



Month 12
(March)

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	QIA	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 February performance for East Suffolk and North Essex NHS Foundation Trust (ESNEFT).

The NHS Oversight Framework is built on the 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 January performance took place in early March.

	Areas of Improvement	Areas requiring further work
<p><u>QUALITY</u></p> 	<ul style="list-style-type: none"> The latest MBRRACE annual report for 2022 advised that the Trust stillbirth and extended perinatal deaths were 'as expected' in 2022. There has been a soft roll-out of the community ME service. Temporary funding has been secured for 12 months to fund an enhanced alcohol liaison programme at Ipswich Hospital. LFPSE reporting changes to patient safety events will likely see the number reported externally reduce. Combined percentage for smoking at the time of delivery is below the target of >6% for the second month in a row. Mixed sex accommodation breaches reduced significantly in the month 	<ul style="list-style-type: none"> From January 2023 to January 2024, there were 17 deaths that have been identified where care may have contributed to death. There have only been 2 months since October without a case of MRSA on ESNEFT wards. There was one community onset healthcare associated MRSA bacteraemia during March on ED (previously Easthorpe Ward). Details have been shared with the ICB IP&C team. VTE Risk Assessments have not met the 95% target at Trust level all financial year however there has been a change in audit methodology due to reliance on sample audits which is being reviewed through the thrombosis group. Grade 4 pressure ulcers have been reported 3 months in a row. Earlier referral to the Tissue Viability CNSs was identified as a common theme. Risk assessments & mitigations were in place.
<p><u>PERFORMANCE</u></p> 	<ul style="list-style-type: none"> The Trust achieved 81.2% performance against the A&E 4-hour standard for March above the national standard of 76%. Cancer Standards were delivered for the end of March. Delivery was achieved for the Elective RTT standards at the end of March with zero patients over 78 weeks waiting for capacity reasons and just 262 patients waiting for an appointment date over 65 weeks. There has been improvement in the medical specialties' diagnostics performance i.e. ECHOs 	<ul style="list-style-type: none"> A review of areas of learning from March delivery will be used to explore sustainable improvements to 78% performance with a Trust ambition to deliver 85% in March 2025. The Trust is finalising plans to deliver its 'Home for Lunch' initiative to target 35% of discharges prior to midday. Further work is needed to improve performance in diagnostics. Clinical configuration and 24/25 Business Planning remain a focus for preparation for next year. The focus for next month is those vacated theatre spaces that are created with the implementation of ESOC – due for completion in March 2024. Outpatient polling times will be a focus.

	Areas of Improvement	Areas requiring further work
<p><u>FINANCE</u></p> 	<ul style="list-style-type: none"> The forecasted year end revenue (surplus of £1.3m) and CDEL positions were achieved. Both Medicine divisions, and Integrated Pathways, exceeded their CIP plan for the year and Integrated Pathways met their plan. The Trust has developed a credible balanced revenue position for 24/25 (surplus of £250k), with this also reflected in agreed control totals for clinical divisions and corporate directorates and loaded to the Trust's General Ledger. 	<ul style="list-style-type: none"> The majority of divisions did not deliver their total CIP plan for 23/24, and moreover there was an even greater shortfall on recurrent delivery. This has carried forward into 24/25. There are risks that may need to be managed in both the revenue (such as recurrent CIP delivery and non-pay price inflation) and capital plans (such as high risk backlog maintenance (£9.8m) for 24/25). There is system revenue plan gap currently of £18m (attributable to West Suffolk Hospital NHS Foundation Trust) that will need to be closed.
<p><u>WORKFORCE</u></p> 	<ul style="list-style-type: none"> Vacancy rate is 1.3% (from 3% previous month) 642 staff have completed Leadership Development training. WRES and WDES data submitted to Board for approval in May which shows an improvement in the majority of areas when compared to the previous year and 5yr trend analysis. E-roster training sessions are in place for Matrons. Mandatory Training has remained above target for 11 consecutive months A strengthened Retention team have rolled out new starter welcome meetings and are supporting the NHSE Flexible Working Leadership Development Programme Bullying and Harassment and Disciplinary Policies reviewed to support staff experience 	<ul style="list-style-type: none"> The Retention strategy work plan is ongoing with a strengthened team of Retention Partners. Supporting WSH with a retention programme of work. The Trust is slightly under target for Appraisals. Preparation is ongoing for the 360 appraisal launch with a rollout planned for April. Our Talent Management programme 'My Career Matters' continues to be worked on to make it as streamlined as possible for Managers to have a meaningful career conversation with their staff. EDI and Civility and Respect toolkit training sessions continue to be rolled out. A collaborative approach with WSH continues regarding the ESEOC Workforce and OD Plan. Support is continuing for staff and divisions regarding sickness absence.

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 11 (February performance)

Divisional Accountability Meetings to discuss February performance for clinical divisions took place on the 2nd, 3rd & 8th of April and meetings for Corporate directorates took place on the 8th April.

Clinical divisions performance

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

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

Corporate performance

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

- Research & Innovation deteriorated from a 4 to a 3 in February.
- Communications, Faculty of Education, Finance & Information, Governance, HR, ICT & Medical Director maintained a score of 3, while Nursing improved to a 3 in the month.
- Estates & Facilities 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	
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	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Areas of Improvement	Areas requiring further work
12-mth rolling HSMR	100	106.9	104.9	104.7	105.5	100.4	104.2	<ul style="list-style-type: none"> The latest MBRRACE annual report for 2022 advised that the Trust stillbirth and extended perinatal deaths were 'as expected' in 2022, with neonatal mortality being better than average by more than 5% when compared to similar organisations. 	<ul style="list-style-type: none"> From January 2023 to January 2024, there were 17 deaths that have been identified where care may have contributed to death – 14 through SJRs and 3 through patient safety investigations.
SHMI	1	1.10	1.10	1.10	1.11	1.10	TBC		
Incidents & Complaints	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	<ul style="list-style-type: none"> There has been a soft roll-out of the community ME service in the absence of a formal go-live date. Trust staff have been proactive in ensuring engagement with private settings, GPs, hospices and prisons in anticipation of a formal announcement. Temporary funding from Suffolk County Council Health Inequalities budget has been secured for 12 months to fund an enhanced alcohol liaison programme at Ipswich Hospital. Staff have made significant improvements in patient care, reduced admissions, LoS and ED attendances. From 2nd April, LFPSE reporting will commence, and due to reporting changes to patient safety events, the number reported externally is likely to reduce. This should align nationally. Combined percentage for smoking at the time of delivery is below the target of >6% for the second month in a row, with Ipswich having a percentage of 3.95% and Colchester with 5.80%. Mixed sex accommodation breaches reduced significantly in the month though breaches remain high. 	<ul style="list-style-type: none"> There have only been 2 months since October without a case of MRSA on ESNEFT wards. There was one community onset healthcare associated MRSA bacteraemia during March on ED (previously Easthorpe Ward). Details have been shared with the ICB IP&C team. VTE Risk Assessments have not met the 95% target at Trust level all financial year however there has been a change in audit methodology due to reliance on sample audits which is being reviewed through the thrombosis group. Grade 4 pressure ulcers have been reported 3 months in a row. Earlier referral to the Tissue Viability CNSs was identified as a common theme. However, risk assessments and mitigations were in place to prevent deterioration.
Total incidents reported	-	2,918	2,999	3,133	3,199	3,187	3,186		
Never Events	0	1	0	0	0	0	0		
Mixed Sex Accommodation Breaches	0	337	231	285	159	319	207		
Total complaints reported	-	128	161	84	132	127	109		
Overdue Complaints	0	5	0	3	2	1	5		
Complaint Response Compliance	-	93.0%	94.0%	91.0%	91.0%	98.0%	91.0%		
Total PALs Enquiries	-	319	401	350	447	561	435		
Duty of Candour (Initial)	100%	75.4%	80.0%	96.2%	75.6%	72.0%	N/R		
Infection Control	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24		
C.Diff	0	18	8	7	8	11	12		
MRSA	0	1	0	1	2	0	1		
MSSA	0	6	5	8	11	8	2		
E.Coli	0	12	15	16	16	10	16		
Harm Free Care	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24		
VTE Risk Assessments	95%	52.25%	57.51%	54.47%	62.75%	64.19%	68.19%		
Total falls	-	173	220	194	274	170	187		
Serious Harm falls	0	0	2	1	3	9	6		
Category 2 Pressure Ulcers	0	31	38	43	73	45	70		
Category 3 Pressure Ulcers	0	1	3	1	9	12	24		
Category 4 Pressure Ulcers	0	1	0	0	1	1	1		
FFT	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24		
F&F: Inpatients % Recommending	90%	89.8%	91.0%	93.9%	93.1%	92.8%	93.0%		
F&F: A&E % Recommending	90%	82.6%	85.1%	82.7%	83.3%	76.8%	87.2%		
F&F: Day Case % Recommending	90%	95.50%	95.81%	94.5%	94.9%	94.1%	93.7%		
F&F: Birth % Recommending	90%	100.0%	100.0%	83.3%	100.0%	100.0%	100.0%		
F&F: Post Natal Ward % Recommending	90%	95.5%	95.5%	96.6%	100.0%	100.0%	100.0%		
F&F: Antenatal % Recommending	90%	100.0%	100.0%	100.0%	81.8%	83.3%	87.5%		

Mortality: Stillbirths & Perinatal Mortality - February data

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

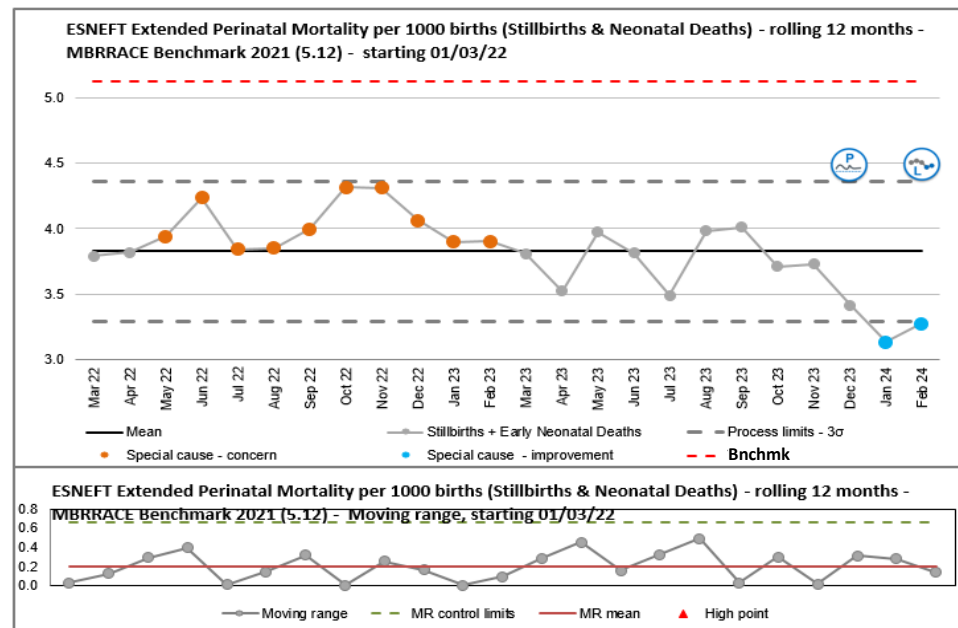
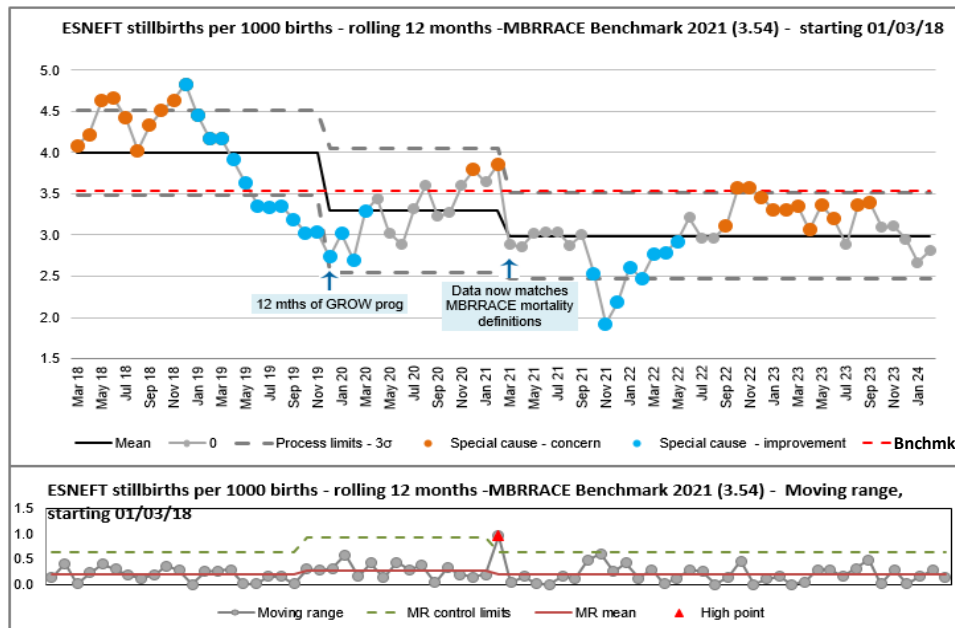
Summary 12 mths to February 2024 (provisional data)

- Stillbirths/1,000 births ² **2.8** 2021 MBRRACE* - benchmark **3.5**
- Extended perinatal mortality/1,000 births ² **3.3** 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*

²excludes terminations of pregnancy and births <24⁰ weeks gestational age

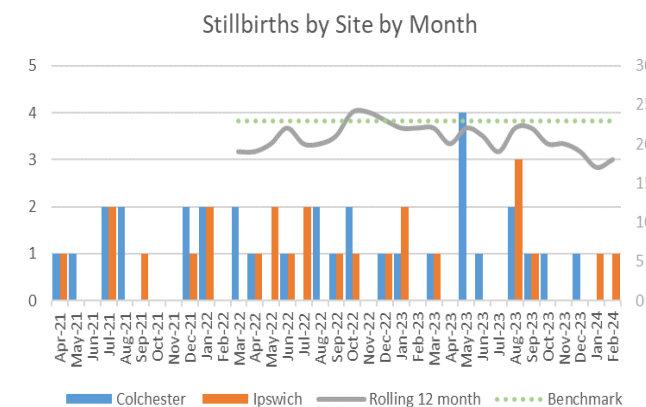


12 months to February 2024

Metric – Benchmark reflects rates for England (MBRRACE 2021)	Benchmark	Ips	Col
Stillbirths ²	3.5	2.3	3.3
Extended Perinatal Mortality ² (stillbirths and neonatal deaths up to 28 days following delivery)	5.1	2.6	3.8

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 Feb 2024, Ipswich had 7 stillbirths and Colchester 11. The stillbirth SPC chart was demonstrating special cause variation (orange) owing to the fact that rolling 12-month data was consistently above the Trust average. This has now returned to common cause variation (grey).

Extended perinatal mortality is showing special cause variation (blue) owing to decreases in both stillbirths and deaths within 28 days of delivery.



Mortality: ESNEFT MBRRACE Report 2022

Summary

Trust stillbirth and extended perinatal deaths were ‘as expected’ in 2022, with neonatal mortality being better than average by more than 5% when compared to similar organisations.

Perinatal mortality (all deaths)

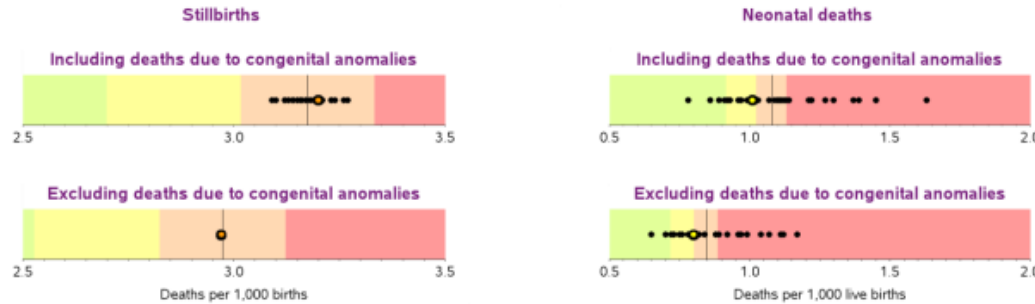
Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)	Comparison to the average for similar Trusts & Health Boards
Stillbirth	23	3.46	3.20 (2.74 to 3.72)	● Up to 5% higher or up to 5% lower
Neonatal	6	0.91	1.01 (0.60 to 1.67)	● More than 5% and up to 15% lower
Extended perinatal	29	4.36	4.20 (3.68 to 5.20)	● Up to 5% higher or up to 5% lower

Perinatal mortality (excluding deaths due to congenital anomalies)

Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)	Comparison to the average for similar Trusts & Health Boards
Stillbirth	21	3.16	2.97 (2.66 to 3.28)	● Up to 5% higher or up to 5% lower
Neonatal	5	0.76	0.80 (0.49 to 1.28)	● More than 5% and up to 15% lower
Extended perinatal	26	3.91	3.76 (3.39 to 4.55)	● Up to 5% higher or up to 5% lower

Comparisons with similar Trusts and Health Boards

Your estimated stabilised & adjusted mortality rate for each type of death has been compared with the average mortality rate for Trusts and Health Boards in the same comparator group and is shown below as a coloured circle:



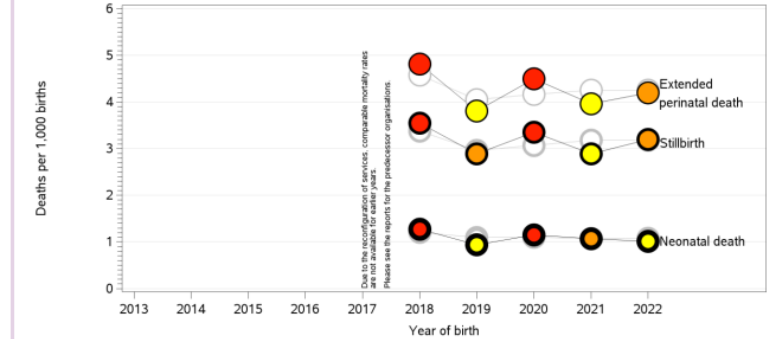
- more than 15% lower than the average for the group
- more than 5% and up to 15% lower than the average for the group
- up to 5% higher or up to 5% lower than the average for the group
- more than 5% higher than the average for the group

Trusts and Health Boards whose mortality rates are marked ● or ● should carry out an initial investigation of their data quality and possible contributing local factors that might explain the high rate. Irrespective of where they fall in the spectrum of national performance all Trusts and Health Boards should use the national PMRT to review all their stillbirths and neonatal deaths.

Stabilised & adjusted mortality by year of birth (all deaths)

Stabilised & adjusted mortality rates for each type of death compared to the average mortality rate for Trusts and Health Boards in the same comparator group (shown in grey) by year of birth.

Due to updates to the data and improvements to the statistical methodology used, these results might differ slightly from those in previous reports.



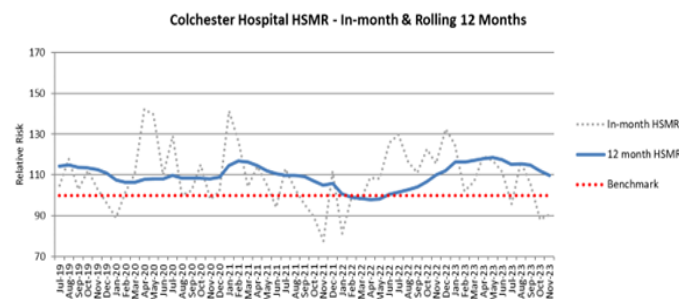
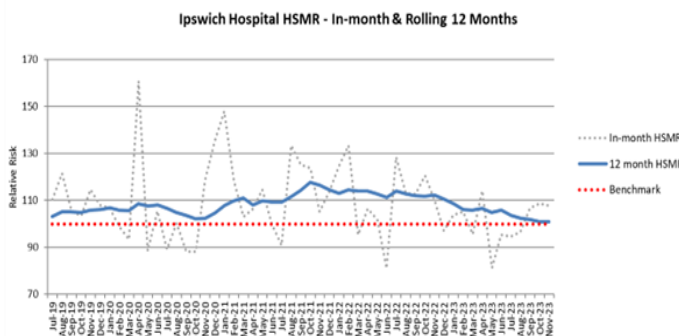
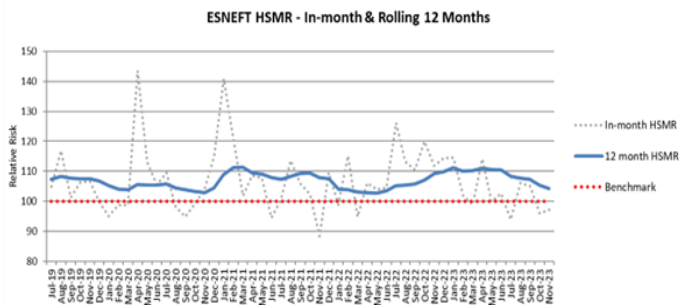
The Trust scored 100% for notification of stillbirths and neonatal deaths within 7 days of death. In addition, in the 18 other metrics submitted, 11 scored 100% for completeness, with 7 elements scoring 85-97% completion:

- type of onset of labour
- date and time of birth
- intended type of care at booking
- estimated date of delivery
- whether alive at onset of care
- birth weight
- gestational age at birth

Mortality Ratios - Data Sources DF Intelligence (Telstra Health)

Summary

- ESNEFT 12-mth HSMR to November 2023, 104.2 marginally **'higher than expected'**.
- ESNEFT 12-mth all-diagnoses (SMR) to November 2023, 103.8 marginally **'higher than expected'**.
- ESNEFT has the **third highest crude mortality rate** in the peer group (ordinary admissions). National ordinary admission crude mortality in the 12 months to November was 2.4%, peer group was 2.7%.



Dr Foster Summary – November data owing to incomplete data

Nov 2023 12 month rolling data except where specified	ESNEFT	IPS	COL
HSMR in-month EXCLUDES C-19 ON ADMISSION	97.3	107.6	90.5
HSMR EXCLUDES C-19 ON ADMISSION	▼ 104.2	▲ 100.8	▼ 109.8
HSMR Lower confidence limit EXCLUDES C-19 ON ADMISSION	▼ 100.2 Outlier	▲ 95.0 As expected	▼ 104.2 Outlier
HSMR NO C-19 PATIENTS	► 101.4	▲ 97.6	▼ 107.3
HSMR Lower confidence limit NO C-19 PATIENTS	► 97.3 As expected	▲ 91.6 As expected	▼ 101.5 Outlier
HSMR Death rate (nat. 3.1% ▼)	► 3.1%	► 2.7%	► 3.6%
All diagnosis groups INCLUDES C-19 DURING ADM	▼ 103.8	▼ 99.8	▼ 109.6
Lower confidence limit (all)	▼ 100.3 Outlier	▼ 94.6 As expected	▼ 104.6 Outlier

November 2023 – around 6100 inpatient discharges missed the inclusion deadline, including 112 deaths. The Dr Foster report is being retarded by one month owing to an exponential increase in late data submission **nationally**. Local scanning delays are contributing to missed submission deadlines as well as the ability to book additional staffing resource to reduce the coding backlog.

Weekend/Weekday HSMR Admissions

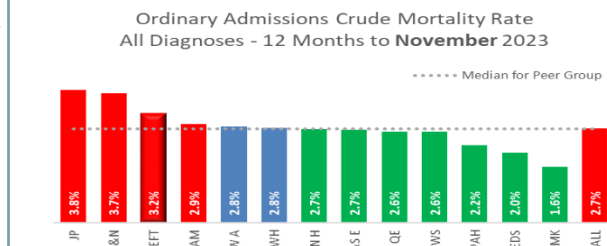
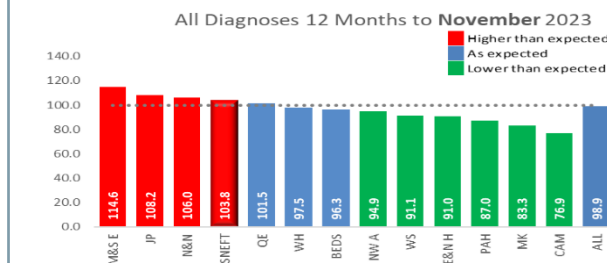
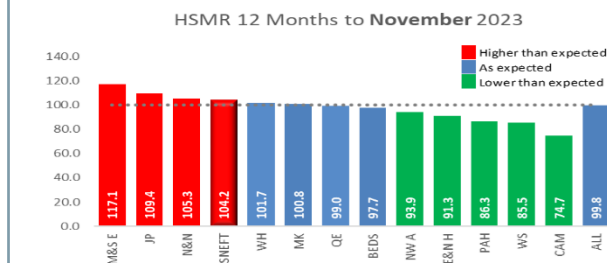
In the 12 months to November 2023, weekend ESNEFT HSMR emergency admissions were 'higher than expected'. Ipswich weekday and weekend emergency admissions were 'as expected'.

