonitored.

Treating extreme hypoxia
There have been recent medical emergency cases where air outlets have been connected to, instead of O₂, leading to significant patient harm. Please be vigilant to ensure O₂ is the driven gas in medical emergencies where the patient is being treated for extreme hypoxia.

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Therapies – Abigail Dines – Specialist Physiotherapist

The rationalisation of physiotherapy resource was discussed and how best it could be used to promote rehabilitation and recovery:

- Rehab should be a function of every clinical role – there should be a reablement plan used by all, not just physios. Families could also be encouraged to provide support.
- Staff have considered how staffing resource is deployed so that physio assessment and treatment begin from admission to prevent reduction in function: full initial and functional assessment, provision of walking aid, setting of goals, managing expectations, patient information. This is a different approach to the rehabilitation model for medically fit patients where physios have become a component of discharge planning, rather than integral to patient well-ness from admission. Students could be deployed to support rehabilitation care.
- Use of patient boards to update clinical colleagues with patient status and reablement goals. Although used well in stroke services, boards are used less well in other areas. The team will undertake an audit.
- Use of ‘Friday goals’ to ensure reablement occurs at the weekend.
- Dr Julia Thompson noted that communication was a main driver for EoL complaints. Expectations need to be realistic and communicated effectively.

PSIIs – Dr Coates and Janice Dorset

PSII 2023 009

This incident concerned an avoidable death of a patient with Learning Disabilities. Despite the presence of a detailed health passport giving mealtime supervision advice and regular reminders from a loving and attentive family, the patient was left to eat unsupervised, developed an aspiration pneumonitis and very sadly died.

Actions

- Article written by Dr Coates, AMD Patient Safety, for the Quality, Safety and Experience Matters newsletter, printed and distributed to wards.
- The nursing standards documentation audits should be undertaken as a matter of urgency for assurance and subsequently on a peer review basis to improve standards.
- Nursing documentation including rounding charts and daily intervention records could be improved and updated to include ‘supervision required’.
- Use of patient boards and red trays to draw staff attention to patients requiring additional support.

PSII 2023 002

This investigation concerned the death of a child who presented with chickenpox and was discharged with anti-virals and safety-netting advice. The patient attended another hospital where they arrested and tragically died. The learning points were that staff underestimated the impact of immunodeficiency on the infection, there was an undiagnosed neurological condition, the Fever and Sepsis checklist was not completed, there was no clear guidance or local policy for immunocompromised children with chickenpox and staff did not heed parental concerns.

Patient Safety – Total incidents and overdue action plans

Total incidents and harm

There were a total of 3,199 (3,133) incidents reported in January. 2,737 of these incidents were Patient Safety related and 2,734 were reported to the NRLS.

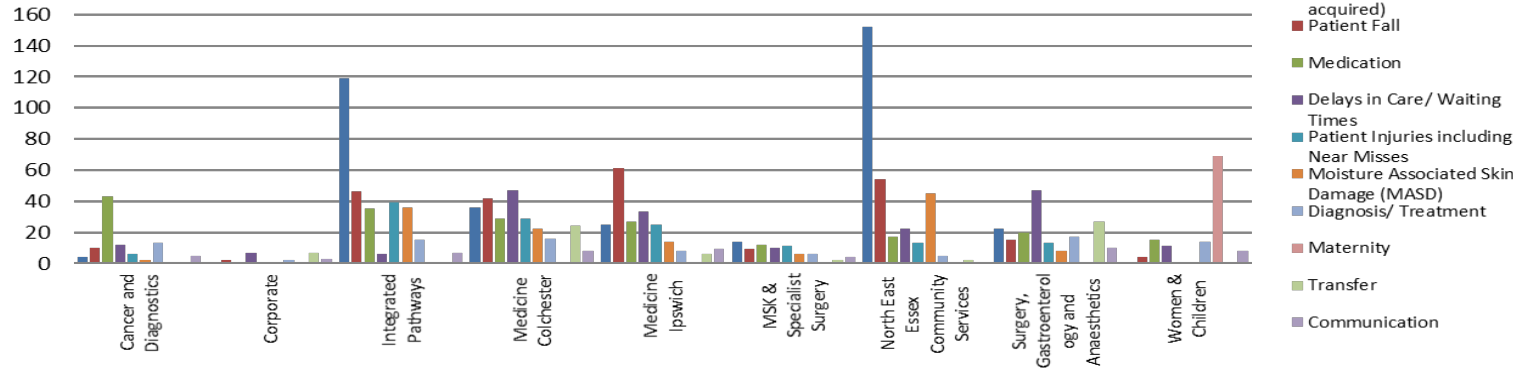
There were 40,060 (40,274) admissions resulting in 57.74 incidents per 1,000 bed days across ESNEFT.

The highest reported category was Pressure Ulcer damage with 329 (329) incidents reported, 7 of which were severe harm, 6 of which were within the community within NEECS and 1 on Shotley Ward on the Ipswich site.

The 2nd highest reported category was Patient Falls with there being 243 (290) incidents reported, 3 of which were reported as severe on EAU (Col), Wivenhoe Ward and Aldeburgh Hospital. All were unwitnessed.

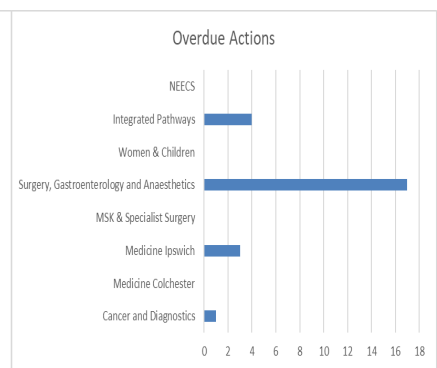
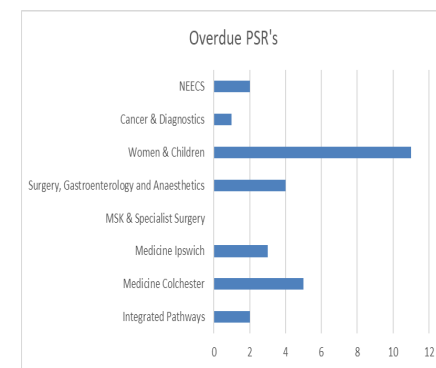
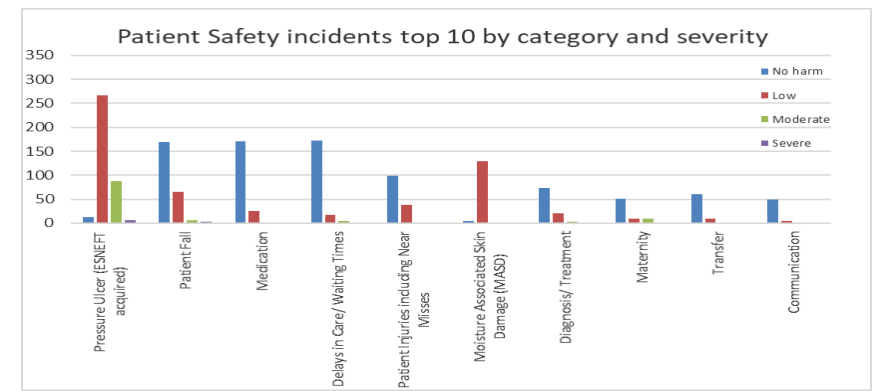
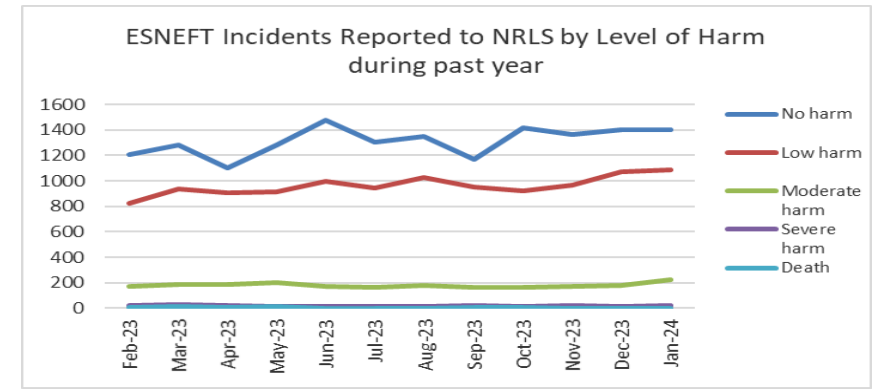
The 3rd highest reported category was Medication with 198 (197) incidents 2 of which were reported as moderate, 1 on EAU (Col) and the other on Layer Marney Ward, the remainder were low and no harm.

ESNEFT Top Categories by Division



Patient Safety Reviews Overdue and with actions outstanding

- 6 PSRs were completed in January 2024 for: Women & Children (3), Medicine Ipswich (1), Medicine Colchester (2)
- There are 28 (23) overdue PSRs, Integrated Pathways (2), Medicine Colchester (5), Medicine Ipswich (3), Surgery, Gastroenterology & Anaesthetics (4), NEECS (2), Cancer & Diagnostics (1) and Women & Children (11).
- There are currently 25 (8) actions overdue for January 2024: Medicine Colchester (0), Medicine Ipswich (3), Surgery, Gastroenterology & Anaesthetics (17), MSK and Specialist Surgery (0), Cancer & Diagnostics (1), Integrated Pathways (4), NEECS (0) and Women & Children (0).



Patient Safety – never Events, overdue action plans & duty of candour

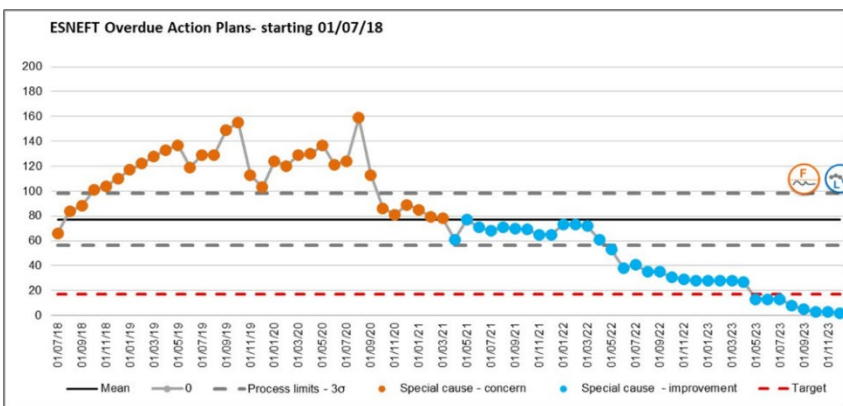
Never events

There were no Never Events reported in January 2024.

Number of completed action plans closed in the month

There are currently 3 (3) overdue action plans:

- 1 awaiting HR policy update for assurance of HCPC registrants
- 1 awaiting Safeguarding Policy, due to be approved this month.
- 1 awaiting Maternity policy update



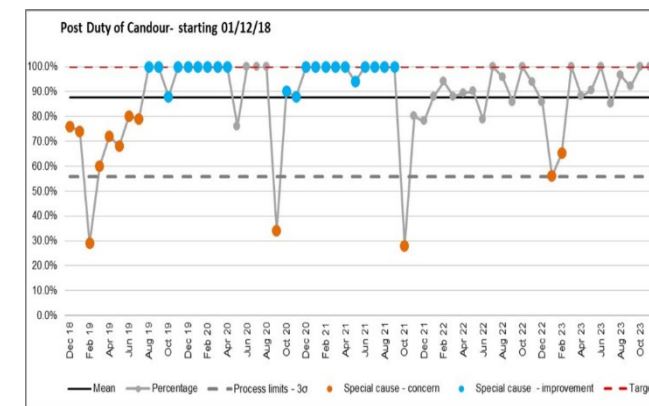
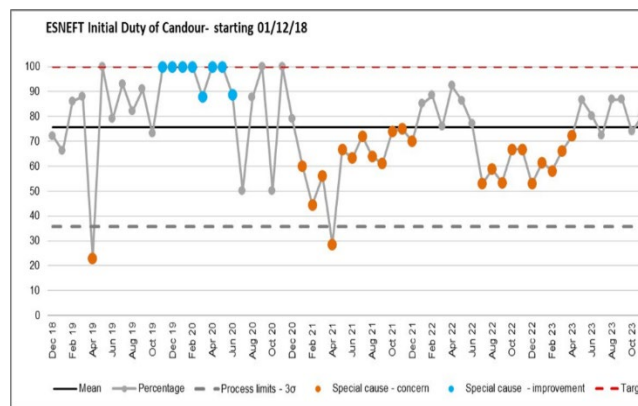
Duty of Candour

A total of 45 initial Duty of Candour were due in the month of January, of which 34 were completed within the timeframe. The Trust compliance is 75.5% (96.1%).

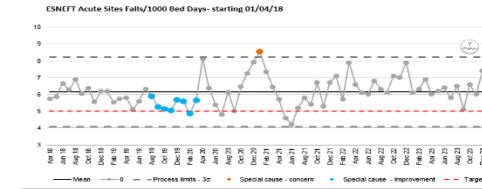
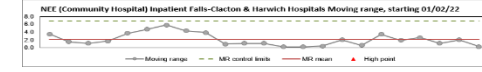
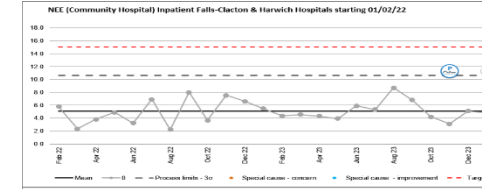
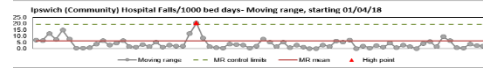
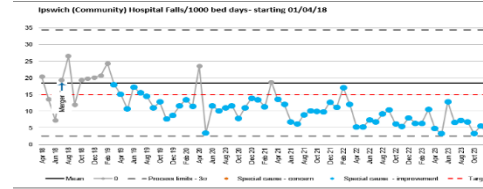
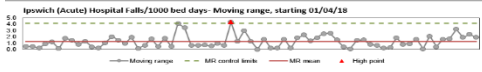
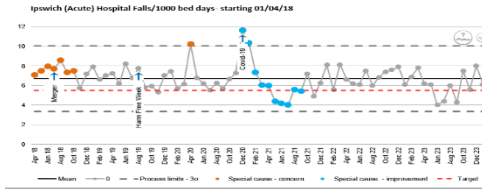
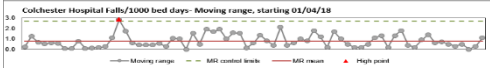
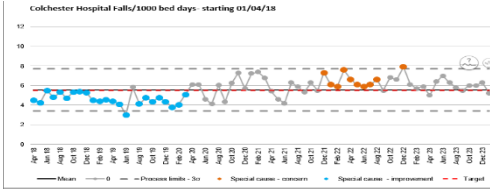
A total of 27 post Duty of Candour letters were due in the month of January and all were completed within the timeframe. The Trust compliance is 100% (91.1%).

Division	Due	Completed
Cancer & Diagnostics	0	0
Integrated Pathways	6	0
Medicine Colchester	4	4
Medicine Ipswich	6	6
Surgery & Anaesthetics	4	4
Women's & Children's	12	12
MSK & Specialist Surgery	3	2
NEECS	10	6
Total	45	34

Division	Due	Completed
Cancer & Diagnostics	0	0
Integrated Pathways	0	0
Medicine Colchester	5	5
Medicine Ipswich	7	7
Surgery & Anaesthetics	1	1
Women's & Children's	8	8
MSK & Specialist Surgery	6	6
NEECS	0	0
Total	27	27



Patient Safety – Falls



Colchester Acute		
Prev. & in-mth total	111	93
Serious harm falls		5
No harm falls		69
Low harm falls		19
Falls/1000 bed days (ceiling ≤ 5.0)		5.2

Ipswich Acute		
Prev. & in-mth total	136	108
Serious harm falls		4
No harm falls		84
Low harm falls		20
Falls/1000 bed days (ceiling ≤ 5.0)		6.1

Suffolk Community Hospital		
Prev. & in-mth total	3	13
Serious harm falls		1
No harm falls		10
Low harm falls		2
Falls/1000 bed days (ceiling ≤ 15)		6.1

NEE Community Hospital		
Prev. & in-mth total	16	16
Serious harm falls		1
No harm falls		8
Low harm falls		7
Falls/1000 bed days (ceiling ≤ 15)		4.8

ESNEFT (acute)			Prev.	Mth
Prev. & in-mth total			274	201
Serious harm falls			9	9
No harm falls			208	153
Low harm falls			57	39
Acute	5.8	Com		5.5

Summary

Headlines:
 There were a total of 93 in-patient falls at Colchester acute hospital in January 2024 compared to 111 falls in January of the previous year. This was a welcome 20% drop. The number of serious harm falls went up by 1 to 5. Of these 5, 2 resulted in fractured NOFs which require expensive surgery and carry a high mortality rate. 1 resulted in a subdural haematoma, 1 in an elbow fracture and 1 was an impacted community fractured NOF which was initially missed in ED, got mobilised and got displaced. January of 2023 had a higher number of falls – 113, but none of these resulted in serious harm.

Summary

Headlines:
 Ipswich Hospital saw a total of 108 inpatient falls in January, a 20% reduction on last month's and the same as seen in January 2023. The falls rate continues to fluctuate dependant on staffing levels, patient acuity and the ability to effectively cohort and bay tag our high-risk fallers. Flu and COVID-19 outbreaks have made this challenging on some wards. Four falls resulted in serious harm: 1 SDH where the patient did not sustain any neurological deficit and was discharged. 1 fractured pubic rami, 1 fractured elbow and 1 fractured humerus. Two of the falls were witnessed but staff were unable to attend to the patient quick enough to prevent the injury. The other two patients had been deemed low risk and were independently mobile awaiting discharge at the time of the falls.

Summary

Headlines:
 Suffolk Community Hospitals saw a rise in their falls for January however this was after December which saw an unusually low number of falls. In terms of trend data their falls rate remains relatively static. One fall resulted in serious harm with the patient sustaining a fractured hip.

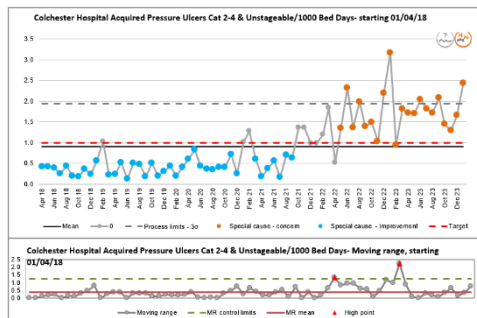
Summary

Headlines:
 There were a total of 16 falls in our community hospitals which is the same number as were reported in December 2023 and the same as in January 2023. One out of the 16 falls resulted in fractured ribs. The patient with the rib fractures was expected to make a full recovery.

Summary

Headlines:
 There has been an improvement in the falls per patient bed days for January (7.2 In December), although there is a slight increase in serious harm incidents. There are no common themes relating to these falls. Historically there has been a peak in harm related falls in January, with January 2023 and 2024 seeing 9 incidents.

Patient Safety – Tissue Viability



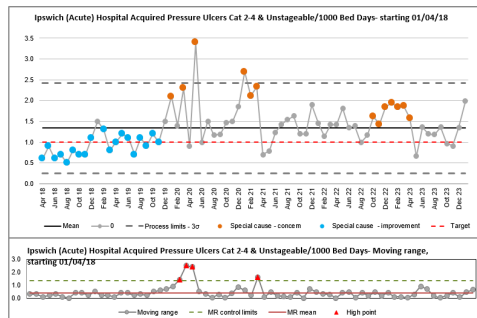
Colchester Acute

Cat 2	36
Cat 3	5
Cat 4	0
Unstageable	4
Prev. & in-mth total	32 ↑45
Rate per 1,000 bed days	1.29 1.71

Summary

Headlines: The increase in January was mainly in category 2 & 3 pressure damage, but there was a decrease in unstageable pressure damage. The NHS productivity calculator gives a central estimated cost of £345k per 1,000 bed days - an increase of £129k

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



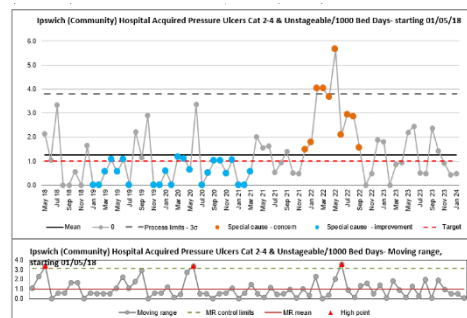
Ipswich Acute

Cat 2	30
Cat 3	3
Cat 4	1
Unstageable	5
Prev. & in-mth total	23 ↑39
Rate per 1,000 bed days	1.35 1.99

Summary

Headlines: There was an increase in category 2 pressure damage. The NHS productivity calculator gives a central estimated cost of £309k per 1,000 bed days - an increase of £147k.

Priority Actions/Mitigation: Ipswich Hospital has continued to provide validation training to senior staff to improve the accuracy of low harm pressure ulcers validation.



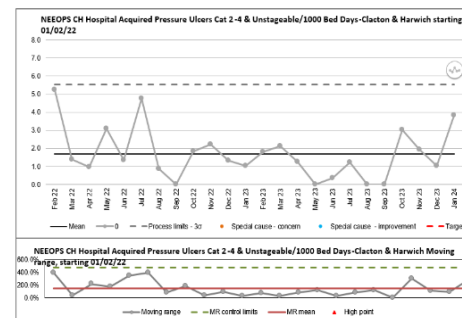
Ipswich Community Hospital

Cat 2	1
Cat 3	0
Cat 4	0
Unstageable	0
Prev. & in-mth total	1 1
Rate per 1,000 bed days	0.44 0.47

Summary

Headlines: January's incidence of pressure damage was unchanged from the previous month. The NHS productivity calculator gives a central estimated cost of £7k per 1,000 bed days, an increase of £5k.

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



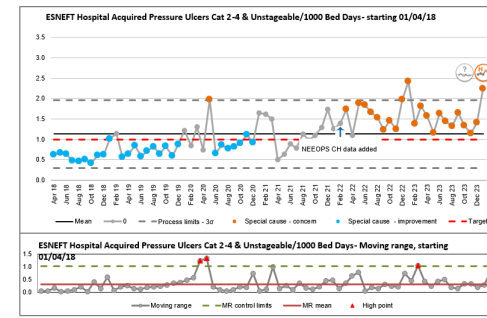
NEE Community Hospital

Cat 2	6
Cat 3	6
Cat 4	0
Unstageable	0
Prev. & in-mth total	3 ↑12
Rate per 1,000 bed days	3.02 3.82

Summary

Headlines: There was a slight increase in pressure damage in January which was in category 2 & 3 pressure ulcers. The NHS productivity calculator gives a central estimated cost of £108k per 1,000 bed days, this is an increase of £85k.

Priority Actions/Mitigation: To monitor the levels of PU damage focusing on accurate reporting



ESNEFT

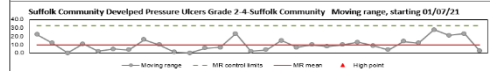
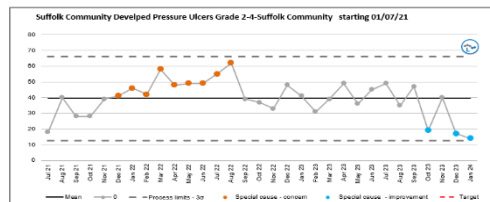
	Prev.	Mth
Cat 2	46	73
Cat 3	1	14
Cat 4	1	1
Unstageable	12	9
Totals	60	97
Rate per 1,000 bed days	1.37	2.24

Summary

There was a large increase in category 2 & 3 pressure ulcers in January. The NHS productivity calculator gives a central estimated cost of £769k per 1,000 bed days, this is an increase of £311k.

Moving forward: To continue to improve delivery of harm free care and reduce pressure ulcer rates.

Patient Safety – Tissue Viability



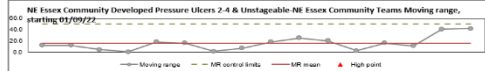
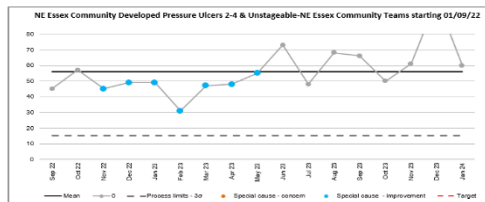
Suffolk Community Teams

Cat 2	11	
Cat 3	0	
Cat 4	0	
Unstageable	3	
Prev. & in-mth total	17	↓14
DTIs (Deep Tissue Inj)	6	↓5

Summary

Headlines: January reported decreases across category 2 and unstageable pressure damage. The NHS productivity calculator gives a central estimated cost of £108k per 1,000 bed days, a decrease of £39k.

Priority Actions/Mitigation: there has been better reporting in the community following training which has seen an increase in category 2 occurrences.



NE Essex Community Teams

Cat 2	37	23
Cat 3	11	18
Cat 4	3	6
Unstageable	9	13
Prev. & in-mth total	73	↓60
DTIs (Deep Tissue Inj)	29	↓17

Summary

Headlines: January reported a reduction in category 2 and unstageable pressure ulcers, but an increase in category 3 and category 4 damage. The NHS productivity calculator gives a central estimated cost of £602k per 1,000 bed days, an increase of £33k.

Priority Actions/Mitigation: Due to pressures within teams, there had been a lack of training last year however in the past month this has increased. There is confidence that the increase in pressure ulcer numbers are due to more accurate reporting.

January updates

Ipswich Hospital

-The TVN team have worked closely with Washbrook ward and have provided Validation training to Specialist medicine Ward sisters.

-Back to Basic course was initiated this month, seeing a large uptake.

CGH

-January was the start of training F1 and F2 doctors on tissue viability. This was received well and will be ongoing. The commencement of student nurses training (years 1-3), will start again in February. A trial of Contiplan wipes is underway across 3 wards, this will prevent the occurrence of MASD within the trust.

Community Teams

-Suffolk community continues to keep unstageable PUs under review. Link nurses from care homes will be continuing throughout 2024 and training on the new aSSKING document has started in the community teams.

-NEECS community continue to train community hospital staff how to validate their own Datix category 1-2

-TVN have seen a raise in cat 2 and above and they continue to monitor and offer training every two weeks.

All Tissue Viability teams

-Acute TVNs have completed composing a training video to teach staff how to accurately undertake PURPOSE-T and aSSKING. A 7-day booklet has also been produced and will be ready to launch in early February 2024. In accordance with NWCSP, we have been preparing for the new pressure ulcer categorisation and have created a new validation presentation and poster for ESNEFT transition on 1st February.

-We are focusing on the patient care issues raised at expert panel that potentially resulted in PUs and taking this back to the harm free care meetings to discuss with the teams involved, rather than them needing to repeat the patients entire journey. This has made for quicker HFC panels and highlighted the learning required in a better way, as agreed by all teams who have attended.

-A mini gap analysis tool has been devised and was trailed across both acute sites in January. This tool will streamline what harm free cases need further exploration into causal factors.

Patient Safety – Infection Control

Clostridioides difficile – ESNEFT total - 8

Ipswich & East Suffolk

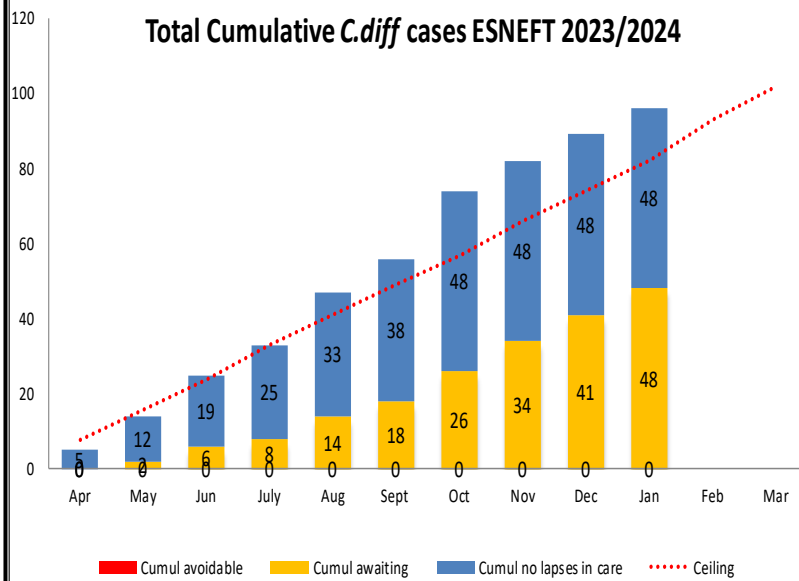
HOHA: 2, Stradbroke, Waldringfield
COHA: 2, Stowupland, Waveney

Colchester and North East Essex

HOHA 3: Peldon Ward, EAU, Birch Ward
COHA 1: West Bergholt Ward

Overview

The *C.difficile* case threshold for 2023/24 is 101. There have been a total of 96 *C.difficile* cases April 2023-end of January 2024 (the total number of HOHA and COHA cases). The team are undertaking analysis using the new PSIRF framework.



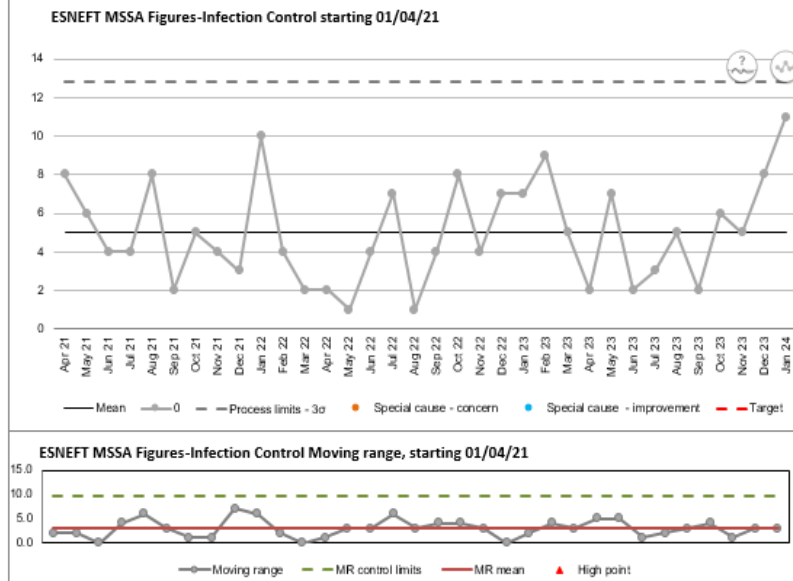
MSSA – ESNEFT total - 11

Ipswich & East Suffolk:

HOHA 4:
Kirton, Stradbroke, Sproughton & Waldringfield wards
COHA: None

Colchester and North East Essex:

HOHA 5:
Brightlingsea, Copford, Peldon, Layer Marney & Aldham wards
COHA 2: Tiptree Ward, Nayland Ward



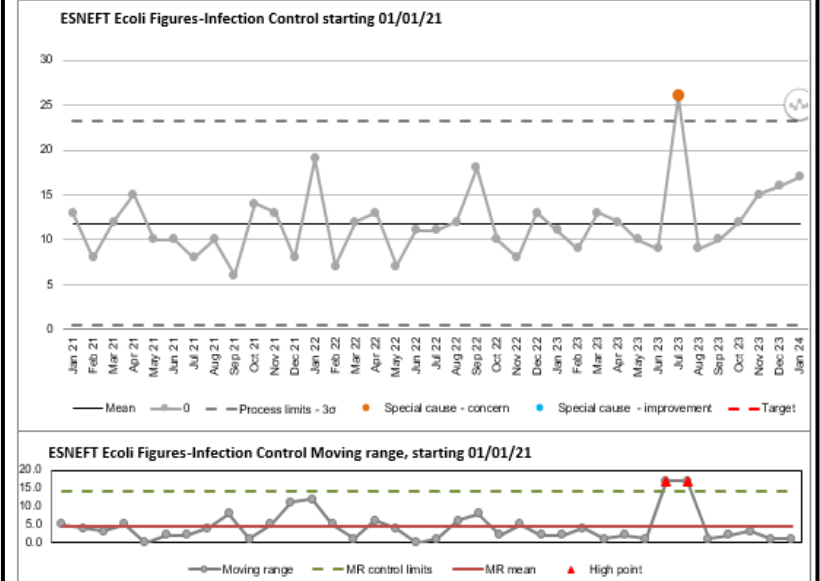
E.coli bacteraemia – ESNEFT total - 16

Ipswich & East Suffolk:

HOHA 2:
Shotley & Needham wards
COHA 6:
Kesgrave (2) Orwell (2), Washbrook, Waldringfield

Colchester and North East Essex:

HOHA 4:
Tiptree, Langham, AMSDEC & Aldham wards
COHA 4:
Birch, AMSDEC, Easthorpe, Fordham



Patient Safety – Infection Control: MRSA

There were 2 Healthcare onset Healthcare associated MRSA bacteraemia in January 2024. There were 3 new healthcare associated MRSA isolates (2 at Colchester/NEE and 1 at Ipswich/East Suffolk) - see table below.

MRSA bacteraemia

AMSDEC

AMSDEC – post infection review meeting held 06/02/2024 outcome 2. Admitted 31/12/2023. Known to have been MRSA colonised previously. MRSA isolated blood cultures 08/01/2024. Prescribed antibiotic treatment in the community for UTIs – no urine sample obtained. GP requested urine sample 18/12/2023. During previous admission MRSA isolated nose & groin from swabs obtained on admission (16/11/2023), result known 20/11/2023. Commenced hibiscrub & bactroban 21/11/2023. Discharged 22/11/2023 – bactroban and hibiscrub washes prescribed on discharge summary. No MRSA screen obtained after completion of decolonisation treatment in the community. Care home declined to obtain MRSA swabs and escalated to District Nursing team administrator; unfortunately this was not escalated to the District Nursing team to obtain the screen. Long term catheter in situ on admission 31/12/2023 (inserted for acute retention 2019, subsequent failed TWOC). No record of catheter in situ on admission. Catheter changed during admission, insertion details incomplete, including on day blood cultures obtained. Blood cultures also isolated E.coli. Incomplete MRSA screen obtained on readmission 31/12/2023; wounds not swabbed (skin swab obtained not processed as dry swab) MRSA isolated nose & groin from swabs obtained 31/12/2023, result known 03/01/2024. Commenced decolonisation treatment 04/01/2024. Conflicting documentation re. MRSA decolonisation treatment administered on treatment chart and MRSA ICP

West Bergholt

Post infection review meeting held 05/02/2024 outcome 2 Admitted 24/12/2023. MRSA NOT isolated nose & groin 24/11/2023. PICC line inserted 27/12/2023 in preparation for commencing chemotherapy. MRSA isolated PICC line site swab obtained 01/01/2024 followed by blood cultures 02/01/2024 & PICC line tip 03/01/2024. Care of PICC line not documented e.g. dressing change 24hrs after insertion, site of device not recorded alongside VIP score, decision making re. PICC remaining in situ not documented.

MRSA new isolates

Colchester and NEE

West Bergholt

Admitted 24/12/23, MRSA isolated 01/01/24 PICC Line swab see above notes

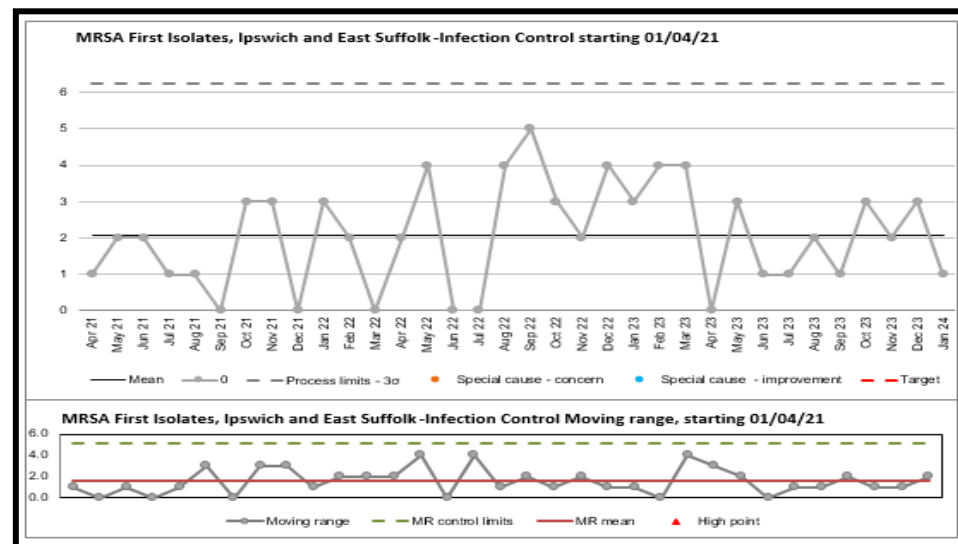
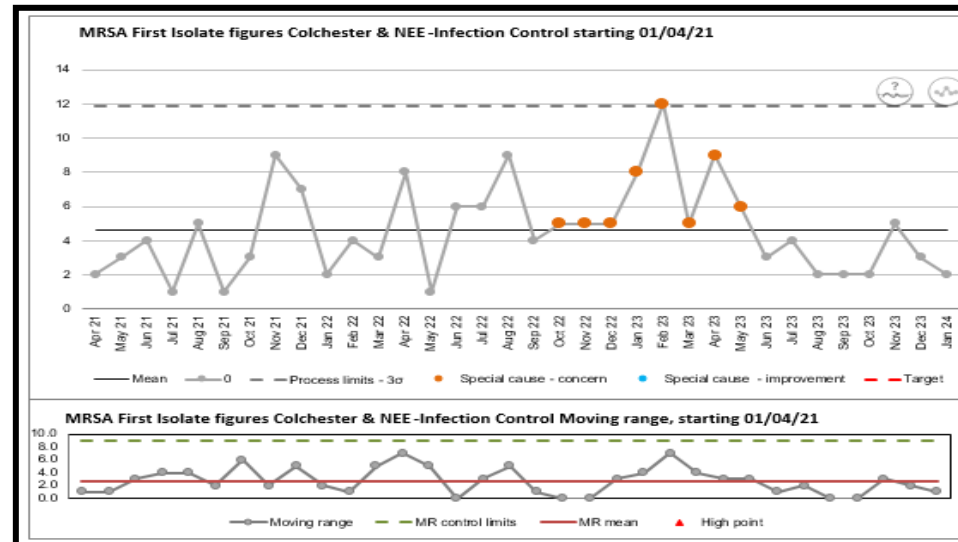
ENT PCC (whilst in patient CIPU CGH)

Admitted 31/12/23, MRSA isolated nose swab obtained 05/01/2024. Previously had undergone ENT surgery 22/11/2023 (FESS turbinoplasty & adenoidectomy).

Ipswich and East Suffolk

Stradbroke

Adm 05.01.24 SAU No admission MRSA screen, transferred to Stradbroke ward 07.01.24, nose and groin screen 08.01.24 = positive MRSA nose. Patient admitted for investigation into GI bleed



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
December 2023	24	19	16	32	16	20
January 2024	33	11	31	9	31	14

Outbreaks identified in January 2024:

Colchester and North East Essex (COVID 8, Flu 5)

D'Arcy Ward	Flu	08/01/2024
Langham Ward	COVID	09/01/2024
Langham Ward	Flu	12/01/2024
Birch Ward	Flu	12/01/2024
Peldon Ward	COVID	18/01/2024
Aldham Ward	COVID	22/01/2024
ACU	COVID	22/01/2024
Copford Ward	COVID	22/01/2024
Tiptree Ward	COVID	25/01/2024
D'Arcy Ward	COVID	26/01/2024
West Bergholt Ward	COVID	28/01/2024
Tiptree Ward	Flu	29/01/2024
Birch Ward	Flu	31/01/2024

Ipswich and East Suffolk (COVID 6, Norovirus 2):

Martlesham	Norovirus	02.01.24	H bay only
ACH	Covid	03.01.24	
Stradbroke	Covid	08.01.24	
BBL	Covid	09.01.24	
Kirton	Covid	12.01.24	
Shotley	Norovirus	11.01.24	D & H bay
Waldringfield	Covid	15.01.24	
Grundisburgh	Covid	24.01.24	

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.

Maternity Dashboard, SBL and CNST updates (December data)

Indicator	Green	Amber	Red	ESNEFT													
				Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
Numbers	Pre term Births (<37 weeks) annual rolling rate	<6%		>=6%	8.16%	8.51%	8.56%	8.36%	8.54%	8.73%	8.45%	8.40%	8.40%	8.42%	8.18%	8.03%	8.06%
Smoking	% of Women Smoking at Delivery	<=10%	10-11%	>=11%	7.78%	8.54%	8.37%	6.20%	7.95%	7.48%	7.28%	6.70%	6.55%	4.42%	6.31%	6.98%	8.95%
Unit Diverts	External	No target			1	0	0	0	0	0	1	4	0	1	1	0	1
Maternal Morbidity and Mortality	% PPH >=1500mls - Vaginal (NMPA Criteria)	<=2.9%	2.9-3%	>=3%	1.96%	2.54%	3.25%	4.74%	2.79%	2.63%	2.83%	3.44%	2.98%	4.13%	2.40%	4.31%	3.15%
Neonatal Morbidity and Mortality	Term Admissions to NNU as a % of babies born	<=6%		>6%	5.02%	4.62%	5.03%	4.49%	3.91%	4.79%	8.09%	6.47%	5.86%	5.48%	7.84%	6.54%	4.81%
	Number of Stillbirths	0	1-2	>=3	2	5	0	2	2	4	1	0	5	2	2	2	1

Assessed compliance with CNST MIS 10 Safety Actions Yr 5		
	Please identify unit	ESNEFT
1	Perinatal Mortality review tool	C
2	MSDS	C
3	Transitional care / ATAIN	C
4	Clinical workforce planning	C
5	Midwifery Workforce planning	C
6	SBLCB V3	C
7	Listening to women, parents & families / co-production with service users	C
8	Core competency framework / Multi-prof training	C
9	Board level assurance	C
10	HSIB (MNSI) /Early notification scheme	C
	Repayment of CNST (since introduction) Y/N and MIS yr	C

Key (current position for CNST and SBL)		
Compliant	Compliant with all aspects of element	C
Working towards / Partially compliant	Working towards (MIS & SBLCB) / Partially compliant (Ockendon)	W
Not compliant	Not compliant with all aspects of element	N

Evidence of SBLCB V3 Compliance			
Element		Colchester	Ipswich
1	Reducing smoking in pregnancy	W	W
2	Fetal growth: Risk assessment, surveillance and management	W	W
3	Raising awareness of Reduced Fetal Movements	C	C
4	Effective Fetal monitoring during labour	C	C
5	Reducing preterm birth and optimising perinatal care	W	W
6	Management of pre-existing Diabetes in Pregnancy	C	C
SBLCBv3 Fully compliant (National Tool)		93%	93%

Dashboard highlights

- The Trust had set a target for the percentage of PPH >1500mls via vaginal delivery at 2.5%, although our dashboard has different red, green and amber targets. Using the dashboard target and the Trust target we have only achieved a green score once in the last three months. We have specific PPH workstreams with the LMNS, and following a recently declared PSII the Patient Safety team are now completing a thematic review. Ipswich have achieved the <2.5% target on 5 out of last 9 months, but the problems exist in Colchester where they have only achieved that target once this year. To ensure consistent reporting the AF, and dashboard targets have now been adjusted to fit with the National NMPA target of less than or equal to 3.3%. This is also aligns to the RPQOG report to region
- Smoking at the time of delivery has consistently achieved the target of <10%, however in December Colchester in isolation was 13.77%.
- For the first time in four months both sites have achieved the term admission target which has helped to meet the ESNEFT target. Due to lower numbers the outstanding ATAIN reviews have decreased in numbers.

SBLCB v3

- Minimum target standards exceeded.
- Element 1: Improvement needed in CO at every appointment for women / pregnant people who smoke and 36 week CO for Colchester.
- Element 2: Non-compliant re: digital BP monitors – concerns about lack of monitors validated for use in pregnancy. GROW 2.0 approved - implementation plan underway with aim for 'go live' date in March 2024.
- Element 3: 100% compliant
- Element 4: 100% compliant.
- Element 5: JD's for leads outstanding. Neonatal team reviewing NNAP brain injury data for Colchester.
- Element 6: 100% compliant.

Maternity: Statutory update (December data)

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

CQC DOMAINS	
Outstanding	Blue
Good	Green
Requires improvement	Amber
Inadequate	Red
CQC Action plan status	
To commence	Red
Progressing	Amber
Completed	Yellow

CQC (Colchester Maternity visit update)

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.

Inspection	Service/Department	Number of recommendations	Number of actions	Status not progressing	Action in progress	Action reviewed for assurance	Ready for approval by DMT	Approved by DMT	% complete with evidence approved by DMT
20230427 INS2 - 14914781711 - RDEE4 CQC Visit 7 March 2023	Maternity Services Colchester	8	8	0	3	5	0	0	0.0%
	Maternity Services Ipswich	8	8	0	3	5	0	0	
Total				0	6	10	0	0	

Blue	Action approved by DMT
Blue	Ready for approval by DMT
Green	Action reviewed for assurance
Amber	Action in progress
Red	Status not progressing

Maternity services Improvement plan

The Trust continues to work with the Maternity Improvement Advisors (MIA) and we report on progress through Every Birth Every Day (EBED) programme. Across the last quarter we have been advised by local commissioners that they are pleased with the progress we have made and some of the improvements detailed within the EBED programme.

60 steps

The Sixty Supportive Steps to Safety (SSSS) tool is intended to provide support to maternity services so a Trust can feel confident they are improving safety outcomes and the experiences for women and birthing people. It runs alongside the safety concerns identified in several high-profile national midwifery reviews; and supports Trusts conveying their three-year delivery plan for Maternity and Neonatal services. To complete the tool, in December 2023 we welcomed a team at Colchester that comprised representatives from the Regional midwifery teams, the LMNS, our Maternity and Neonatal Voices Partnership (MNVP) and our MIA. They formed the basis of the visiting team and looked at 60 areas (steps). They commented on how welcoming our staff made them feel during the visit, and this helped to provide an open and honest culture. We received the visiting teams final report at the end of January 2024. We have benchmarked ourselves against the previous SSSS visit in 2021/22, and we have created an action plan to address any concerns from the visit. When the team visit Ipswich in March 2024, we will combine both action plans to form a merged process for improvement.

Requests/concerns raised by external bodies

We have not received any external concerns.

Coroner Regulation 28 reports made directly to the Trust

None received in the reporting period

Maternity: Staffing, Training & Service User Feedback (December data)

Midwifery Staffing update

	Midwife no's	%age of total staff	Funded establishment (all MWs WTE)	All contracted midwifery staff in post (WTE)	Head count (all Midwives)	Current midwifery maternity leave (WTE)	Sickness midwives (%)
Colchester	4.6 wte	3.38%	136	131.4	178	6.82 wte	7.79%
Ipswich	3.87 wte	3.01%	128.5	124.63	167	4.3 wte	7.66%

Training Update

Saving Babies Lives and Audit (day 1)		Maternity Statutory Training (Day 2)		PROMPT		SBL Fetal Monitoring Workshop OR Fetal Monitoring Study Day in last 12 months		
Overall	97.22%	Overall	91.77%	Overall	96.06%	Overall	100.56%	
Midwives	143	97.95%	132	90.41%	Midwives	145	99.32%	
Consultants	12	92.31%	Nurses	5	100.00%	Support Workers	58	100.00%
Doctors	20	95.24%	Support Workers	55	94.83%	Consultants	12	92.31%
			Consultants	10	76.92%	Doctors	19	90.48%
			Doctors	21	100.00%	Neonatal Nurse	34	85.00%
						Anaesthetic Cons	20	100.00%
						Anaesthetic Doct	24	88.89%

Saving Babies Lives and Audit		Maternity Statutory Training		PROMPT		Fetal Monitoring Study Day		
Overall	97.37%	Overall	83.54%	Overall	93.65%	Overall	88.95%	
Midwives	156	98.11%	Midwives	144	90.57%	Midwives	152	95.60%
Consultants	14	100.00%	Nurses	5	100.00%	Nurses	5	100.00%
Doctors	15	88.24%	Support Wo	37	88.10%	Support Wo	40	95.24%
			Consultants	9	64.29%	Consultants	13	92.86%
			Doctors	3	17.65%	Doctors	16	94.12%
						Neonatal Nurses		
						Anaesthetic	10	100.00%
						Anaesthetic	15	100.00%

Only been running since April 2023

We are currently in the period stipulated within our CNST return for Safety Action 8, whereby we declared compliance but with the understanding that we had not met the 90% target for one group of clinicians so they would be prioritised to ensure we do meet the target. Overall we continue to have our PROMT programme in place and we are trying to work collaboratively across both sites to improve the rolling compliance for training.

Service User Feedback - FFT

Antenatal –

- ✓ “Just found the service very helpful and informative. Have always been listened to and taken seriously which has eased my anxieties massively”
- ✓ “They listened to me and were very supportive. They talked me through everything and made me feel comfortable.”

Birth –

- ✓ “Full support from start to finish. Couldn't ask for better help. The student midwives were excellent and we wouldn't have known they were students.”
- ✓ “Friendly, helpful staff. Made what could have been a very stressful and anxious time a VERY positive one!”
- ✓ “Midwives were very supportive and provided background reassurance before the birth. They were very patient and generous to mom, dad and baby throughout.”

Postnatal –

- ✓ “Midwives and staff are amazing - couldn't be more helpful”
- ✓ “All of the people working on Orwell are such kind and welcoming people from the cleaners to food order people to midwives doctors everyone I have spoken to has been amazing and made the whole experience so much nicer than it could have been. I thank every single person who helped me and my baby boy and his arrival into this world”
- ✓ “Amazing support with breast feeding. The midwives had plenty of time to spend with us to help - it never felt like they were in a rush to be elsewhere. Felt very well informed by the midwives and no ask was too big or too little”

Maternity: Ockenden Action Plan Update (December data)

Section	Number of actions	Overdue actions (Red)	On-target actions (Amber)	Completed actions (Green)	Actions completed and evidence signed off (Blue)	% complete with evidence signed off
Section 1: Workforce Planning and Sustainability	11	0	0	2	9	81.8%
Section 2: Safe Staffing	10	0	1	1	8	80.0%
Section 3: Escalation and Accountability	5	0	0	1	4	80.0%
Section 4: Clinical Governance Leadership	7	0	0	0	7	100.0%
Section 5: Clinical Governance - Incident Investigation and Complaints 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	1	7	87.5%
Section 15: Supporting Families	3	0	0	0	3	100.0%
Total	92	0	2	5	85	92.4%
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 Ockenden action plan has been superseded by the 3 year delivery plan and all of the actions from Ockenden that were incomplete have been amalgamated into the delivery plan. Whilst the focus is now on delivering the 3 year plan we are continuing to close off any actions without evidence from Ockenden. We currently have 7 actions still to sign off and we aim to complete this by the end of 2023/24. Within the last month we have been able to close a number of the actions for section 14 (Neonatal care) after our compliance for neonatal Qualified in Speciality (QIS) exceeded the target.