It should be noted that NHS digital is advising caution in interpreting data for PAH, Frimley, Chesterfield, Milton Keynes, West Suffolk, Guy's, King's, East Lancashire and East Kent, owing to invalid diagnosis codes, duplicate submissions and data submission shortfalls.

National & Regional Peer Group

The Trust is 1 of 4 in the regional peer group with 'higher than expected' relative risks. The region is currently no longer an HSMR and SMR outlier overall.

Nat. (ord adm) crude mortality was 2.4%.



Learning from Deaths Group – 05/04/2024

Summary

- Soft roll-out of community ME service in absence of national go-live date confirmation.
- SCC temporary funding for an Ipswich Hospital enhanced alcohol service having significant positive impact on patient care, experience and outcome, freeing hospital resources in Ipswich ED and acute beds.

Medical Examiner Update – Dr Rudra

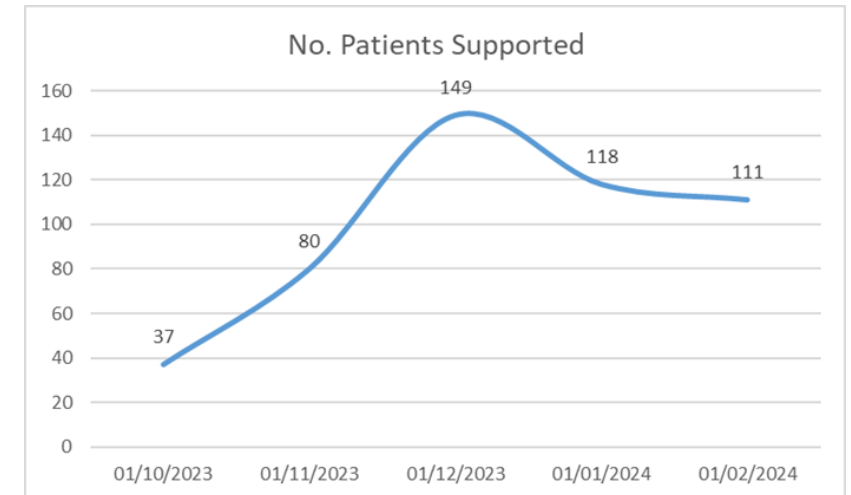
- The service was created in 2019, from which point, the service in ESNEFT has maintained 100% scrutiny of all acute deaths, although the process remains non-statutory. It supports coronial referrals, accuracy of MCCD completion and gives a voice to the bereaved.
- At the time of writing, The Department of Health and Social Care is awaited to give a date for the community service to go live, but the Trust has worked with the majority of local GPs, hospices, private settings and mental health services to initiate a soft launch of community ME service
- The 28 day rule has been abolished (where the certifying clinician must have had patient contact), there will be a new digital MCCD (no date for the go-live) where the ME will validate the form and additional demographics will be reported such as ethnicity and pregnancy.
- The team has arranged additional cover for faith-deaths so the deceased can be released quickly; the Crem-4 form has been abolished.

Alcohol Nurse Specialist Update – Ipswich – Presentation from Liz Thompson – Lead Alcohol Nurse & Liver Nurse Specialist

- In October 2023, Suffolk County Council allocated £160k from the Health Inequalities budget to fund an enhanced alcohol and liver team for a year. This allowed increased staffing from 1.4 wte to 6 nurses (various hours), 1 admin officer and consultant support, covering 7 days a week. This means that staff have been able to work across the whole of Ipswich Hospital rather than just 2 wards:
- Patients presenting to ED are now usually seen within an hour of referral for support with intoxication, withdrawal and mental health issues. This means that withdrawal treatment can start immediately, minimising the risk of behaviour which may be harmful to the patient, those treating them and other patients in the department.
- Every patient seen for excess alcohol now has a blood-screen by a liver nurse, who identifies potential liver disease and organises and an outpatient fibroscan.
- Support and sign-posting in outpatient clinics for alcohol-related liver disease

The team has worked hard to maximise the care provided to patients:

- Referrals have tripled with 120 patients seen in March – social isolation/working from home has increased alcohol consumption.
- Full holistic alcohol assessment in ED identifying triggers – bulk of work is done here now with community referral rather than admission.

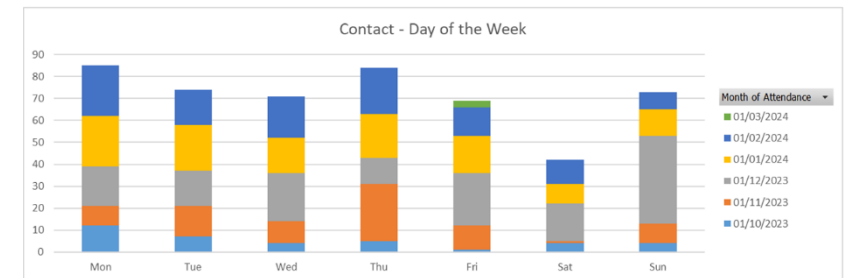
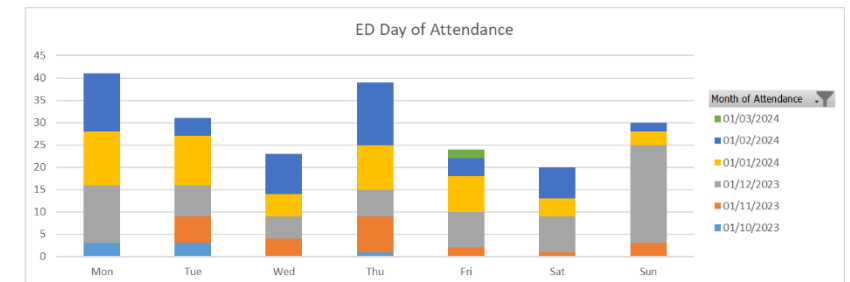
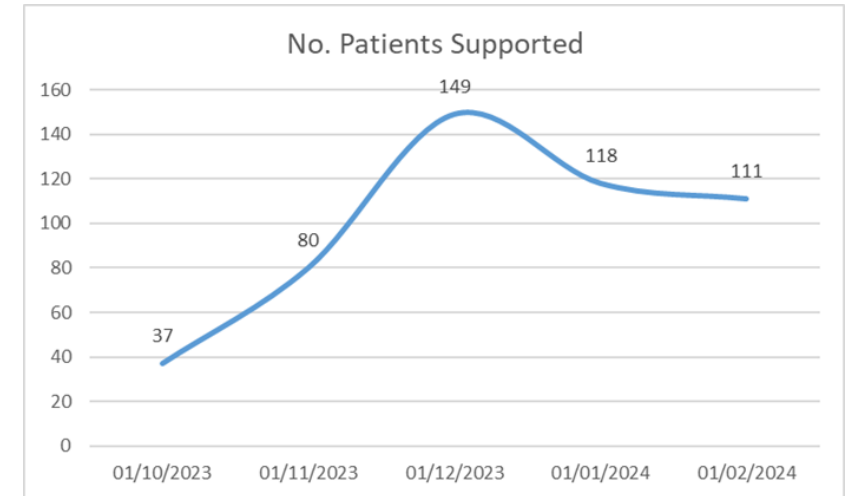


Learning from Deaths Group – 05/04/2024

- **Reduced LoS**
- **Reduced re-attendance**
- **Proactively screening for liver disease to prevent need for admission**
- **Reduced need for hospital detox regimen**
- **Improved patient experience.**

Alcohol Nurse Specialist Update continued

- Virtually all admitted patients are seen within 24 hours, 7 days a week
- Patients undergoing diagnostics are monitored for safety reasons – seizures are common
- Patients are encouraged to use the referral service, without which, they could continue with levels of alcohol consumption that prove injurious to both their physical health and mental well being and also to those close to them. This has reduced ED re-attendance.
- The alcohol staff identify patients requiring detox and facilitate this safely during admission, commencing paperwork that then follows the patient through to discharge. [Detox complications and decompensating liver management can lead to death.]
- Peer support is offered, which has been well received by patients – with AA peer mentors in place on the ward
- Collaboration with community alcohol services for plans on discharge and next step into treatment
- Collaboration with MH, safeguarding, housing and family support services
- Early intervention in alcohol use to prevent liver-related illness
- Improved patient experience
- 185 staff trained in alcohol support
- The team is using SPC T-charts to track attendance patterns for returning patients
- Reduced bed stay from 5.2 – 2.2 days by promoting safe earlier discharge from the wards, working daily with the patient - 391 bed days saved
- Increased referrals to community services
- Improved patient experience and outcome.



Mortality Review Dashboard – February data



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



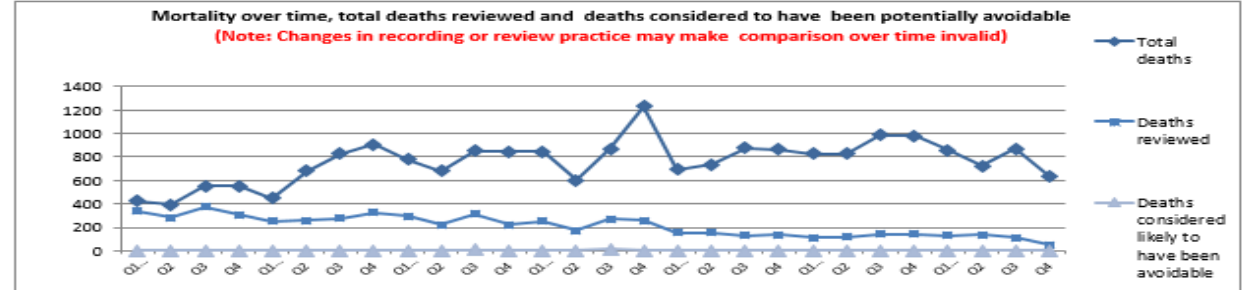
Description:
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

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
282	358	15	39	0	1
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
640	871	54	115	1	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
3092	3613	439	513	10	9

Time Series: Start date 2017-18 Q1 End date 2023-24 Q4



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: 0 (0.0%)	This Month: 14 (100.0%)
This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 1 (1.9%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 1 (1.9%)	This Quarter (QTD): 51 (96.2%)
This Year (YTD): 0 (0.0%)	This Year (YTD): 5 (1.2%)	This Year (YTD): 5 (1.2%)	This Year (YTD): 7 (1.6%)	This Year (YTD): 28 (6.5%)	This Year (YTD): 385 (89.5%)

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
1	5	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
6	11	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
45	35	0	0	0	0

Time Series: Start date 2017-18 Q1 End date 2023-24 Q4



Mortality Review Dashboard – February data

January 2023 to February 2024, 14 SJR – reviewed deaths where issues in healthcare may have contributed to death – see next slides 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. The results shown below are for SJRs only.
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	February		
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						
					1	2	3	4	5						
2022-23	April	301	40	0	0	0	0	2	5	33	2	26	26	100%	0
2022-23	May	265	33	1	0	1	0	2	5	25	1	18	18	100%	0
2022-23	June	258	39	0	0	0	0	1	4	34	2	27	27	100%	0
2022-23	July	294	33	0	0	0	0	0	4	29	1	24	24	100%	0
2022-23	August	276	43	2	1	0	1	1	0	40	5	27	27	100%	0
2022-23	September	254	42	0	0	0	0	0	2	40	3	18	18	100%	0
2022-23	October	303	45	1	1	0	0	3	3	37	4	20	20	100%	0
2022-23	November	317	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	49	1	0	1	0	1	6	40	1	22	22	100%	0
2022-23	March	310	54	1	0	0	1	4	4	45	3	26	23	88%	3
2023-24	April	308	35	1	0	1	0	0	2	30	7	18	16	89%	2
2023-24	May	272	49	2	0	1	1	0	4	43	4	32	30	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	2	1	31	4	20	17	85%	3
2023-24	August	272	57	1	0	0	1	3	5	47	4	36	32	89%	4
2023-24	September	241	47	2	0	1	1	1	5	38	2	31	31	100%	0
2023-24	October	270	47	0	0	0	0	1	5	40	3	33	26	79%	7
2023-24	November	281	30	1	0	0	1	0	2	25	4	28	21	75%	7
2023-24	December	320	38	0	0	0	0	0	1	36	4	30	24	80%	6
2023-24	January	358	39	1	0	1	0	0	1	37	5	28	19	68%	9
2023-24	February	282	15	0	0	0	0	0	0	14	1	31	13	42%	18

Mortality – cases where care may have contributed to death

Summary

17 deaths where care may have contributed to patient outcome

- Finalized CAELR April 2023 – follow-up clinic not booked for oesophageal dysmotility – blood glucose not monitored.
- PSR May 2023 – delays in surgical review – bowel obstruction

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

- Jan 2023 – PSR 135782 long term steroids stopped in error – HotSpot circulated
- Jan 2023 – PSR 126016 poor diabetes control in pregnancy – the consultant did not emphasise the importance of delivery at <37 weeks so the woman was booked into the next available slot owing to reduced elective caesarean capacity over the Christmas period. There has been individual reflection on this care planning. Shared learning at the M&M meeting to ensure all aware of the process of escalating for cat 3/extra lists should timely delivery be required.
- Feb 2023 – PSR 130649 – patient not escalated according to trust standards – delays in accurate radiological report – discussed at the May ED M&M, senior team discussed actions with staff member who did not escalate the patient. To be discussed at surgical M&M. Final approval pending.
- Mar 2023 - PSII 131578 – NF diagnosis delays – pending actions include LRINEC assessments, reinforcement of escalation of abnormal results and cellulitis pathway development (DP group).
- Apr 2023 PSII 136004 – severity of ENT event not considered – action log pending
- **Apr 2023 - CAELR 134504 - Oesophageal dysmotility diagnosis in 2020 but not requiring treatment at the time. Follow up in clinic was intended by not booked. The patient was then admitted severely malnourished. Artificial feeding was started but stopped when the patient declined to have the tube. There was a hypoglycaemic episode on 03/04/2023 and he was promptly treated but had no maintenance glucose and his BM wasn't monitored until he arrested 4 hours later where his BM was un-recordable. The patient passed away 5 days after the arrest and it is likely that the avoidable cardiac arrest contributed to his death – SJR complete, different opinion.**
- May 2023 – Datix: 139025 - Fall with harm – patient with metastatic cancer, at high risk of falling owing to lack of insight, got out of bed to turn light off – no falls risk assessment prior to fall, no assistive technology, gaps in intentional rounding documentation, no documentation of lying/standing blood pressure – presentation given at Learning from Deaths group, falls prevention in the last days of life – to be shared more widely with clinical teams. Action plan being developed.
- May 2023 - PSII 139167 – patient with clear hospital passport guidance was left to eat unsupervised leading to aspiration - food charts and nutritional requirements not documented according to Trust policy, no seizure charts, no requested SALT review, delayed sepsis 6, O₂ target sats not met – discussed at unit huddle, inquest.
- **May 2023 - PSR 138891 – referral in from Clacton Hospital with ?bowel obstruction – delays in surgical review (no SJR).**

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

- Jun 2023 - Referred to tertiary centre for aortic valve repair and CABG (coronary artery bypass graft). 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 – 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 BIBA, had one episode of faecal vomiting during transit and arrested in ambulance outside ED (Datix 144391). PM conducted, CoD 1a - Ileus; 1b - Peritonitis; 1c Gastroenteritis. OHSP Datix raised for patient's GP 160552.
- Aug 2023 – Datix 148758 – delays in AKI management – under review
- Sep 2023 – Datix 150285 – delays in MRI reporting led to exacerbation of intracerebral bleed – under review
- Sep 2023 - Datix 149858 - The immediate deterioration was due to the electrolyte derangement due to hypovolaemia (diuresis and hot weather) and difficulty in managing fluid balance down the NG tube. On balance the AKI management might have been more acutely managed. *Raised with Patient Safety Team 27/2/2024*
- 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 which were prescribed within 1 hour but never given. Despite ongoing deterioration failure to recognise no treatment given despite multiple reviews by multiple specialities...Multiple documentations about which clinical team should be responsible for patient leading to no one team taking responsibility – under review.
- Jan 2024 - Datix 161574 – pregnant patient called twice owing to abdo pain – had the patient been called in for assessment and the baby delivered earlier, fetal resuscitation may well have been successful. PMRT being completed.
- Feb 2024 - Datix 168110 – PROVISIONAL under review – patient with autoimmune hepatitis with fulminant liver failure experienced clinic delays – TBC (no SJR).

Patient Safety – Total incidents and overdue action plans

Total incidents and harm

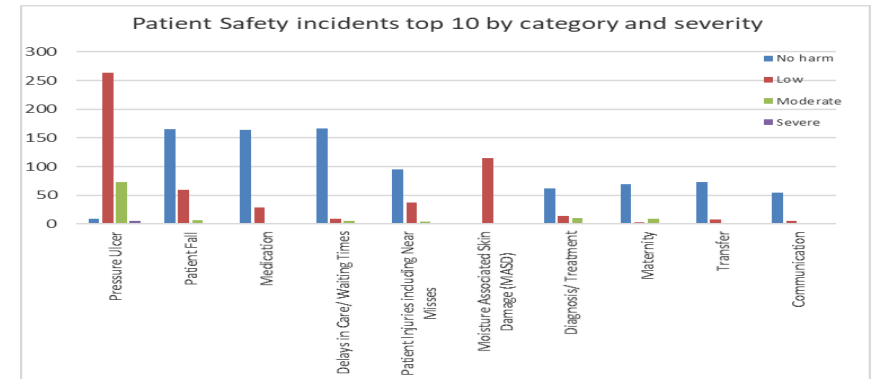
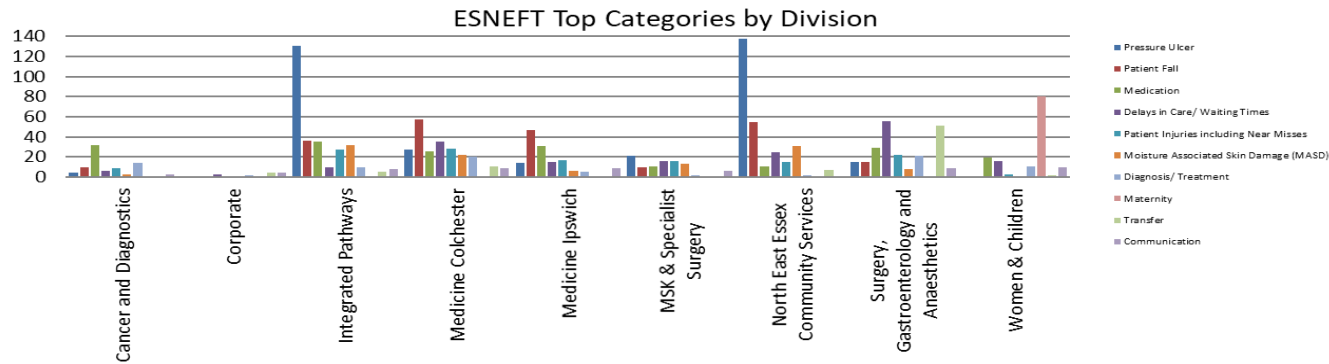
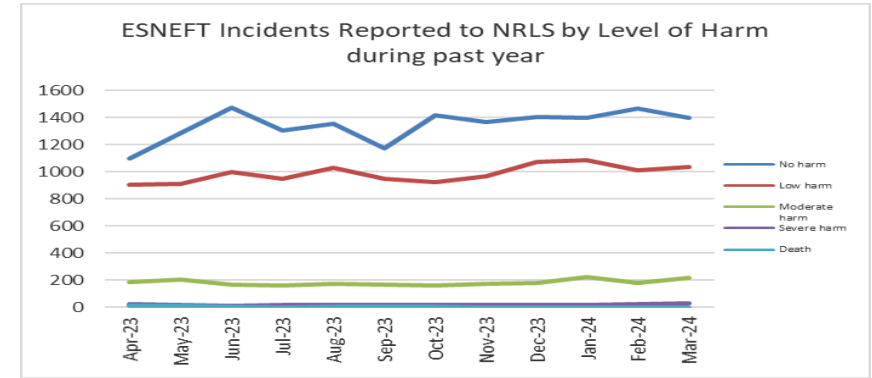
There were a total of 3,186 (3,187) incidents reported in March. 2,685 of these incidents were Patient Safety related and 2,683 were reported to the NRLS. From 2 April, LFPSE reporting will commence and due to reporting changes to patient safety events, the number reported externally is likely to reduce. This should align nationally, although there has been no discussion of benchmarking nationally to date.

There were 43,798 (41,991) admissions resulting in 61.27 incidents per 1,000 bed days across ESNEFT.

The highest reported category was Pressure Ulcer damage with 350 (341) incidents reported, 5 of which were severe harm, 3 of which was within the community within NEECS, 1 on Grundisburgh Ward and 1 on Layer Marney Ward.

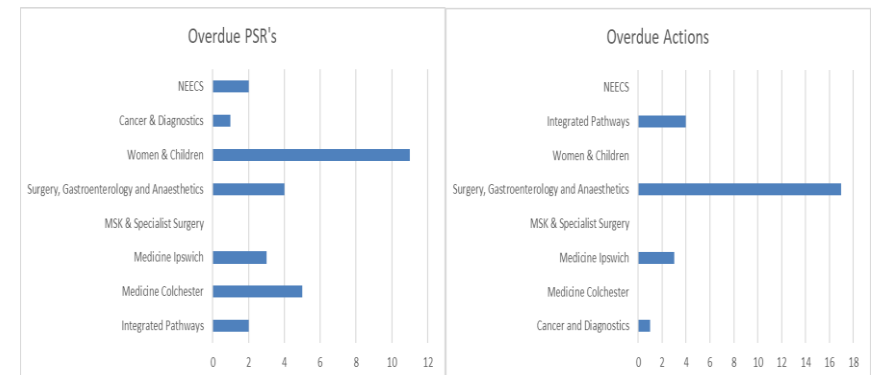
The 2nd highest reported category was Patient Falls with there being 232 (213) incidents reported, 1 of which was reported as severe on Langham Ward, which was witnessed

The 3rd highest reported category was Medication with 194 (205) incidents 1 of which were reported as moderate on EAU (Col).



Patient Safety Reviews Overdue and with actions outstanding

- 0 PSRs were completed in March 2024.
- There are 31 (28) overdue PSRs, Integrated Pathways (2), Medicine Colchester (5), Medicine Ipswich (3), Surgery, Gastroenterology & Anaesthetics (6), NEECS (3), Cancer & Diagnostics (1) and Women & Children (11).
- There are currently 21 (25) actions overdue for March 2024: Medicine Colchester (0), Medicine Ipswich (2), Surgery, Gastroenterology & Anaesthetics (3), MSK and Specialist Surgery (1), Cancer & Diagnostics (0), Integrated Pathways (4), NEECS (0) and Women & Children (11).



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

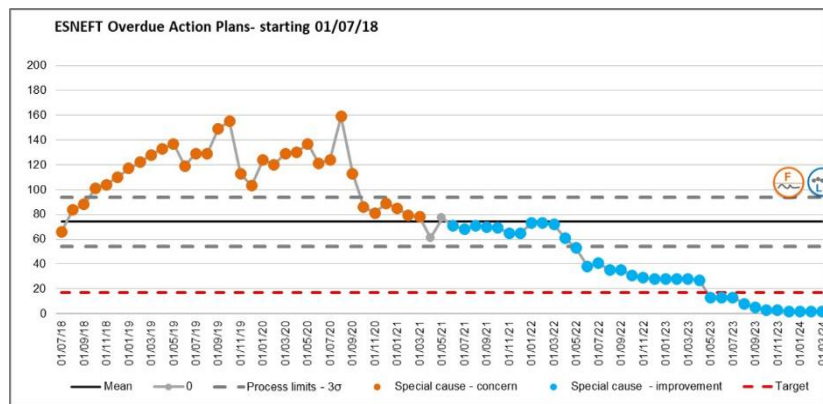
Never events

There were no never events reported in March 2024.