Maternity: 3 Year Delivery Plan Update (December data)

The reporting mechanism for the 3 year delivery plan has been changed in the last month to reflect templates supplied by NHS England. We now have a clearer supporting tool that displays the plan in 4 clear sections:-

***Theme 1: Listening to and working with women and families with compassion.**

***Theme 2: Growing, retaining and supporting our workforce.**

***Theme 3: Developing and sustaining a culture of safety, learning and support.**

***Theme 4: Having standards and structures that underpin safer, more personalised, and more equitable care.**

Our deliverables in relation to these themes have not changed since the design of the plan in the middle of 2023, but the performance and monitoring metrics to deliver these items have changed. The plan continues to be reviewed for updates to be added every month and a lot of the items are already business as usual.

To address compliance issues for a plan that is lasting 3 years we have now implemented a weighted progress on each item, accepting that some deliverables will be achieved well within the 3 years and others might take longer. Our weighting has a 5 stage approach - 0 = 'Not Started', 1 = 'Started', 2 = 'Completion Plan in place', 3 = 'Working within 3 year plan', 4 = 'Completed', 5 = 'Completed - and evidenced'. To support our monthly monitoring of progress we have listed any strengths, weaknesses, opportunities and threats.

STRENGTHS

- Inequalities and system wide working with the LMNS is helping to deliver in a number of areas, including Choice & Personalisation tasks and working with partners on service improvements. These enhancements include future plans around the development of an IOL work stream.
- Auditing processes are fully embedded and in line with a number of deliverables on the plan. We have our ACAP almost completed for 2023/24 and we are currently involving clinicians in the design of the ACAP for 2024/25 – and this will be ready for commencement in April 2024.

WEAKNESSES

- The outcomes for the Admin reviews (as part of Objective 4) are not yet completed and changes have not been implemented. This is impacting on clinical leadership delivery and not allowing clinical time to be significantly freed up.
- Objective 5 (and deliverables in some of the other objectives) reference the need for survey reviews and analysis. We have seen a number of completed surveys but not the outcomes. Whilst this is currently a weakness it does provide opportunities for thematic reviews of the various surveys; and to show value towards the workforce by giving feed back and shared learning.

OPPORTUNITIES

- The plan has several connected deliverables in relation to learning and improvement, and Objective 8 is specifically in relation to this aspect. We are extracting clear learning, but we need a program of work that triangulates all these. For example we have audit half days, PM&M learning, Oversight committee, so the opportunity is now to bring all these together in one area, and have a more triangulated approach to learning and improvement.
- There are various opportunities in the plan to call on the work previously done through Ockenden actions, and using some of the evidence from completed actions, particularly around our staffing and workforce reviews.

THREATS

- Co-production. Our plan indicates areas where third party involvement might be difficult, i.e. MNVP involvement in Trust complaints process.
- Upward reporting (Objective 9) was hard to demonstrate at times for CNST has been concluded, so clear lines of reporting are being designed and implemented to ensure all areas of escalation are clearly defined.
- Objective 12 is focused on EPR and other deliverables are very reliant on the implementation of the new EPR. Although this is very much outside the control of maternity services it will threaten delivery on some items.

Maternity: Obstetric Scorecard Overview (December data)

Maternity Incentive Scheme yr 5 - SA9

Quarterly review of Trust's claims scorecard alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level safety champions at a Trust level (Board or directorate) quality meeting.

Claims Scorecard April 13 – March 23

Top injuries by volume: <ul style="list-style-type: none"> Psychiatric/Psychological damage (18) Fatality (14) Stillborn (11) Unnecessary pain (9) Brain damage (9) 	Top injuries by value: <ul style="list-style-type: none"> Brain damage (£54,608,556) Cerebral palsy (£28,245,002) Psychiatric/Psychological damage (£15,285,972) Wrongful birth (£10,475,000) Incontinence (£3,197,795)
Top causes by volume: <ul style="list-style-type: none"> Fail/delay in treatment (26) Fail antenatal screening (10) Failure to monitor 2nd stage labour (8) Failure/delay in diagnosis (7) Perineal tear- 1st, 2nd, 3rd Degree (6) 	Top causes by value: <ul style="list-style-type: none"> Fail antenatal screening (£25,548,593) Fail to monitor 2nd stage labour (£16,547,415) Births defects (£14,769,421) Fail/delay admitting to hospital (£14,508,001) Failure/delay diagnosis (£14,497,782)

Complaints Q3 23-24 – Total: 34

Communications (15) Access to treatment or drugs (5) Patient care (5) Appointments (2) Trust admin/policies/procedures including patient record management (2) Values and behaviours (staff) (2) Privacy, dignity and well-being (1) Property (1) Waiting times (1)

Incidents Q3 23-24 – Total: 579

Term admission to NNU (67)
 PPH=1500mls or affecting woman's health (50)
 Maternity red flag (34)
 Inappropriate skill mix/staff shortage (30)
 Readmission of baby (21)
 Readmission of mother (19)

Themes Q3 23-24

- 16 of the red flag incidents and 9 of the Inappropriate skill mix/staff shortage incidents reported were regarding a delay in Induction of Labour (IOL) due to staffing/acuity.
- 5 of the red flag incidents was due to BSOT breaches.

Learning Q3 23-24

- Clearer communication and documentation of drugs required / given needed.
- PPH proforma not being completed.
- All communication to be rechecked to ensure correct patient details.
- Improvements needed in fluid balance documentation in labour.
- Staff reminded to continue to communicate with women when delays are expected.
- Correct pathway followed when baby or mother readmitted.

Going forwards a thematic review for the previous quarter, compared to claims scorecard to be undertaken and shared through Divisional Governance meetings. This will then enable an action plan to be formed and monitored. This is to be shared in the next report.

Maternity: Risk & Governance update (December data)

PSII

Number of new declared – 0

Currently open – 2

PSR

Number of new declared – 1

ELR

Number of new declared – 4

MNSI

Number of new declared – 0

Currently open – 1

Complaints

New – 3

Call back compliance – 100%

Overall compliance – 100%

Risk Register

New risks – 0

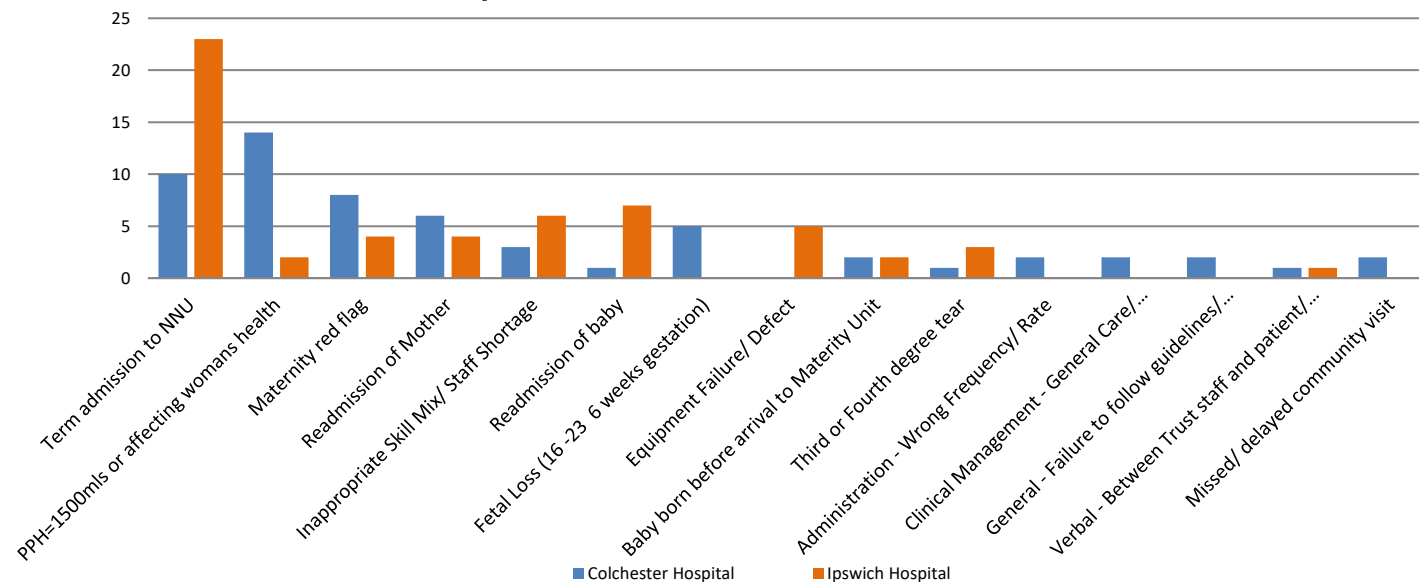
Closed risks – 1: 1268 IPH: Ultrasound capacity will potentially cause an inability to arrange USS within stipulated timeframes during a pregnancy.

Update: Pay discrepancy between sites now resolved and no reported incidents of inability to perform USS within required timeframe.

Learning from Incidents (MIRG, ELR, PSR/PSII)

- Stillbirth at Ipswich site: concerns identified regarding the processes for the handling of the triage hotline telephone and incorrect advice being given. The division has been requested to identify mitigations to address patient safety concern. A draft risk assessment has been worked up on the risk register and business case drafted to consider having a dedicated midwife to answer the telephones, review the patient records on evolve and document 'live' on to the evolve system to ensure that previous phone call information is readily available.
- Baby born at home in poor condition. Required resuscitation and transfer in via ambulance. Baby subsequently transferred out to another provider. As a result of discussions at Maternity Investigations Review Group (MIRG) the inflation breaths in O2 to be reviewed.
- Baby born by spontaneous vaginal delivery with APGARs of 6 at 1, 6 at 5 and 6 at 10 minutes and with poor gases (arterial pH 6.99). Transferred to NNU and also found to have Supraventricular tachycardia (SVT) requiring ant-arrhythmia medication and Amiodarone. As a result of discussion, a MIRG research is needed around if SVT can be seen on dopplers or if there are limitations.

Top 15 incidents last month



Maternity: Completed PSII Investigation for Learning – Jaundice case (December data)**What happened**

Late self-referral at 32+6 weeks following move to UK from Zimbabwe. Mother had first telephone booking at 35+6 and was noted to be P3. Due to complex obstetric problems and currently experiencing hypertension Elective C-Section was booked for 37+6. Baby boy born on 22 December, via C-Section under general anaesthetic, baby was found to be floppy and required resuscitation and a short admission to NNU. Both mum and baby recovered well, there was no concerns and baby did not appear jaundiced and was discharged on 24 December and care handed over to Community Midwifery Team. On day 5 visit (27 Dec) baby was noted to have mild jaundice to the face, and a discussion was had regarding signs of symptoms worsening and a plan made to phone mother on day 10. The next day on 28 December Midwife attended at mother's request as baby was vomiting; baby was noted to be quite jaundiced to his face and sclera and was lethargic. Following contact with CAU the parents were advised to attend CAU for immediate review. Baby was triaged and noted to trigger on the sepsis pathway and to be extremely jaundiced. Blood tests commenced and bilirubin was noted to be extremely high. Urgent phototherapy commenced with the possibility of an exchange transfusion. Baby was transferred to NNU with Consultant Paediatrician in attendance and a referral to PaNDR was made who agreed to support with referral and transport to a tertiary cot in a specialist centre for further treatment. Sadly, despite immediate and urgent treatment the baby continued to deteriorate and died in NNU following 6 rounds of resuscitation in the early hours of 29 December 2022.

What we found

- Pre-natal and labour care was provided within guidance and there were no concerns with the standard of care provided. All decisions made during labour were appropriate and timely.
- The Neonatal Jaundice Guideline for all babies across maternity and children's services V3.0 (CGH) which was in place at the time, gave no guidance for assessing and referring in babies with black or brown skin where jaundice is suspected.
- The Neonatal Jaundice Guideline for all babies across maternity and children's services V3.0 (CGH) which was in place at the time, stated that visual inspection alone should not be relied on to estimate bilirubin levels in babies with suspected jaundice and that bilirubin levels should be measured and recorded urgently within 6 hours. The baby did not have his bilirubin levels checked on day 5 when mild jaundice was noted and therefore this guideline was not followed.
- There were only two Transcutaneous Bilirubinometers in the community at the time, both of which were kept in the base office and therefore required a return visit to measure or refer the other to CAU. Staff are therefore more inclined to do a visual assessment rather than follow guidance and measure the levels.
- Day 4 visit was via telephone call and was therefore a missed opportunity by the clinical team to review the baby, putting the responsibility to identify any issues on the parent, who in this case reported no concerns.
- Staffing levels across the community were low at the time and the midwife was asked to return to the Clacton Maternity Unit to assist with a labour following her visit. However, the midwife felt assured of her assessment of the baby, felt familiar with jaundice in babies with black skin and felt baby was thriving, well cared for, feeding well and had plenty of wet nappies.
- There was a short delay in commencing phototherapy as this did not commence until after the transfer to NNU, this could have commenced whilst baby was in CAU. However, it is noted this would not have changed the sad outcome but is a learning point to take forward.
- There was an opportunity to commence Intravenous immunoglobulin IVIg earlier in the baby's admission, although sadly this would not have changed the overall outcome.
- During resuscitation, oxygen saturations were, at times, difficult to pick up due to the baby's very low blood pressure, there may be more sensitive equipment available for purchase. This did not impact the outcome, however, should be considered in the future.
- There was a delay in transporting blood samples due to the volume on the day, which caused a delay in receiving the results. This did not affect the outcome.
- The PaNDR face to face link was not functional and contact was therefore made via regular telephone calls with the PaNDR and PICU consultants.

Key Changes

- The Neonatal Jaundice Guideline for all babies across maternity and children's services to be merged to create an ESNEFT version. Consideration to be made mandating bilirubin checks for babies with black/brown skin where there is a suspicion of jaundice.
- A review to be undertaken of the number of bilirubin meters available within the community teams to ensure there is ample provision to the teams.
- Oxygen saturation measurement equipment should be explored by the NNU to ensure the department has the best available equipment.
- A review to be undertaken on the administration of IVIG in the jaundice pathway to ensure the administration is in accordance with best practice.
- Training and education to be rolled out as per the Neonatal Jaundice Guideline and any updates
- Prompt commencement of phototherapy lights in CAU should be explored, regardless of any decision to transfer.
- Align the ESNEFT post-natal Care Guideline and consider ensuring the day 4 visit is a face-to-face visit by either a midwife or MCA.

Maternity: Completed MNSI Investigation for Learning – Cooling case (December data)**What happened:**

Low risk pregnancy with a history of mild asthma. During pregnancy actim partus was positive – labour did not progress. The mother was not keen on induction of labour (IOL) so a plan was made to continue pregnancy and await events with additional fetal wellbeing check arranged for 42 weeks. Spontaneous labour occurred and the mother initially started labour in a pool on Juno (MLC). Audible deceleration was heard on sonicaid following contraction so a CTG was commenced. Due to CTG concerns the woman was transferred to the delivery suite. Ongoing CTG concerns were identified and a Category 1 caesarean section (CS) was called. Baby was born without respiratory effort or heart rate - requiring extensive resuscitation. Care continued in the Neonatal unit (NNU) and baby met criteria A and B for therapeutic cooling and was transferred to a tertiary unit for active cooling.






What HSIB found:

1. No risk factors were present when the Mother was assessed at her booking and she was suitable for midwifery led care which was provided.
2. When the baby was suspected to be small for gestational age (SGA) an ultrasound scan (USS) was arranged. The growth was within the expected range. Symphysis fundal height (SFH) measurement was reduced at the subsequent appointment, the Mother was not referred for an USS as it was less than 2 weeks since the previous USS. At the next appointment the SFH suggested a normal growth trajectory this meant that a further growth USS was not considered.
3. After a risk assessment on admission in labour the Mother was considered to be low risk and cared for in a birthing pool in the midwifery led unit, monitoring the Baby's heart rate was performed using intermittent auscultation and rates recorded were within the expected range until staff had difficulty finding the baby's heartbeat.
4. There was an interval of up to 45 minutes when the baby's heartbeat was not heard, which means it is not known when decelerations of their heartbeat first occurred. A CTG was undertaken, and the Mother was transferred to the labour ward for further care.
5. On this night there were both a locum obstetric and gynaecology consultant on call and a locum obstetric and gynaecology doctor on duty within the maternity hospital, which meant that neither were known to the Mother, a clinician who wanted to be cared for by someone she knew. On learning there were locum doctors on duty overnight the Mother telephoned colleagues, one of whom agreed to come in.
6. The Mother's transfer to labour ward from the midwife led unit due to fetal heart rate concerns, and the attendance of the senior doctor, was not discussed with the on duty obstetric team which meant that they did not provide any clinical oversight of the Mother's care prior to the obstetric emergency call for fetal bradycardia.
7. Before the onset of a fetal bradycardia led to staff making an emergency call to the on duty obstetric team, the CTG trace of the Baby's heart rate was considered to have features which were not associated with the presence of fetal hypoxia which meant that intervention to achieve an earlier birth did not take place.
8. When staff were alerted to a change in the Baby's heart rate at 03:27 hours there was prompt escalation to the on duty obstetric doctor who made the decision for a category 1 caesarean section birth which was achieved within the expected time frame.
9. The Baby was resuscitated promptly in line with national and local guidance, and therapeutic cooling was provided for 72 hours after the criteria were met.
10. The placenta was smaller than the expected range, with a weight on the 3rd centile, and there was an absence of Wharton's jelly around the umbilical blood vessels with a marginal insertion of the cord to the placental disc. This meant that the Baby, who was small for gestational age, had reduced reserves to compensate for a restricted blood flow through the umbilical cord during labour.

Safety Recommendation(s):

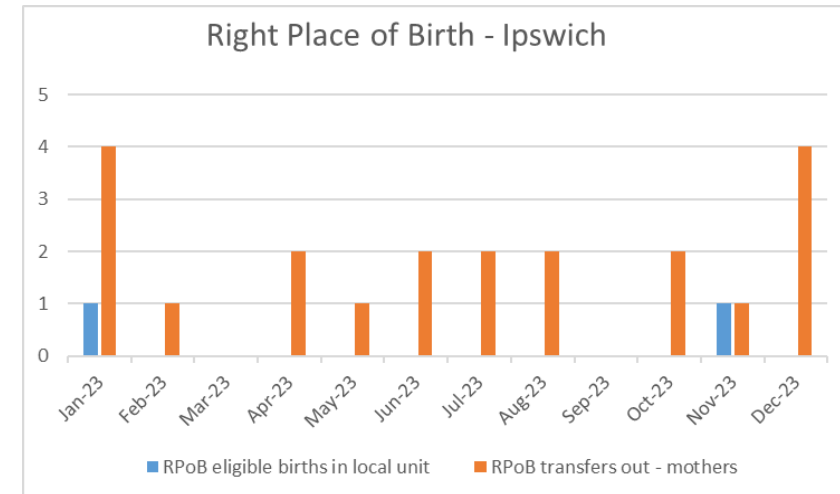
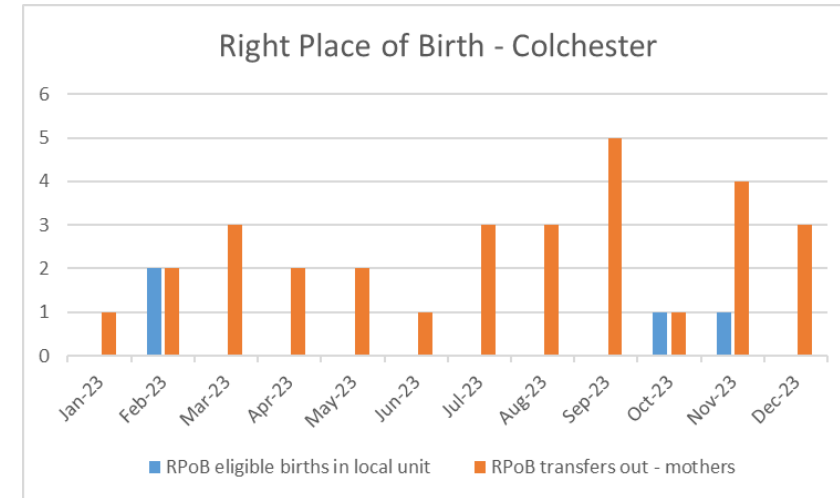
1. The Trust to ensure clear communication and effective clinical oversight is maintained by the multidisciplinary team when care is provided by senior obstetric staff outside of the on-call rota.

Maternity: Compliance and Learning from Regional Exception Reports (December data)

Month:	Q3 Oct - Dec 23		Number of babies under 34 weeks gestation born at the unit this month	25
How many babies did we ensure were born in the right place? <i>Target: 85%</i>	0%	% antenatal interventions that <u>could</u> be optimally timed ↓	 For babies that required ventilation, how many were ventilated using a VTV/VG mode? <i>Target: 100%</i>	100%
How many babies mothers received antenatal steroids? <i>Target: 85%</i>	88%	55%	 How many babies received caffeine within first 24 hour of life? <i>Target 100%</i>	100%
How many babies mothers received antenatal Magnesium Sulphate? <i>Target: 85%</i>	67%	33%	 How many babies received Early Maternal Breast Milk (EMBM) within 6 hours of birth? <i>Target: 85%</i>	40%
How many babies mothers receive intrapartum antibiotics? <i>Target: 95%</i>	75%	89%	 How many babies received a multi strain probiotic within first 24 hours of life? <i>Target: 100%</i>	33%
How many babies benefited from Optimal Cord Management? <i>Target: 85%</i>	88%	Total % antenatal interventions that <u>could</u> be optimally timed →	 How many eligible babies received prophylactic hydrocortisone within first 24 hours of life? <i>Target: 85%</i>	43%
How many babies had a normothermic temperature (36.5-37.5C) measured within one hour of birth? <i>Target: 90%</i>	84%	Total % antenatal interventions that <u>were</u> optimally timed →	PERIPrem Bundle: Optimisation Score for the unit this month [Total number of interventions given/Total number of optimal interventions] 70%	12%
			PERIPrem Bundle Optimisation: How many mothers and babies received ALL the interventions for which they were eligible	

Quarter 3 data demonstrates a slight reduction in compliance percentages for all optimisation elements, with the exception of optimal cord clamping (from 81%) and early maternal breast milk (from 15%). Antenatal steroids and magnesium sulphate administration were optimised at every opportunity. Still requiring some improvement in optimisation of IV antibiotic administration, as well as probiotics and hydrocortisone use (Colchester now in the process of adopting Regional hydrocortisone guideline)

- Three Right Place of Birth (RPOB) exceptions in quarter 3 (all appear unavoidable on initial investigation).
- Four successful RPOB in-utero transfers to a tertiary centre.
- ESNEFT RPOB percentage for quarter 3: 57.1%



Maternity: Audit Update exceptions (December data)

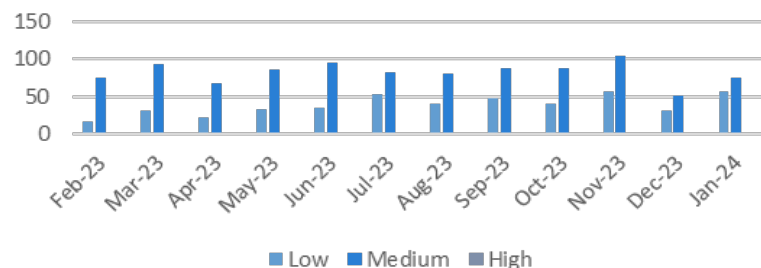
Audit		Site	Project lead
In Progress			
Audit & QI plan	Delivery Suite Ward round re-audit Ockendon	CGH	Oriyomi Adebawale
	MEWS/MEOWS, fluid balance, escalation & Maternal sepsis screening/sepsis 6 compliance	ESNEFT	Camilla Eyley-Scott
Additional Audits	Management of pregnant women with thrombo-embolism	Ipswich	Mamta Banerjee/ Ruta Gada/Ritisha Basu
	Audit of the Use of Translation Services in Maternity	CGH	Zoe Oswick, ANNB Lead
Additional Projects	Evaluating the extent to which health inequalities, including a focus on the Equality Diversity and Inclusion Agenda, impact on pregnancy and outcome	ESNEFT	Anglia Ruskin
	Readmission to maternity service evaluation	Colchester	Louise Hawkins & Sam Shopland Reed
Awaiting Presentation (via audit afternoon)			
Audit & QI plan	SBLCB - element 4 - Effective fetal monitoring during labour	Ipswich	Jillian Hart
	SBLCB - element 4 - Effective fetal monitoring during labour	Colchester	Kate Prazsky
	Assisted birth re-audit	Colchester	Jinisha Selveraj
	Complex Pregnancies re-audit Ockendon (ESNEFT)	Colchester	Wilson Ofunne
Additional Audits	Smoking In Pregnancy	Ipswich	Angela Leach & Carly Rose
	Perineal Care in second stage of labour	Ipswich	Chloe Thomson, Annette Ballard

Equality & Equity Update

The division are working through plans to develop a continuity of carer team for our most deprived area in Jaywick. This will form part of our business planning for this coming year.

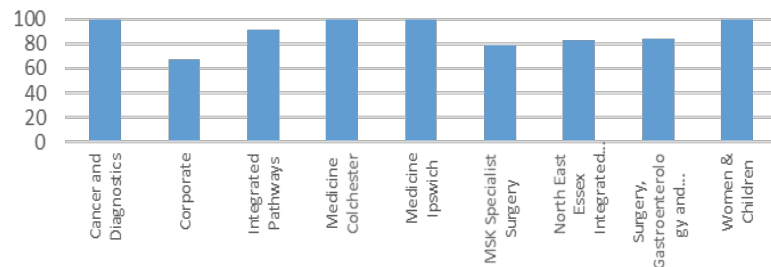
Patient Experience – Complaints

Total number of Complaints by Level



Overall complaint numbers for ESNEFT in January were 132 (84). Colchester reported 80 (43) complaints and Ipswich reported 52 (41).

Complaint Response Compliance %

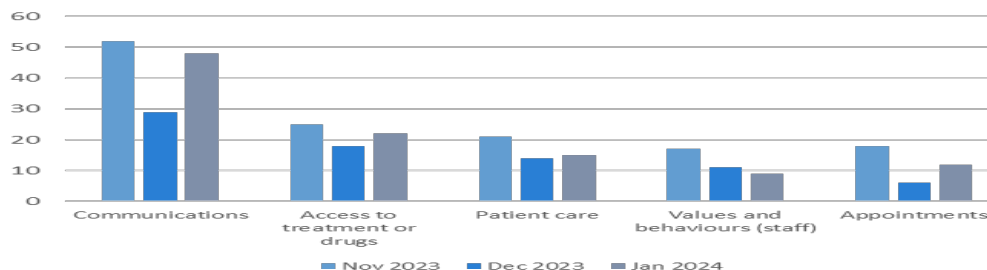


Overall response rate compliance remained at 91% in month. There were 110 (151) complaints closed in the month of January. Overdue complaints decreased to 2 (4).

Complaint themes

The two most common themes for complaints in January 2024 remain 'Communication' and 'Access to Treatment or Drugs'. 'Patient Care' was the next highest theme for the number of complaints received.

Top 5 Complaint Themes



Top themes from PALS:

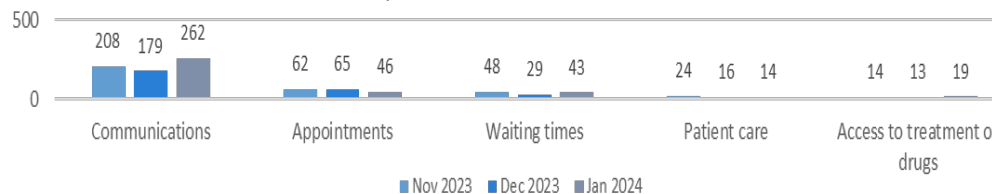
There were 442 (356) PALS enquiries logged in January 2024:

280 (218) for Colchester
162 (138) for Ipswich

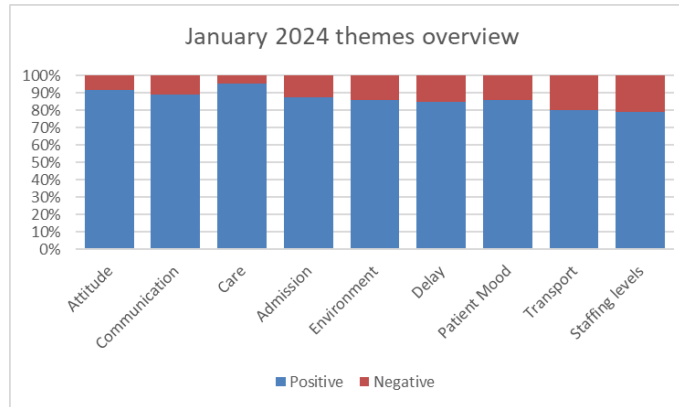
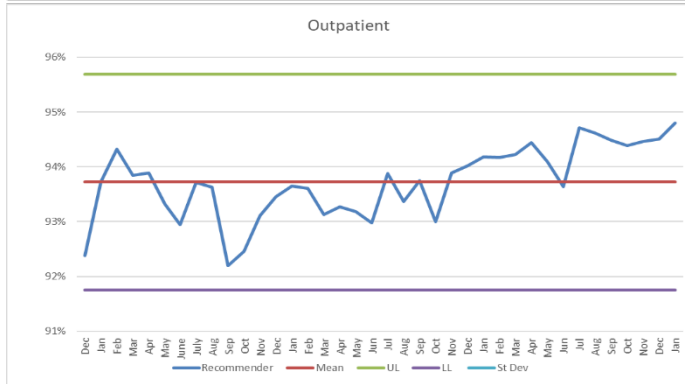
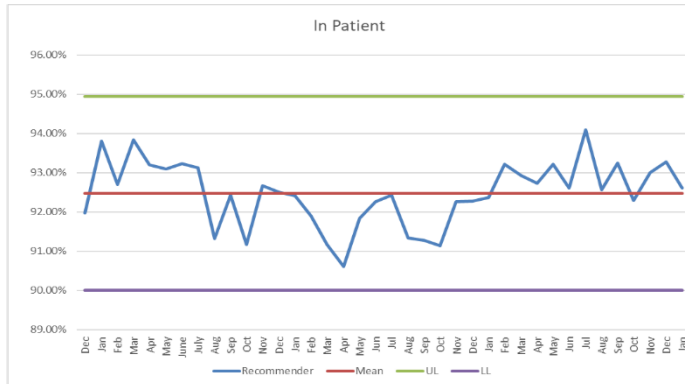
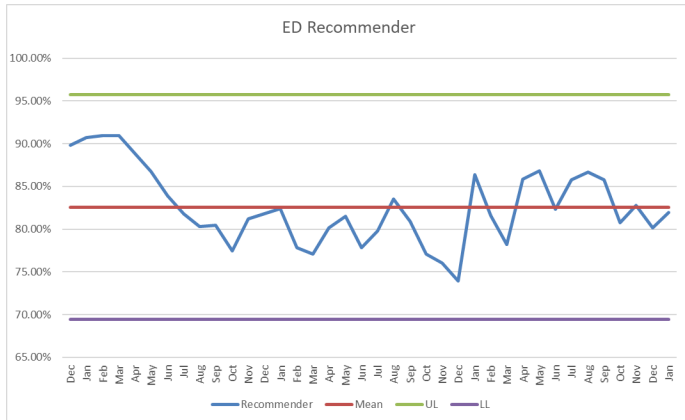
The top theme for PALS enquiries in January 2024 was 'Communication' followed by 'Appointments'.

The majority of PALS enquiries included queries regarding follow-up appointments and when surgery would be re-scheduled as well as information relating to a loss or change to services.

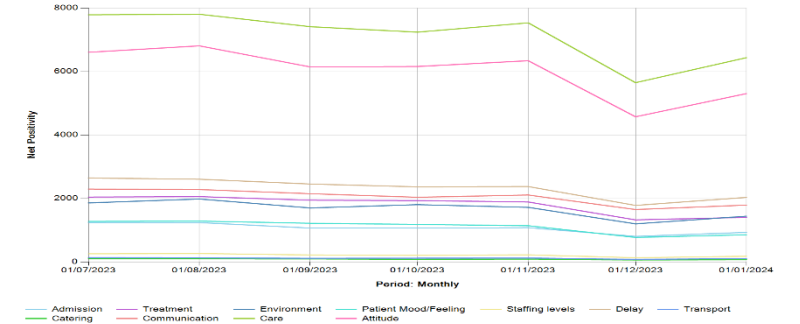
Top PALS Themes - last 3 months



Patient Experience – Friends and Family Test



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



ED		October	November	December	January
ESNEFT	Recommended	92.63%	85.05%	80.13%	81.93%
	Responded	18.00%	16.00%	16.00%	17.00%
National	Recommended	78.95%	78.54%	0.00%	0.00%

Inpatient		October	November	December	January
ESNEFT	Recommended	92.74%	93.58%	93.28%	92.61%
	Responded	24.00%	23.00%	23.00%	25.00%
National	Recommended	94.45%	94.37%	0.00%	0.00%

Birth		October	November	December	January
ESNEFT	Recommended	100.00%	100.00%	83.33%	100.00%
National	Recommended	93.60%	93.63%	0.00%	0.00%

Outpatient		October	November	December	January
ESNEFT	Recommended	94.26%	94.46%	94.51%	94.80%
National	Recommended	93.80%	94.34%	0.00%	0.00%

Antenatal		October	November	December	January
ESNEFT	Recommended	100.00%	100.00%	100.00%	81.82%
National	Recommended	90.87%	91.81%	0.00%	0.00%

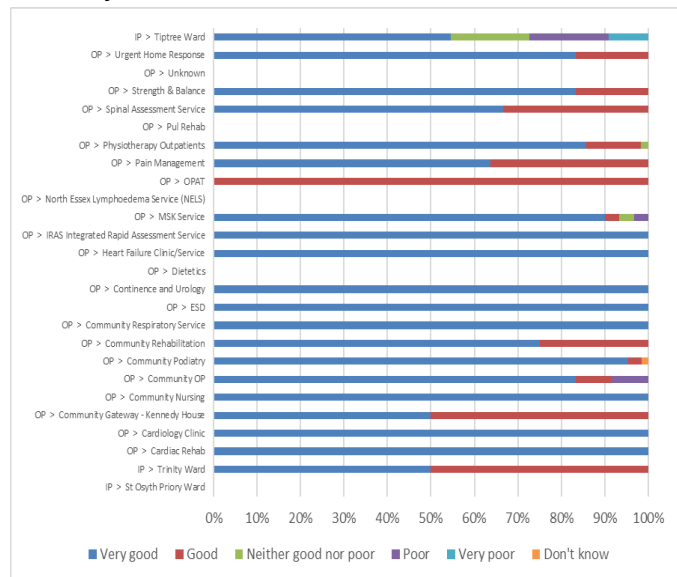
Post Ward		October	November	December	January
ESNEFT	Recommended	95.45%	95.45%	96.55%	0.00%
National	Recommended	91.19%	92.15%	0.00%	0.00%

Post Com		October	November	December	January
ESNEFT	Recommended	100.00%	100.00%	100.00%	0.00%
National	Recommended	92.17%	92.11%	0.00%	0.00%

	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	5,669	2,045	6,788	1,088	1,719	2,475	1,027	141	241	1,616
Negative	537	255	354	157	279	442	172	35	64	212
% Negative	9%	11%	5%	13%	14%	15%	14%	20%	21%	12%
Change	Up 3%	Up 1%	Up 2%	Up 1%	No change	No change	No change	Up 1%	Down 12%	Up 2%

Patient Experience – Friends and Family Test

Community - Essex



FFT Feedback/Comments

Tiptree - My Husband was on Tiptree ward for 8 days. All the staff on the outside were wonderful, clear communication and helpful.

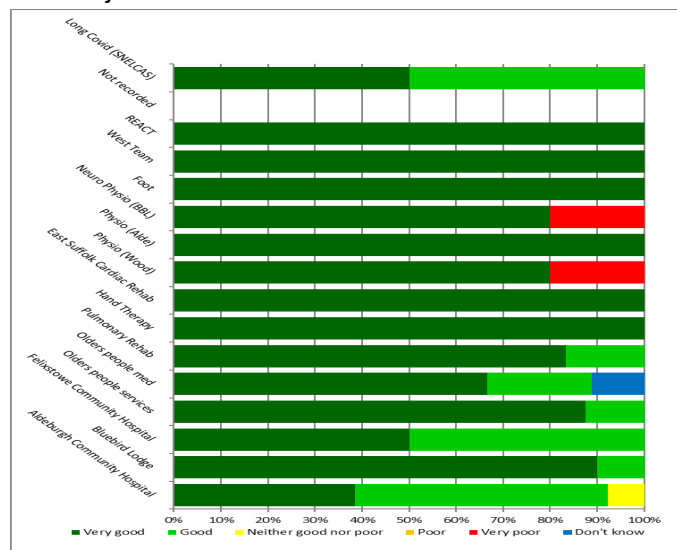
MSK - I was fully informed regarding my ongoing problem. Details were explained fully to me, with further suggestions to help with my condition

Physio OP – Physiotherapy shoulder class. Lovely staff, really helpful. Good location. Really helpful sessions.

Physio OP Had a telephone interview and physiotherapist was very encouraging and arranging a class to help me! Nothing could be done better.

Community nursing - Very kind polite to my elderly dad. Go's have been unable to get blood from my das. Nurse arrived and got them straight away. Dad was totally stress free. Thank you

Community - Suffolk



FFT Feedback/Comments

Aldeburgh Hospital - Aldeburgh is peaceful and all staff are helpful. Ipswich seems to be in a rush and chaotic of moving patients from ward to another with no explanation. Day a&e patients not given food, drinks or meds all day..

Aldeburgh - Service very good. staff very efficient - relatives, because of distance from Ipswich could not visit often.

Felixstowe Hospital - Most people kind, friendly and helpful. Sometimes understaffed so have to wait for commode etc.

Bluebird Lodge - Everyone so helpful and friendly. The shower was dripping all the time, needs sorting, otherwise the staff were lovely

SNELCAS – I cannot remember the lady's name but she took the time to actively listen to me and she actually understood how this illness makes me feel, how lost I feel. She was kind, supportive and not judgmental

Physio (Wood) - Very handy having an appointment in Woodbridge as opposed to going to the hospital. Friendly, helpful, knowledgeable staff

Emergency Care	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Areas of Improvement	Areas requiring further work
A&E: Total Wait - 4 Hour Performance	76%	72.2%	74.6%	71.4%	71.9%	73.5%	72.2%	<ul style="list-style-type: none"> Emergency Department 4-hour performance in January 23 was up above the plan submitted to NHS England at 72.2%. Plans to achieve 76% for March and reduce 12-hour waits are part of a deep dive for Finance and Performance Committee in February. 	<ul style="list-style-type: none"> The Ipswich site will also focus on non-admitted 4-hour ED breaches in conjunction with system partners, additional cubicle space will be available through changes in March in addition to the provision of a Front Door Registrar between 4pm and Midnight to mitigate overnight waits in the main waiting room as well as extended GP Streaming from 9pm to Midnight.
A&E: % Ambulance clinical handovers > 30 minutes	5%	24.9%	18.9%	31.3%	27.6%	38.2%	N/S		
A&E: Time to initial assessment	-	86.3%	86.2%	80.7%	77.9%	76.4%	75.6%		
ESNEFT Mental health Attendances	-	454	446	398	380	356	420		
Inpatients	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	<ul style="list-style-type: none"> Community integration continues with the implementation of the Community at the front door model, Ambulatory Emergency Care, Unscheduled Coordination Hub, Virtual Wards and Frailty. 	<ul style="list-style-type: none"> The Trust will also need to maximise the use of SDEC with Ipswich reviewing work undertaken at Colchester around the AECU for some emergency patient pathways.
ESNEFT Total Admissions	-	16,490	16,581	17,182	17,813	17,328	18,919		
ESNEFT 21 day+ patients	-	65	66	68	74	74	82		
Cancer	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	<ul style="list-style-type: none"> Focus remains on the end of March delivery for both 28FDS and reducing the 62 -ay backlog 	<ul style="list-style-type: none"> New ED and Patient Flow Huddles every hour are in place at both sites during March.
Cancer: 62 days Urgent GP Ref to 1st Treatment	85%	72.5%	70.4%	68.0%	73.3%	68.4%	63.1%		
Cancer: 28 Day Faster Diagnosis Standard	75%	65.0%	63.8%	66.9%	70.2%	71.5%	70.4%	<ul style="list-style-type: none"> Colorectal pathway changes continue to see improvements with an improvement of discharge rate at triage for IHT in January 	<ul style="list-style-type: none"> Monitoring of the Urology and Colorectal 28FDS and 62-day backlog
Diagnostics	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	<ul style="list-style-type: none"> Continued good achievement within most of the radiology modalities for achieving the diagnostic standard. 	<ul style="list-style-type: none"> Colorectal pathway changes continue to see incremental improvements month on month MRI, ECHOs and Neurophysiology sustainable long-term plans
Diagnostics: % Patients waiting 6 weeks or longer	5%	7.6%	8.6%	7.3%	10.4%	11.6%	12.5%		
RTT	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	<ul style="list-style-type: none"> Continued reduction in the overall number of patients waiting to be treated in the 65-week cohort for end of March 2024. 	<ul style="list-style-type: none"> Booking of weekend activity beyond end of March for a September delivery of 65 weeks.
RTT: Incomplete pathway >65 weeks	0	1,024	993	1,055	855	1,002	863		
RTT: Incomplete pathway >78 weeks	0	37	38	38	17	31	41		

Performance Area	Performance measure	Target	Latest Month			Trend		
			ESNEFT	COL	IPH	ESNEFT	COL	IPH
Emergency Department	Four hour standard (Whole Economy)	71.3% (Trajectory)	72.2%	77.6%	62.0%	● (1.0%)	● 0.5%	● (3.7%)
	Time to initial assessment - 95th pct	15 mins	● 32	● 27	● 39	● (2)	● 3	● (4)
	Time to initial assessment- percentage within 15 minutes (new measures)		75.6%	82.0%	67.8%	● (0.9%)	● (3.7%)	● 4.0%
	Time to treatment - median time in department	60 mins	● 75	● 43	● 114	● (6)	● (10)	● (8)
	Average (mean) time in department- non-admitted patients (new measure)		287	397	223	● 3	● 33	● (5)
	Average (mean) time in department- admitted patients (new measure)		519	551	467	● 41	● 72	● (11)
	Patients spending more than 12 hours in A&E		1,700	1,334	366	● 241	● 250	● (9)
	Proportion of ambulance handovers within 15 minutes (new measure)		11.5%	9.0%	14.4%	● (1.2%)	● (1.7%)	● (0.9%)
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 70.6%			● (2.9%)		
	% patients 28 day faster diagnosis		● 70.4%			● (1.1%)		
Diagnostics	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 63.1%			● (5.3%)		
	% patients waiting 6 weeks or more for a diagnostic test	1%	● 12.5%			● 0.5%		
RTT	% of incomplete pathways within 18 weeks	92%	● 56.8%			● 0.2%		
	Total RTT waiting list (open pathways)	85566 (Trajectory)	87,455			● 893		
	Total 65+ waiters	800 (Trajectory)	● 863			● (139)		

Urgent and Emergency Care: Whilst 4 hr performance in Colchester has improved in the last month, the focus is on 12 hour waits within the department due to bed capacity constraints. Approval has been given to extend Durban ward for another month but due to the Clacton STAR project Durban is to be decanted by the 31st March 2024 with no opportunity to use this ward from this date. That will mean a deduction of 27 beds currently in use. Discussions have stepped up externally about support for patients who do not meet the criteria to reside through use of the Better Care Funding, specifically for discharge. Both Ipswich and Colchester sites will share a recovery plan related to the 76% and 12 hour wait provision as part of the deep dive aimed at driving 76% compliance for March.

Cancer: Positively, January saw a significant improvement in the actual numbers of patients being seen, treated or discharged before Day 28, compared to December (814 patients in January), which has often not been the case in previous years, and a year-on-year improvement in the both over 62 days and 28FDS. The Colorectal team have implemented their triage pathway at Ipswich fully, and adopting the same practice as Colchester, however there is not the same level of impact. Colchester is seeing on average a 45% discharge rate at triage and Ipswich is seeing on average 5%. There are clear differences in the clinical team and leadership which is being addressed. There is a risk to a deterioration in performance for February given the IA impact, however the focus is firmly on the 28FDS delivery and 62day backlog reduction for March 2024.

Elective and Diagnostics: The number of patients over 78 weeks increased in January with the impact of IA alongside the increase in patients awaiting corneas, which is a national issue, however positively no patients waiting beyond 98 weeks. The focus remains very much on the end of March positions for both over 78 weeks and 65 weeks. The Trust ambition remains to have no patient waiting over 78 weeks (capacity breaches) and to reach the forecasted position of approximately 300 patients over 65 weeks. At the end of December there were 3,010 patients without dates to be seen in the 65-week cohort. This reduced to 1,303 at the end of January. Many areas are ahead of plans for end of March with risks within MSK, General Surgery and now Gynaecology. As forecasted, diagnostics compliance did not improve due to workforce and demand constraints, however there are plans for each of the areas for improvements in March. Regionally, the Trust remains the best performing for diagnostics and remains in the top 3 nationally. There have been no cancellations this year for the loss of Elective Beds during January for either Cancer or RTT patients.

Whole Economy performance for ESNEFT in month declined by 1.1% albeit is above the regional/national averages, and above the trajectory set for the month by 0.9%. Colchester improved by 0.4% and is above the National standard/trajectory. Ipswich performance deteriorated by 3.7% and is below trajectory. ESNEFT attendances have seen a 3.6% increase in month with Ipswich increasing by over 5%.

4-hour standard- ESNEFT whole economy*

72.2%
 ↓ vs 73.3% last month

4-hour standard- Colchester

77.6%
 ↑ vs 77.2% last month

4-hour standard- Ipswich

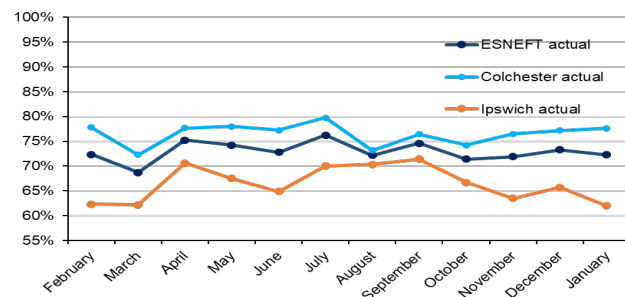
62.0%
 ↓ vs 65.7% last month

Attendances - ESNEFT

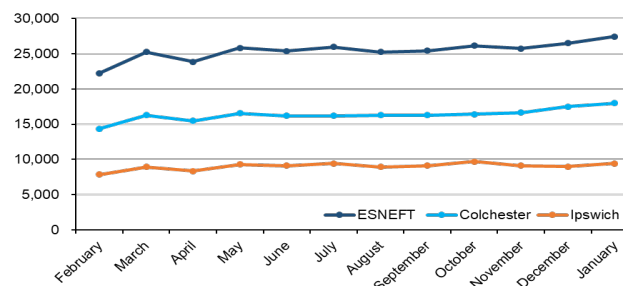
27,448
 ↑ vs 26,493 last month

Performance and trajectory				
		ESNEFT	NEE	IES
January	Actual	72.2%	77.6%	62.0%
	Trajectory	71.3%	71.3%	71.3%
	Position	✓	✓	✗

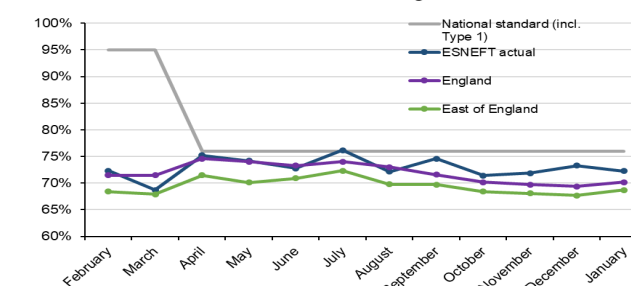
ED Performance: Four hour standard



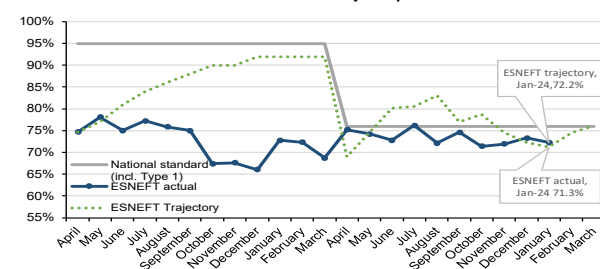
ED Performance: Attendances



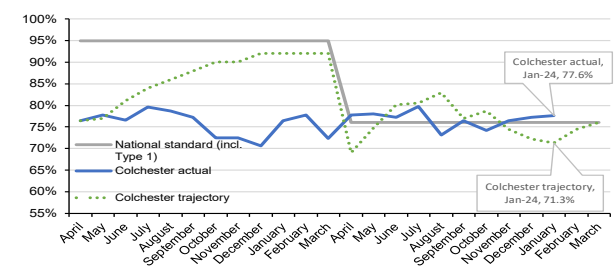
ED Performance: Four hour standard - benchmarking



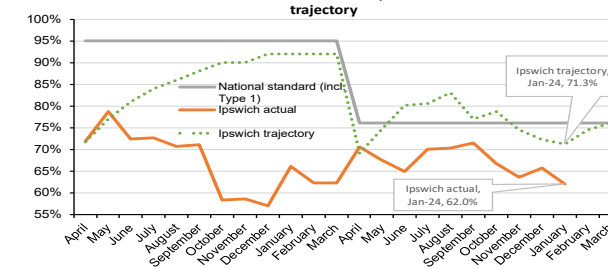
ED Performance: Four hour standard - ESNEFT trajectory



ED Performance: Four hour standard - North East Essex trajectory



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



Colchester

Performance against the 4-hour standard improved marginally in month; with an increased level of attendances. Despite the challenges, performance compared to the same month in previous years has continued to show an improvement.

Capacity has been a major constraint, especially with a number of continued closed beds due to infectious reasons.

The 76% 4 hours rapid response plan is in place to support delivery for March.

Ipswich

An increase in attendances including higher than anticipated ambulance conveyances contributed to a decline in performance. Industrial Action at the beginning of the month and a restricted bed base due to an increase in infection control closures impacted performance and flow out of the department, increasing crowding. All escalation areas were opened to mitigate the impact on flow, and services were extended to help decompress ED.