Number of completed action plans closed in the month

There are currently 2 (3) overdue action plans:

- 1 awaiting HR policy update for assurance of HCPC registrants
- 1 awaiting Safeguarding Policy, approved in March, awaiting updated action plan for closure



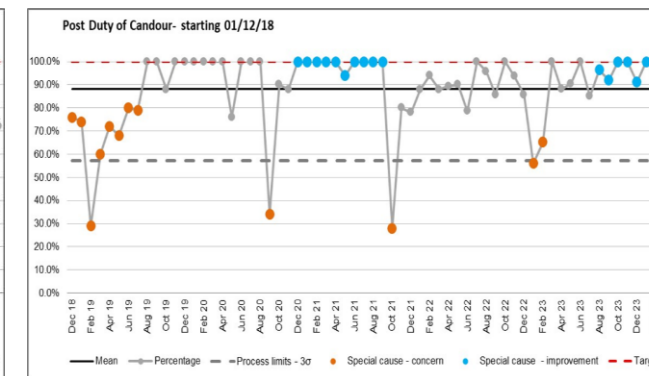
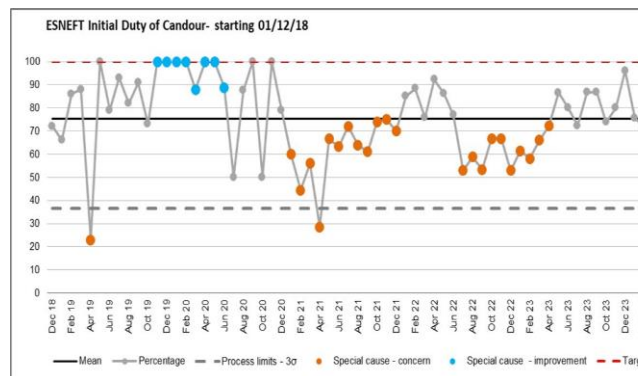
Duty of Candour

A total of 86 initial Duty of Candour were due in the month of March, of which 62 were completed within the timeframe. The Trust compliance is 72% (72%).

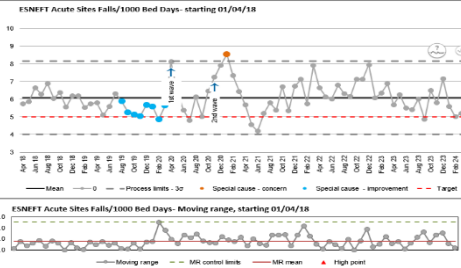
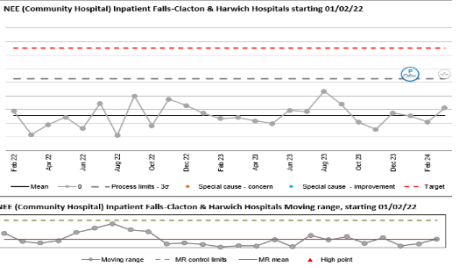
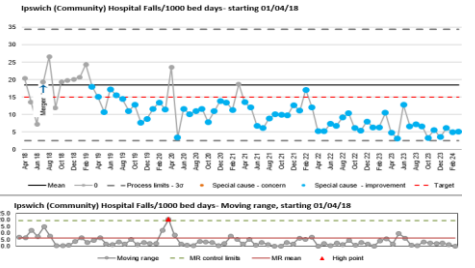
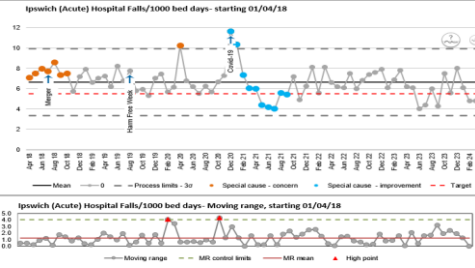
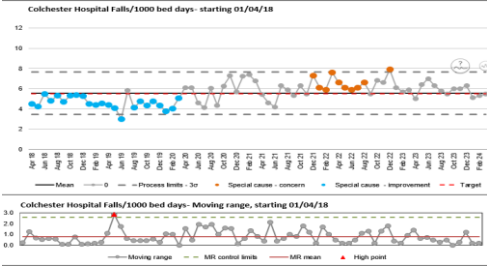
A total of 16 post Duty of Candour letters were due in the month of March and 15 were completed within the timeframe. The Trust compliance is 94% (96.6%).

Division	Due	Completed
Cancer & Diagnostics	2	2
Integrated Pathways	28	16
Medicine Colchester	13	13
Medicine Ipswich	4	4
Surgery & Anaesthetics	1	1
Women's & Children's	8	8
MSK & Specialist Surgery	2	2
NEECS	28	16
Total	86	62

Division	Due	Completed
Cancer & Diagnostics	1	0
Integrated Pathways	0	0
Medicine Colchester	1	1
Medicine Ipswich	7	7
Surgery & Anaesthetics	0	0
Women's & Children's	6	6
MSK & Specialist Surgery	1	1
NEECS	0	0
Total	16	15



Patient Safety – Falls



Colchester Acute		
Prev. & in-mth total	85	96
Serious harm falls		5
No harm falls		73
Low harm falls		18
Falls/1,000 bed days (ceiling ≤ 5.0)		5.5

Ipswich Acute		
Prev. & in-mth total	85	91
Serious harm falls		1
No harm falls		69
Low harm falls		21
Falls/1,000 bed days (ceiling ≤ 5.0)		5.1

Suffolk Community Hospital		
Prev. & in-mth total	10	10
Serious harm falls		0
No harm falls		5
Low harm falls		5
Falls/1,000 bed days (ceiling ≤ 15)		5.0

NEE Community Hospital		
Prev. & in-mth total	12	18
Serious harm falls		0
No harm falls		13
Low harm falls		5
Falls/1,000 bed days (ceiling ≤ 15)		6.3

ESNEFT (acute)			
	Prev.	Mth	
Prev. & in-mth total	170	187	
Serious harm falls		9	6
No harm falls	126	142	
Low harm falls	35	39	
Acute	5.7	Com	5.4

Summary

Headlines:
 There were a total of 96 falls in March 2024 at Colchester compared to 85 in February. This could be attributed to 2 main reasons. 2 patients on 2 different wards who had multiple falls and one COTE ward saw the number of falls suddenly increase. Two problems on the COTE ward have been identified: no identification of patients needing cohort nursing and no cohorting of those few patients ear-marked for cohorting. Conversations and training are ongoing. Harmfree team days and face to face induction training continues. The retrieval of the hip fracture patients has shown a knowledge gap in ward staff that will be addressed by the falls practitioner.

Summary

Headlines:
 There were a total of 91 falls in March 2024 on the acute site, a 34 % reduction when compared to March 2023. The majority (75%) remain no harm. There has been an increase in controlled lowering events. There was one incident where serious harm was sustained. A confused mobile patient had an unwitnessed fall resulting in an SDH. The patient recovered and went home. The event required an RCA to identify if there were any gaps in care with the learning shared with the ward and the division.

Summary

Headlines:
 The community hospitals had 10 falls across the month, and the rate remains static. There were no incidents of serious harm. 2 patients sustained minor skin tears and three minor head injuries. It should be noted that 3 of the patients required readmission to the acute wards for assessment and investigations.

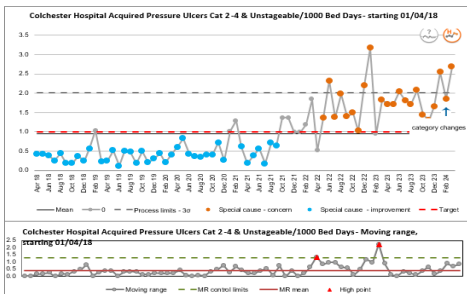
Summary

Headlines:
 There were a total of 18 falls in community hospitals. Only 2 of these were witnessed. 7 of the falls happened on one ward and 6 on the escalation ward. One of the main reasons could be a reduction of surveillance/regular checks on patients. The team will liaise with the concerned wards and support will be rendered as needed.

Summary

Headlines:
 The total number of falls increased slightly from the previous month, however the falls with serious harm reduced. The majority of the falls remain no harm events. Teams are seeing more emphasis on cohorted care and witnessed falls or controlled lowering events which is positive.

Patient Safety – Tissue Viability



Colchester Acute

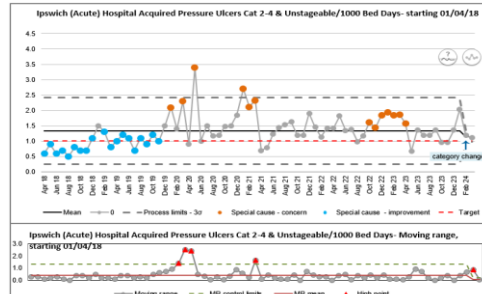
Cat 2	45
Cat 3	9
Cat 4	0

Prev. & in-mth total	32	54
Rate per 1,000 bed days	1.96	2.686

Summary

Headlines: This month's increase was seen in category 2 and 3 damage. The NHS Productivity Calculator gives a central estimated cost of £406k per 1,000 bed days - an increase of £159k.

Priority Actions/Mitigation: The increase in both category 2 and 3 is reflective of the change in categories from the implementation of the NWCPS new categories but it is hoped this will reduce in future.



Ipswich Acute

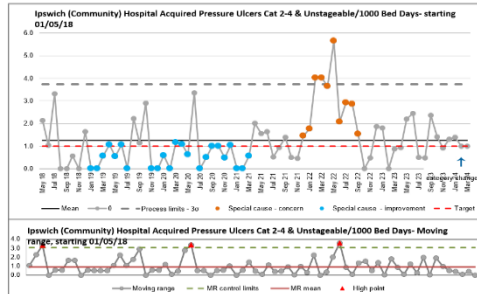
Cat 2	22
Cat 3	4
Cat 4	1

Prev. & in-mth total	15	27
Rate per 1,000 bed days	0.77	1.12

Summary

Headlines: This month's increase was in category 2 pressure damage. The NHS Productivity Calculator gives a central estimated cost of £210k per 1,000 bed days - an increase of £95k.

Priority Actions/Mitigation: There has been more accurate reporting since the category change which is reflected in the increase of PUs across IPH acute.



Ipswich Community Hospital

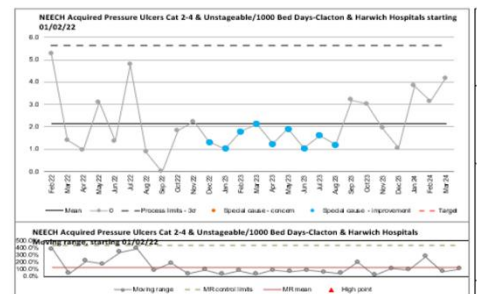
Cat 2	0
Cat 3	2
Cat 4	0

Prev. & in-mth total	2	2
Rate per 1,000 bed days	1.0	1.0

Summary

Headlines: There was an increase in category 3 Pus in March. The NHS Productivity Calculator gives a central estimated cost of £14k per 1,000 bed days, an increase of £8k.

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



NEE Community Hospital

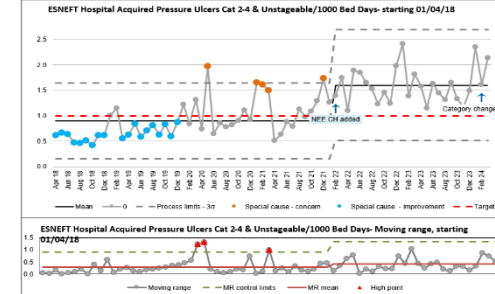
Cat 2	3
Cat 3	9
Cat 4	0

Prev. & in-mth total	11	12
Rate per 1,000 bed days	3.1	4.17

Summary

Headlines: This month's slight increase in pressure damage was in category 2 & 3 pressure ulcers. The NHS Productivity Calculator gives a central estimated cost of £115k per 1,000 bed days, which is an increase of 45k.

Priority Actions/Mitigation: Continue to focus on timely and accurate reporting.



ESNEFT

	Prev.	Mth
Cat 2	45	70
Cat 3	12	24
Cat 4	1	1

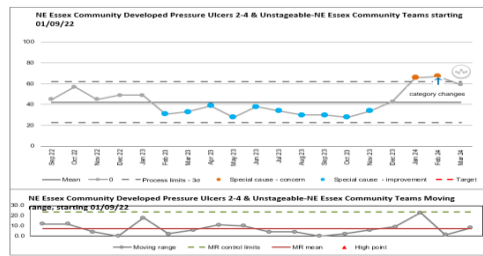
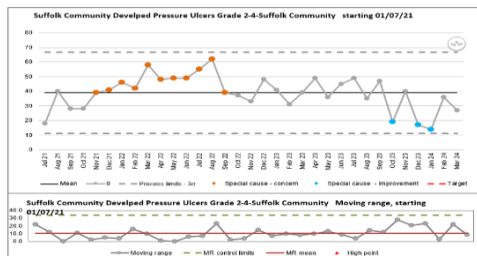
Totals	58	95
Rate per 1,000 bed days	1.5	1.96

Summary

The NHS Productivity Calculator gives a central estimated cost of £760k per 1,000 bed days. This is a decrease of £304k.

Priority Actions/Mitigation: We continue to see a rise in PUs across localities due to the national changes in categorisation which is reflected in the SPC charts.

Patient Safety – Tissue Viability



Suffolk Community Teams		
Cat 2		13
Cat 3		14
Cat 4		0
Prev. & in-mth total	36	27

NE Essex Community Teams		
Cat 2		30
Cat 3		26
Cat 4		3
Prev. & in-mth total	59	59

Summary

Headlines: There was an increase in category 2 and category 3 damage in the month. The NHS Productivity Calculator gives a central estimated cost of £245k per 1,000 bed days, a decrease of £70k.

Priority Actions/Mitigation: This month there was a decrease in pressure related damage in the community. This will continue to be monitored.

Summary

Headlines: March reported a slight increases in category 2 and a decrease in category 3 cases. The NHS Productivity Calculator gives a central estimated cost of £544k per 1,000 bed days, a decrease of £4k.

Priority Actions/Mitigation: This month there was an increase in category 2 cases, which reflects better reporting by community teams.

March updates

Ipswich Hospital

TVN team have continued to work with areas that have had previous high numbers of pressure damage. We have seen a reduction in these numbers. TVN lead is writing the QI, alongside Colchester acute TVN lead and the continence nurse for the Contiplan wipes. This will then be rolled out across the trust.

CGH

As mentioned above, following the successful completion of the Contiplan wipes trial, the trial is being now being written up for QI submission as joint working with continence nurse. Training continues to be delivered to both F1 and F2 doctors and student nurses. The extra dynamic mattresses secured for both acute hospital sites has now being put into circulation at Colchester with an initial 20 units, and the rest to follow over next 2 weeks

Community Teams

Suffolk Community teams have seen a reduction in MASD since district nursing teams have had further training, this will continue to be supported.

NEECS have been focusing more on accurate timely reporting. Community leads are having more time to focus on this incidents and their investigations.

Pressure Ulcer Training is still being delivered to support the community teams.

All Tissue Viability teams

As of 1 February 2024, ESNEFT adapted the new PU categorisation recommendations by National Wound Care Strategy Programme. This has seen teams removing Unstageable and DTIs as a category. Previous unstageable damage is now reported as a category 3 Pressure Ulcer (and DTIs as category 1). This may show an increase in category 3 damage reported over the next few months.

TVNs in the acute sites have been writing the new Pressure ulcer prevention and management with obtaining equipment SOPs to keep these up to date.

Patient Safety – Infection Control

***Clostridioides difficile* – ESNEFT total - 12**

Ipswich & East Suffolk

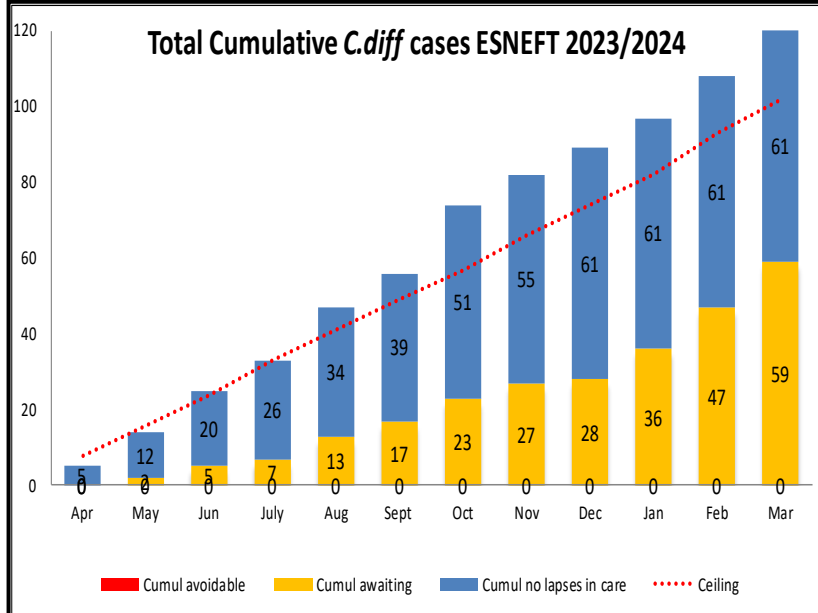
HOHA 3: Somersham, Shotley, Claydon
COHA 1: Washbrook

Colchester and North East Essex

HOHA 8: ACU (2), Layer Marney Ward, Birch Ward, Nayland Ward, Tiptree Ward, Copford Ward, EAU (previously Nayland Ward)
COHA 0

Overview

The *C.difficile* case threshold for 2023/24 is 101. There have been a total of 120 *C.difficile* cases April 2023-end of March 2024 (the total number of HOHA and COHA cases). The team are undertaking analysis using the PSIRF framework.



MSSA – ESNEFT total – 2

Ipswich & East Suffolk:

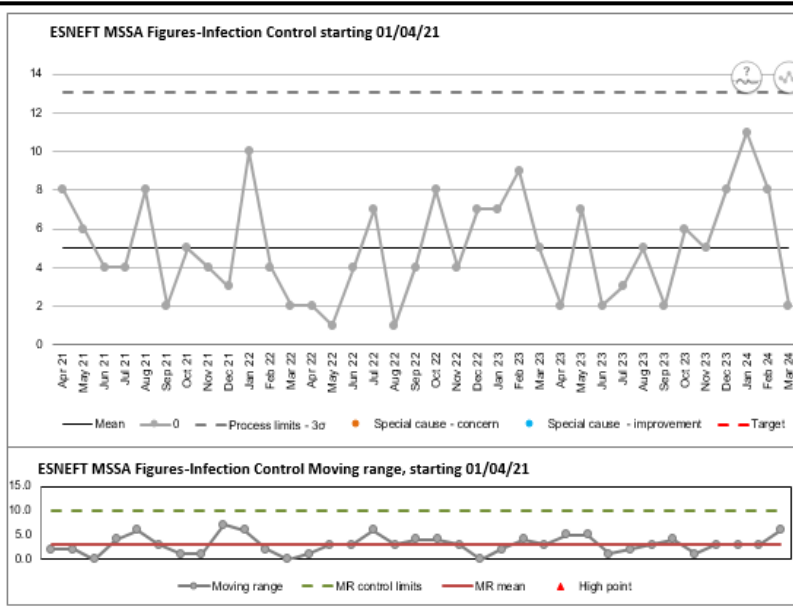
HOHA 1: Washbrook - Unknown - newly diagnosed autoimmune haemolytic anaemia, under investigation for AF, septic arthritis and ascites

COHA 0

Colchester and North East Essex:

HOHA 0:

COHA 1: Copford Ward



E.coli bacteraemia – ESNEFT total - 16

Ipswich & East Suffolk:

HOHA 3:

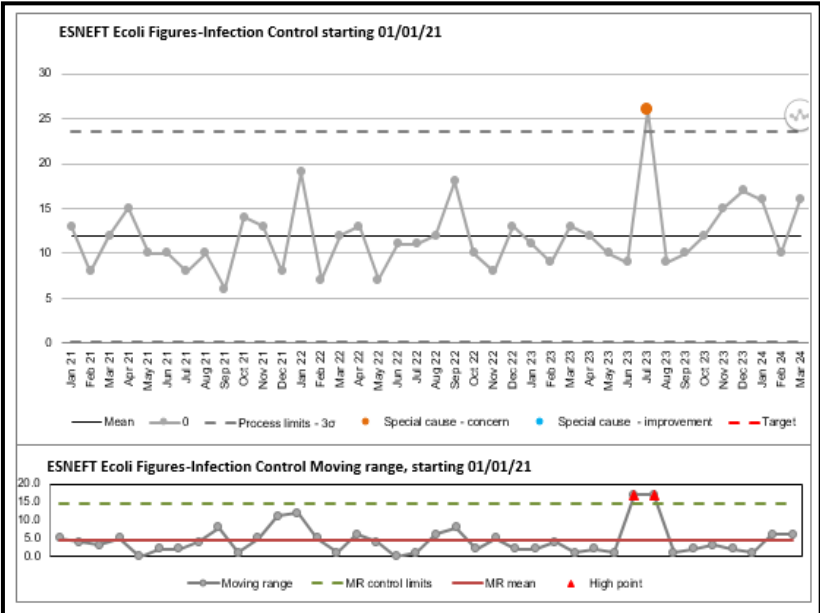
Somersham - Lower Urinary Tract - Newly diagnosed diffuse large B cell lymphoma stage 4,
Stradbroke - Hepatobiliary - RIP same day as BC - Death cert: Acute Bowel Ischaemia, Liver Cirrhosis,
Waldringfield - Gastrointestinal or Intraabdominal collection (excluding hepatobiliary) - *C.diff* on admission, Abdo CT scan showed faecal loading

COHA 5: Stradbroke, Somersham (2), Shotley, Orwell

Colchester and North East Essex:

HOHA 1: Brightlingsea Ward: hepatobiliary source of infection, pancreatitis, USS gallstones

COHA 7: Easthorpe Ward (2), Birch Ward, Aldham Ward, CDS, Mersea Ward, Copford Ward



Patient Safety – Infection Control: MRSA

There was one community onset healthcare associated MRSA bacteraemia during March 2024:

ED previously Easthorpe Ward (discharged from Easthorpe Ward 10 days before bacteraemia). No history of MRSA. Multiple previous admissions during last 6 months (11) and ED attendances. Admitted from care home (new placement following discharge from Easthorpe Ward). Prior to Easthorpe Ward admission was receiving respite care at a different care home. Long term suprapubic catheter in situ changed January 2024 whilst in the community. Noted in ED notes “catheter looks like hasn’t been changed for many months, very dark urine, sediment at tube, very unhygienic”. Incomplete MRSA screen obtained during admission to Easthorpe Ward and on readmission; nose & groin MRSA NOT isolated. Patient died, cause of death: 1a. Gram positive bacteraemia 2. Epilepsy, Frailty. Details shared with ICB IP&C team.

MRSA new isolates

Colchester and NEE

Wivenhoe Ward | Elective admission on 05/03/2024 for vascular surgery, MRSA isolated 11/03/2024 nose swab. No MRSA screen obtained prior to elective admission.

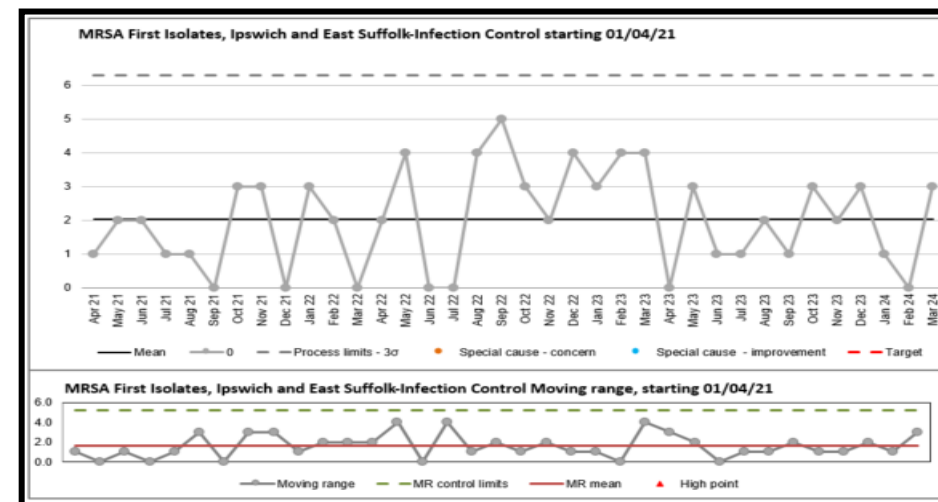
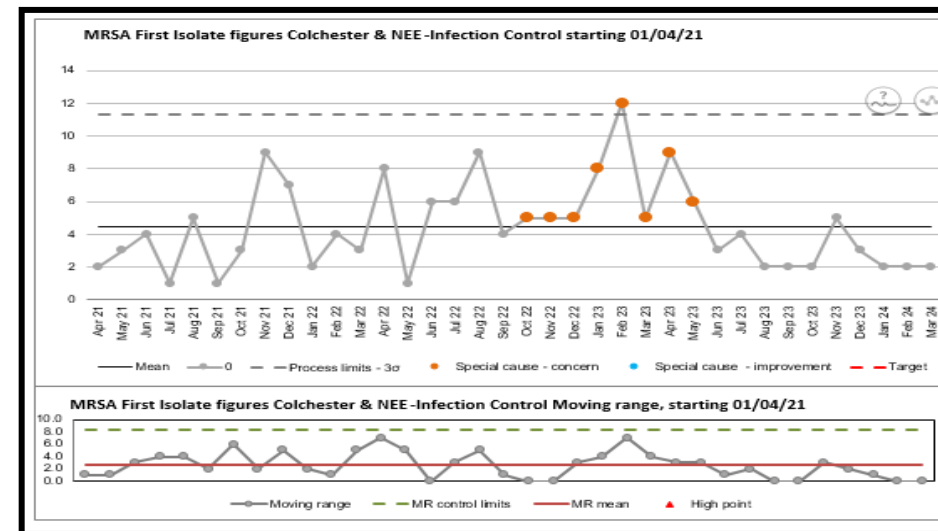
Peldon Ward (previously EAU) | MRSA screen obtained on admission (27/02/2024) MRSA NOT isolated nose & groin. MRSA screen obtained after transfer from EAU to Peldon Ward (01/03/2024) MRSA isolated groin.