*includes Clacton and Harwich

The number of ambulance handovers decreased in month for ESNEFT by 0.9%; Colchester decreased by 5.0% with Ipswich increasing by 4.6%.

Number of handovers - ESNEFT

4,980

↓ vs 5,023 last month

Number of handovers - Colchester

2,723

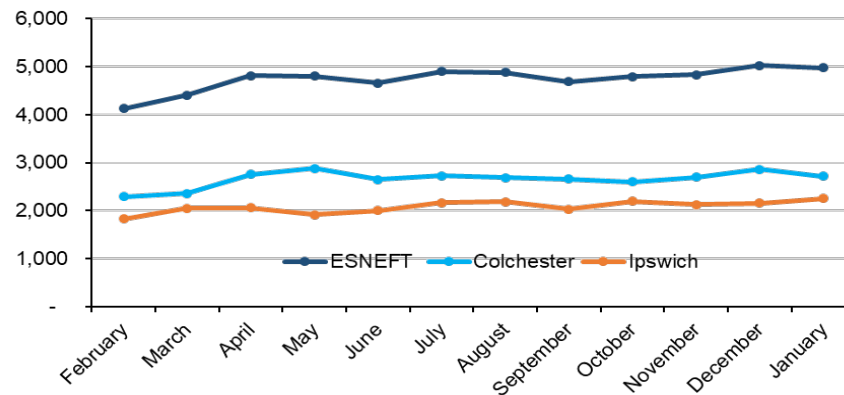
↓ vs 2,866 last month

Number of handovers - Ipswich

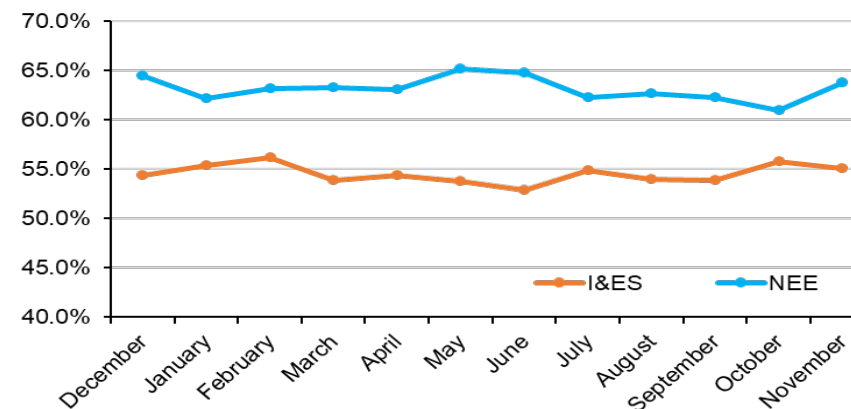
2,257

↑ vs 2,157 last month

Ambulances: Number of handovers



Ambulances: Conveyancing rate



*December 2023/January 2024 data not received from the CCG

Colchester

Collaborative work continues with EEAST and NEECs, prioritising and promoting work programmes contributing to alternative pathways to ED and keeping patient in their home or in the community. C@FD will be fully optimised and will be working differently to support the 4-hour standard plans in March.

Ipswich

There was a 16% increase in ambulance conveyances in January 24 compared to January 23.

When combined with delayed bed waits this impacted cubicle capacity to offload ambulances safely increasing the turnaround times.

Actions taken to mitigate were increasing corridor care for “Discharge to Assess”, and increased numbers identified as “Fit to Sit”, and increasing the bed numbers on wards where possible

ESNEFT performance for handovers deteriorated across the board in month. Handovers within 15 minutes declined by 1.2%; decreases were seen at Colchester and Ipswich by 1.7% and 0.9% respectively. All other handover metrics for ESNEFT showed deterioration in month with 15-30 minutes by 0.6%, 30-60 minutes by 1.5% and over 60 minutes by 0.4%.

Handovers within 15 minutes - ESNEFT

11.5%

↓ vs 12.7% last month

Handovers within 15 minutes - Colchester

9.0%

↓ vs 10.7% last month

Handovers within 15 minutes - Ipswich

14.4%

↓ vs 15.3% last month

Handovers within 15 – 30 minutes - ESNEFT

46.8%

↓ vs 47.4% last month

Handovers within 30 – 60 minutes - ESNEFT

21.3%

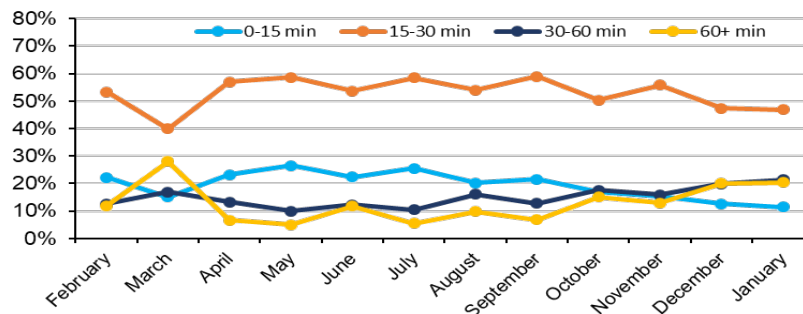
↑ vs 19.8% last month

Handovers over 60 minutes - ESNEFT

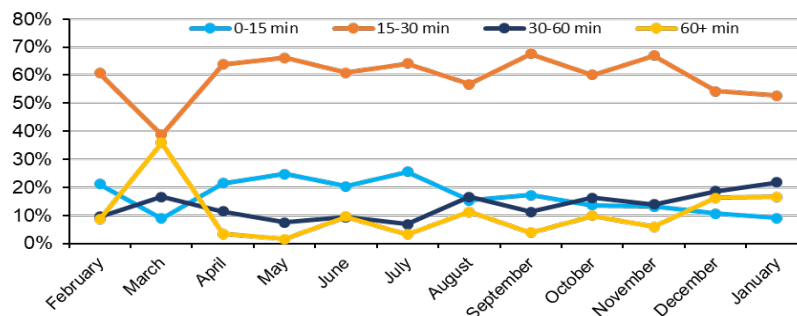
20.4%

↑ vs 20.0% last month

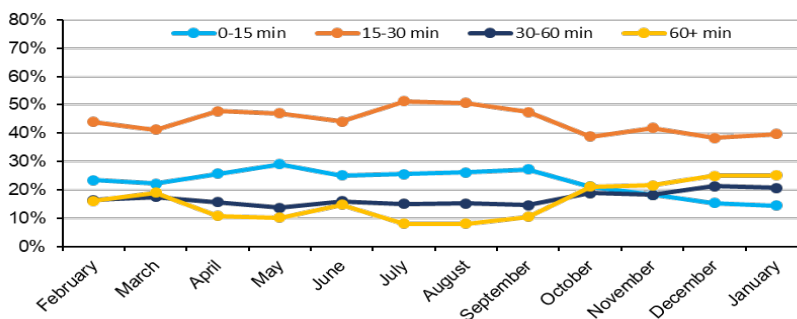
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Colchester

There was a deterioration in performance in month, driven by activity and acuity of patients and demand for bed capacity.

The focus on ambulance handover and off-loads remains with regular self-assessment against the actions taken by high achieving Trust's and ECIST reports.

Boarding and the enhanced boarding process supports with flow out of the department and the ability to take handovers.

Ipswich

Deterioration in performance was associated with cubicle capacity and batching of conveyances at peak periods. There is increased focus on escalation and planning ahead for anticipated arrivals to try and ensure there is adequate flow.

Measures such as "Fit to Sit", "Corridor Care", and interventions where offloads are delayed are in place to ameliorate the situation.

ESNEFT performance declined for time to initial assessment within 15 minutes by 0.8% for ESNEFT in month; Colchester declined by 3.7% with Ipswich improving by 4.0%. Average times in department for non-admitted/admitted patients deteriorated by 3 minutes and 41 minutes respectively. The number of 12-hour patients increased by 16.5% month on month.

Time to initial assessment (% patients within 15 mins)

75.6%

↓ vs 76.4% last month

Time to initial assessment: (95pct)

32 min

↓ vs 34 last month

Average time in dept – non-admitted

287 min

↑ vs 284 last month

Average time in dept – admitted

519 min

↑ vs 478 last month

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

75 min

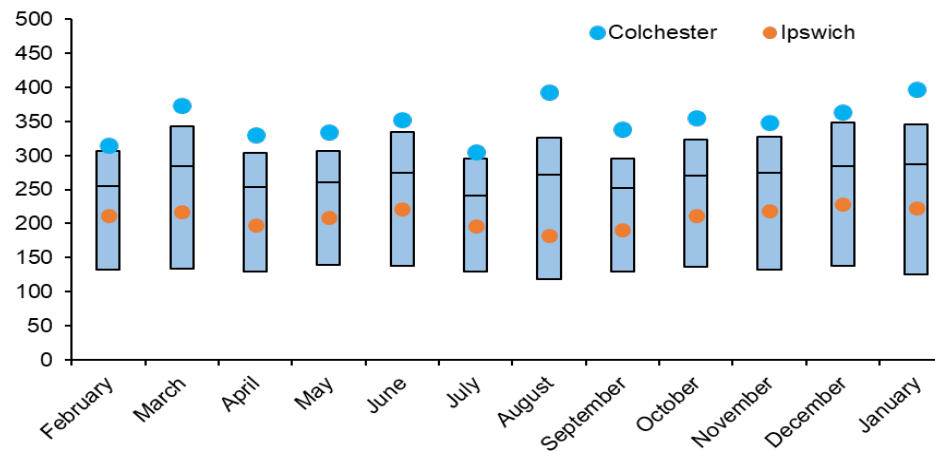
↓ vs 81 last month

12-hour patients

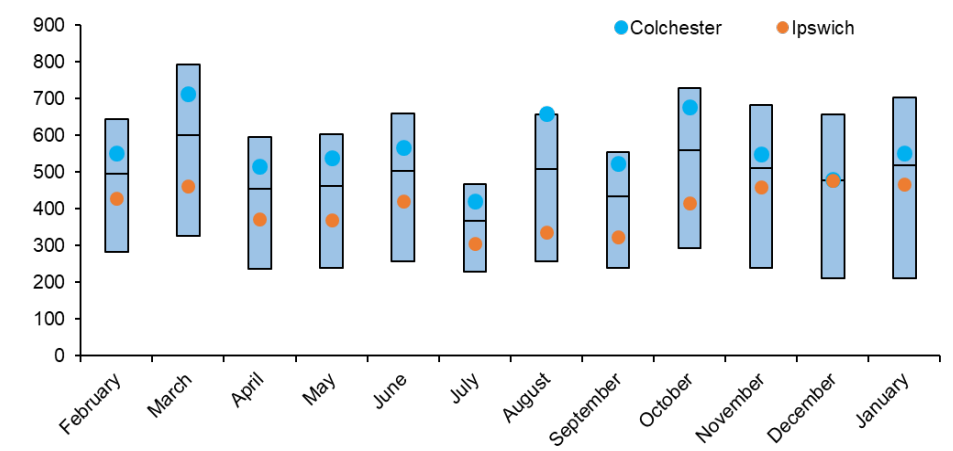
1,700

↑ vs 1,459 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

A decline in performance across the majority of indicators was driven by increased demand, acuity and reduced flow; and an increased number of patients remaining over 12 hours.

Mental Health beds contribute to this position and to ensure safety and risk of overcrowding teams continue to reverse board; and bed AMSDEC to allow for 8am pull of patients.

Wards are also identifying patients to board. Divisions are working together to ensure ED is decompressed in a timely way.

Ipswich

The Trust continues to improve non-admitted performance with work on waiting times overnight and improvements to services until midnight in the UTC.

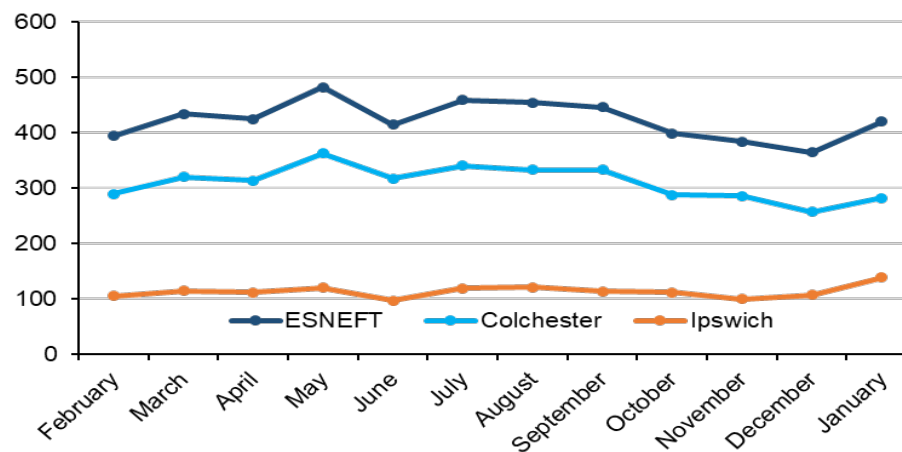
Admitted Time in the department deteriorated. Patients spending more than 12 hours in the department has also remained static for the last 3 months at between 365 – 370 patients.

There has been an increase in escalation beds to support flow out of the department, and increased use of Discharge Lounge to create early flow.

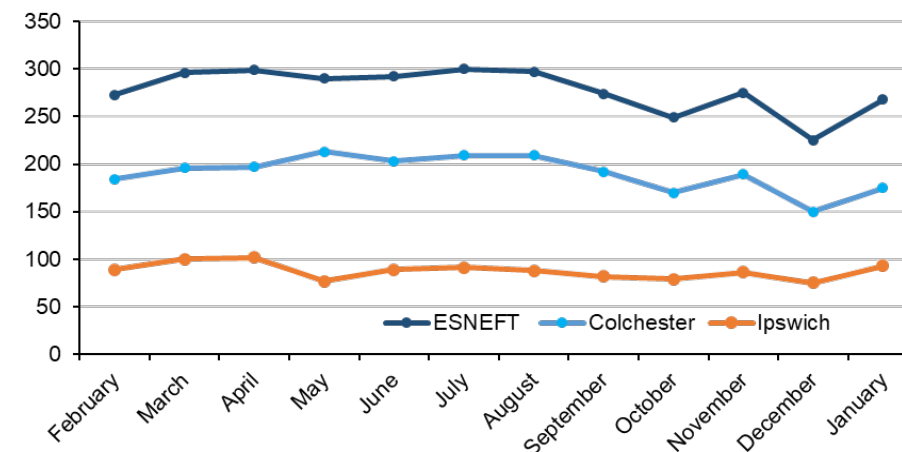
MH ED attendances have increased by 15.4% across ESNEFT in month with both sites reporting an increase: Colchester by 9.7% with Ipswich increasing by 29.0%.

MH referrals also increased for ESNEFT in month by 19.1%; Colchester increasing by 16.7% and Ipswich increasing by 24.0%.

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



MH attendances - Colchester
282

↑ vs 257 last month

MH attendances - Ipswich
138

↑ vs 107 last month

MHLT referrals - Colchester
175

↑ vs 150 last month

MHLT referrals - Ipswich
93

↑ vs 75 last month

Service Commentary

In January, the MHA was only applied for 1 patient (in Colchester Hospital) during a hospital admission. This is a reduction compared to previous months. There continues to be longer delays for patients at Colchester ED compared to Ipswich ED where transfer for MH beds are required.

There was a significant increase in the use of restraint in Ipswich Hospital; these were largely in relation to one person who required this intervention to support re-feeding. There was not a significant difference in the use of restraint in Colchester.

Across both sites there was a reduction in the use of security for 1:1 observations (more significantly at Ipswich Hospital); however, the person requiring a high level of restraint was supported with 2:1 observations by staff who are provided though the under 18's peripatetic offer.

There continues to be difficulty in establishing a pathway for people over the age of 16 who have an eating disorder. Work with system partners around this is ongoing.

Total admissions increased in month for ESNEFT by 9.2%. Emergency and elective admissions increased by 2.0% and 18.0% respectively. Non-electives decreased in month by 3.0%. Compared to 2022-23 admission levels for January, admissions were up for emergencies by 28.4% and electives by 16.6% with non-electives decreasing by 10.7%.

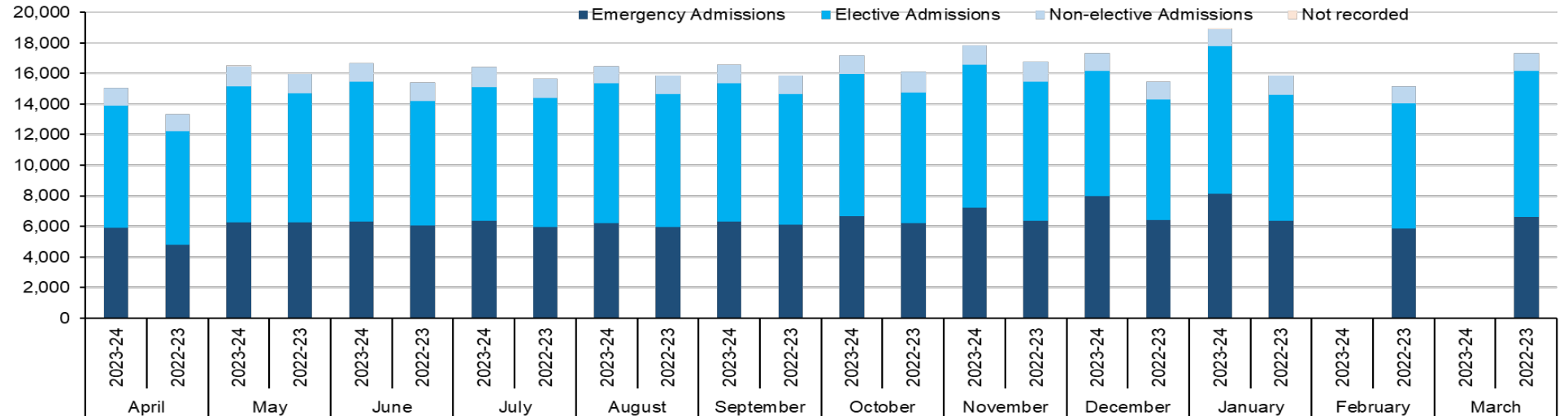
Emergency admissions
8,152
 ↑ vs 7,994 last month

Elective admissions
9,617
 ↑ vs 8,153 last month

Non-elective admissions
1,149
 ↓ vs 1,184 last month

Total admissions
18,919
 ↑ vs 17,331 last month

Admissions: Inpatient spells by admission type



Colchester

Due to demand, assessment areas continue to be bedded; as well as the in and outbound ED corridors.

With the opening of the AEC; triggers are in place to avoid bedding this area to ensure early flow and decompressing of ED.

To ensure capacity and reduction of risk in ED; early identification of next day discharges, and early transfer to the DCL supported with flow. This is also supported by enhanced boarding where safe to do so. MADE events took place with system partners to focus on admission avoidance as well as increasing discharges and consideration of alternative pathways; as well as continued focus on TWT.

Ipswich

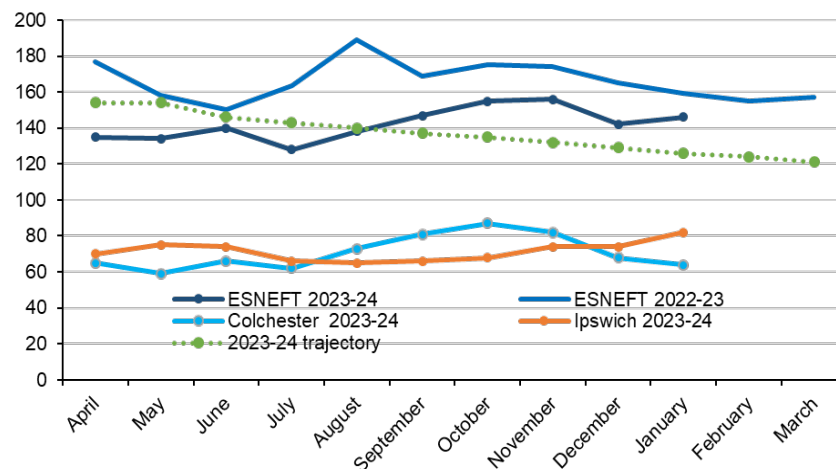
Industrial Action was a contributory factor for admissions in January. The Trusts escalation areas were open and fully utilised.

Flow was maintained through the assessment areas to enable patients to get to the right ward specialty and reduce length of stay where possible.

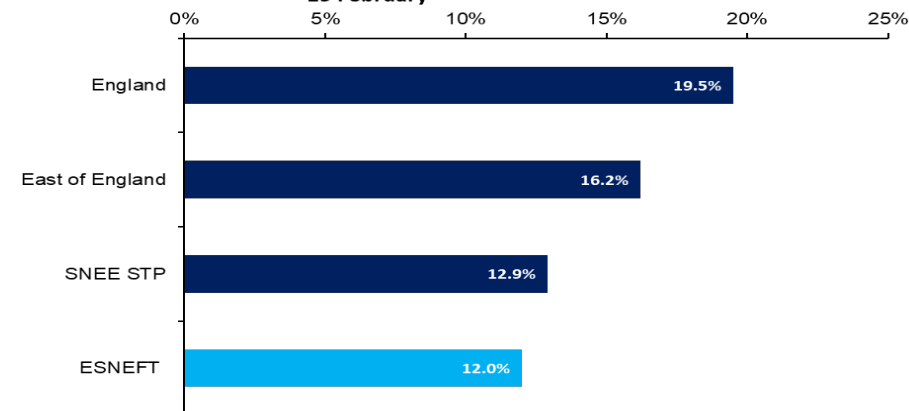
The Trust has a strong focus on discharges and patients being in the right place, first time.

Average number of long length of stay patients across ESNEFT increased in month by 4 patients and is now 20 patients over the trajectory. Colchester decreased by 4 patients whereas Ipswich increased by 8 patients. The percentage of beds occupied by 21+ patients in ESNEFT decreased by 0.5% 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 19 February



21+ day patients - ESNEFT
146

↑ vs 142 last month

21+ day patients - Colchester
64

↓ vs 68 last month

21+ day patients - Ipswich
82

↑ vs 74 last month

Colchester

MADE events and long length of stay meetings have contributed to a slight improvement at Colchester.

The number of super stranded patients has decreased for Medicine and NEECS who are the largest contributor to this metric.

Opening Durban Ward, Home to Assess and Recovery to Home beds have impacted positively and plans are in place following the MADE events to identify further improvements to discharge pathways.

Ipswich

Although LLOS reviews have been maintained, the inefficiencies associated with escalation areas and associated patient moves have adversely impacted LoS.

An increase in the number of patients with complex housing needs is also a contributory factor.

Average number of medically fit for discharge patients increased in month for ESNEFT by 1.3%. This was reflected at Ipswich which increased by 2.2% with Colchester showing no change.

Medically fit discharges - ESNEFT

228

↑ vs 225 last month

Medically fit discharges - Colchester

87

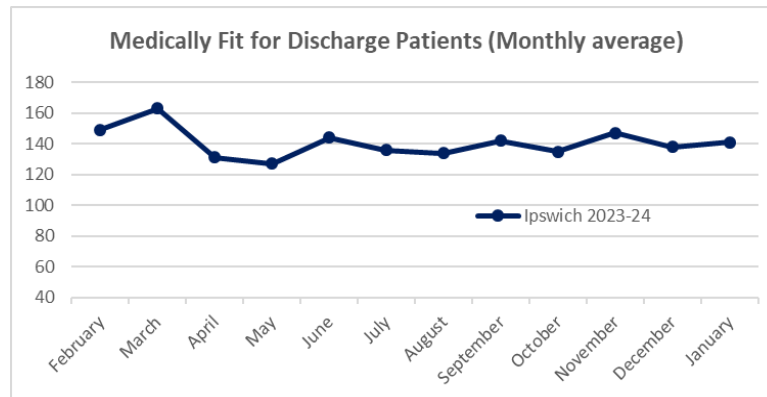
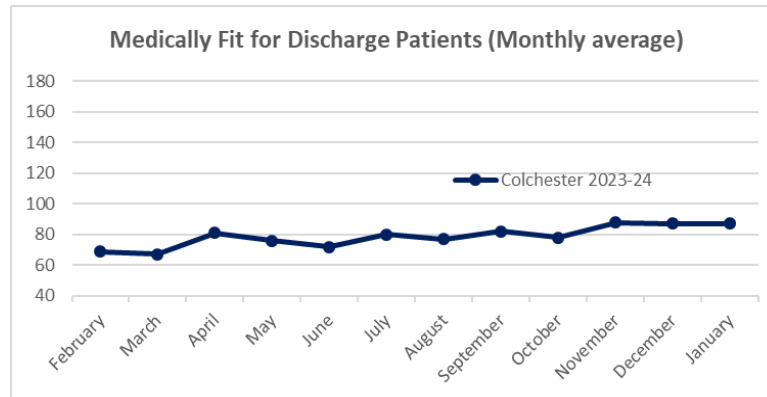
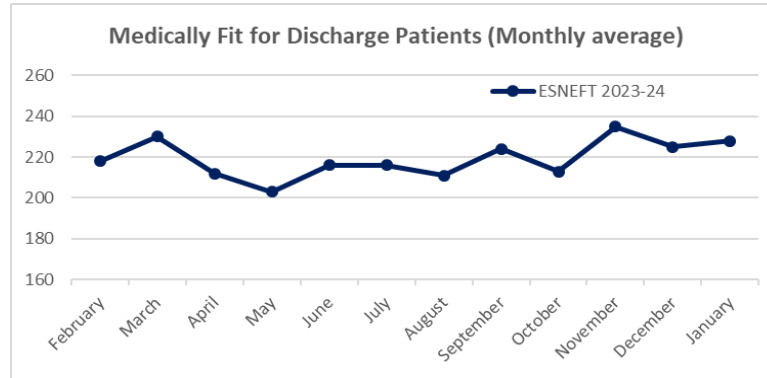
→ vs 87 last month

Medically fit discharges - Ipswich

141

↑ vs 138 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

Colchester saw relatively good capacity for P1 patients, and this was reflected in the time taken to discharge patients once sourcing has commenced, usually within 24-48 hours.