Ipswich and East Suffolk

Stradbroke ward | Admitted 26/02/24 Capel ward Neg nose and groin admission screen. Transferred to Grundisburgh ward 01.03.24 no transfer screen done. Positive 07/03/24 Nose swab on ward transfer to Stradbroke ward.

Kirton Ward | Adm 16.02.24 neg MRSA nose and groin on admission, 30 day screen positive MRSA nose and groin. Current investigation regarding possible transmission on Kirton ward underway.

Felixstowe Community Hospital | Adm CCU 02.02.24 neg MRSA nose and groin screen on admission, transferred to Stradbroke ward 06.02.24 – no transfer screen for MRSA done. Transferred to Felixstowe Community Hospital 29.03.24, MRSA screen positive nose 29.03.24. Patient had been discharged home before result known.



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
February 2024	8	6	16	8	10	9

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.

A review of respiratory testing has been undertaken and new pathways introduced across the organisation. Discharge testing is now NOT required for patients being discharged to onward care facilities.

Only symptomatic patients are tested with specialised guidance for those immune compromised.

Maternity Dashboard, SBL and CNST updates (February data)

Indicator	Green	Amber	Red	ESNEFT													
				Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	
Numbers																	
Pre term Births (<37 weeks) annual rolling rate	<=6%	6.1-7.4%	>=7.5%	8.56%	8.36%	8.54%	8.73%	8.45%	8.40%	8.40%	8.42%	8.18%	8.03%	8.06%	7.65%	7.61%	
Smoking																	
% of Women Smoking at Delivery	<=6%	6.1-7.9%	>=8%	8.37%	6.20%	7.95%	7.48%	7.28%	6.70%	6.55%	4.42%	6.31%	6.98%	8.95%	5.06%	4.96%	
Mode of Delivery																	
% of Non operative vaginal deliveries	>=58%		<58%	50.94%	48.16%	49.80%	51.71%	51.65%	54.68%	52.93%	57.04%	51.69%	51.03%	54.42%	51.73%	50.10%	
Maternal Morbidity and																	
% PPH >=1500mls - Vaginal (NMPA Criteria)	<=3.3%		>=3.4%	3.25%	4.74%	2.79%	2.63%	2.83%	3.44%	2.98%	4.13%	2.40%	4.31%	3.15%	4.92%	2.33%	
Neonatal Morbidity and																	
HIE Grades 2 & 3	0		>=1	0	1	0	0	1	0	0	0	0	0	0	0	0	
Term Admissions to NNU as a % of babies born	<=6%		>=6.1%	5.03%	4.49%	3.91%	4.79%	8.09%	6.47%	5.86%	5.48%	7.84%	6.36%	4.62%	6.35%	5.65%	
Mortality																	
APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	0.84%	0.82%	0.59%	0.34%	1.65%	0.85%	0.59%	0.55%	2.14%	1.12%	0.38%	0.77%	0.97%	
Number of Stillbirths	0	1-2	>=3	0	2	2	4	1	0	5	2	2	2	1	1	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)		94%	94%

Dashboard highlights (February data)

- PPH percentage is below the target for this month, with individual sites also being below target. Colchester at 2.38% and Ipswich 2.26%.
- 14 term admissions each for Ipswich and Colchester counted for the Trust's combined percentage being under the target at 5.65%.
- Combined percentage for smoking at the time of delivery is below the target of >6% for the second month in a row, with Ipswich having a percentage of 3.95% and Colchester with 5.80%.

SBLCB v3

- Minimum target standards exceeded. No further updates this month, updates below as previous.
- Element 1: Improvements noted in CO at every appointment for women / pregnant people who smoke. Unable to evidence compliance with SBLCBv3 target for CO verified quits, although have exceeded the stretch target for people who have set a quit date.
- Element 2: Now 100% compliant (awaiting LMNS validation). 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: Compliance fallen this quarter due to RPoB exceptions and MgSO4 administration fallen to 67% (1 BBA and other cases where birth occurred before any optimisation could be undertaken).
- Element 6: 100% compliant.

Maternity: Risk & Governance update (February data)

PSII

Number of new declared – 0

Currently open – 2

PSR

Number of new declared – 0

ELR

Number of new declared – 7

MNSI

Number of new declared – 2

Currently open – 1 (2 awaiting consent/triage)

Complaints

New – 4

Call back compliance – 100%

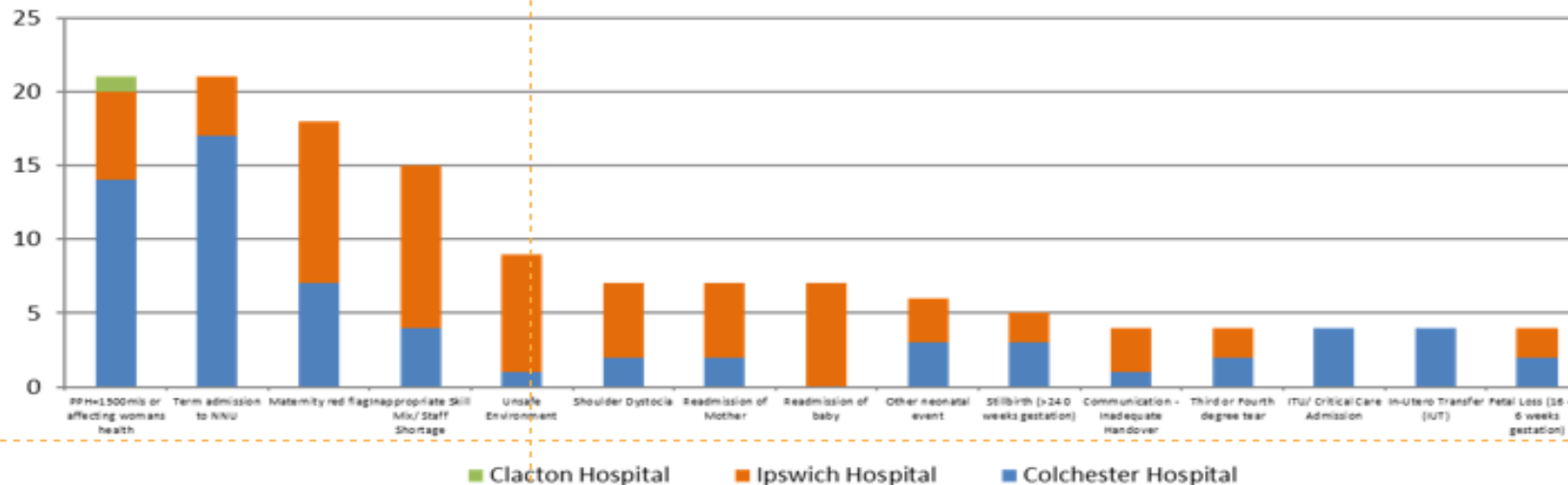
Overall compliance – 100%

Risk Register

New risks – 0

Closed risks – 0

Top 15 Maternity incidents

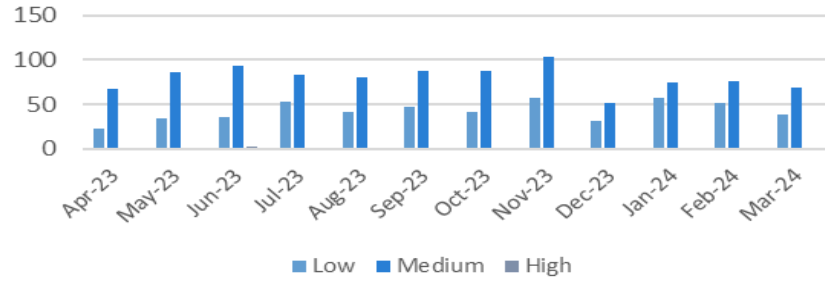


Learning from complaints

ID	Date complaint received	Type	Unit	Description	Outcome code	Closed	Lessons learned
40135	16/02/2024	Medium	Colchester Hospital	Concerns raised regarding level of care patient received during labour. Patient was not examined enough during labour and nearly lost their baby.	Partially upheld	19/03/2024	Further work to be rolled out across ESNEFT Maternity to implement the use of the reasonable adjustment tool risk assessment effectively
40222	21/02/2024	Medium	Colchester Hospital	Patient has several concerns relating to labour, delivery, and care baby received following birth.	Partially upheld	26/03/2024	<ol style="list-style-type: none"> 1. Manikins of varying skin tones are being sourced to aid better training for taking blood samples. 2. Delay in allergy testing referral to Addenbrookes. 3. Patient overheard staff making unprofessional and inappropriate comments about her appearance. 4. Compassionate communication not received whilst in NNU.

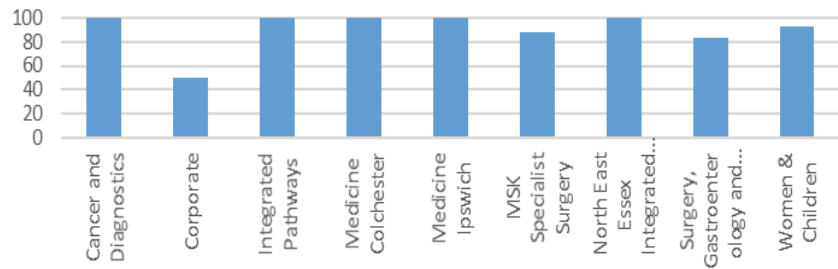
Patient Experience – Complaints

Total number of Complaints by Level



Overall complaint numbers for ESNEFT in March were 109 (127). Colchester reported 52 (72) complaints and Ipswich reported 57 (55).

Complaint Response Compliance %

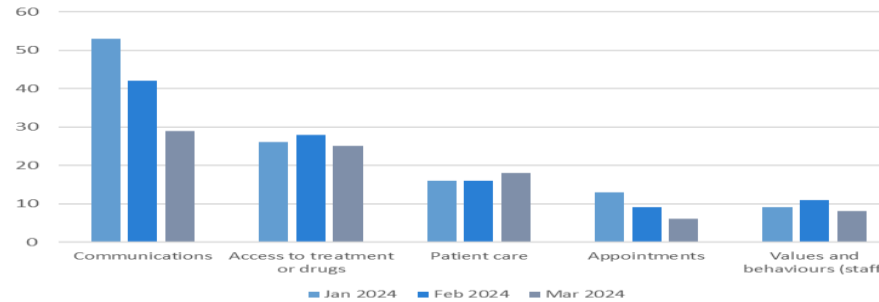


Overall response rate compliance increased to 91% (98%) in month. There were 141 (99) complaints closed in the month of March. Overdue complaints increased to 5 (1).

Complaint themes

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

Top 5 Complaint Themes



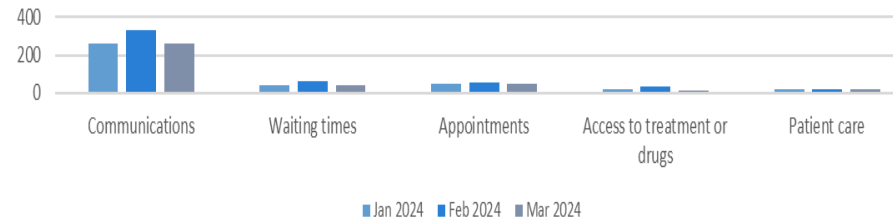
Top themes from PALS

There were 435 (569) PALS enquiries logged in March 2024:

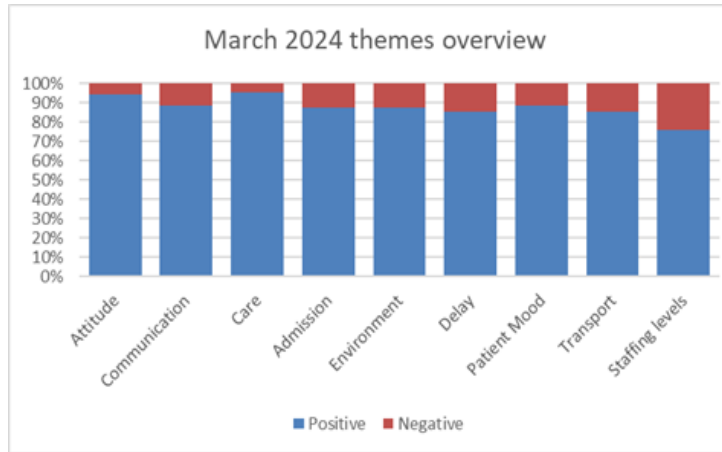
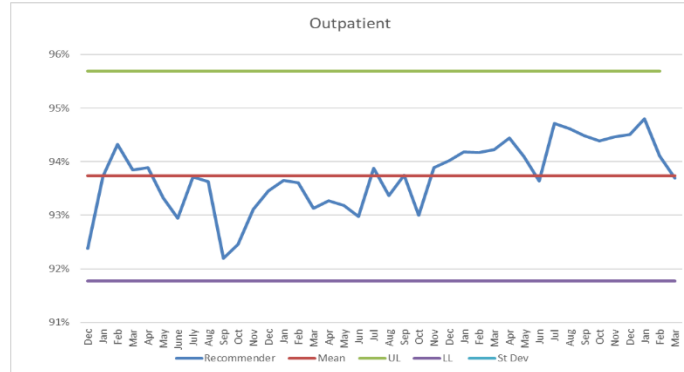
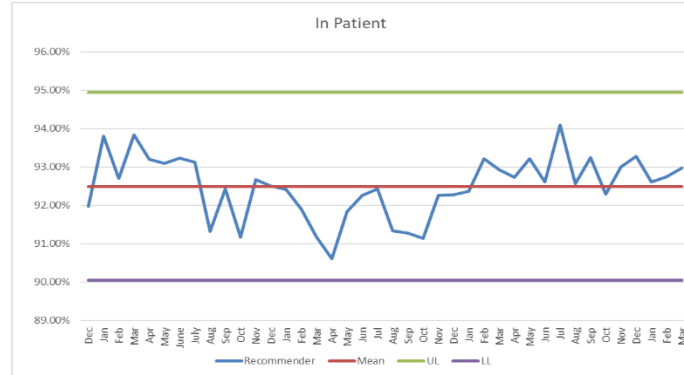
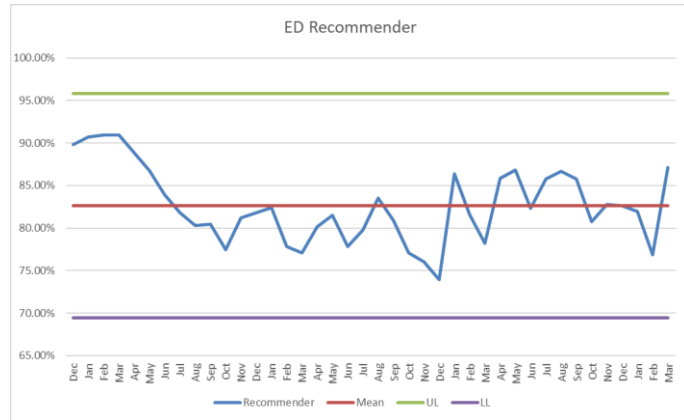
261 (333) for Colchester
174 (236) for Ipswich

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

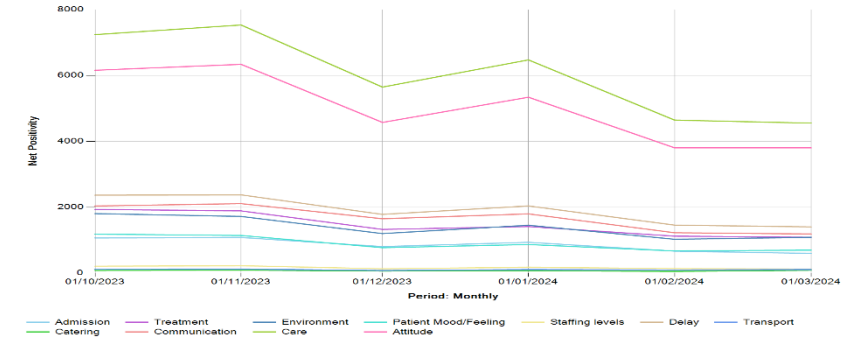
Top PALS Themes - last 3 months



Patient Experience – Friends and Family Test



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



ED		Dec-23	Jan-24	Feb-24	Mar-24
ESNEFT	Recommended	82.65%	83.27%	76.84%	87.16%
	Responded	16.00%	17.00%	16.00%	19.00%
National	Recommended	77.56%	0.00%	0.00%	0.00%

Inpatient		Dec-23	Jan-24	Feb-24	Mar-24
ESNEFT	Recommended	93.87%	93.13%	92.75%	92.97%
	Responded	23.00%	25.00%	29.00%	29.00%
National	Recommended	93.25%	0.00%	0.00%	0.00%

Birth		Dec-23	Jan-24	Feb-24	Mar-24
ESNEFT	Recommended	83.33%	100.00%	100.00%	100.00%
National	Recommended	92.58%	0.00%	0.00%	0.00%

Outpatient		Dec-23	Jan-24	Feb-24	Mar-24
ESNEFT	Recommended	94.49%	94.93%	94.11%	93.69%
	National	Recommended	94.24%	0.00%	0.00%

Antenatal		Dec-23	Jan-24	Feb-24	Mar-24
ESNEFT	Recommended	100.00%	81.82%	83.33%	87.50%
	National	Recommended	90.03%	0.00%	0.00%

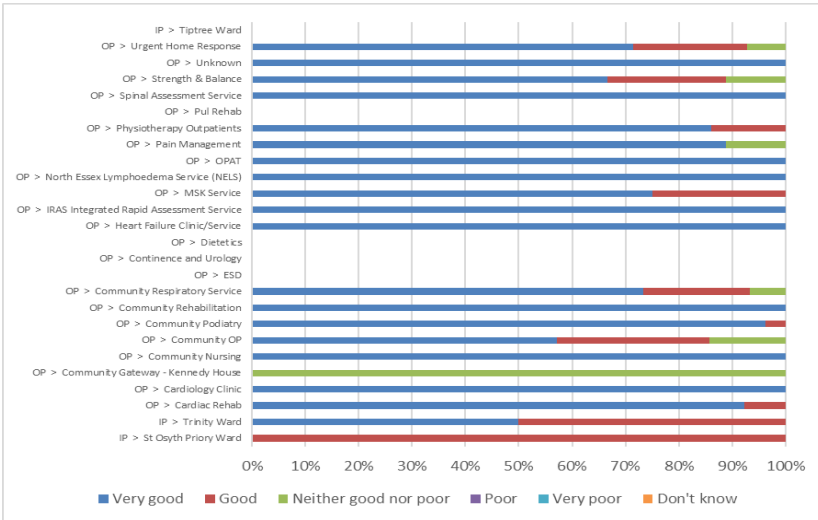
Post Ward		Dec-23	Jan-24	Feb-24	Mar-24
ESNEFT	Recommended	96.55%	100.00%	100.00%	100.00%
	National	Recommended	91.67%	0.00%	0.00%

Post Com		Dec-23	Jan-24	Feb-24	Mar-24
ESNEFT	Recommended	100.00%	100.00%	100.00%	100.00%
	National	Recommended	91.43%	0.00%	0.00%

	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	4,056	1,363	4,796	700	1,273	1,692	801	129	170	1,298
Negative	254	176	244	103	187	290	106	22	54	178
% Negative	6%	12%	5%	13%	15%	16%	13%	19%	30%	14%
Change	Down 2%	Down 3%	Down 1%	Down 3%	Down 3%	Down 3%	Down 5%	Up 5%	Up 4%	No change

Patient Experience – Friends and Family Test

Community - Essex



FFT Feedback/Comments

Cardiac Rehab - You helped me push my boundaries, lift me up when I am feeling a little less confident. I am grateful for your time of support which has been invaluable. I genuinely appreciate the time invested in me. Thanks for doing what you do !! The work you do is important and you have my sincerest thanks for being so kind, supportive & informative. Looking forward to the follow up meeting. Share tea & biscuits have been stopped as they always help social interaction.

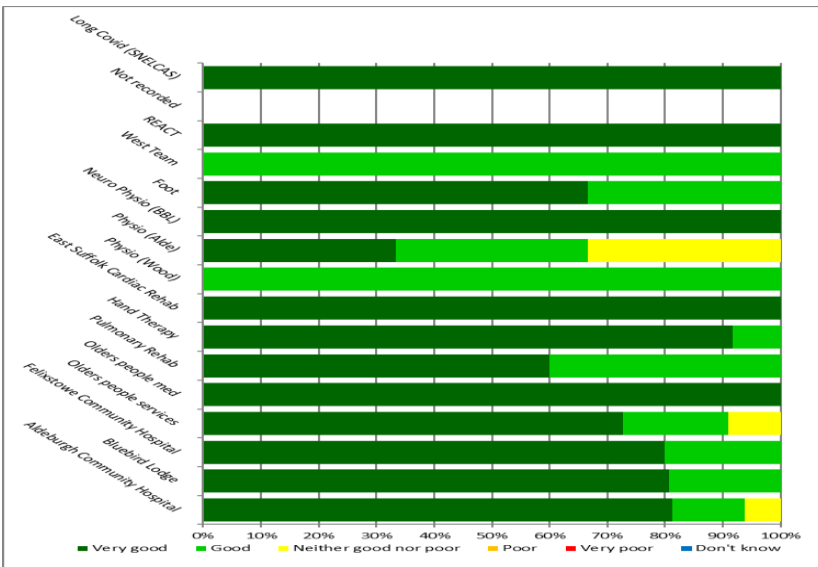
MSK OP - I never had to wait long to see the doctor. It was very clean. The staff were friendly and the doctor took time to explain my problem so thank you very much.

Physio - I found the service offered excellent My physio was knowledgeable and super helpful with my treatment I appreciated the consistency of seeing the same physio

Physio - Improved mobility and understanding for managing knee problem. Individual advice (suitable exercises going forward) would be useful

Urgent Home Response - The nurse was very caring and efficient she prescribed me antibiotics for recurring UTI

Community - Suffolk



FFT Feedback/Comments

Cardiac Rehab - I enjoyed the class a lot. Enthusiasm was great in getting you motivated with the exercises. Everyone involved did a great job. The pace was right for the class but probably I could be pushed to another level.

REACT - The level of care was excellent throughout my treatment I felt reassured that I was being looked after by total professionals. Apart from the treatment I received I found all the nurses I have met to be extremely pleasant. May thanks.

SNELCAS - My clinician, listened to my ramblings and I felt I was able to open up to her. In doing so I had a bit of a melt down but was treated with total respect and kindness. I now realise I am not alone with my symptoms and have now been properly diagnosed. I so want to feel better but know there is no quick cure.

Bluebird Lodge - Plenty of food, good nights sleep, lovely views out the window, the care is very good, nice to see people.

Emergency Care								Areas of Improvement	Areas requiring further work
Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24			
A&E: Total Wait - 4 Hour Performance	76%	71.4%	71.9%	73.5%	72.2%	72.2%	81.2%	<ul style="list-style-type: none"> The Trust achieved 81.2% performance against the A&E 4-hour standard for March above the national standard of 76%. The 28FDS position is unvalidated for March. It is forecasted to be above 75%. Delivery of the reduction of the 62-day backlog has been confirmed as below 230. Colorectal and Urology pathway work is required for sustainability and improvement for 24/25. Continued good achievements were seen within most of the radiology modalities for achieving the diagnostic standard and improvement in MRI and ECHOs. Continued reductions were reported in the overall number of patients waiting to be treated in the 65-week and 78-week cohort for end of March 2024. 	<ul style="list-style-type: none"> A review of areas of learning from March delivery will be used to explore sustainable improvements to 78% performance with a Trust ambition to deliver 85% in March 2025. The Trust is finalising plans to deliver its 'Home for Lunch' initiative to target 35% of discharges prior to midday. Monitoring will continue of the Urology and Colorectal 28FDS and 62-day backlog with plans in place to deliver above standards for 24/25. Colorectal pathway changes continue to see incremental improvements month on month. MRI, ECHOs and Neurophysiology sustainable long-term plans are being developed. Booking of weekend activity beyond end of March will be a focus for September delivery of the 65-week target. Finalisation of the opening dates of the new builds is required to determine when capacity will be available.
A&E: % Ambulance clinical handovers > 30 minutes	5%	31.3%	27.6%	38.2%	40.1%	39.4%	25.0%		
A&E: Time to initial assessment	-	80.7%	77.9%	76.4%	75.6%	82.4%	83.4%		
ESNEFT Mental health Attendances	-	398	380	356	420	427	472		
Inpatients									
Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24			
ESNEFT Total Admissions	-	17,182	17,813	17,328	18,919	18,211	19,423		
ESNEFT 21 day+ patients	-	155	156	142	146	144	150		
Cancer									
Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24			
Cancer: 62 days Urgent GP Ref to 1st Treatment	85%	68.0%	73.3%	68.4%	65.2%	67.0%	74.7%		
Cancer: 28 Day Faster Diagnosis Standard	75%	66.9%	70.2%	71.5%	70.2%	75.3%	74.3%		
Diagnostics									
Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24			
Diagnostics: % Patients waiting 6 weeks or longer	5%	7.3%	10.4%	11.6%	12.4%	7.4%	8.6%		
RTT									
Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24			
RTT: Incomplete pathway >65 weeks	0	1,055	855	1,002	863	747	535		
RTT: Incomplete pathway >78 weeks	0	38	17	31	41	32	18		

Performance Area	Performance measure	Target	Latest Month			Trend		
			ESNEFT	COL	IPH	ESNEFT	COL	IPH
Emergency Department	Four hour standard (Whole Economy)	76.0% (Trajectory)	81.2%	83.6%	76.8%	9.0%	5.7%	15.1%
	Time to initial assessment - 95th pct	15 mins	● 27	● 18	● 34	● (2)	● 1	● (3)
	Time to initial assessment- percentage within 15 minutes (new measures)		83.4%	93.1%	70.7%	● 1.1%	● (1.1%)	● 4.1%
	Time to treatment - median time in department	60 mins	● 68	● 42	● 98	● (17)	● (4)	● (40)
	Average (mean) time in department- non-admitted patients (new measure)		251	375	182	● (54)	● (48)	● (52)
	Average (mean) time in department- admitted patients (new measure)		406	431	361	● (136)	● (132)	● (146)
	Patients spending more than 12 hours in A&E		1,332	1,178	154	● (446)	● (171)	● (275)
	Proportion of ambulance handovers within 15 minutes (new measure)		18.9%	14.5%	24.5%	● 3.0%	● (1.5%)	● 7.9%
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	● 81.6%			● 2.7%		
	% patients 28 day faster diagnosis		● 74.3%			● (1.0%)		
Diagnostics	% patients waiting no more than 62 days from GP urgent referral to first treatment	85%	● 74.7%			● 7.7%		
	% patients waiting 6 weeks or more for a diagnostic test	1%	● 8.6%			● 1.2%		
RTT	% of incomplete pathways within 18 weeks	92%	● 57.0%			● 0.5%		
	Total RTT waiting list (open pathways)	82540 (Trajectory)	84,740			● (3,167)		
	Total 65+ waiters	0 (Trajectory)	● 535			● (212)		

Urgent and Emergency Care: As predicted, great improvements were seen across the UEC standards as a result of the focussed efforts in March. SVP monies have now been agreed to support those schemes that had the most benefit to ensure sustainability going forward. Whilst the new 4-hour national standard is 78%, ESNEFT has agreed a stretch target of minimum 82% rising to 85% in March 2025. The “Home for Lunch” project is now being launched as a patient safety initiative to support reduction in variations of care; and ensure that there is a focus on the fundamentals of care in relation to releasing capacity earlier and managing the risk at the both the front and back door.

Cancer: Overall, the 62-day backlog saw a significant improvement at the end of March achieving 223 patients against the 'fair shares' number set in April last year of 230. Through validation, the Trust did see the 28FDS standard dip below target, however validation is still ongoing and there is an expectation that once available, the validated score for March will be compliant with the 75% target. Planning for 24/25 standards is well underway across all tumour sites with the combined 62-day standard for next year being set at 70% nationally. ESNEFT is already exceeding that target, so plans are being developed to achieve 80% by March 2025. Improvements continue to be seen within the colorectal pathways and focus and support remains in both colorectal and Urology where teams are seeing the main increases in demand.

Elective and Diagnostics: There has been a reduction in both cohorts of patients waiting over 65 and 78 weeks in the month, The Trust delivered the year end position of zero patients waiting over 78 weeks for any capacity reasons and a reduction of patients waiting over 65 weeks to **262**. Regionally, there were just under 1,000 patients over 78 weeks at month end. ESNEFT were congratulated on their progress. Focus is very much on those patients that will be waiting over 65 weeks at the end of September. Some services are forecasting compliance from July. As forecasted, diagnostics compliance did improve in many areas during March, however, due to sickness and scanner breakdowns this did not improve compliance overall. There have been no cancellations this year for the loss of Elective Beds for either Cancer or RTT patients.

Whole Economy performance for ESNEFT in month improved by 9.0%. The national standard in month has been met which has been reflected at both sites alongside being above the regional/national averages. Colchester performance improved by 5.7% with Ipswich performance improving by 15.1%. ESNEFT attendances saw a 10.9% increase in month; Colchester increasing by 9.7% with Ipswich increasing by 13.0%.

4-hour standard- ESNEFT whole economy*

81.2%

↑ vs 72.2% last month

4-hour standard- Colchester

83.6%

↑ vs 77.6% last month

4-hour standard- Ipswich

76.8%

↑ vs 62.0% last month

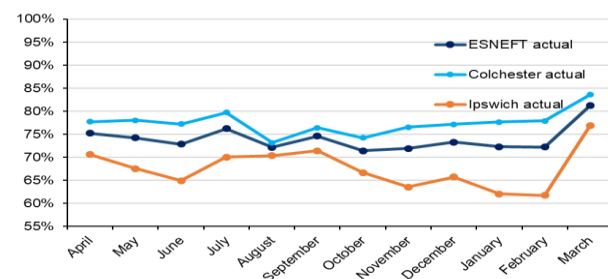
Attendances - ESNEFT

30,387

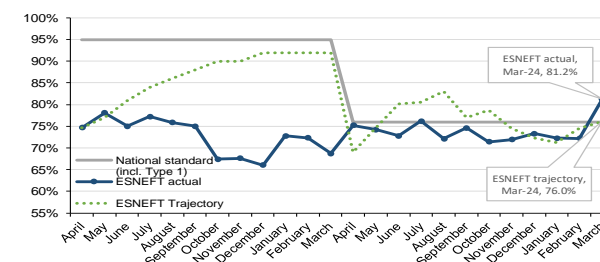
↑ vs 27,412 last month

Performance and trajectory				
March		ESNEFT	NEE	IES
	Actual	81.2%	83.6%	76.8%
	Trajectory	76.0%	76.0%	76.0%
	Position	✓	✓	✓

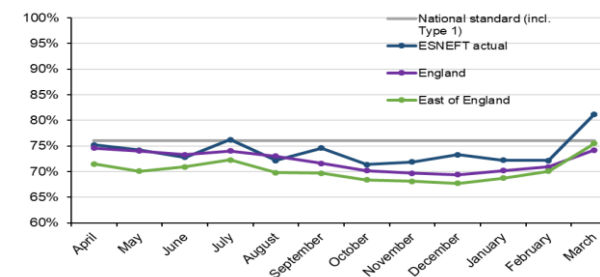
ED Performance: Four hour standard



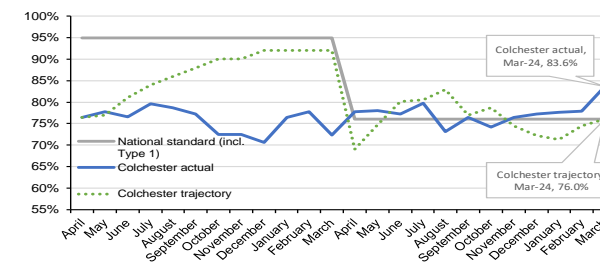
ED Performance: Four hour standard - ESNEFT trajectory



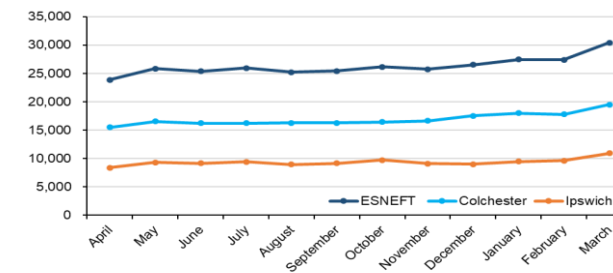
ED Performance: Four hour standard - benchmarking



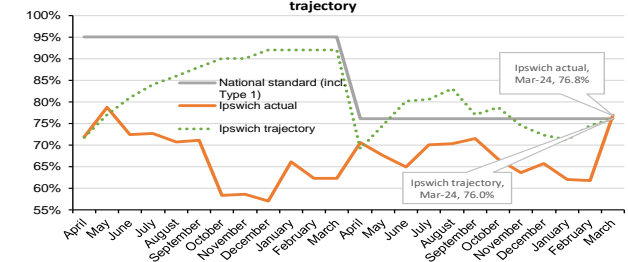
ED Performance: Four hour standard - North East Essex trajectory



ED Performance: Attendances



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



Colchester

There was a Trustwide response to the government mandate to achieve the 76% 4-hour ED target in March. The CDG now have robust plans in place to support sustainability of performance improvements. This includes:

- A daily floor support roster to provide live support to ensure delays to patient pathway are minimised.
- The AECU is now funded to open 24/7.
- Breach validations will continue as part of business as usual.
- C@FD is to continue providing support in the ED from 8am to 6pm.
- UCRS funding has been uplifted to support levelling up capacity to provide care in the community and reduce conveyances to the ED.

Ipswich

There was a Trustwide focus on the national mandate to achieve 76% performance, and this supported significant improvements. The main areas were within staffing with an additional ED consultant providing front door senior cover, and a twilight registrar each evening. In the UTC there was GP access until midnight. Small estate works were carried out to provide 3 further spaces for patients in the main waiting room to be assessed. Each inpatient specialty supported with improving flow out of the dept with various initiatives. There were also daily and weekly meetings implemented to provide continuous review of improvements.

*includes Clacton and Harwich

The number of ambulance handovers increased in month for ESNEFT by 11.6% which was reflected at both sites: Colchester by 10.8% and Ipswich by 12.5%.

Number of handovers - ESNEFT

5,290

↑ vs 4,742 last month

Number of handovers - Colchester

2,944

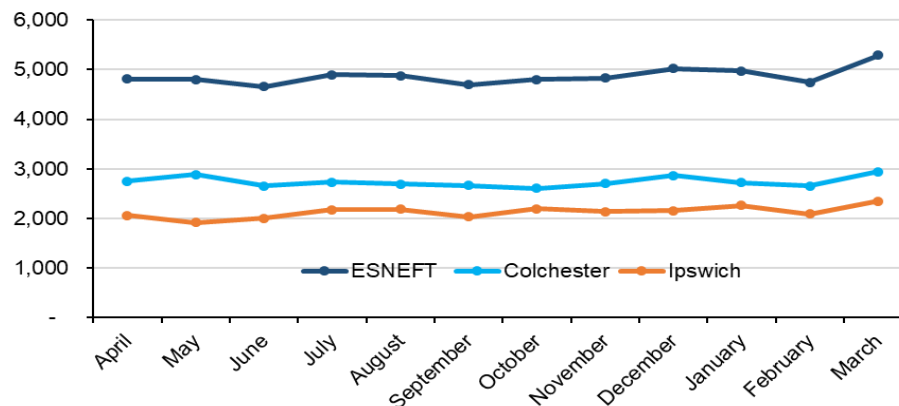
↑ vs 2,656 last month

Number of handovers - Ipswich

2,346

↑ vs 2,086 last month

Ambulances: Number of handovers



Colchester

Colchester continues to receive over 100 ambulances per day.

The Urgent Care Response Service (UCRS) has had additional funding agreed to increase capacity as there is currently unmet demand within the Unscheduled Care Coordination Hub. Moving forward this will support a reduction of patients conveyed to the ED. Instead, those patients will receive alternative services in the community, as close to home as possible.

Ipswich

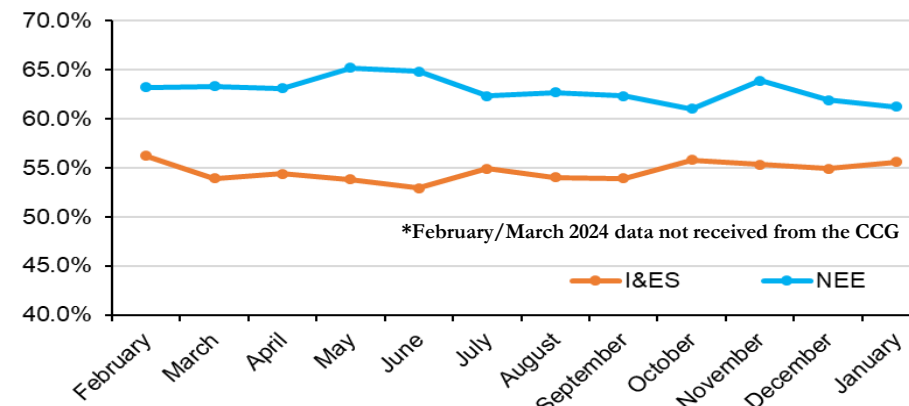
Ambulance conveyances to Ipswich continue to average at 75 per day.

Ipswich provided support with diverts throughout the month where possible.

Improvements in handover compliance were seen in March despite the continued volume pressure.

The HALO and NIC collaborated well in understanding and reacting in a timely way to the pressure.

Ambulances: Conveyancing rate



ESNEFT performance for handovers has improved across the board in month. Handovers within 15 minutes have increased by 6.8%, with increases at both sites: Colchester 4.1%, Ipswich 10.2%. All other handover metrics for ESNEFT show improvement in month with 15-30 minutes by 8.4%, 30-60 minutes by 4.4% and over 60 minutes by 10.8%.

Handovers within 15 minutes - **ESNEFT**
18.9%

↑ vs 12.1% last month

Handovers within 15 minutes - **Colchester**
14.5%

↑ vs 10.4% last month

Handovers within 15 minutes - **Ipswich**
24.5%

↑ vs 14.3% last month

Handovers within 15 – 30 minutes - **ESNEFT**
55.3%

↑ vs 46.9% last month

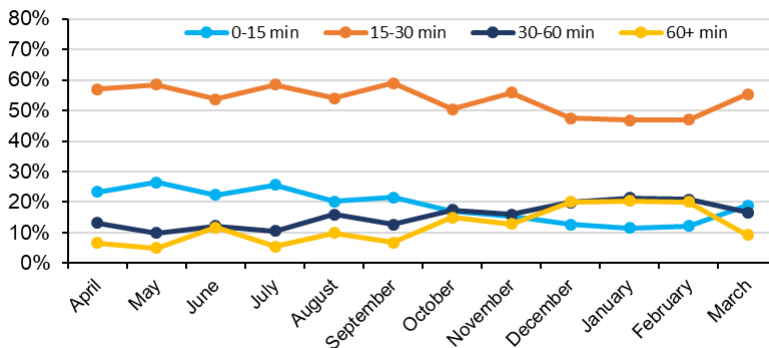
Handovers within 30 – 60 minutes - **ESNEFT**
16.6%

↓ vs 21.0% last month

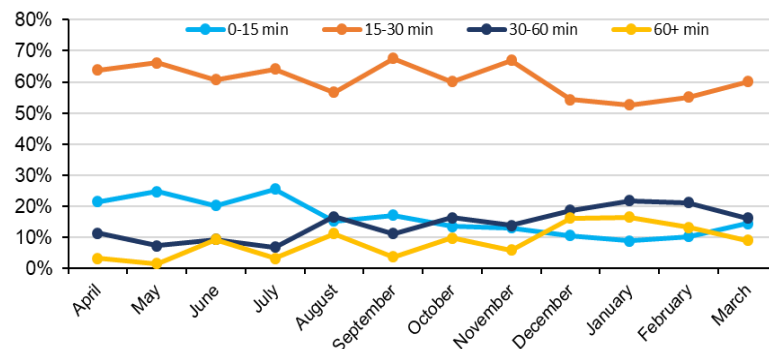
Handovers over 60 minutes - **ESNEFT**
9.2%

↓ vs 20.0% last month

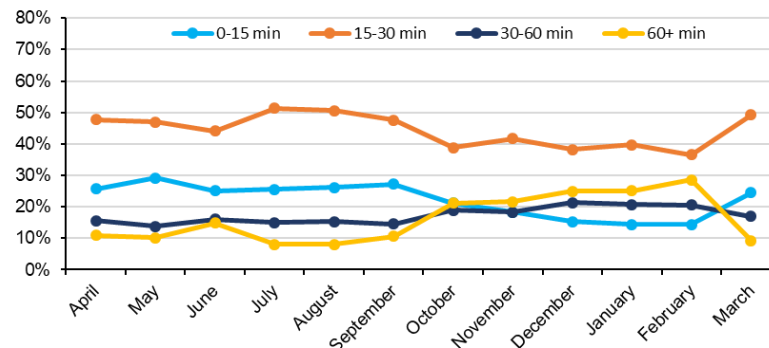
Ambulances: Proportion of handovers for ESNEFT



Ambulances: Proportion of handovers for Colchester



Ambulances: Proportion of handovers for Ipswich



Colchester

The AECU continues to support decompressing the ED, and a reduction in LoS within the ED. This also allows for freeing up cubicle capacity and clinician time for prompt handover of patients arriving by ambulance.

Towards the end of March there has been a significant reduction in use of corridor space, providing patients with a better standard of care.

Ipswich

There was an improvement in month of over 10% for handovers under 15 minutes. This was achieved with proactive management of the ambulance demand versus capacity of the department. Senior oversight and reactive response also supported improvements.

ESNEFT performance improved across the board in month. Time to initial assessment within 15 minutes increased by 1.0%; Colchester declined by 1.1% with Ipswich improving by 4.0%. Average times in department for non-admitted/ admitted patients also improved by 54 minutes and 136 minutes respectively. The number of 12-hour patients decreased by just over 25% month on month.

Time to initial assessment (% patients within 15 mins)

83.4%

↑ vs 82.4% last month

Time to initial assessment: (95pct)

27 min

↓ vs 29 last month

Average time in dept – non-admitted

251 min

↓ vs 305 last month

Average time in dept – admitted

406 min

↓ vs 542 last month

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

68 min

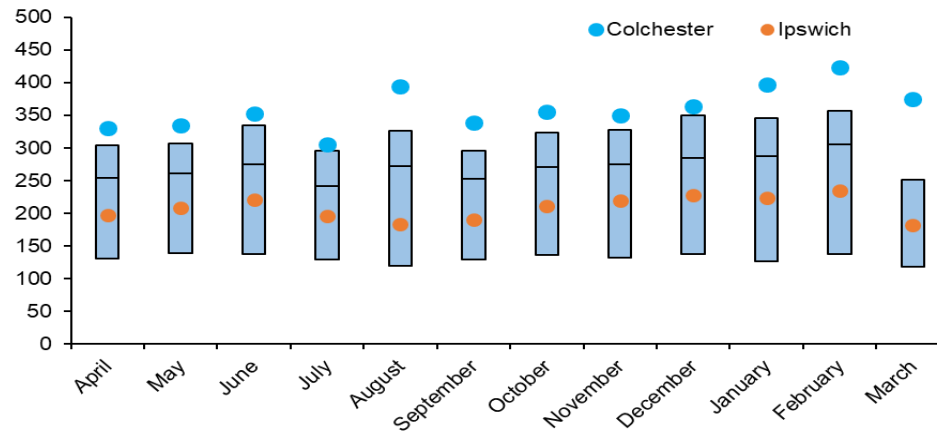
↓ vs 85 last month

12-hour patients

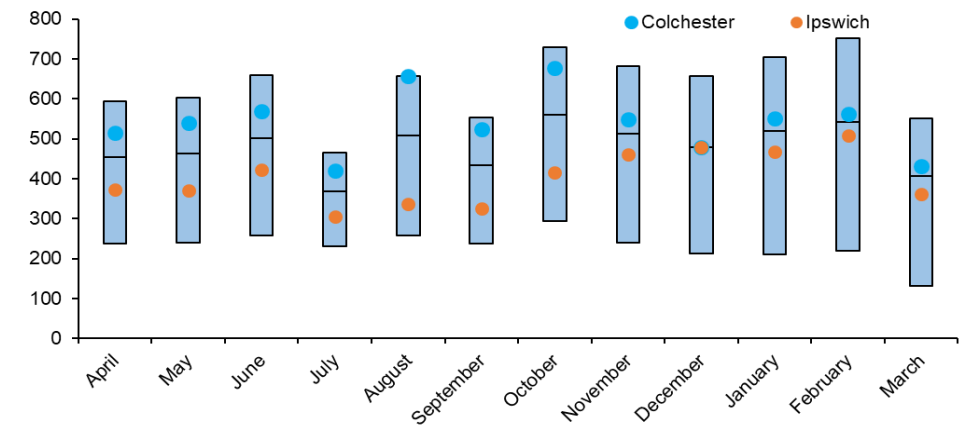
1,332

↓ vs 1,778 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

Improvements have been achieved across the board in March, compared to February:

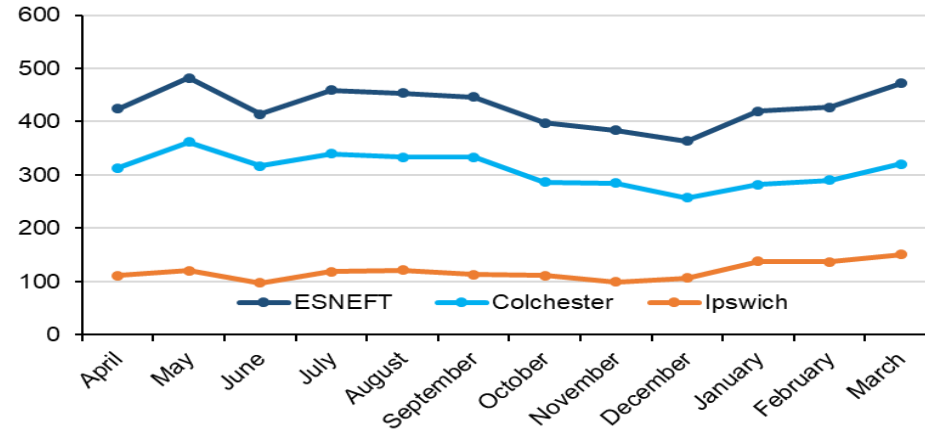
- 171 fewer patients spent longer than 12-hours in the ED.
- Admitted patients mean journey time reduced by 1hour 47minutes. (This includes those patients streamed to AECU, whose care is coded as inpatient spells).
- Non-admitted patients mean journey time reduced by 1 hour 16 minutes.

Ipswich

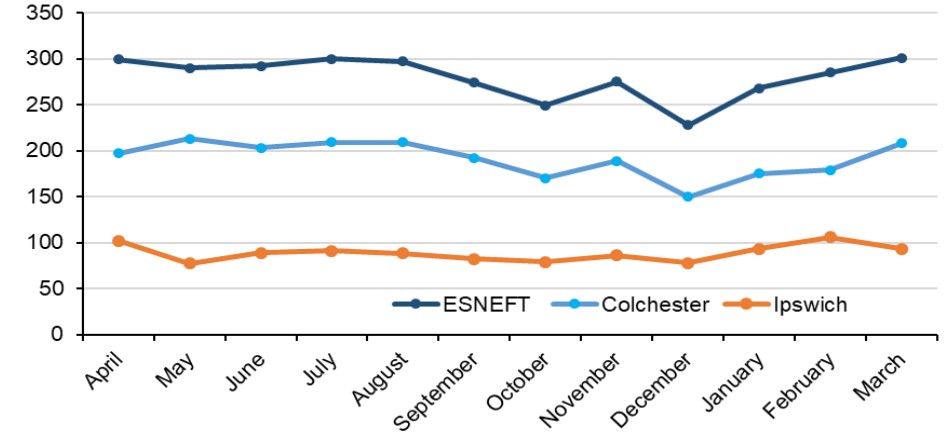
All metrics for time in department improved in March. Improved grip, additional workforce and the creation of additional space to assess patients created the ability for faster decision making and improved time to treatment. Patients who were discharged home spent one hour less on average in the department compared to February, and admitted patients spent on average 3 hours less in the department during March when compared to February. There was a 65% reduction in the number of patients spending greater than 12 hours in the department when compared with February.

MH ED attendances have increased by 10.5% across ESNEFT in month. This was reflected at both sites; Colchester by 10.7% with Ipswich by 10.2%. MH referrals have also increased for ESNEFT in month by 5.6%; Colchester increased by 16.2% with Ipswich reporting a decrease of 12.3%.

Number of ED attendances due to Mental Health



Number of referrals to the Mental Health Liaison Team



Service Commentary

There was a slight increase in the number of ED attendances across both sites and the majority of attendances on both sites were adults.

In Colchester, 61 people remained in ED for longer than 48 hours. In Ipswich, 2 people remained in ED for up to 40 hours.