P2 has been more challenging with homes being difficult to source, a situation exacerbated by the number of infections (Flu, COVID-19 and Norovirus) across the hospital which makes homes less likely to accept either at all or until patients are free from infections.

Ipswich

Although Ipswich saw an increase in their medically fit for discharges. There was also an increase in the number of discharges in January compared to December; especially in P1 and P3.

LLOS for P1 and P3 patients did see a slight increase whereas there was a positive improvement in P2. The support of case managers across the Trust is having an impact on the early identification of medically fit patients.

ESNEFT cancer performance deteriorated across the board for ESNEFT in month. Two week waits and 62 day wait performance both declined by 2.9% and 5.3% respectively. 28-day faster diagnosis also declined by 1.1% and is now 2.9% below the trajectory. The number of patients treated after 104 days increased by 17 patients in month with the 62-day 1st PTL increasing by 8.8%

Two week wait performance

70.6%

↓ vs 73.5% last month

62-day wait performance

63.1%

↓ vs 68.4% last month

28-day faster day diagnosis performance

70.4%

↓ vs 71.5% last month

Patients treated after 104 days

33

↑ vs 16 last month

Total patients on 62-day 1st PTL

3,891

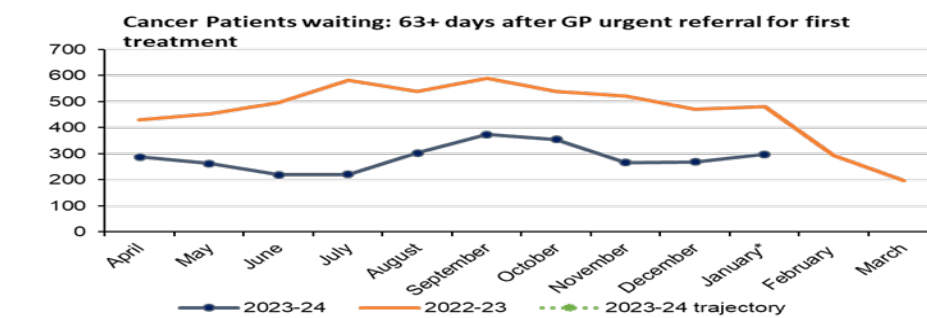
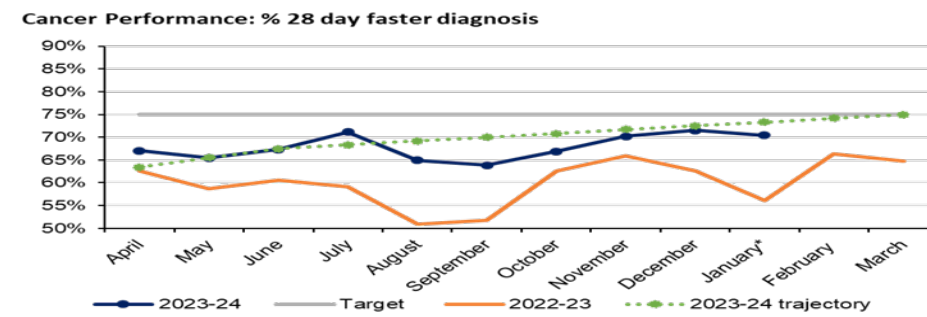
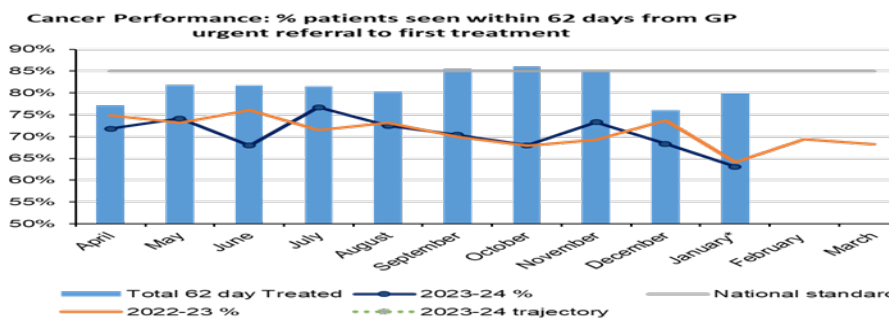
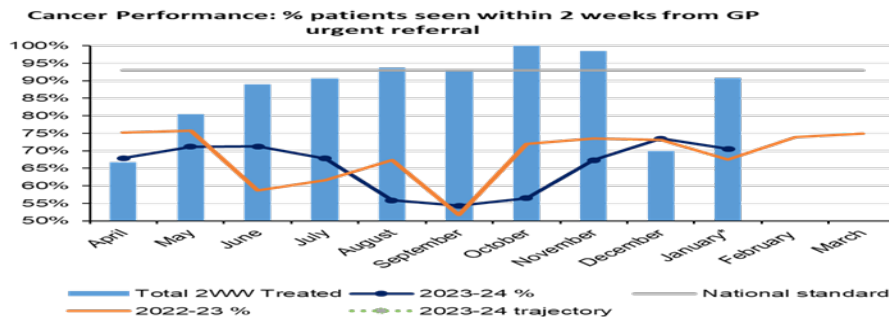
↑ vs 3,578 last month

62-day 1st patients 63+ days

298

↑ vs 268 last month

**Unvalidated figures as of the 16/02/24. Final figures for January 2024 will be available in March 2024 after submission*



Cancer performance historically has been lower in January, usually as a result of patient choice and residual clinical and administrative leave. However, more patients were seen in January compared to December which is relevant when considering performance.

For the 28FDS standard, 3,376 patients were seen, diagnosed or discharged by day 28 in December and in January that number rose to 4,188 patients.

2WW performance has not been reported as one of the national cancer standards since October 2023 however the data is collected to ensure waiting times remain as short as possible, helping us to achieve improved 28-day performance. In December 3,197 patients had a first appointment on a cancer pathway and in January, although performance was lower, 3,931 patients were seen.

For 62-day performance 227 patients received a primary treatment in December with the number rising to 275 patients in January.

Plans are in place for February and March to ensure the maximum number of patients are seen and treated before year end and that the number of patients waiting longer than 62 days reduces is in line with our submitted trajectory of 230.

Colorectal and urology remain the two main areas of focus in terms of reducing the current backlog and additional clinics for colorectal triage and extra diagnostic capacity for patients on a prostate pathway are now in place.

6-week performance deteriorated in month by 0.5%. Both the waiting list and the number of breaches increased in month by 2.3% and 7.0% respectively. Ipswich have 82.2% of the total breaches with echocardiography accounting for 37.6% of them.

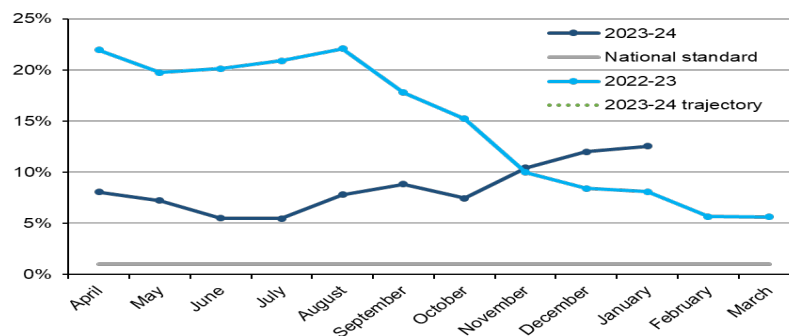
For Colchester non-obstetric ultrasounds account for 18.3% of their total breaches.

% patients waiting > 6 weeks or more
12.5%
 ↑ vs 12.0% last month

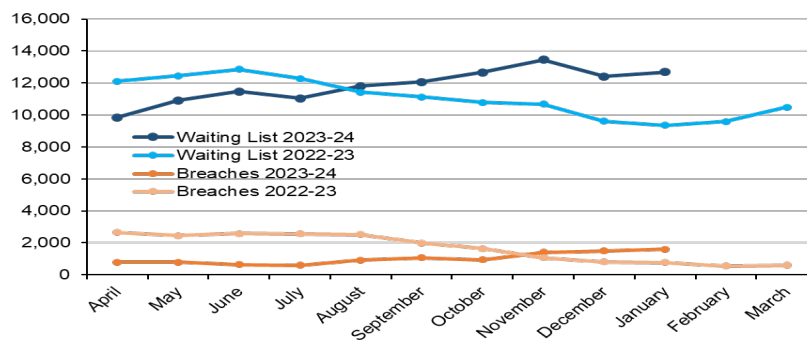
DM01 6-week breaches
1,592
 ↑ vs 1,488 last month

DM01 Waiting List
12,691
 ↑ vs 12,403 last month

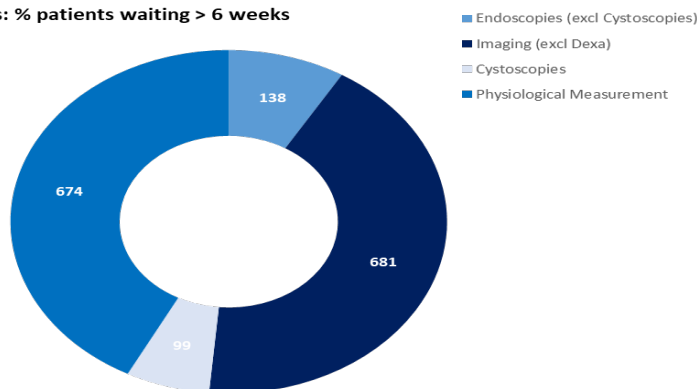
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



Service Commentary

Echocardiography for Ipswich were off track in January against their recovery trajectory by 250 breaches (492 actual against 220 expected). This was due to losing the locum and the service are now predicting to end the year with 223 breaches. A new company has been secured to provide extra capacity.

Neurophysiology had 100 breaches in January due to Maternity leave. They are using two days of NHSP but further plans are required to avoid additional breaches over the next six months.

The MRI service in Ipswich did not have the capacity to deal with the additional 400 MRI slots requested at the end of November. The team have been working with external providers and they now have a temporary machine arriving in early March which will deal with the backlog before the new year commences.

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

Incomplete pathways within 18 weeks - ESNEFT

56.8%

↑ vs 56.6% last month

Incomplete pathways within 18 weeks – National

56.6% (December 23)

65+ waiters as % of list - ESNEFT

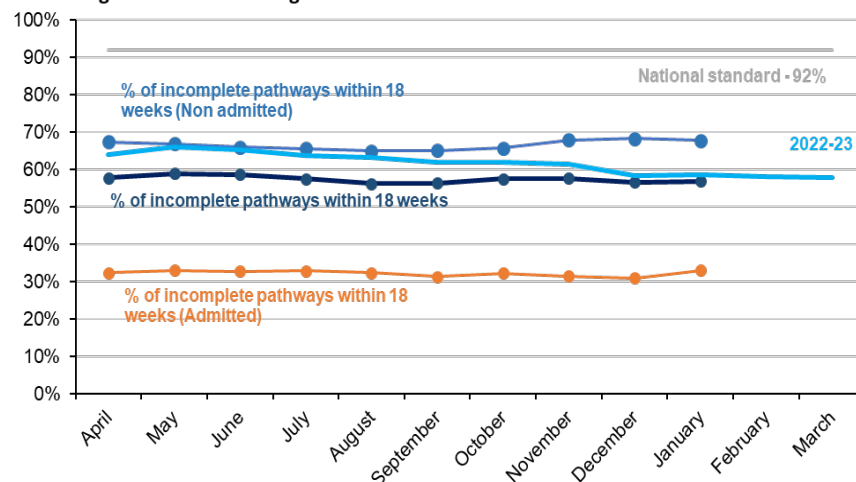
↓ **1.0%**

vs 1.2% last month

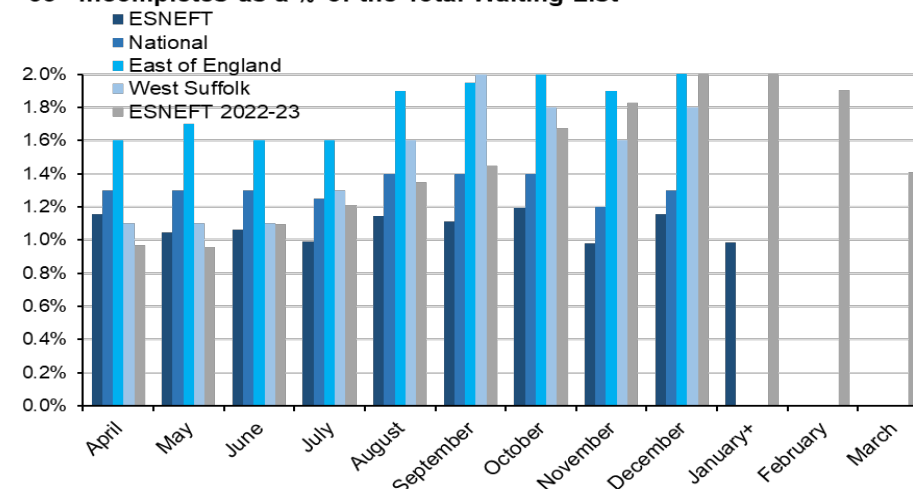
65+ waiters as % of list – National

1.3% (December 23)

RTT Waiting List: Performance against 92% standard



65+ Incompletes as a % of the Total Waiting List



+National published figures for January 2024 will be available next month

Three specialties remain RTT compliant in January:

- Older Peoples Medicine 96.25%
- Respiratory Ipswich 96.7% &
- Rheumatology Ipswich 93.6%

Significant increases in compliance were also reported in :

- Endocrine Ipswich - 76.11% to 86.98%
- T&O Colchester 24.7% to 32.41% &
- ENT Ipswich 51.7% to 56.2%

Whilst slight increases were reported in:

- T&O ESNEFT 35.4% to 37.8%
- ENT ESNEFT 58.8% to 60.77% &
- Acute Paeds ESNEFT 87.6% to 89.2%

Activity increased across the board in month for ESNEFT: elective inpatients and daycases by 16.7% and 18.1% respectively, outpatient firsts and follow ups by 25.1% and 25.7% respectively. Higher levels were reported against 2022-23 activity levels across the board; elective inpatients, daycases, outpatient firsts and follow ups by 142.1%, 114.4%, 110.7% and 107.8% respectively.

Elective inpatients

928

↑ vs 795 last month

Daycase inpatients

8,688

↑ vs 7,356 last month

Outpatient First Appt

31,557

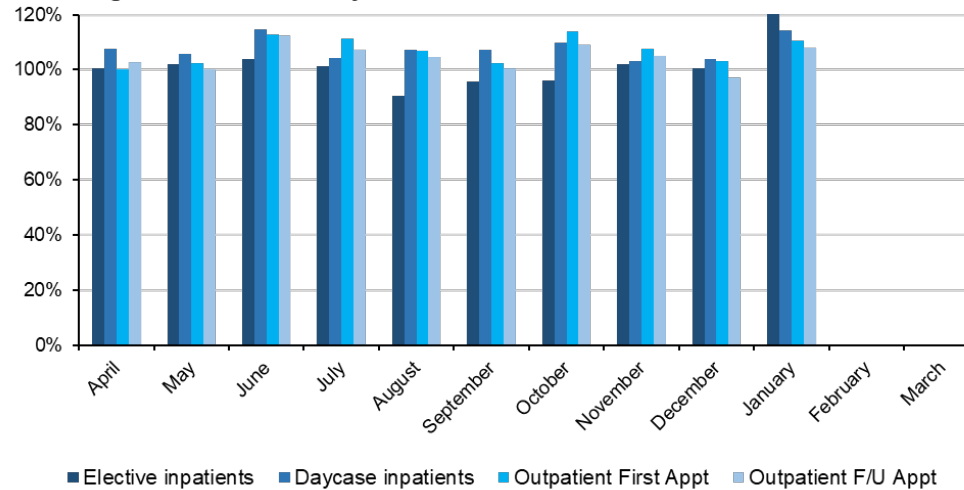
↑ vs 25,232 last month

Outpatient F/U Appt

56,206

↑ vs 44,727 last month

Percentage of 2022-23 activity



Service Commentary

Despite industrial action in January, activity increased month on month and year on year, particularly in Elective inpatient activity. This is due to a range of additional activity as well as focussing on productivity opportunities and extended days, as well as activity via the independent Sector and through insourcing and outsourcing. However, all insourcing has now ceased for General Surgery. For January there was an 84% achievement for ESNEFT for the BADS day case rates which has been progressing throughout the year as well as some good improvements in the use of Patient Initiated Follow ups (PIFU) in a range of specialities.

Outpatient follow ups is a focus for the coming year particularly overdue appointments.

PTL meetings continue with all RTT specialties to support elective recovery with more senior oversight, to provide scrutiny and support and provide escalation as needed.

Recovery meetings still focus on the three key areas:

- General Surgery
- Trauma and Orthopaedics and
- Gynaecology (for joint complex patients)

The ESNEFT RTT waiting list in month reported an increase of 1.0% - this is above the trajectory set for the month by 1,889 patients. The patients waiting 65 weeks or more decreased for ESNEFT by 139 patients in month and is now 63 patients over trajectory. Colchester holds 56.0% of the total of 65+ week patients.

Patients waiting 78 weeks or more increased by a further 10 patients in month.

Total open RTT pathways
87,455

↑ vs 86,562 last month

65+ week waiters

863

↓ vs 1,002 last month

78 + week waiters

41

↑ vs 31 last month

98 + week waiters

0

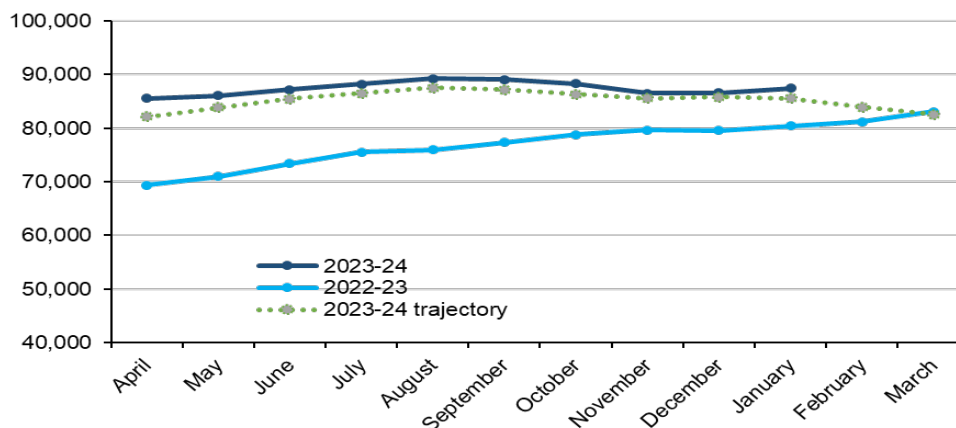
→ vs 0 last month

104+ week waiters

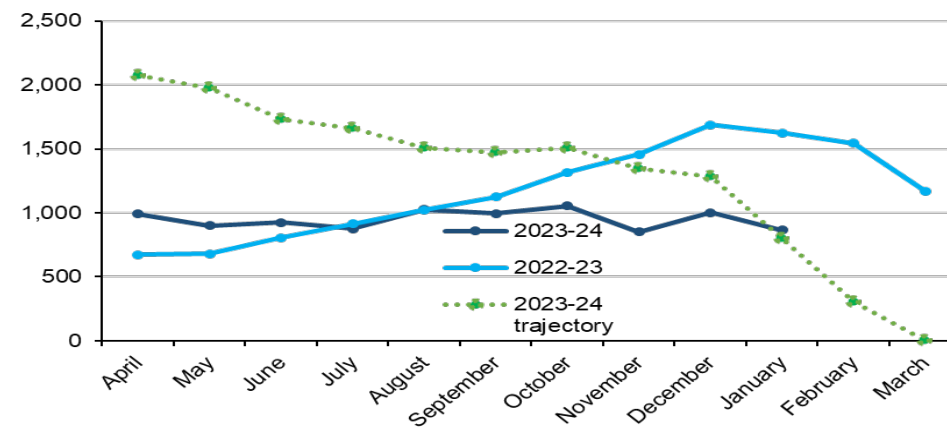
0

→ vs 0 last month

RTT Waiting List: Total open pathways



RTT Waiting List: Total 65+ week waiters



Service Commentary

Despite the significant increase in activity across the board for January, the overall waiting list has grown. This is in keeping with expected referrals following December's lower rates.

Focussed attention continues on the 65-week recovery, but there is a national acknowledgment that the continued impact of IA has put this ambition in jeopardy.

Weekly 65-week recovery meetings continue to take place with the most challenged specialties: General Surgery, Urology/Vascular, Gastro, Trauma & Orthopaedics, Specialist Surgery, Community Paediatrics & Gynaecology

Although the 65-week recovery by March 2024 is now nationally at risk there is an absolute expectation that there will be zero 78-week capacity breaches by March 2024 across all specialties. Delivery continues to be closely managed and supported with all specialties.

At month end the Trust had 38 patients remaining who have been waiting between 78 and 98 weeks of which: 23 x of these were Corneas, 4 x Papworth, 5 x T&O, 1x Pain, 3 x Complex case, 1 x Oral, 1 x Gynae

No patients in January were waiting over 98 weeks.

Revenue	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Areas of Improvement	Areas requiring further work
Performance Against Control Total (YTD)	0	130	124	88	888	2,238	2,127	<p>Though the Trust was slightly overspent against the in-month revenue plan by £111k (it did still achieve a £113k surplus in January) it continues to perform well YTD and is on track to deliver a £1.3m surplus by year-end. This is the position agreed with the system, to ensure that an overall revenue breakeven is achieved by the ICS. This is in part to mitigate the £4m adverse variance projected by WSFT.</p> <p>ERF performance is comparatively strong in January due to insourcing and maintaining an Elective programme that is usually impacted by seasonal pressures more than in 23/24 to date. ERF for M1-10 is calculated at 106.6% of cost-weighted 19/20 elective patient care, indicating an increase from December's position of 102.3%.</p> <p>External audit have provisionally (final confirmation is expected at the end of February) advised that they are supportive of the Trust's proposed accounting treatment for the EPR project. This provides greater certainty for the Trust in terms of its capital programme, and the management and delivery of its CDEL.</p> <p>24/25 business planning meetings have continued with clinical divisions and corporate CDGs and a Board Seminar was held on 21st February 2024 to provide an update on business planning.</p>	<p>Actual CIP performance in January was below plan, and the amount of identified recurrent CIP is also below target. Current plans are being reviewed, and wider opportunities explored, with a focus of providing enhanced oversight of progress in relation to scheme delivery and enablement of recurrent CIP schemes.</p> <p>Capital spend was below plan in January, notably linked to the schemes Colchester Endoscopy and EPR. Though the recently advised audit opinion on EPR accounting treatment is helpful and provides clarity for the Trust, delivery of the CDEL in 23/24 still remains a challenge. The Trust is rigorously and frequently reviewing its capital schemes to ensure that forecast outturns are known and corrective action can be taken if it becomes apparent that there is the risk of variance from plan. Furthermore, even if CDEL is fully utilised in this financial year, the Trust faces a significant pressure next financial year. Work is progressing to prioritise capital schemes and propose a capital plan that will support the Trust's strategic aims but also keep within its capital resource allocation.</p> <p>National planning guidance for 24/25 has not been released yet. Regardless, the Trust is attempting to progress its own business planning and model likely financial scenarios. Delivery of revenue breakeven will be challenging. The next key 24/25 planning submission deadline for the Trust is March 21 when the 'first full' plan submissions are required.</p>
FOT Variance to Plan	0	0	0	0	1,318	1,318	1,318		
YTD CIP variance to plan	0	-4,572	-5,462	-6,098	-6,958	-7,475	-7,997		
FYE CIP variance to plan	0	-11,806	-12,278	-12,640	-12,909	-12,922	-12,949		
ERF delivery	103.3%	102.0%	104.6%	105.3%	105.2%	105.5%	106.6%		
Capital	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24		
Capital variance (in month)		16,407	1,322	-2,181	-774	3,513	3,059		
Capital variance (YTD)		16,407	17,729	15,548	14,774	18,287	21,346		
*(Overspend)/Underspend									
Balance Sheet	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24		
Cash YTD		80,449	70,584	71,746	70,961	70,556	67,563		

Month 10 Performance

Summary Income and Expenditure	January			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Income from Patient Care	80,481	87,564	7,083	799,592	830,708	31,116
Other Operating Income	3,766	3,249	(517)	37,704	48,022	10,318
Total Income	84,247	90,814	6,567	837,296	878,730	41,434
Pay	(51,968)	(53,597)	(1,629)	(518,632)	(528,044)	(9,412)
Non Pay	(27,885)	(33,092)	(5,207)	(278,014)	(312,148)	(34,134)
Total Expenditure	(79,853)	(86,690)	(6,837)	(796,646)	(840,193)	(43,547)
EBITDA	4,394	4,124	(270)	40,650	38,537	(2,113)
Other Non Operating	(4,198)	(4,040)	158	(41,970)	(37,574)	4,396
Surplus / (Deficit)	196	84	(112)	(1,320)	963	2,283
EBITDA %	5.2%	4.5%		4.9%	4.4%	
Performance Against CT						
Capital donations I&E impact	28	28	0	280	124	(156)
Total Non CT Items	28	28	0	280	124	(156)
Performance Against CT	224	113	(111)	(1,040)	1,087	2,127
Less gains on disposal of assets	-	(8)	(8)	-	(70)	(70)
Performance for System Purposes	224	104	(120)	(1,040)	1,016	2,056

M10 revenue headlines

In January the Trust reported an actual surplus of £84k (see key variances for the detail) which was an adverse variance of £112k against the external plan (surplus of £196k).

The adjusted performance was a surplus of £113k, a negative variance of £111k compared to the control total.

Key variances

A small adverse variance was reported against plan in the month although a positive variance is reported cumulatively. As detailed in December - as part of the achievement of a system balanced revenue position and following the receipt of Industrial Action funding - to support the mitigation of the deficit position projected by West Suffolk Hospital NHS Foundation Trust, the Trust is now aiming to achieve a forecast outturn surplus of £1.3m.

Income continued to report a favourable variance in January with the plan exceeded by £6.567m, £41,434m 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. Unlike like previous months there were no new monies identified in January, the over performance relates to additional contract variations from previous months.

Pay expenditure continued to exceed plan in January (£1.629m overspend), increasing the year to date adverse variance to £9.412m. Medical workforce continues to be the area of concern (Consultant spend in January was £0.547m greater than plan, junior doctors exceeded plan by £0.610m) with a number of clinical divisions reliant on additional sessions. Some of these sessions relate to additional elective ERF activities; some to support on-call rotas and cover in relation to Industrial Action. The impact of increased payable rates was also reported in January. Furthermore, there was increase in nursing expenditure in January with a number of contingency beds opened to support increased demand.

Non-pay continued to report an adverse variance (£5.207m in January), increasing the year to date overspend to £34.134m. 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 was once again overspent (£2.1m in month, approximately £16.7m overspent cumulatively after adjusting for CIP non-delivery) notably within MSK and Specialist Surgery, NEECS and Pathology;
- Secondary commissioning (£0.6m overspent in January, £8.1m overspent cumulatively). Insourcing arrangements continue to be used 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 (£2.578 in month, £9.7m cumulative overspend). The increased spend in January relates to ICT tech refresh costs.

Temporary pay

Agency costs in January increased in all staff groups, returning to historical levels. Integrated Pathways reported the biggest increase in spend with costs doubling in the month within the medical workforce compared to the prior month. This overspend was driven by vacancies and unexpected leave in Older People's Services. Agency spend accounted for 2.2% of all pay costs (compared to 3.3% cumulatively to January 2023).

January's bank spend was higher than previous months, reporting the highest spend this financial year. Nursing, midwifery and support to nursing continues to report the highest spend particularly in Medicine Colchester and Medicine Ipswich (industrial action cover). There was high bank usage to cover vacancies, sickness and contingency beds. Junior doctor costs also increased significantly driven by Surgery & Anaesthetics. Costs have been variable across the year due to industrial action and the requirement for additional capacity.

Elective Recovery Fund (ERF)

ERF M1-10

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 1-9 use internal calculations based on data extracted at freeze/refresh date from national datasets, and Month 10 uses internal calculations based on data extracted at day 1 of the following month.

Month 10 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 8-10 will continue to update as data is completed as well.

ESNEFT figures include Oaks RES patients unless otherwise stated.

To date, ERF for M1-10 is calculated at 105.1% of cost-weighted 19/20 elective patient care, indicating an increase from the M9 position of 104.0%.

M1-7 position calculated at 106.7%

November (internal view of refresh national data) – 103.9% (105.0% excluding RES contract)

December (internal view of refresh national data) – 100.9% (101.9% excluding RES contract)

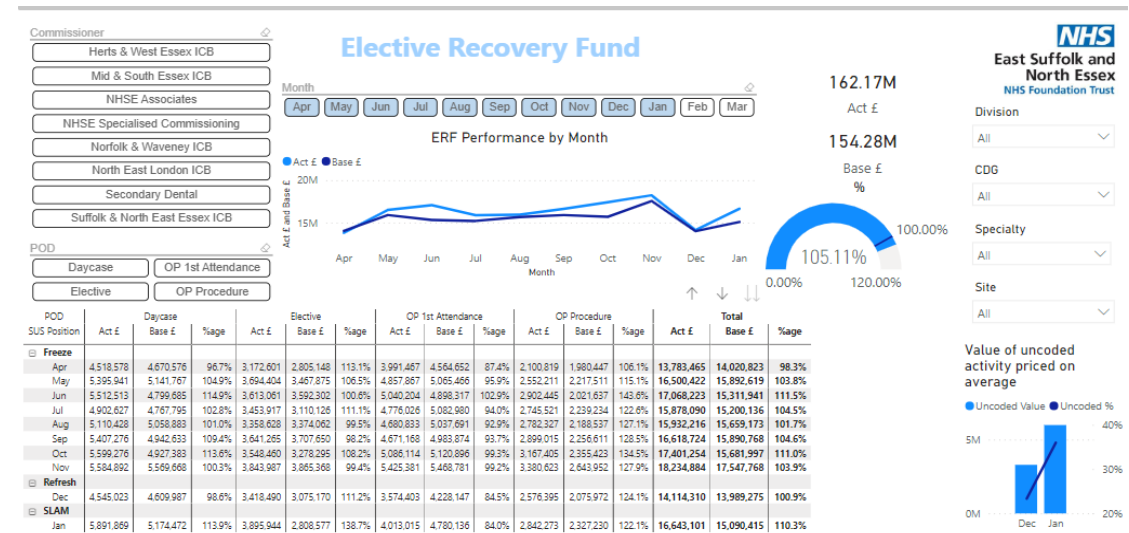
January (internally calculated from local datasets) – 110.3% (110.7% excluding RES contract)

Total – 105.1% (106.0% excluding RES) excluding A&G, 105.5% inclusive of A&G

January’s position is likely to increase by approximately £500k when off-PAS data is available, moving the January’s performance to approximately 115.2% inclusive of A&G.

Performance is comparatively strong in January due to insourcing and maintaining an Elective programme that is usually impacted by seasonal pressures more than in 23/24 to date.

ESNEFT A&G												
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	YTD	
ESNEFT	£ 257,273	£ 294,136	£ 230,735	£ 262,453	£ 200,838	£ 205,754	£ 216,082	£ 234,156	£ 201,720	£ 233,570	£ 2,336,718	
WSH	£ 171,060	£ 205,280	£ 141,335	£ 171,474	£ 129,735	£ 119,579	£ 149,918	£ 142,011	£ 118,773	£ 137,526	£ 1,486,691	
SNE	£ 428,333	£ 499,416	£ 372,070	£ 433,927	£ 330,573	£ 325,334	£ 366,000	£ 376,167	£ 320,492	£ 371,096	£ 3,823,409	



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

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	£ 262,453	£ 16,140,543	£ 15,200,136	106.2%
Aug	£ 15,932,216	£ 200,838	£ 16,133,054	£ 15,659,173	103.0%
Sep	£ 16,618,724	£ 205,754	£ 16,824,478	£ 15,890,768	105.9%
Oct	£ 17,401,254	£ 216,082	£ 17,617,337	£ 15,681,997	112.3%
Nov	£ 18,234,884	£ 234,156	£ 18,469,040	£ 17,547,768	105.3%
Dec	£ 14,114,310	£ 201,720	£ 14,316,030	£ 13,989,275	102.3%
Jan	£ 16,643,101	£ 233,570	£ 16,876,671	£ 15,090,415	111.8%
Total	£ 162,174,688	£ 2,336,718	£ 164,511,406	£ 154,284,915	106.6%

April to Oct => 106.7%

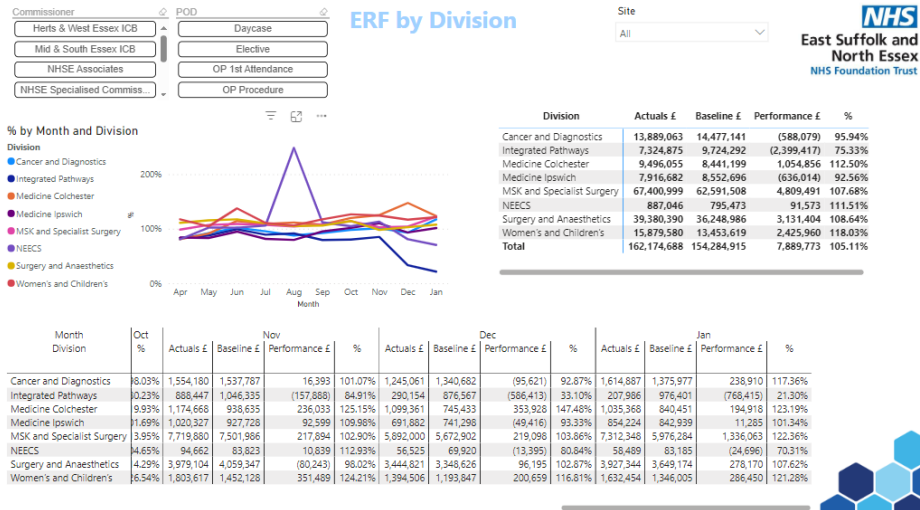


Division: All
 CDG: All
 Speciality: All
 Site: All

Value of uncoded activity priced on average



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



Plan profile and actual performance

Internal calculations, taking into account IA impacts, indicate that to January the Trust's calculated ERF position is £8.2m above the Trust's agreed target rate.

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

As detailed on previous slides, the most recent month will report lower than prior months due to coding, recording of patient care (Medicine IH, IP 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	Initial Target	Gap to Initial Target	4% Fixed	Net
Apr	£13,783,465	£257,273	£14,040,738	£14,020,823	£19,916	£14,763,926	(£723,188)	£560,833	(£162,355)
May	£16,500,422	£294,136	£16,794,558	£15,892,619	£901,939	£16,734,928	£59,630	£635,705	£695,335
Jun	£17,068,223	£230,735	£17,298,958	£15,311,941	£1,987,017	£16,123,474	£1,175,484	£612,478	£1,787,962
Jul	£15,878,090	£262,453	£16,140,543	£15,200,136	£940,408	£16,005,743	£134,801	£608,005	£742,806
Aug	£15,932,216	£200,838	£16,133,054	£15,659,173	£473,880	£16,489,109	(£356,056)	£626,367	£270,311
Sep	£16,618,724	£205,754	£16,824,478	£15,890,768	£933,709	£16,732,979	£91,499	£635,631	£727,130
Oct	£17,401,254	£216,082	£17,617,337	£15,681,997	£1,935,339	£16,513,143	£1,104,194	£627,280	£1,731,474
Nov	£18,234,884	£234,156	£18,469,040	£17,547,768	£921,272	£18,477,800	(£8,760)	£701,911	£693,151
Dec	£14,114,310	£201,720	£14,316,030	£13,989,275	£326,755	£14,730,706	(£414,676)	£559,571	£144,895
Jan	£16,643,101	£233,570	£16,876,671	£15,090,415	£1,786,256	£15,890,206	£986,464	£603,617	£1,590,081
YTD	£162,174,688	£2,336,718	£164,511,406	£154,284,915	£10,226,491	£162,462,014	£2,049,392	£6,171,397	£8,220,789
									5.3%

Industrial action impact

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

It 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.

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.

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 9 Cost and Volume Elective monies funding available to Divisions was estimated based upon M1-8 position to enable draw down of funding.

Clawback was enacted for Month 2 actuals given limited Industrial Action in month. All other month's ERF funding was based upon the principles agreed through EMC, namely:

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

The total cost and volume funding made available was £17.0m, £0.6m of IA costs funded and a further £2.2m of revised drugs and devices funding, totalling £19.7m of released funding.

	£m		
	This Mth	Last Mth	Diff.
ERF (inc. A&G)	£13.3	£12.0	£1.3
Diagnostics	£2.8	£2.3	£0.5
Community services	£0.5	£0.4	£0.1
NEE Pain Management Service	£0.1	£0.1	£0.0
ICU/POCU Additional capacity	£1.8	£1.6	£0.2
Chemotherapy delivery	£0.8	£0.8	£0.1
Total C&V	£19.3	£17.2	£2.1
Industrial Action costs	£0.6	£0.6	£0.0
Elective Excluded drugs and devices	£2.4	£2.2	£0.2
Total	£22.3	£19.9	£2.4

2023/24 CIP programme

In-month position

CIP delivery in January was £1.61m. Medicine Colchester were the only division to be ahead of plan, both in-month and year to date, with Medicine Ipswich and MSK and Specialist Surgery forecasting to exceed or be close to their forecast outturn target.

Discussions continue in the 24/25 business planning process and Financial Sustainability Group (FSG) in relation to CIP scheme delivery. Current plans being reviewed, and wider opportunities explored, with a focus of providing enhanced oversight of progress in relation to scheme delivery and enablement of recurrent CIP schemes.

CIP Delivery by Division	January			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	272	101	(172)	2,725	1,240	(1,485)
Integrated Pathways	155	68	(87)	1,551	892	(659)
Medicine Ipswich	158	154	(4)	1,583	1,528	(55)
Medicine Colchester	165	77	(88)	1,649	1,827	178
MSK and Specialist Surgery	225	282	57	2,252	2,161	(90)
NEE Community Services	115	261	146	1,152	881	(271)
Surgery, Gastro & Anaesthetics	330	119	(211)	3,149	1,131	(2,018)
Women's and Children's	260	201	(59)	2,598	1,309	(1,288)
Total Operations	1,681	1,264	(417)	16,657	10,969	(5,687)
Estates & Facilities	326	234	(91)	3,257	915	(2,342)
Corporate Services	121	108	(13)	1,208	1,240	32
Total Trust	2,127	1,606	(521)	21,121	13,124	(7,997)

Key variances

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

- Surgery, Gastro & Anaesthetics (£2.018m)
- Estates and Facilities (£2.342m)

Current forecast position

At the end of January, the Trust is forecasting that it will deliver £16.6m of its £25.4m CIP target (65% 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 £17.5m by the end of the year

£000s	23/24 Forecast Outturn				
	Target	FOT	Var	%	Change
Corporate Services	1,449	1,477	27	102%	43
Estates & Facilities	3,909	1,149	-2,760	29%	224
Cancer and Diagnostics	3,270	1,484	-1,785	45%	5
Medicine Colchester	1,979	2,046	68	103%	-0
Medicine Ipswich	1,899	2,052	153	108%	33
MSK and Specialist Surgery	2,702	2,663	-39	99%	187
Surgery, Gastro & Anaesthetic	3,833	1,918	-1,916	50%	-8
Women's and Children's	3,117	1,442	-1,675	46%	38
Integrated Pathways	1,861	1,177	-684	63%	2
NEE Community Services	1,382	1,202	-180	87%	55
Trust Total	25,401	16,609	-8,792	65%	578

Recurrent achievement and 24/25 CIP

At the end of January, a recurrent CIP total of £12.5m has been identified (of which 96% has passed QIA) against the FYE target of £25.4m.

Further to the first round business planning and cost pressure meetings, incorporating CIP discussions, divisions have currently identified additional CIP scheme ideas for next year of c. £8m+. These a combination of income and expenditure schemes and to be reviewed to be progressed as PIDs for QIA for 24/25, or before if possible. Alongside this, a review of overall 'topic areas' is being undertaken to identify additional ideas to feed in alongside divisional discussions for second round planning. CIP development will continue to be discussed in business planning and FSG, as well as EMC operational meetings.

Capital & Cash

Capital expenditure

In month, actual spend was £6.0m spend against a £9.3m plan (these values do not include the impact of IFRS 16) – an underspend of £3.3m. The plan included £3.8m for EPR where costs are yet to be incurred. Despite this, expected costs for the EPR project are expected to be fully delivered in year, and this appears increasingly likely given that - based on their high level review of the information provided to them - the Trust's external auditors initial view is that the accounting treatment proposed is appropriate.

Capital Programme	Year to date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	580	919	(339)	899	3,547	(2,648)
Non-Medical Equipment	-	-	-	-	-	-
ICT	4,599	730	3,869	12,440	27,134	(14,694)
Estates & Facilities	8,692	8,404	288	10,149	11,731	(1,582)
Building for Better Care	55,221	40,113	15,108	71,032	53,966	17,066
Schemes	6,029	3,909	2,120	15,649	11,785	3,864
Right of Use Asset	(412)	9,998	(10,410)	(581)	10,071	(10,652)
PFI	-	958	(958)	1,161	958	203
Total Capital Programme	74,709	65,031	9,678	110,749	119,192	(8,443)
Other Adjustments:						
PFI Lifecycle Costs	-	(958)	958	(1,161)	(958)	(203)
PFI Residual Interest	615	615	-	738	738	-
Disposals	-	(148)	148	(1,948)	(2,789)	841
Donated	-	(153)	153	(1,501)	(1,654)	153
Net Expenditure Position	75,324	64,388	10,936	106,877	114,529	(7,652)
Net CDEL (adjusted for IFRS16 impact)	75,324	85,734	10,410	106,877	114,529	7,652
Performance against CDEL	0	21,346	21,346	0	0	0

The overall cumulative underspend has increased to £21.3m from the £18m reported last month. The key drivers for this are:

- **ESEOC £5m under plan** – forecast remains £34.9m in 23/24. January saw costs exceed plan by £1.3m reducing the YTD underspend further. The forecast for future years has been challenged as currently it presents a cost pressure against the board approved business case value. The internal expectation is that this will be mitigated, and the scheme will remain within budget.
- **Ipswich ED & UTC including Green Surgical Hub £4.8m under plan** – as in December, there was no movement in the YTD variance. The end of year forecast has reduced to £13.7m (from £15.9m) due to slippage on the main construction, plus costs related to the Garrett Anderson Centre works are now not expected to be incurred as originally planned. A significant amount of equipment is expected to be delivered in March in order to meet this revised forecast. Reassurance has been requested to ensure that there is no further slippage in 2023/24 for this scheme.
- **Colchester Endoscopy Unit £4.5m under plan.** The scheme is forecasting a £1.9m spend (£0.7m construction costs and £1.2m for equipment) against £12.6m plan in 23/24, with the rest slipping into 24/25.
- **Electronic Patient Record £3.8m under plan** – the forecast is for a cost of £25.6m to be incurred for Epic perpetual licenses subject to audit (see above). This would exceed the original plan; and would maximise the Trust's utilisation of its overall CDEL. Third party licenses are to be incurred later in the scheme's implementation timeline.
- **Clacton CDC £1.1m under plan** – expected to deliver against plan by year end. Costs remaining: create new roadway, carpark and reinstatement of grounds.

The forecast outturn is for the Trust to breakeven against CDEL, however this is dependent on Electronic Patient Record spend to be accelerated (see above).

The Trust faces a significant pressure as it enters 24/25, even if CDEL is maximised in 23/24. Approval of any additional schemes will add to this pressure.

Cash

The Trust held cash of £67.563m at the end of January.

This is slightly lower than last month (£70.556m) but remains significantly higher than plan.

SNEE ICS – revenue positions (draft)

Capital expenditure

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 (WD) day 9 after the month end.

	YTD to M10 £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)	2,208	2,207	0	2,649	4,477	1,828
East Of England Ambulance Service NHS Trust - Surplus / (Deficit)	(50)	2,446	2,496	51	475	424
East Suffolk And North Essex NHS Foundation Trust - Surplus / (Deficit)	(1,040)	1,093	2,133	0	1,318	1,318
West Suffolk NHS Foundation Trust - Surplus / (Deficit)	(3,331)	(7,100)	(3,769)	(2,700)	(6,270)	(3,570)
Total ICS Surplus / (Deficit)	(2,213)	(1,354)	859	0	0	0

Cumulatively to month 10, SNEE ICS provider organisations have delivered an actual revenue deficit of approximately £3.6m, which is approximately £0.8m favourable to plan. WSFT are £3.8m behind plan.

Compared to the favourable variance of £2.4m reported cumulatively in the previous month, WSFT's position has markedly worsened. This is largely believed to be attributable to the costs of Industrial Action.

Despite the deterioration of the revenue position in January, the forecast for the system as a whole still projects the delivery of a balanced revenue position. This allows for an £4m adverse variance 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.

Workforce: Trends & Hotspots

January 2024

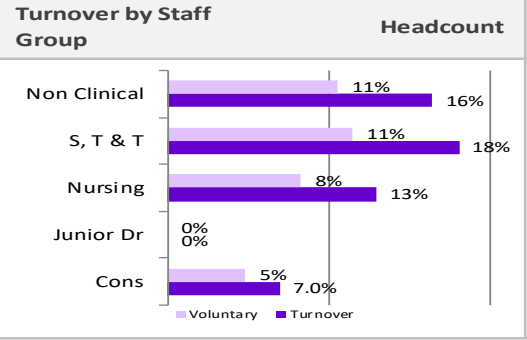
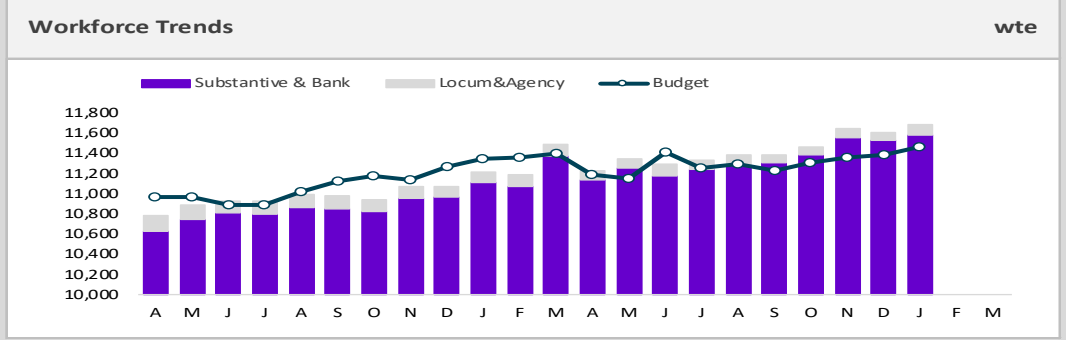
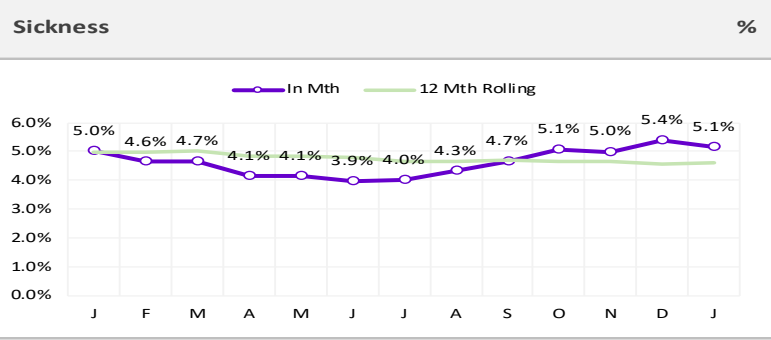
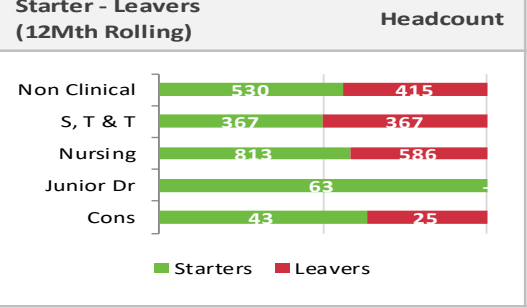
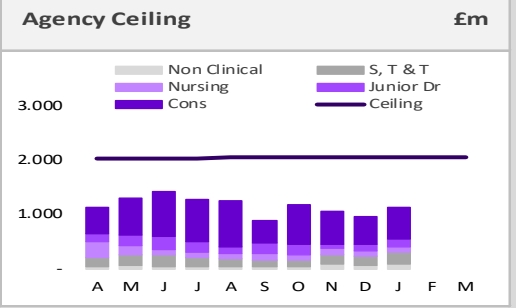
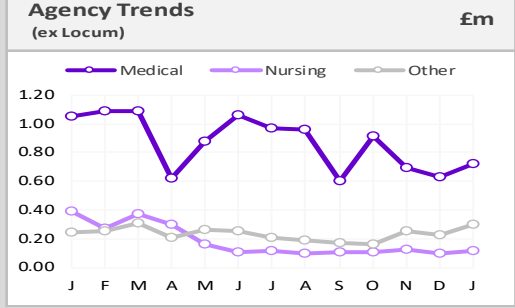
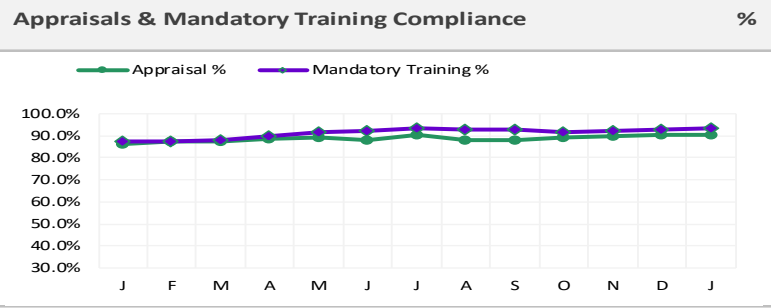
Workforce Metrics	Target	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Areas of Improvement	Areas requiring further work
Vacancy (excluding Agency)	-	4.8%	3.8%	3.3%	3.1%	3.0%	2.7%	<ul style="list-style-type: none"> Vacancy rate is 2.7% (from 3% previous month) Turnover rate is 7.8% (decrease from previous month 8.05%) Time to hire is @ 11.8 days (National award 'CIVCA' attained) Management of 37 formal employee relations cases [including disciplinary and grievance] as well as informal cases - 17 cases were closed in January Leadership Development training (642 completed / 167 soon to complete, plus a further 988 attending management bitesize training) Enhanced divisional engagement at the monthly EDI Operational Group meetings Rolling out of Civility and Respect Toolkit Trust wide. Roll out is over a 12-month rolling period. Continued good attendance at EDI Bitesize Training sessions (c. 824 to date) 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 9 consecutive months A strengthened Retention team have rolled out new starter welcome meetings and are supporting the NHSE Flexible Working Leadership Development Programme The Trust is slightly over target for Appraisals and mandatory training . Bullying and Harassment and Disciplinary Policies reviewed to support staff experience. 	<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 with a workshop to be held on 27th February with ESNEFT leadership. Continued focus on staff well-being and valuing staff as part of HR Bulletin / Organisational Development. Preparation for 360 appraisal launch (facilitators are to commence training in March) with a rollout planned for April. Talent Management toolkit is currently being tested in two pilot areas within the Trust and will gain momentum when the appraisal season commences in earnest for band 7's and above, as My Career Matters has been added as an extension to the appraisal conversation. 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. ESEOC Workforce and OD Plan, collaborative approach with WSH. Recruitment Open day held on 20th January 2024. Over 400 attendees with applications currently being reviewed for all roles. Support is continuing for staff and divisions regarding sickness absence. Specifically related to the number of staff with between 3-6mth sickness absence cases. The Wellbeing Hub continues to support staff who are currently absent due to stress, anxiety and depression.
Proportion of temporary staff (Bank)	-	12.0%	11.3%	11.7%	11.6%	10.2%	12.6%		
Sickness	4%	4.3%	4.7%	5.1%	5.0%	5.4%	5.1%		
Mandatory Training	90%	93.0%	92.9%	91.4%	92.4%	93.0%	93.4%		
Appraisals	90%	88.0%	88.2%	89.1%	89.7%	90.6%	90.5%		
Voluntary Turnover	12%	8.2%	8.0%	8.1%	8.1%	7.8%	7.7%		
Ward Fill Rates (ESNEFT)	95%	89.9%	88.4%	85.5%	89.5%	88.1%	88.8%		
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