There was an increase in the numbers of people attending ED who were subsequently admitted to an ESNEFT hospital (192 people in Colchester, 50 people in Ipswich).

In Colchester 3 people were detained under the MHA during their admission to the hospital; one person exercised their right to appeal and was supported to attend their tribunal (remotely).

The use of security for enhanced observations has continued to increase in Colchester Hospital to 8,389 hours in March. Security was not used in Ipswich however, there has been extensive use of an agency funded by NSFT to support an adult with an eating disorder.

Children & young people mental health specialists continue to provide support for patients under the age of 18, though there is disparity in service offer for adults over the age of 18.

MH attendances -

Colchester

321

↑ vs 290 last month

MH attendances - Ipswich

151

↑ vs 137 last month

MHLT referrals - Colchester

208

↑ vs 179 last month

MHLT referrals - Ipswich

93

↓ vs 106 last month

Total admissions increased in month for ESNEFT by 6.7%. Emergencies and non-electives increased by 15.6% and 8.4% respectively with electives decreasing by 1.2%. Compared to 2022-23 admission levels for March, emergencies increased by 37.6% and non-electives increased by 10.5% with electives reporting a decrease of 5.1%.

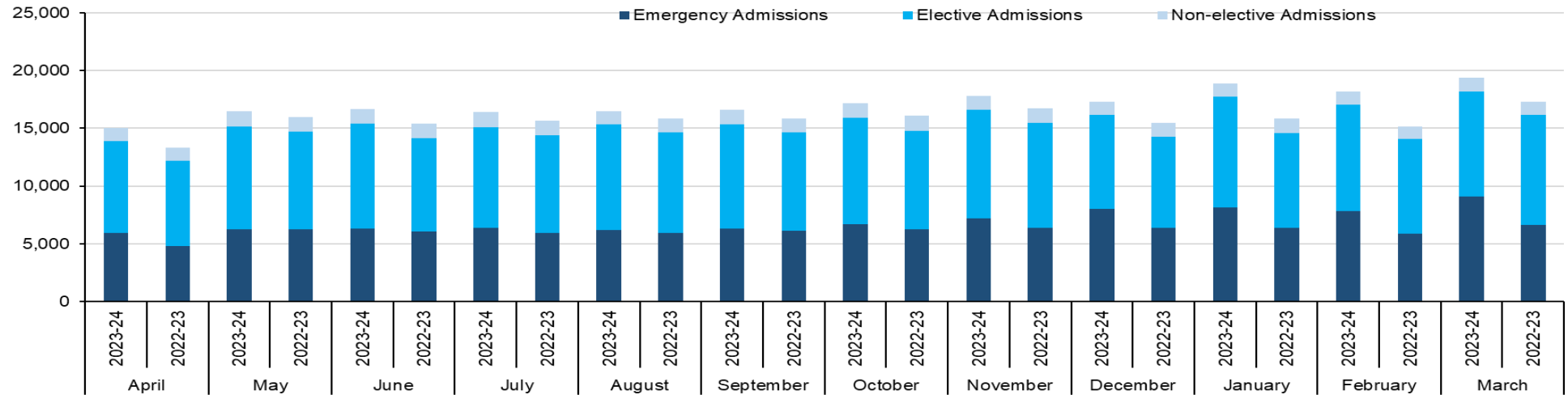
Emergency admissions
9,080
 ↑ vs 7,857 last month

Elective admissions
9,088
 ↓ vs 9,198 last month

Non-elective admissions
1,253
 ↑ vs 1,156 last month

Total admissions
19,423
 ↑ vs 18,211 last month

Admissions: Inpatient spells by admission type



Colchester

The increase in admissions in March was driven by high acuity across all specialities.

Focused work across UEC ensured that patients were streamed from the front door to assessment areas and the AECU; decompressing ED and mitigating risks and timely focus of non-admitted patients.

Daily focus remains on reducing length of stay and ensuring that alternative pathways are used to get patients home; as well as using all system and community beds.

Focus on straight forward discharges and readiness for the “Home for Lunch” project is underway to release bed days and maintain capacity.

Ipswich

The increase in admissions was expected In March due to having a senior decision maker at the front door, and specialties improving the pathway for GP referred patients going appropriately to assessment areas rather than ED. Acuity remained high in March and escalation areas remained open and utilised.

AMSDEC and EAU worked as one floor supporting the patients being seen in the right place and improvements were made in month to provide additional space to assess direct GP referrals in EAU.

Average number of long length of stay patients across ESNEFT increased in month by 6 patients and is 29 patients over the trajectory. Colchester increased by 7 patients whereas Ipswich decreased by 1 patient.

21+ day patients - ESNEFT
150

↑ vs 144 last month

21+ day patients - Colchester
74

74

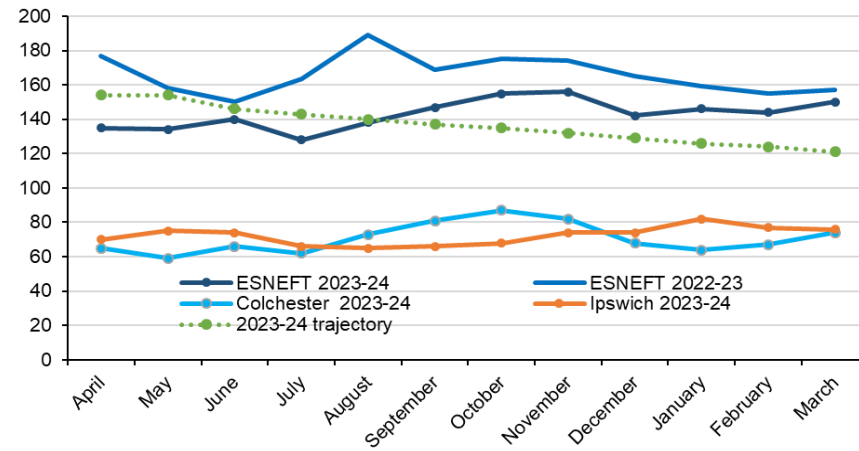
↑ vs 67 last month

21+ day patients - Ipswich
76

76

↓ vs 77 last month

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



Colchester

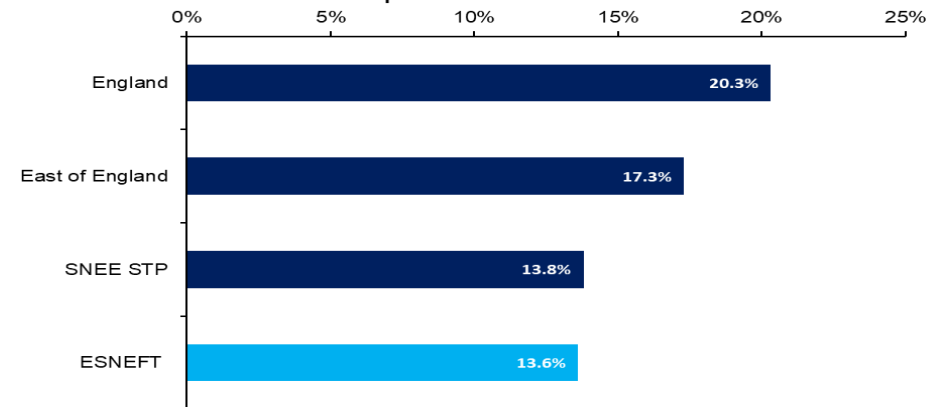
The increase in LLOS patients at Colchester was largely attributable to the complex nature of patients admitted, many of which have needed high levels of security and have been difficult to place on P2 pathways. These patients have been discussed on complex panel meetings and long length of stay meetings to try and find a destination for them, but it has proven a big challenge and system partners have had to source outside of the county in some instances.

Ipswich

Teams have seen some good movement on more complex patients who have had an increased LLOS due to their complex nature and finding suitable placements. The TOCH has been working hard to pull together professional meetings including system partners to try and help expedite these more complex discharges.

Overall, Ipswich saw an increase in discharges on P0-P3 compared to last month supporting the reduction in LLOS.

% beds occupied by 21+ day patients (4 week average). Snapshot at 8th April



Average number of medically fit for discharge patients has increased in month for ESNEFT by 0.4% (1 patient). Colchester decreased by 1.1%, with Ipswich showing an increase of 1.4%.

Medically fit discharges - ESNEFT
233

↑ vs 232 last month

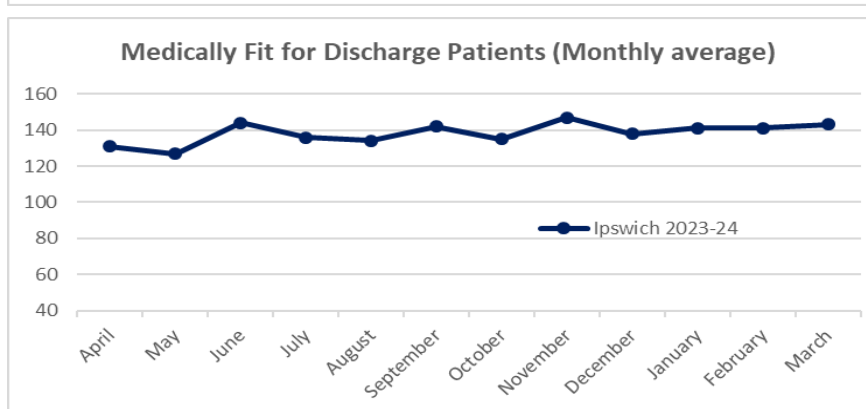
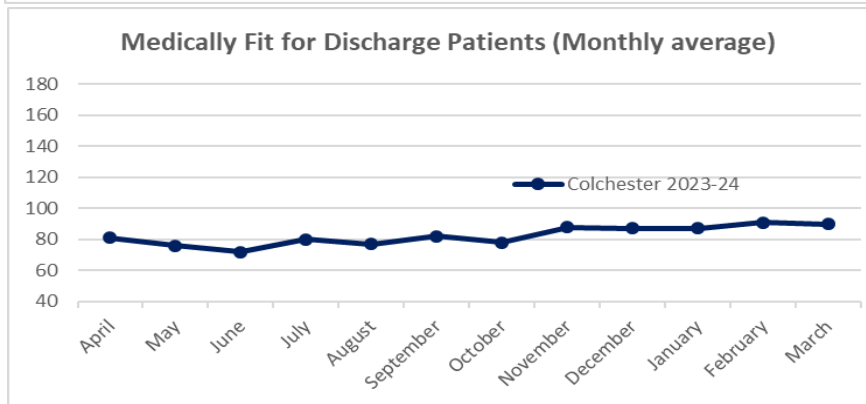
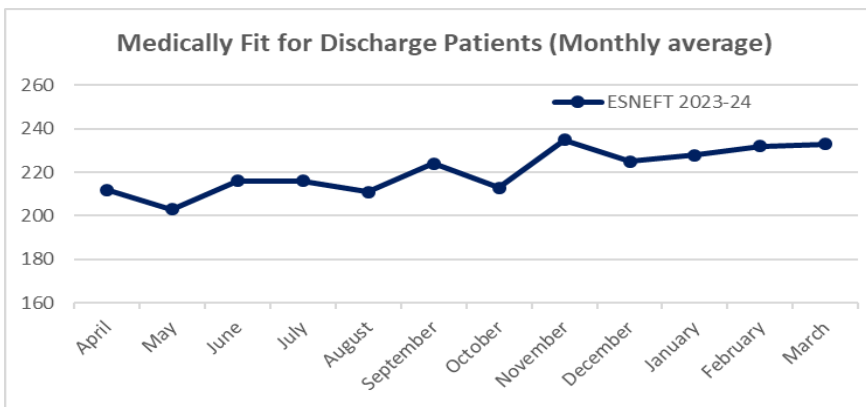
Medically fit discharges - Colchester
90

↓ vs 91 last month

Medically fit discharges - Ipswich
143

↑ vs 141 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

In Colchester there has not been a significant change in the number of medically fit for discharge patients when comparing to the previous month. Difficulties in Pathway 2, and to a lesser extent Pathway 3 patients, are the main driver.

Pathway 1 capacity remains relatively good with patients being discharged with reablement and packages of care within 24/48 hours of being referred to the TOCH and assessed.

Ipswich

The TOCH has seen an increased number of referrals. Weekend referrals have almost doubled in activity compared to last month, though the overall number of discharges across all pathways has improved.

The average time from point of triage to discharge has seen a very slight increase in P1 and P2 but a reduction in P3. There were more patients discharged via P1 this month, but capacity has remained reasonable with the real focus continuing at P1 huddle meetings to ensure everything is being done to create discharges and support flow.

ESNEFT cancer performance improved in month for two week waits and 62-day wait performance by 2.7% and 7.7% respectively. 28-day faster diagnosis declined by 1.0%. Total patients on the 62-day 1st PTL and those waiting 63+ days or more improved. Patients treated after 104 days increased.

Two week wait performance

81.6%

↑ vs 78.9% last month

62-day wait performance

74.7%

↑ vs 67.0% last month

28-day faster day diagnosis performance

74.3%

↓ vs 75.3% last month

Patients treated after 104 days

28

↑ vs 23 last month

Total patients on 62-day 1st PTL

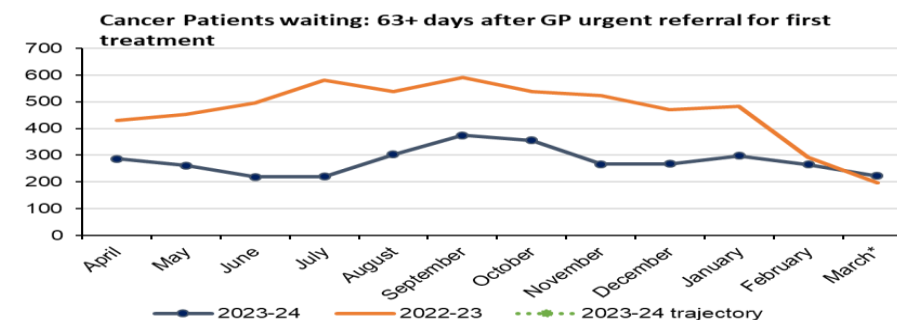
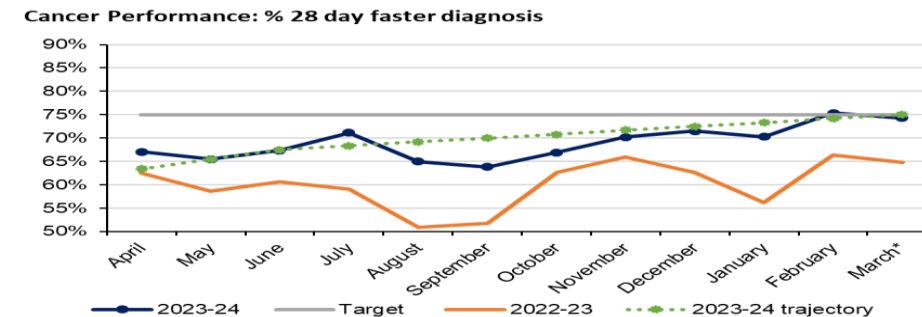
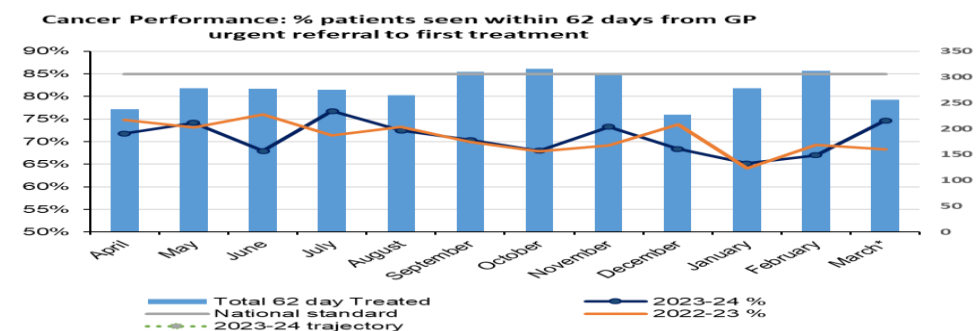
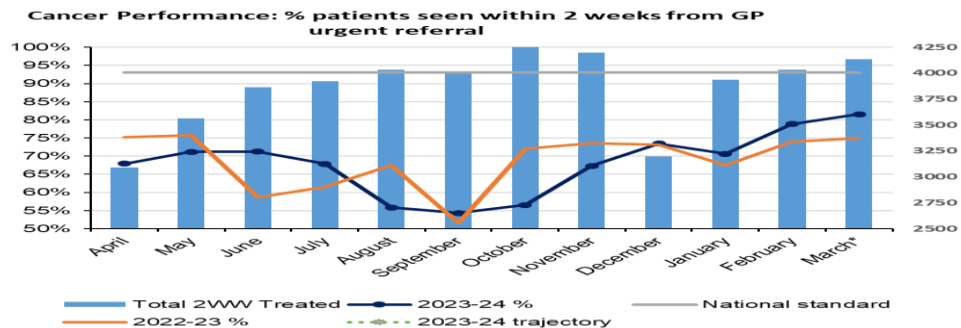
3,443

↓ vs 3,835 last month

62-day 1st patients 63+ days

223

↓ vs 265 last month



Service Commentary

The overall trend for cancer performance shows things are going in the right direction at Trust level

28FDS performance is currently just below the 75% standard, however, this data is unvalidated and work continues to validate breaches to ensure CWT guidance has been applied, particularly around patient DNAs and checking CNS's notes to see if there had been any verbal conversations with the patients. If these conversations are documented, they can be used as a pathway stop.

Nationally NHSE have set a target within a target for the main tumour sites, advising that if Gynaecology and Urology deliver 65%, LGI 60%, Breast and Skin 85%, this would allow most Trusts to deliver 77% overall. The Trust is achieving those percentages in all specialties except LGI. Focus remains on supporting LGI though all specialties will be supported to aim for higher performance than the national expectation.

From April the 28FDS standard target increases to 77% and the Trust has an agreed trajectory at tumour site level to achieve this.

62-day performance is very good compared to both to regional and national positions. Even though nationally the 85% standard had been reduced to 70% this year, ESNEFT are already delivering above that. The Trust has set its own internal trajectory to achieve 80% or more by March 25.

*Unvalidated figures as of the 15/04/24. Final figures for March 2024 will be available in May 2024 after submission

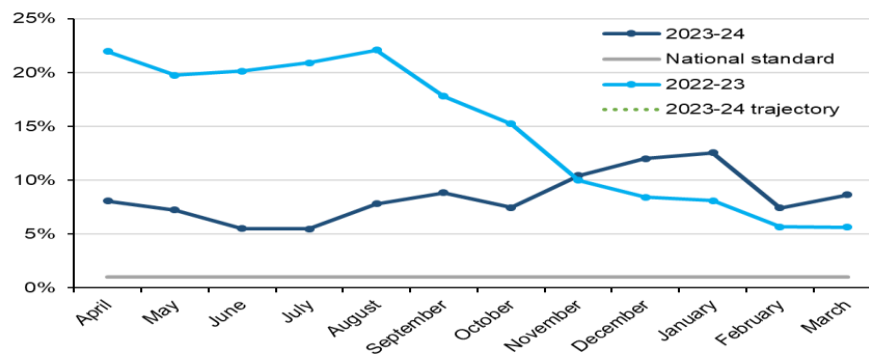
6-week performance deteriorated in month by 1.2%. The number of breaches increased by 156 patients compared to last month with the waiting list decreasing by 0.8%. Ipswich hold 55.9% of the total breaches with both sites reporting ultrasounds as the largest number of breaches which equates to just over a third of all breaches.

% patients waiting > 6 weeks or more
8.6%
 ↑ vs 7.4% last month

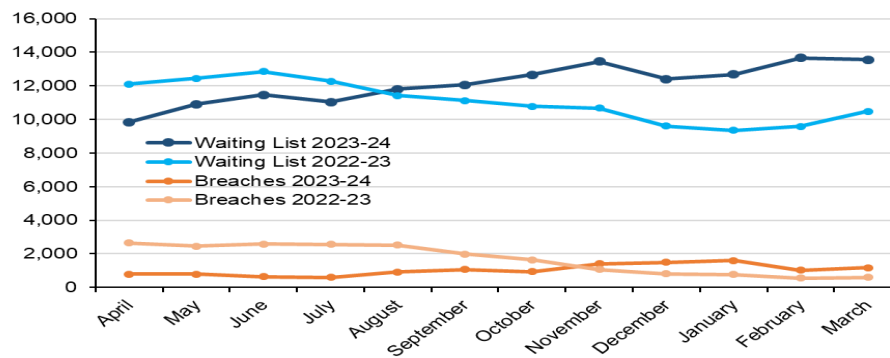
DM01 6-week breaches
1,171
 ↑ vs 1,015 last month

DM01 Waiting List
13,554
 ↓ vs 13,660 last month

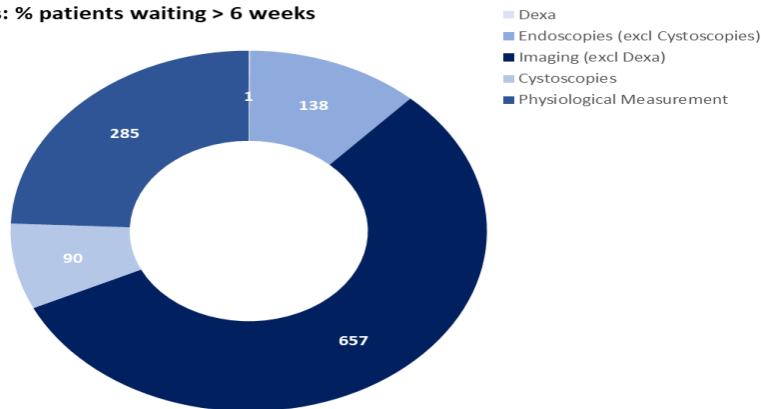
Diagnostics: % patients waiting 6 weeks or more



Diagnostics: Waiting List



Diagnostics: % patients waiting > 6 weeks



Service Commentary

Ultrasound was impacted in March by higher-than-normal levels of sickness. Locums have been secured to mitigate this, but April will continue to see high levels of breaches. A full capacity and demand review has been undertaken and additional funding has been allocated to sonographers to meet an increase in demand.

Both CT and MRI had a machine down due to mechanical faults for most of March which has impacted on the breach numbers; cancer activity was prioritised.

Cardiac Physiology significantly reduced their breaches in line with plan.

All divisions are generating 24/25 trajectories to deliver the national 5% standard. To support an improved position, diagnostics will be incorporated into weekly PTL meetings.

Performance against the 18-week standard improved in month by 0.5% and is above the regional average but below the national average for February. The proportion of the list waiting 65-weeks or more has decreased by 0.2% and is lower than the regional/ national average for February.