January 2024

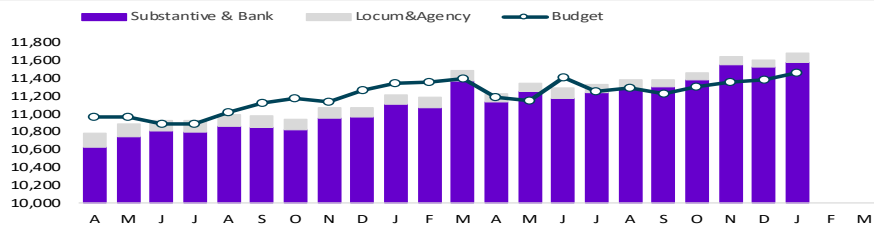
Trust Level

Key Metrics	Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Ceiling	Ward Fill Rate
Performance	2.7%	(£0.2m)	5.1%	93.4%	90.5%	7.7%	£8.82m	88.8%
Target	Budget 11091wte	Budget £527.7m	4.0%	90%	90%	8%	(£20.45m)	95%
Achieved	Contracted 10795wte	Spend £527.5m	5.1%	View portal for detail	90.5 out of 100 staff	↓	(£11.63m)	↑
Vs Prior Month	↓ 3.0%	↑ £2.86m	↓ 5.4%	↑ 93.0%	↓ 90.6%	↓ 7.8%	↑ £7.90m	↑ 88.1%
Prior Month								

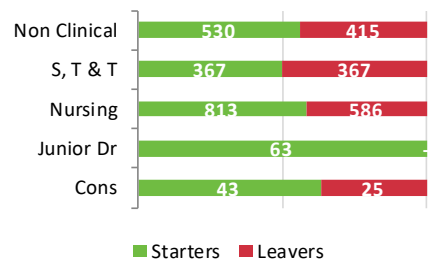


Workforce Trends

wte

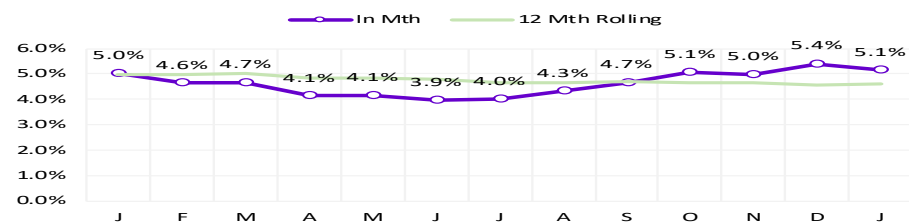


Starter - Leavers (12Mth Rolling) Headcount



Sickness

%



Commentary

Recruitment

In January, the number of staff in post increased to 10,795 WTE (December 10,737). The Trust's rolling voluntary turnover for December was 7.7% (December 7.8%)

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 arrived in January.

Consultant vacancies currently 33 WTE (also advertising 6 T&O Consultants vacancies for ESEOC not included in this figure). 16 Consultants are going through on-boarding with recent Locum appointments to Obstetrics & Gynaecology, Dermatology, Emergency Medicine, Paediatrics & Gastroenterology. 3 SAS vacancies.

2023-24 NHSE Agency ceiling of £18m. Agency target for M10 of £15m with an actual spend of £11.6m (£8m of Medical spend).

M10 - Agency spend £1.1m.

M10 - Bank spend @ £5.6m. With a FYTD average of £4.9m Bank spend saw an increase in M10.

Direct engagement VAT savings Medical Locums : M10 @ £62,601. FYTD savings @ £581,474.

Sickness

Sickness absence in January was 5.1% and was not compliant against the Trust target of 4%. The main reasons for absence were Cold, Cough, Flu which is 1.32% of the workforce followed by Anxiety, Stress and Depression at 0.99%.

The number of FTE days lost due to sickness remains higher for short term sickness (62.2%) than long term sickness (38.8%)

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 Trust's establishment (30.9 WTE), however vacancies are at 2.7% and the Trust remains slightly ahead of planned recruitment.

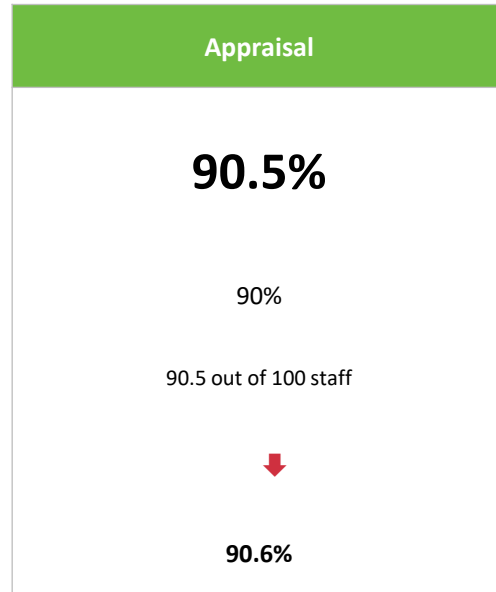
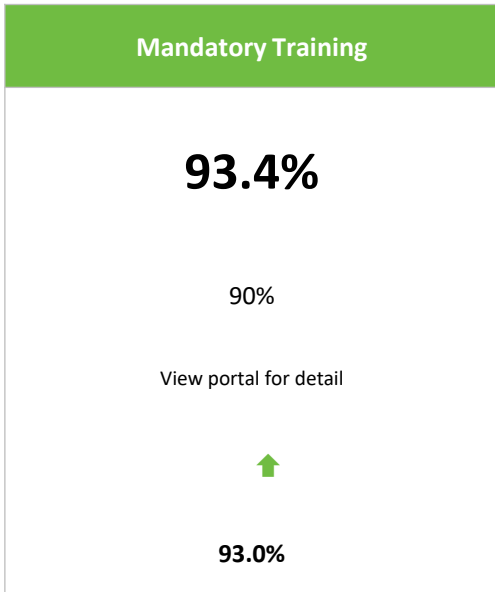
The third cohort of HCSW apprentices commence in February. A total of 49 now in post since the launch of academy.

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 has been updated.

A range of measures to support staff wellbeing are 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 our standard operating procedure and the automated departmental stress risk assessment is now live. Covid and Flu vaccination programme has completed and will re-commence for the Spring campaign in April.



Commentary

Mandatory Training

January's compliance rate increased marginally to 93.4%, from 93% in December and has remained above the 90% target for the ninth consecutive month.

All divisions are above 90% compliance.

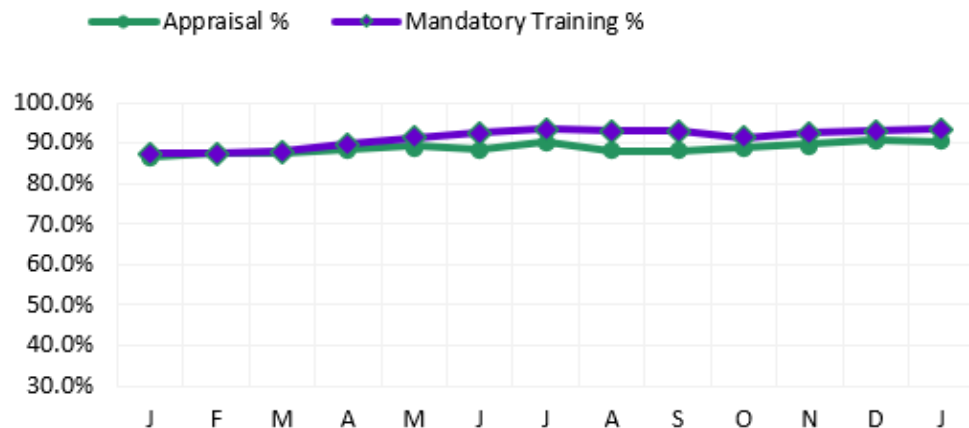
Appraisal

January's compliance rate has decreased marginally to 90.05% and is within target – this is for all appraisals across the Trust.

This is how it currently stands across divisions for compliance of band 7's and above:

Division	Percentage completed	
	Dec	Jan
Integrated pathways	89.22%	89.16%
NEECS	93.68%	93.68%
Womens and Children	80.43%	85.56%
Surgery, Gastro and Anaesthetics	85.74%	85.47%
Medicine Ipswich	79.66%	79.67%
MSK	87.69%	87.69%
Medicine Colchester	86.76%	88.57%
Cancer and Diagnostics	80%	81.98%
Corporate Services	75.95%	76.77%
Non Divisional	35.71%	35.71%

Appraisals & Mandatory Training Compliance %



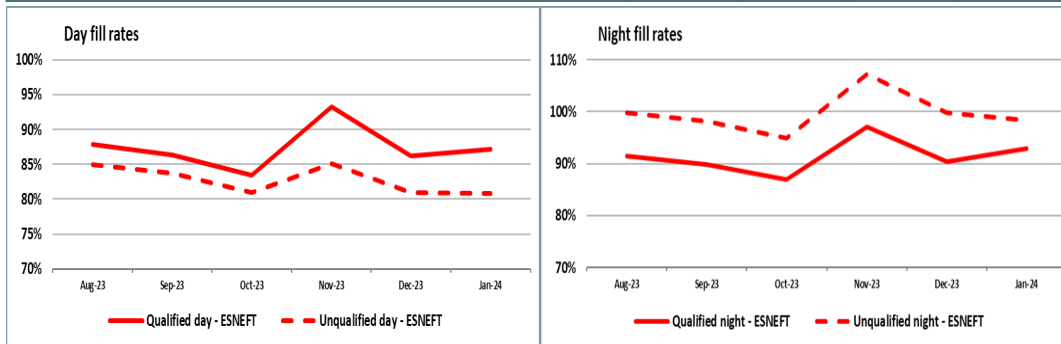
Supportive Leadership 360 reviews

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

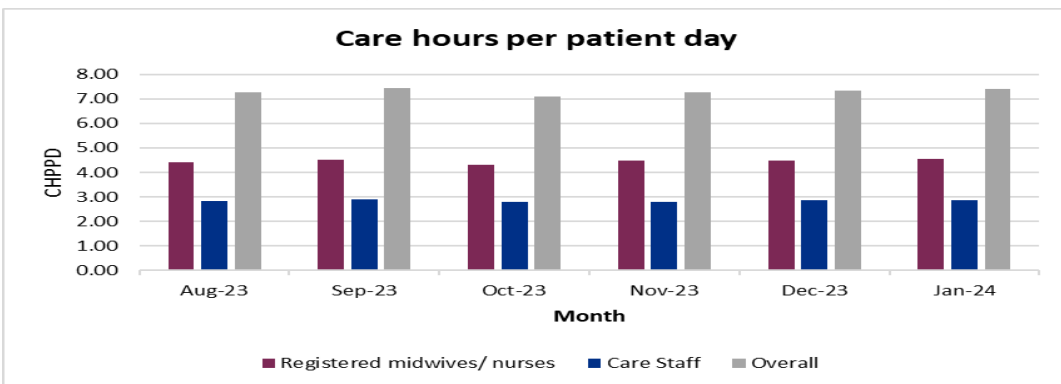
Nursing, Midwifery and AHP Workforce Update

Fill Rates (including care hours per patient day)

	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Qualified day - ESNEFT	87.9%	86.3%	83.4%	93.3%	86.2%	87.2%
Qualified night - ESNEFT	91.4%	89.8%	86.9%	97.1%	90.4%	92.8%
Unqualified day - ESNEFT	85.0%	83.7%	81.0%	85.2%	81.0%	80.8%
Unqualified night - ESNEFT	99.8%	98.1%	95.0%	107.3%	99.8%	98.3%
Overall (average) fill - ESNEFT	89.9%	88.4%	85.5%	94.4%	88.1%	88.8%



Care hours per patient day	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Registered midwives/ nurses	4.42	4.53	4.32	4.47	4.49	4.54
Care Staff	2.85	2.91	2.78	2.80	2.85	2.86
Overall	7.27	7.44	7.10	7.26	7.34	7.40



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 26 internal HCSW looking to start OSCE in the next 12 months, 16 staff members who have passed their OSCE and are working as RNs with a further 2 currently on programme.

The Trust has welcomed 137 international Nurses between April 2023 and January 24 this includes an additional 17 above our original contracted numbers of 120.

Teams are looking to support more internal HCSW to achieve UK registration over the next 6 months and are planning to run bespoke OSCE programmes for our internal HCSW.

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

International AHP Recruitment:

In the last 2 years ESNEFT has employed more than 50 internationally educated AHPs (IEAHPs) across 5 professions, this was supported by funding for 16 internationally educated AHPs (10 radiographers, 5 OTs and 1Podiatrist), with 1 podiatrist remaining in the pipeline we will have reached our target. Most migrating from the Philippines, India and Africa. We are actively recruiting internationally educated ODPs from India via an agency, although the number of suitable candidates is small currently. 5 internationally educated ODPs have been offered posts for ESEOC. An OSCE style training programme for internationally educated ODPs is in the early stages of development, and we will look to deliver this following competency skills scan for our new ODP arrivals.

Risks & Mitigating Actions

We currently have 3 AHPs seconded to 1 WTE Internationally educated AHP lead post until the end of March. This short term project will work on a pre-arrival guide, a managers guide, preceptorship guidance and development of a training programme for IEAHPs.

Annual Safer staffing review:

The bi-annual acuity review was completed on 15th September encompassing a total of 84 areas. This was presented to ELT, POD and EMC in January and is due to go to Board in February..

We now have SNCT tools suitable for Acute Assessment Units and Children & Young People areas in addition to Adult Inpatients Wards, Emergency Departments and Community Nursing Safer Staffing Tools. These areas will also partake in Bi-annual 30 day audits, once trained and assessed in order to set establishments in future reviews.

HCA retention

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

Taster days for HCSWs have recommenced and collaborative working continues with the HCSW Academy. Regular taster days have been set up for 2024. 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 assessment process is complete and final uplifts will happen on 1st March 2024.

POD Profiles – Trust Level

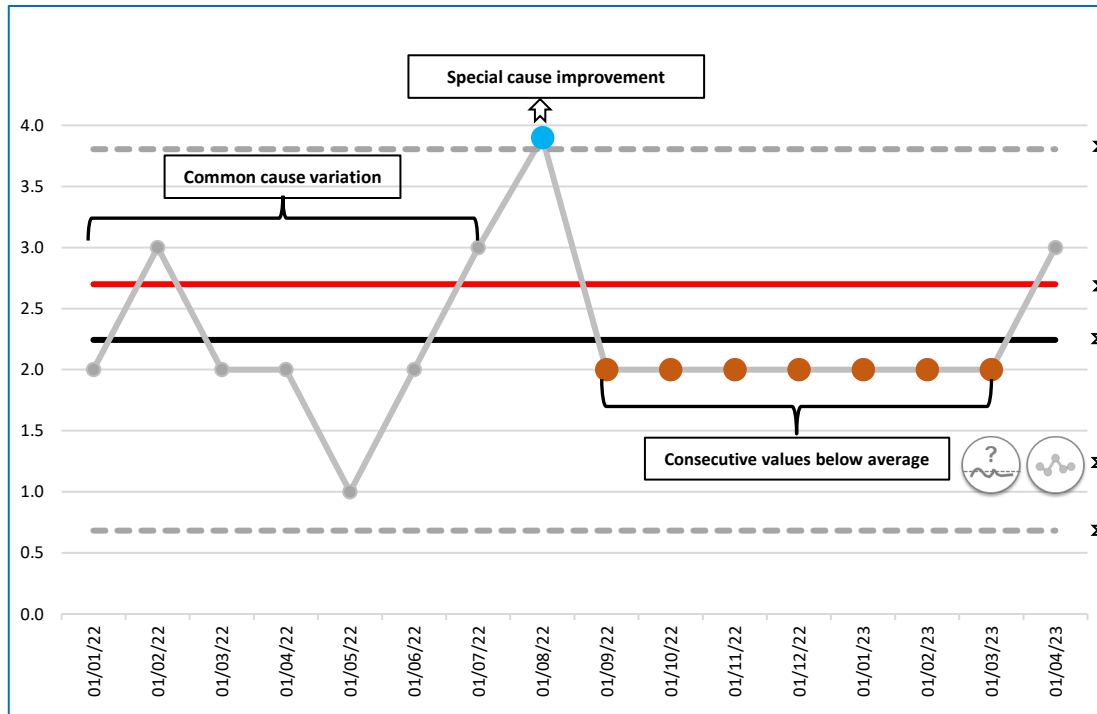
	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
All Staff													
Headcount	11,844	11,901	11,858	11,983	11,945	11,974	11,806	12,024	12,079	12,186	12,262	12,273	12,356
Establishment (including agency)	11,347	11,363	11,394	10,907	10,937	10,997	11,028	10,996	10,981	11,028	11,060	11,065	11,091
In post	10,357	10,419	10,416	10,431	10,433	10,427	10,482	10,473	10,565	10,660	10,712	10,737	10,795
Vacancy	990	945	978	477	503	569	546	524	416	368	347	328	296
Vacancy %	8.7%	8.3%	8.6%	4.4%	4.6%	5.2%	5.0%	4.8%	3.8%	3.3%	3.1%	3.0%	2.7%
Establishment (excluding agency)	11,011	11,079	10,812	10,907	10,937	10,997	11,028	10,996	10,981	11,028	11,060	11,065	11,091
Vacancy (excluding agency)	654	660	395	477	503	569	546	524	416	368	347	328	296
Vacancy % (excluding agency)	5.9%	6.0%	3.7%	4.4%	4.6%	5.2%	5.0%	4.8%	3.8%	3.3%	3.1%	3.0%	2.7%
Turnover													
¹ Turnover (12 Month)	11.5%	11.5%	11.5%	11.4%	11.2%	11.3%	11.2%	11.4%	11.2%	11.3%	11.5%	11.2%	11.1%
¹ Voluntary Turnover (12 Month)	8.8%	8.8%	8.8%	8.6%	8.4%	8.5%	8.3%	8.2%	8.0%	8.1%	8.1%	7.8%	7.7%
¹ Starters (to Trust)	186	160	147	169	143	121	111	156	215	231	171	108	175
¹ Leavers (from Trust)	107	83	147	106	89	103	114	141	129	112	107	87	87
Sickness													
% In Mth	5.0%	4.6%	4.7%	4.1%	4.1%	3.9%	4.0%	4.3%	4.7%	5.1%	5.0%	5.4%	5.1%
WTE Days Absent In Mth	15,917	13,343	14,941	12,830	13,337	12,316	12,861	13,984	14,623	16,575	15,955	17,897	17,118
Mandatory Training & Appraisal Compliance													
Mandatory Training	87.5%	87.3%	87.9%	89.8%	91.4%	92.5%	93.4%	93.0%	92.9%	91.4%	92.4%	93.0%	93.4%
Appraisal	86.4%	87.3%	87.7%	88.4%	89.3%	88.3%	90.2%	88.0%	88.2%	89.1%	89.7%	90.6%	90.5%
Temporary staffing as a % of spend													
Substantive Pay Spend	42,810	42,585	64,961	44,376	46,535	46,131	45,517	47,990	46,250	46,350	46,901	47,804	46,711
Overtime Pay Spend	162	166	173	188	180	176	166	149	138	137	161	133	132
Bank Pay Spend	5,024	4,595	7,317	4,429	5,073	4,580	5,065	5,328	5,012	4,981	5,098	4,510	5,620
Agency Pay Spend	1,682	1,611	1,777	1,129	1,310	1,424	1,287	1,250	881	1,185	1,073	957	1,134
Total Pay Spend	49,679	48,957	74,228	50,122	53,097	52,311	52,035	54,718	52,280	52,653	53,234	53,404	53,597
Agency & Bank %	13.5%	12.7%	12.3%	11.1%	12.0%	11.5%	12.2%	12.0%	11.3%	11.7%	11.6%	10.2%	12.6%
Agency %	3.4%	3.3%	2.4%	2.3%	2.5%	2.7%	2.5%	2.3%	1.7%	2.2%	2.0%	1.8%	2.1%
Nurse staffing fill rate													
% Filled	85.6%	85.2%	89.8%	88.5%	87.6%	90.6%	85.6%	89.9%	88.4%	85.5%	89.5%	88.1%	88.8%

¹ Excludes training grade junior doctors

POD Profiles – Trust Level

	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,268	3,265	3,285	3,209	3,141	3,211	3,187	3,203	3,201	3,249	3,217	3,237	3,281
In post	3,021	3,018	3,038	3,010	3,031	3,047	3,025	3,026	3,090	3,100	3,109	3,126	3,145
Vacancy	247	247	247	199	109	164	162	177	111	149	109	112	136
Vacancy %	7.6%	7.6%	7.5%	6.2%	3.5%	5.1%	5.1%	5.5%	3.5%	4.6%	3.4%	3.4%	4.1%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,567	1,566	1,570	1,556	1,488	1,530	1,529	1,527	1,523	1,543	1,545	1,537	1,553
In post	1,450	1,436	1,446	1,438	1,447	1,470	1,445	1,437	1,450	1,473	1,482	1,497	1,510
Vacancy	116	130	124	118	41	60	84	90	73	70	63	39	43
Vacancy %	7.4%	8.3%	7.9%	7.6%	2.8%	3.9%	5.5%	5.9%	4.8%	4.5%	4.1%	2.6%	2.8%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,378	1,388	1,385	1,373	1,400	1,397	1,386	1,388	1,382	1,378	1,385	1,389	1,431
In post	1,161	1,186	1,209	1,247	1,254	1,251	1,238	1,224	1,250	1,251	1,247	1,252	1,274
Vacancy	217	202	176	126	146	146	148	165	133	127	138	137	158
Vacancy %	15.8%	14.5%	12.7%	9.2%	10.4%	10.5%	10.7%	11.8%	9.6%	9.2%	10.0%	9.9%	11.0%
Consultants													
Establishment (including agency)	512	512	516	520	521	525	525	524	522	524	521	522	521
In post	460	465	469	473	471	472	474	477	480	484	482	480	480
Vacancy	53	48	47	47	50	53	51	48	43	40	39	42	41
Vacancy %	10.3%	9.3%	9.2%	9.1%	9.6%	10.1%	9.7%	9.1%	8.1%	7.7%	7.5%	8.1%	7.8%
Junior Medical													
Establishment (including agency)	767	778	775	771	772	768	776	768	770	783	804	789	790
In post	742	750	758	757	757	764	760	819	811	787	785	784	752
Vacancy	25	27	17	15	15	4	16	(52)	(41)	(4)	18	5	38
Vacancy %	3.3%	3.5%	2.2%	1.9%	1.9%	0.5%	2.0%	-6.7%	-5.3%	-0.5%	2.2%	0.7%	4.8%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,237	2,229	2,233	2,191	2,185	2,244	2,197	2,221	2,172	2,180	2,201	2,224	2,212
In post	2,041	2,040	2,043	2,027	2,024	2,029	2,032	2,036	2,028	2,029	2,049	2,055	2,054
Vacancy	196	189	191	164	161	215	165	185	144	151	151	169	158
Vacancy %	8.8%	8.5%	8.5%	7.5%	7.4%	9.6%	7.5%	8.3%	6.6%	6.9%	6.9%	7.6%	7.1%

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