Incomplete pathways within 18 weeks - ESNEFT

57.0%

↑ vs 56.5% last month

Incomplete pathways within 18 weeks – National

57.6% (February 24)

65+ waiters as % of list - ESNEFT

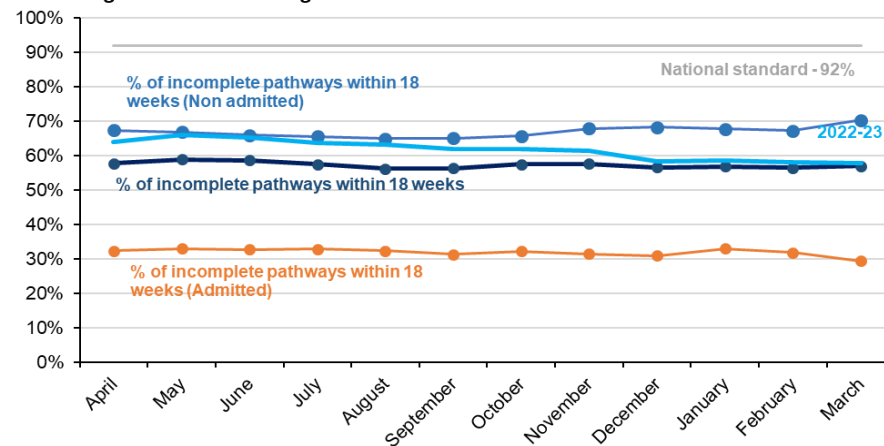
↓ **0.6%**

vs 0.8% last month

65+ waiters as % of list – National

1.0% (February 24)

RTT Waiting List: Performance against 92% standard



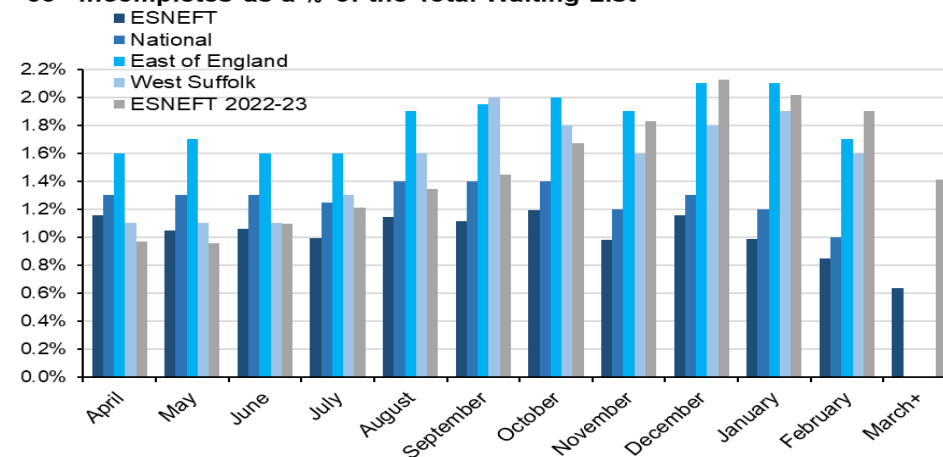
RTT Compliant:

- Endocrine Ipswich 98.86%
- Respiratory Ipswich 97.4
- Rheumatology Ipswich 97.4%
- Paediatrics ESNEFT 93.35% (Ipswich 96.6%)

Performance increases:

- Renal Colchester - Feb 37.8% - End of March 44.23%
- Endocrine Colchester - Feb 82.7% - End of March 90.1%
- Cardiology Ipswich - Feb 82.9% - End of March 86.4%
- General Internal Medicine Ipswich - Feb 51.5% - end of March 59.06%
- Pain Management Ipswich - Feb 38.5% - end of March 46.7%
- T&O Colchester - Feb 33.5% - end of March 43%
- ENT Ipswich - Feb 57.2% end of March 64.82%
- Neurology Ipswich - Feb 87.85% - end of March 90.5%
- Paediatrics Colchester - Feb 87.7% - end of March 90.1%

65+ Incompletes as a % of the Total Waiting List



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

Activity decreased across the board in month for ESNEFT with the exception of elective inpatients which increased by 4.8%. Daycases, outpatient firsts and follow ups decreased by 1.9%, 2.9% and 1.7% respectively. Lower levels were reported against 2022-23 activity levels for daycases, outpatient firsts and follow ups at 94.0%, 97.9% and 95.0% respectively.

Only elective inpatients increased at 103.2%.

Elective inpatients

980

↑ vs 935 last month

Daycase inpatients

8,106

↓ vs 8,263 last month

Outpatient First Appt

29,797

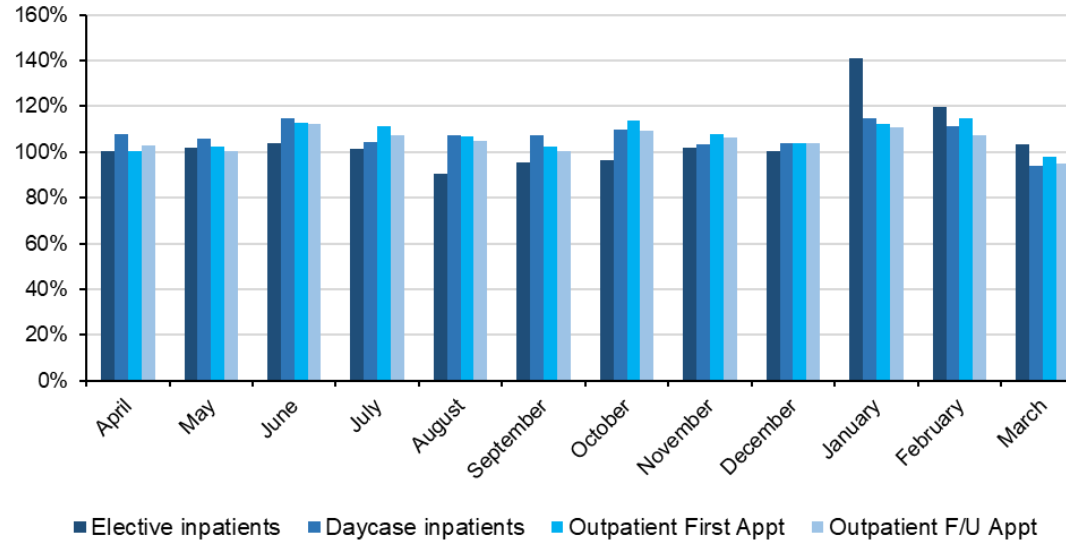
↓ vs 30,697 last month

Outpatient F/U Appt

51,745

↓ vs 52,656 last month

Percentage of 2022-23 activity



Service Commentary

Focussing on activity for those patients requiring dates by end of March to meet required standards, meant a slight change in case mixes.

The outpatient transformation programme of work was signed off and the focus remains on productivity opportunities across all the elective disciplines.

Focused PTL meetings continue to be in place with General Surgery, Trauma & Orthopaedics and Gynaecology (for joint complex patients).

The ESNEFT RTT waiting list in month decreased by 3.6% in month; this is above the trajectory set for the month by 2,200 patients. The patients waiting 65 weeks or more decreased for ESNEFT by a further 212 patients in month leaving 262 patients undated over 65-weeks at month end.

Both sites decreased their 65+ week patient cohort with Colchester having 51.8% of the total.

Total open RTT pathways
84,740
 ↓ vs 87,907 last month

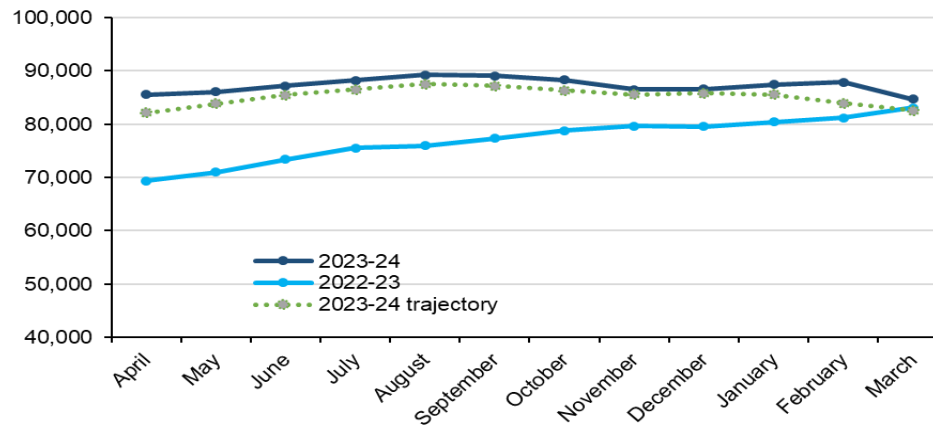
65+ week waiters
535
 ↓ vs 747 last month

78 + week waiters
18
 ↓ vs 32 last month

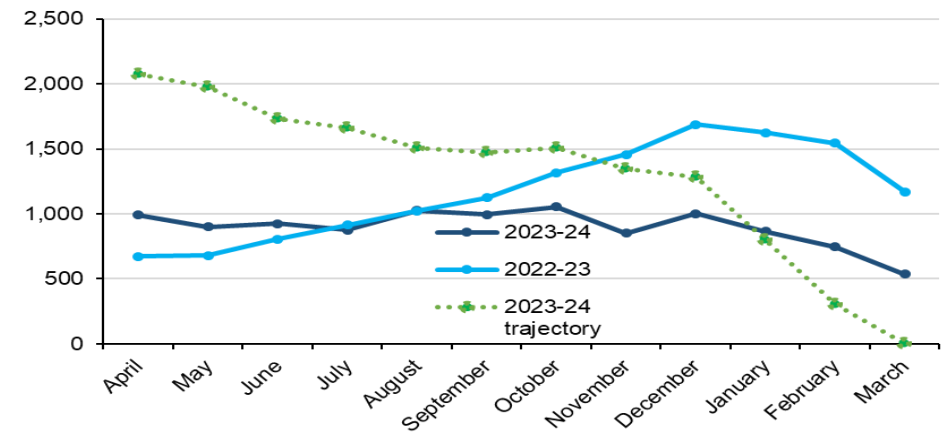
98 + week waiters
0
 → vs 0 last month

104+ week waiters
0
 → vs 0 last month

RTT Waiting List: Total open pathways



RTT Waiting List: Total 65+ week waiters



Service Commentary

The Trust achieved a great year end position for patients waiting over both 78 and 65 weeks.

In April last year there were 40,640 patients over 65 weeks that needed to be treated and teams treated and dated 40,328 leaving 262 patients with no date to be seen at month end.

The focus is very much on those patients that need dates to be seen and to be treated by the end of September (11,697) with speciality plans being developed. The big builds are due to be open in Summer 2024 which will support the delivery of this.

At the end of March, the Trust reported 18 78-week breaches, all of which were either corneas, complex respiratory patients at Papworth and complex or patient choice. Importantly there were no patients waiting due to capacity reasons.

There continue to be no patients waiting over 98 weeks.

Revenue	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Areas of Improvement	Areas requiring further work
Performance Against Control Total (YTD)	0	88	888	2,238	2,127	1,062	1,338	<ul style="list-style-type: none"> The forecasted year end revenue position of a £1.3m surplus was delivered (subject to external audit review). Both Medicine divisions, and Integrated Pathways, exceeded their CIP plan for the year and Integrated Pathways met their plan. ERF performance is comparatively strong in February due to insourcing and maintaining an Elective programme that is usually impacted by seasonal pressures more than in 23/24 to date. ERF for M1-11 is calculated at 107.1% of cost-weighted 19/20 elective patient care, indicating an increase from January's position of 106.6%. The Trust's 23/24 CDEL target was also achieved, with an outturn position £23k above plan. The Trust has developed a credible balanced revenue position for 24/25 (surplus of £250k) that it proposes to submit to the system and NHSE (it is to be approved by P&FC and Board) as part of 24/25 planning. Related budgets have been successfully loaded to the General Ledger with agreed control totals for all clinical divisions and corporate areas. 	<ul style="list-style-type: none"> The majority of divisions did not deliver their CIP plan for 23/24. The biggest shortfalls were seen in Estates and Facilities and Surgery, Gastroenterology & Anaesthetics. Moreover, there was a recurrent shortfall in all clinical divisions and many corporate areas (notably Estates and Facilities) which has now carried forward to 24/25. The recurrent CIP shortfall has been carried forward into 24/25 and added to the in-year target of 1%, resulting in a total requirement of £25.072m. The are risks that may need to be managed in the capital plan such as high risk backlog maintenance (£9.8m) and continued reduced budget for equipment replacement. There are headline revenue risks identified at a Trust level (such as CIP delivery and price inflation), along with specific risks within divisions, that will need to be monitored and mitigated for the Trust to achieve its revenue plan. There is system revenue plan gap currently of £18m (attributable to West Suffolk Hospital NHS Foundation Trust) that will need to be closed.
FOT Variance to Plan	0	-	1,318	1,318	1,318	1,318	1,338		
YTD CIP variance to plan	0	(6,098)	(6,958)	(7,475)	(7,997)	(8,941)	(8,851)		
FYE CIP to Plan	0	(12,640)	(12,909)	(12,922)	(12,949)	(12,915)	(12,914)		
ERF delivery	103.3%	105.3%	105.2%	105.5%	106.6%	107.1%	107.2%		
Capital	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24		
Capital variance (in month)		15,548	(774)	3,513	3,059	4,185	(25,554)		
Capital variance (YTD)		15,548	14,774	18,287	21,346	25,531	(23)		
*(Overspend)/Underspend									
Balance Sheet	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24		
Cash YTD		71,746	70,961	70,556	67,563	99,609	79,300		

Month 12 Performance

Summary Income and Expenditure	March			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Income from Patient Care	80,478	80,271	(207)	960,535	986,998	26,463
Other Operating Income	5,282	4,426	(856)	46,752	59,480	12,728
Total Income	85,760	84,697	(1,063)	1,007,287	1,046,478	39,191
Pay	(51,726)	(52,368)	(642)	(622,066)	(632,060)	(9,994)
Non Pay	(27,844)	(27,460)	384	(333,700)	(366,830)	(33,130)
Total Expenditure	(79,570)	(79,828)	(258)	(955,766)	(998,890)	(43,124)
EBITDA	6,190	4,869	(1,321)	51,521	47,589	(3,932)
Impairments	-	(15,973)	(15,973)	-	(15,973)	(15,973)
Other Non Operating	(4,199)	(4,053)	146	(50,356)	(48,348)	2,008
Surplus / (Deficit)	1,991	(15,157)	(17,148)	1,165	(16,732)	(17,897)
EBITDA %	7.2%	5.7%		5.1%	4.5%	
Performance Against CT						
Impairments	-	15,973	15,973	-	15,973	15,973
Transfers by Absorption	-	-	-	-	-	-
Capital donations I&E impact	(1,473)	(194)	1,279	(1,165)	(69)	1,096
PFI IFRS16 impact	-	(102)	(102)	-	2,541	2,541
DHSC Donated Consumables	-	85	85	-	85	85
Loss on DHSC COVID Assets	-	-	-	-	-	-
PDC benefit PFI IFRS16 impact	-	(459)	(459)	-	(459)	(459)
Total Non CT Items	(1,473)	15,302	16,775	(1,165)	18,070	19,235
Performance Against CT	518	146	(372)	-	1,338	1,338
Less gains on disposal of assets	-	(4)	(4)	-	(76)	(76)
Performance for System Purposes	518	141	(377)	-	1,262	1,262

Draft Year End position

The Trust is reporting a surplus of £1.338m for the year (after adjusting for non-control total items) against an original plan to break-even. A surplus of £1.318m was agreed with the ICB, and the Trust reported £20k ahead of that agreement.

Before adjusting for non-control total items a deficit of £16.7m is incurred, this is largely driven by impairments from the annual valuation of estates (£15.973m).

Work is still ongoing to finalise the accounts for a first submission on 24 April, but the reported position is not expected to materially change.

This position will then be subject to external audit review.

Non control items

These are items that are excluded when calculating the financial performance against the control total. These include impairment of fixed assets, and donated equipment income and depreciation.

Noting that there was a change in valuer used by the Trust (and the valuation methodology) for this year's accounts, the main impairments reported by the Trust are: CGH Main Block (£3.3m), Villa 4 Colchester (£2m), Clacton CDC (£2.3m) and Colchester electrical Infrastructure works (£2.3m).

Cash position

The Trust held cash of £79.3m at the end of March against a plan of £64.6m

System position

SNEE ICS reported an overall £38k surplus (subject to external audit review), slightly bettering its target of revenue balance.

ERF

ERF M1-12

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.

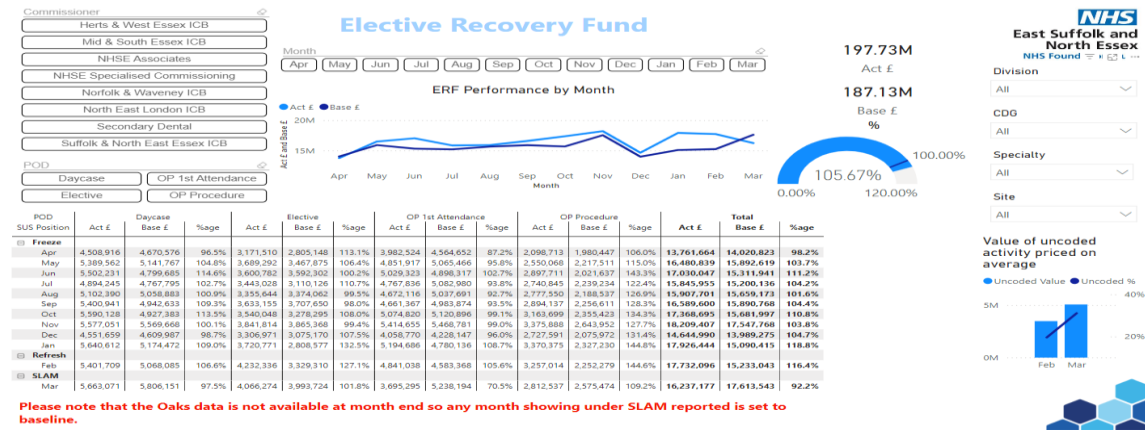
Actuals for Months 1-11 use internal calculations based on data extracted at freeze/refresh date from national datasets, and Month 12 uses internal calculations based on data extracted at day 1 of the following month.

Month 12 will be lower than the expected final position owing to:

- Uncoded patient care – although an ‘average’ tariff is applied to partially mitigate this
- Unreconciled clinics – suitable data not available immediately

Month 10-12 will continue to update as data is completed as well.

Despite A&G numbers being relatively stable, the funding received for these is decreasing. The EROC return used to calculate A&G was in existence in 19/20. Whilst there is a general lack of clarity on the exact methodology for A&G calculations nationally, there is an approximate baseline set for 19/20 which must be rising through the year.



Month	Admitted/Non-	A&G	Total Actual	Baseline	Perf.
Apr	£ 13,761,664	£ 247,062	£ 14,008,726	£ 14,020,823	99.9%
May	£ 16,480,839	£ 278,756	£ 16,759,595	£ 15,892,619	105.5%
Jun	£ 17,030,047	£ 216,508	£ 17,246,555	£ 15,311,941	112.6%
Jul	£ 15,845,955	£ 246,461	£ 16,092,415	£ 15,200,136	105.9%
Aug	£ 15,907,701	£ 189,496	£ 16,097,197	£ 15,659,173	102.8%
Sep	£ 16,589,600	£ 158,753	£ 16,748,353	£ 15,890,768	105.4%
Oct	£ 17,368,695	£ 171,392	£ 17,540,087	£ 15,681,997	111.8%
Nov	£ 18,209,407	£ 167,293	£ 18,376,700	£ 17,547,768	104.7%
Dec	£ 14,644,990	£ 145,041	£ 14,790,030	£ 13,989,275	105.7%
Jan	£ 17,926,444	£ 178,246	£ 18,104,690	£ 15,090,415	120.0%
Feb	£ 17,732,096	£ 171,904	£ 17,904,001	£ 15,233,043	117.5%
Mar	£ 16,837,177	£ 163,819	£ 17,000,996	£ 17,613,543	96.5%
Total	£ 198,334,615	£ 2,334,731	£ 200,669,346	£ 187,131,501	107.2%

ESNEFT figures include Oaks RES patients unless otherwise stated and exclude A&G.

To date, ERF for M1-12 is calculated at 105.7% of cost-weighted 19/20 elective patient care, indicating an increase from the @M11 position of 105.8%.

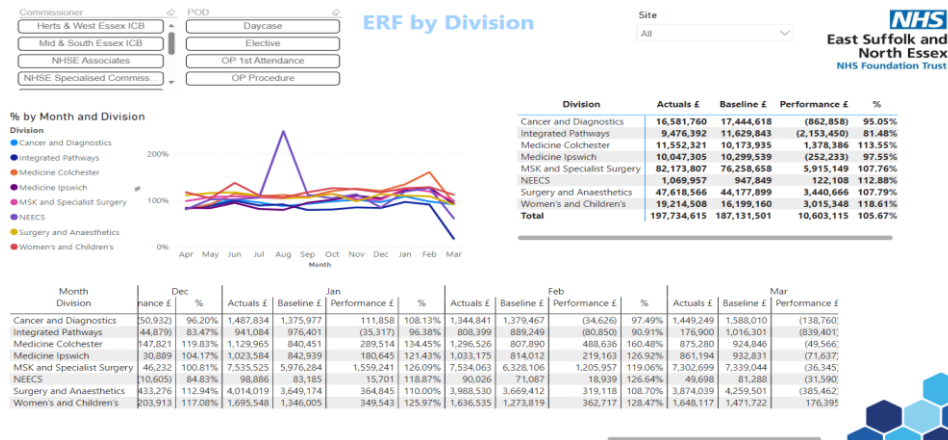
M1-9 position calculated at 106.1% in line with nationally published positions for year end accounts.

It is important to note the significant above base Jan / Feb are, highlighting the impact of retaining elective capacity through this period, further supported by additional insourcing

Total – 105.7% (106.7% excluding RES) excluding A&G, 107.2% inclusive of A&G

March's position will improve as data capture and completeness improves, especially off-pas outpatient care.

ERF



Plan profile and actual performance

Internal calculations, taking into account IA impacts, indicate that to March the Trust's calculated ERF position is £11.1m above the Trust's agreed target rate. This figure falls to approximately £10.7m excluding Medicine Colchester and Medicine Ipswich recording issues.

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. Figures between Jan and Mar are subject to national validation and change and 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	£13,761,664	£247,062	£14,008,726	£14,020,823	(£12,096)	£14,763,926	(£755,200)	£560,833	(£194,367)
May	£16,480,839	£278,756	£16,759,595	£15,892,619	£866,976	£16,734,928	£24,668	£635,705	£660,372
Jun	£17,030,047	£216,508	£17,246,555	£15,311,941	£1,934,614	£16,123,474	£1,123,081	£612,478	£1,735,559
Jul	£15,845,955	£246,461	£16,092,415	£15,200,136	£892,280	£16,005,743	£86,673	£608,005	£694,678
Aug	£15,907,701	£189,496	£16,097,197	£15,659,173	£438,024	£16,489,109	(£391,912)	£626,367	£234,455
Sep	£16,589,600	£158,753	£16,748,353	£15,890,768	£857,585	£16,732,979	£15,374	£635,631	£651,005
Oct	£17,368,695	£171,392	£17,540,087	£15,681,997	£1,858,090	£16,513,143	£1,026,944	£627,280	£1,654,224
Nov	£18,209,407	£167,293	£18,376,700	£17,547,768	£828,932	£18,477,800	(£101,100)	£701,911	£600,811
Dec	£14,644,990	£145,041	£14,790,030	£13,989,275	£800,756	£14,730,706	£59,324	£559,571	£618,895
Jan	£17,926,444	£178,246	£18,104,690	£15,090,415	£3,014,275	£15,890,206	£2,214,484	£603,617	£2,818,100
Feb	£17,732,096	£171,904	£17,904,001	£15,233,043	£2,670,958	£16,040,394	£1,863,607	£609,322	£2,472,928
Mar	£16,837,177	£163,819	£17,000,996	£17,613,543	(£612,547)	£18,547,060	(£1,546,064)	£704,542	(£841,523)
YTD	£198,334,615	£2,334,731	£200,669,346	£187,131,501	£13,537,846	£197,049,468	£3,619,878	£7,485,260	£11,105,138

Divisional positions

Five Divisions are exceeding the YTD 1920 baseline level:

- Surgery & Anaesthetics – 107.8%
- Women's & Children's – 118.6%
- MSK & Specialist Surgery – 107.8%
- Medicine Colchester 113.6%
- NEECS 112.9%

Medicine Colchester is impacted upwards by approximately £320k linked to a data recording of patient transfers to Durban ward in Jan. This impacts this month only and is outside of the control of the Division. These patients cannot and should not be coded and these will be negated in final January position. Without this impact the divisional position would be 110.4%

Medicine Ipswich's position includes a number of PPCI/PCI patient transfers from Colchester incorrectly recorded as elective admissions, the coded value of these is approximately £87k and without this the Division's reported position would be 96.7% excluding A&G. Noting Medicine Ipswich have embraced A&G greater than many peers, which is not reflected in these numbers.

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 12 Cost and Volume Elective monies funding available to Divisions was estimated based upon M1-11 position to enable draw down of funding.

The total cost and volume funding made available was £24.6m, £0.6m of IA costs funded and a further £2.9m of revised drugs and devices funding, totalling £28.1m of released funding.

Advice and guidance is funded at full first attendance rate with no baseline to Divisions, funding divisions at a greater rate than received from national A&G funding, utilising the other elective monies for this. £4.7m is funded compared to a receipt of £2.3m.

	£m		
	This Mth	Last Mth	Diff.
ERF (exc. A&G)	£12.4	£11.8	£0.6
Advice and guidance	£4.7	£4.3	£0.4
Diagnosics	£3.3	£3.0	£0.2
Community services	£0.8	£0.7	£0.1
NEE Pain Management Service	£0.1	£0.1	£0.0
ICU/POCU Additional capacity	£2.2	£2.0	£0.2
Chemotherapy delivery	£1.1	£1.0	£0.1
Total C&V	£24.6	£23.0	£1.6
Industrial Action costs	£0.6	£0.6	£0.0
Elective Excluded drugs and devices	£2.9	£2.6	£0.2
Total	£28.1	£26.2	£1.9

2023/24 CIP programme

Year-end position

Both the Medicine divisions exceeded their CIP plan for the year. Integrated Pathways met their plan and all other divisions under delivered in year.

CIP Delivery by Division	March			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	272	96	(177)	3,270	1,432	(1,838)
Integrated Pathways	155	812	657	1,861	1,861	-
Medicine Ipswich	158	397	239	1,899	2,062	163
Medicine Colchester	165	436	272	1,979	2,341	362
MSK and Specialist Surgery	225	80	(145)	2,702	2,433	(269)
NEE Community Services	115	89	(26)	1,382	1,069	(314)
Surgery, Gastro & Anaesthetics	355	120	(235)	3,833	1,470	(2,364)
Women's and Children's	260	45	(215)	3,117	1,400	(1,717)
Total Operations	1,705	2,074	369	20,043	14,067	(5,976)
Estates & Facilities	326	65	(261)	3,909	1,045	(2,864)
Corporate Services	121	104	(16)	1,449	1,438	(12)
Total Trust	2,152	2,244	92	25,401	16,550	(8,851)

Key variances

The following areas reported the largest shortfalls against their CIP target:

- Estates and Facilities - £2.864m
- Surgery, Gastro & Anaesthetics - £2.364m
- Cancer & Diagnostics - £1.838m
- Women's and Children's - £1.717m

The recurrent shortfall has been carried forward into 24/25 and added to the in-year target of 1%, resulting in a total CIP requirement of £25.072m.

Capital

Summary Financial Position

Capital Programme	Year to date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	1,243	4,205	(2,962)	1,243	4,205	(2,962)
Non-Medical Equipment	-	-	-	-	-	-
ICT	12,310	27,219	(14,909)	12,310	27,219	(14,909)
Estates & Facilities	10,149	11,970	(1,821)	10,149	11,970	(1,821)
Building for Better Care	71,032	52,129	18,903	71,032	52,129	18,903
Schemes	16,549	12,604	3,945	16,549	12,604	3,945
Right of Use Asset	(581)	10,382	(10,963)	(581)	10,382	(10,963)
PFI	1,161	958	203	1,161	958	203
Total Capital Programme	111,863	119,465	(7,602)	111,863	119,465	(7,602)
Other Adjustments;						
PFI Lifecycle Costs	(1,161)	(958)	(203)	(1,161)	(958)	(203)
PFI Residual Interest	738	738	-	738	738	-
Disposals	(1,948)	(2,867)	919	(1,948)	(2,867)	919
Donated	(1,501)	(402)	(1,099)	(1,501)	(402)	(1,099)
Net Expenditure Position	107,991	115,977	(7,986)	107,991	115,977	(7,986)
Net CDEL (adjusted for IFRS16 impact)	107,991	115,954	7,963	107,991	115,954	7,963
Performance against CDEL	0	(23)	(23)	0	(23)	(23)

Capital Expenditure

In month, the Trust exceeded planned spend by £25m (£48.2 actual spend compared to a planned £23.2m). The majority of this related to EPR expenditure (£26m against a plan of £3.8m).

The end of year position reported a £23k over spend against CDEL.

Commentary on key schemes within 23/24

- **New Endoscopy unit £10.7m below plan** - £1.9m actual cost incurred in 23/24. Significant slippage was identified early and therefore allowed time for this slippage to be managed internally.
- **ESEOC £4.2m under plan** – £33.3m actual spend within 23/24. Within March, costs exceeded plan by £1.2m, reducing the underspend year to date.
- **Ipswich ED & UTC including Green Surgical Hub £2.1m under plan** – £13.4m actual cost incurred in 23/24. Unfortunately, the forecast £1.4m of spend on equipment was not realised and slips into 24/25.
- **Bluebird Lodge CDC £7.5m below plan** – scheme carried forward into 24/25.

The above under spends were mitigated by spend on the EPR, and two radiotherapy linear accelerators which were purchased ahead of plan to utilise the available capital resource and reduce the pressure on 24/25, releasing capital allocation to manage the slippage of schemes from 23/24.

Workforce: Trends & Hotspots

March 2024

Workforce Metrics	Target	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Areas of Improvement	Areas requiring further work
Vacancy (excluding Agency)	-	3.3%	3.1%	3.0%	2.7%	3.0%	1.3%	<ul style="list-style-type: none"> Vacancy rate is 1.3% (from 3% previous month) which is a slight decrease from previous month. Vacancy rate this month - FY rollover before developments. Turnover rate is 7.52% (decrease from previous month 7.58%) Time to hire is @ 11.1 days (National award 'CIVCA' attained) Management of 45 formal employee relations cases [including disciplinary and grievance] as well as informal cases - 10 cases were closed in March. Leadership Development training (642 completed / 167 soon to complete, plus a further 1,375 attending management bitesize training WRES and WDES data submitted to Board for approval in May which shows an improvement in the majority of areas when compared to the previous year and 5yr trend analysis. Proposed actions for areas of focus to be agreed and taken forward. Continued good attendance at EDI Bitesize Training sessions (c. 1,643 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 11 consecutive months A strengthened Retention team have rolled out new starter welcome meetings and are supporting the NHSE Flexible Working Leadership Development Programme Bullying and Harassment and Disciplinary Policies reviewed to support staff experience. 	<ul style="list-style-type: none"> Retention strategy work plan is still ongoing. Continued participation with the NHSE Flexible Working Leadership Development Programme 23/24 – priorities for flexibility and timeline for implementation to be agreed with senior leadership team. The Trust is slightly under target for Appraisals. Preparation for 360 appraisal launch with a rollout planned for April (facilitators commenced training in March). Our Talent Management programme 'My Career Matters' continues to be worked on to make it as streamlined as possible for Managers to have a meaningful career conversation with their staff. We have been working with the Clinical Education Team as well as the Faculty of Education to create a package that offers career development pathways for both clinical and non-clinical staff as well as a Management Masterclass that will be delivered to support managers in how to have a career 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: Confidence in raising concerns, Active Bystander. ESEOC Workforce and OD Plan, collaborative approach with WSH. As at 12th April, 49% of the required non-medical vacancies have been recruited to with further recruitment planned to the remaining vacancies including all medical posts. 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)	-	11.7%	11.6%	10.2%	12.6%	10.9%	15.8%		
Sickness	4%	5.1%	5.0%	5.4%	5.1%	4.8%	4.2%		
Mandatory Training	90%	91.4%	92.4%	93.0%	93.4%	93.8%	93.5%		
Appraisals	90%	89.1%	89.7%	90.6%	90.5%	89.8%	88.8%		
Voluntary Turnover	12%	8.1%	8.1%	7.8%	7.7%	7.6%	7.5%		
Ward Fill Rates (ESNEFT)	95%	85.5%	89.5%	88.1%	88.8%	88.1%	92.0%		
Care Hours Per Patient Day (ESNEFT)	-	7.10	7.26	7.34	7.40	7.00	7.25		
Executive team turnover	-	0	0	0	0	1	0		

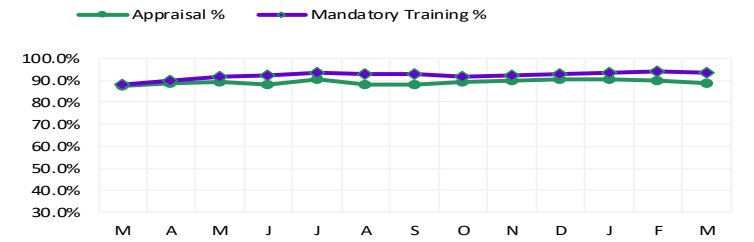
Workforce Dashboard

March 2024

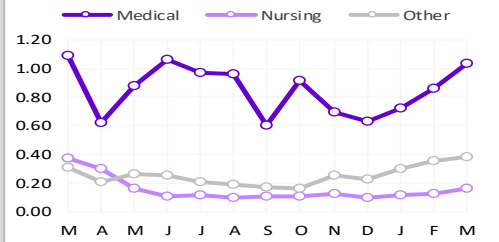
Trust Level

Key Metrics	Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Ceiling	Ward Fill Rate
Performance	1.3%	£0.6m	4.2%	93.5%	88.8%	7.5%	£9.98m	92.0%
Target	Budget 10891wte	Budget £631.4m	4.0%	90%	90%	8%	(£24.54m)	95%
Achieved	Contracted 10749wte	Spend £632.1m	4.2%	View portal for detail	88.8 out of 100 staff	↓	(£14.55m)	↑
Vs Prior Month	↓	↓	↓	↓	↓	↓	↑	↑
Prior Month	3.0%	(£0.39m)	4.8%	93.8%	89.8%	7.6%	£9.52m	88.1%

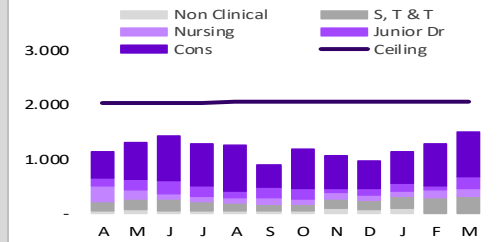
Appraisals & Mandatory Training Compliance %



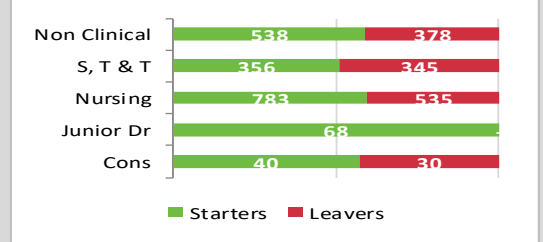
Agency Trends (ex Locum) £m



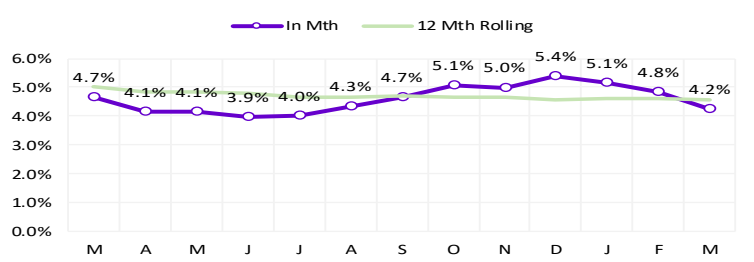
Agency Ceiling £m



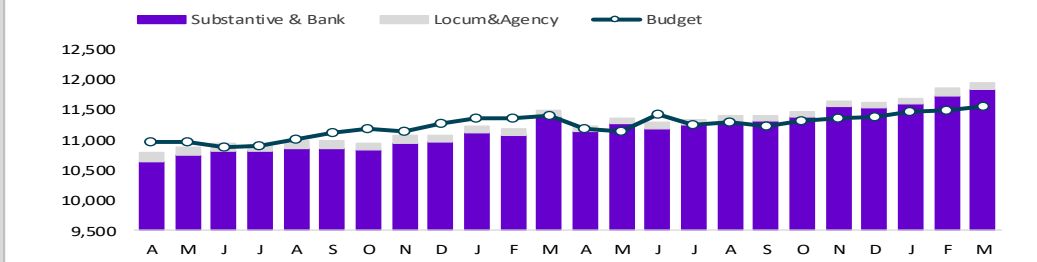
Starter - Leavers (12Mth Rolling) Headcount



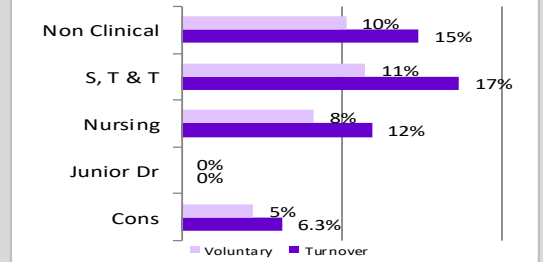
Sickness %



Workforce Trends wte

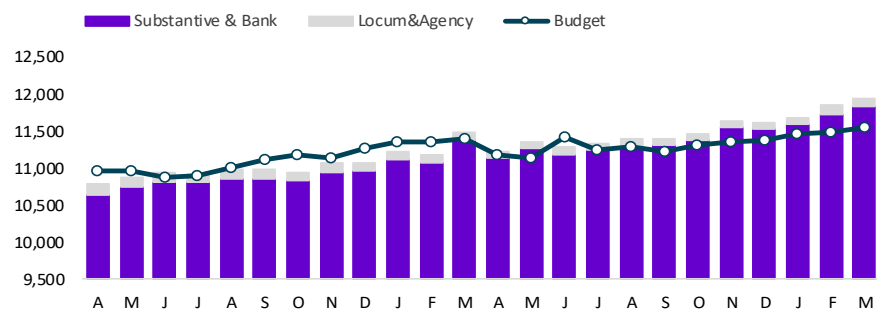


Turnover by Staff Group Headcount



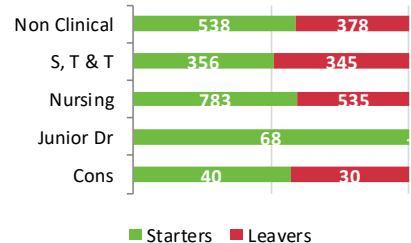
Workforce Trends

wte



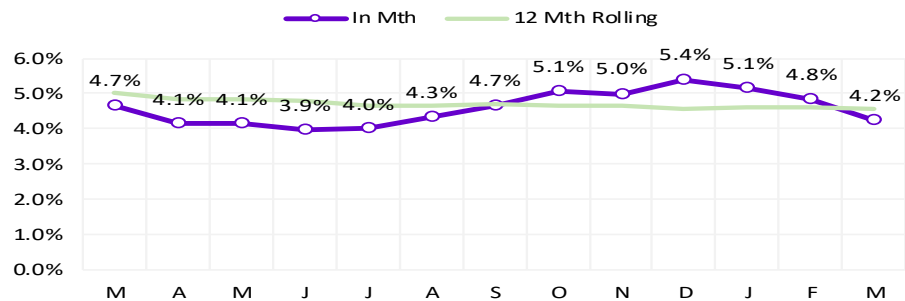
Starter - Leavers (12Mth Rolline)

Headcount



Sickness

%



Commentary

Recruitment

In March, the number of staff in post decreased to 10,749 WTE (February 10,816). The Trust's rolling voluntary turnover for March was 7.5% (February 7.6%)

As at 12 April, 49% of the required non-medical vacancies have been recruited to for the ESEOC with further recruitment activities to take place in the next 4 weeks.

Consultant vacancies currently 33 WTE (Advertising for 6 T&O Consultants & 6 Anaesthetists – not included in the 33 vacancies). 11 Consultants are going through on-boarding with recent appointments to Plastic & Reconstructive Surgery, Palliative Care and Radiology. 4 SAS vacancies.

2023-24 NHSE Agency ceiling of £18m. Agency target for M12 of £15m with an actual spend of £14.5m (£9.9m of Medical spend).

M12 - Agency spend £1.5m.

M12 - Bank spend @ £6.7m. With a FYTD average of £5m Bank spend saw an increase in M12.

Direct engagement VAT savings Medical Locums : M12 @ £84,074. FY 23-24 savings @ £725,384.

Sickness

Sickness absence in March was 4.2% and was not compliant against the Trust target of 4%. The main reasons for absence were Anxiety, Stress and Depression which is 0.99% of the workforce followed by Cold, Cough, Flu at 0.69%.

The number of FTE days lost due to sickness remains higher for short term sickness (54.05%) than long term sickness (45.95%)

The total number of employees who have been absent for 3-6 months and over 6 months remains steady 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 (260.5 WTE), however vacancies are at 1.3% and the Trust remains slightly ahead of planned recruitment.

There is now a total of 49 HCSW apprentice's in post since the launch of the academy. Next cohort to commence in June.

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

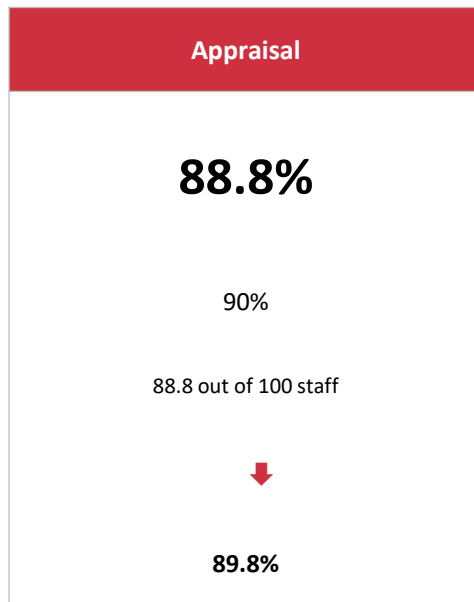
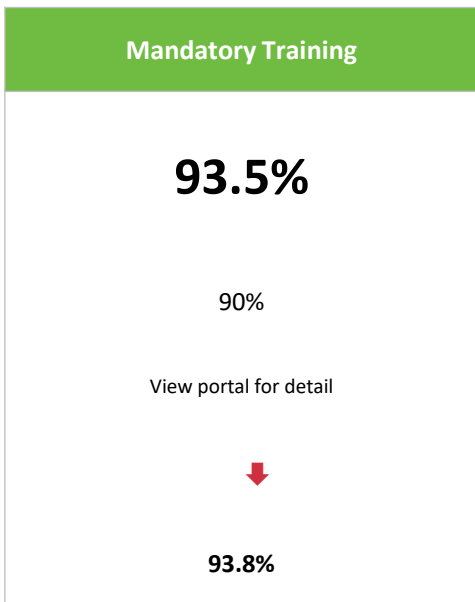
ESNEFT Retention Hub to support WFST to develop a retention programme commencing April 2024.

NHSE Retention Exemplar Programme 24/25 – People Promise Manager due to start May 2024.

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. These include ongoing psychological support for staff and consultation for managers, brew crews to teams and regular stands to increase awareness of support available. Increased support around financial wellbeing including the setting up of drop in branches on site with HSBC. There is also work around ensuring our policies support staff wellbeing. We have over 80 staff committed to becoming Wellbeing Ambassadors and have a launch events planned for June. We are continuing to contact staff who are off sick due to stress, anxiety and depression to offer support and signposting.



Commentary

Mandatory Training

March's compliance rate decreased marginally to 93.5%, from 93.8% in February and has been compliant every month this financial year except for April.

All divisions are above 90% compliance.

Appraisal

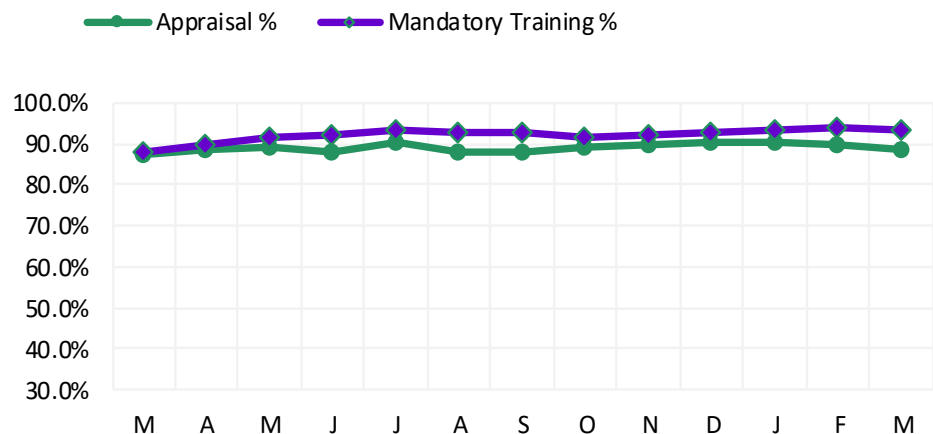
March's compliance rate has decreased to 88.8%.

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

Division	Percentage completed	
	Feb	Mar
Integrated pathways	86.74%	90.36%
NEECS	93.09%	93.51%
Womens and Children	89.89%	90.23%
Surgery, Gastro and Anaesthetics	88.02%	88.17%
Medicine Ipswich	85%	85%
MSK	89.55%	90.37%
Medicine Colchester	88.65%	89.36%
Cancer and Diagnostics	84.30%	84.78%
Corporate Services	78.37%	84.07%
Non Divisional	42.86%	64.29%

Appraisals & Mandatory Training Compliance %

%



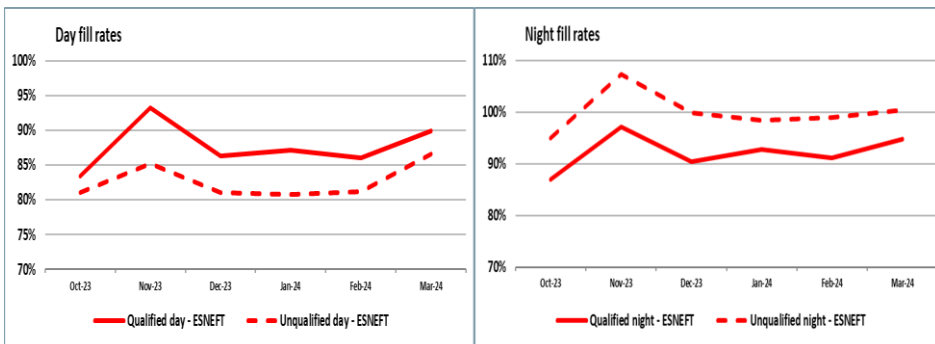
Supportive Leadership 360 reviews

Facilitators have participated in a training programme in late February / early March ready for roll out of the Supportive 360 leadership review commenced beginning of April. This year we will target band 7 and above and as from 2025 we will also include band 6 staff as they manage a large proportion of teams across the Trust. Supportive 360 reviews are a continued commitment that the Trust has in supporting and developing its leaders, who are key to strengthening a compassionate and inclusive culture.

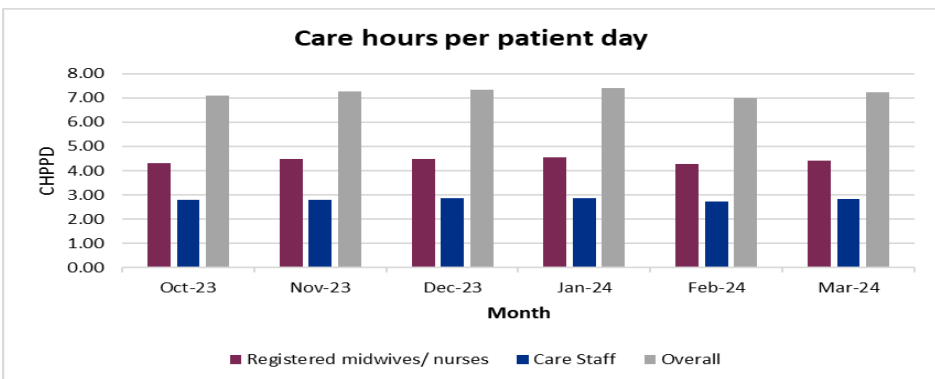
Nursing, Midwifery and AHP Workforce Update

Fill Rates (including care hours per patient day)

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Qualified day - ESNEFT	83.4%	93.3%	86.2%	87.2%	86.0%	89.8%
Qualified night - ESNEFT	86.9%	97.1%	90.4%	92.8%	91.1%	94.8%
Unqualified day - ESNEFT	81.0%	85.2%	81.0%	80.8%	81.1%	86.6%
Unqualified night - ESNEFT	95.0%	107.3%	99.8%	98.3%	99.0%	100.5%
Overall (average) fill - ESNEFT	85.5%	94.4%	88.1%	88.8%	88.1%	92.0%



Care hours per patient day	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Registered midwives/ nurses	4.32	4.47	4.49	4.54	4.26	4.41
Care Staff	2.78	2.80	2.85	2.86	2.74	2.84
Overall	7.10	7.26	7.34	7.40	7.00	7.25



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.

Domestic RN/RM supply

RN and RM turnover remains low. Recruitment events for student nurses qualifying in summer 2024 has taken place with 120+ students likely to be conditionally offered. The number of direct entry pre-registration student nurses commencing on programme in 2024 is likely to be significantly lower than in previous years in line with national trends. Increasing Registered nursing apprenticeships may not provide full mitigation to this reduction in supply.

International nurse pipeline

Recruitment of international nurses (adult) has now come to an end for the foreseeable future. A small pilot cohort of paediatric nurses are currently being recruited via NHS Professionals.

The Trust continue to support internal HCSWs who are internationally trained nurses to obtain their NMC registration. This has been simplified by the introduction of the NMC Supporting Information for Employers (SIFE) process which enables Line Managers to confirm the English language ability of their staff applying for NMC registration negating the requirement to undertake IELTS/OET English examination.

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. 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

HCSW uplift

The project to uplift existing Band 2 HCSWs to Band 3 has largely completed bringing banding in line with national Agenda for Change job profiles. A mopping up exercise to identify ad resolve more complex cases continues.

Risks & Mitigating Actions

Healthcare Support Workers (HCSW)

Vacancies remain manageable with regular taster events to support recruitment and retention. From April 2024 the majority of new HCSW will be recruited as apprentices (Band 2) with a small minority of Band 3s directly employed.

Future RN/RNA workforce planning

Detailed scoping work has commenced to provide clarity on potential future gaps in domestic supply of RN/RMs which will impact in the medium term (in light of reducing pre-registration student numbers nationally). From this work further opportunities to expand our “grow our own” pipelines will be explored including potential expansion of apprenticeship routes and other alternative career pathways.

Review of the Registered Nursing Associate role, implementation and embedding into skill mix will be undertaken. Significant expansion of the number of Apprentice Nursing Associates may be required to support the mitigation of lower numbers of Registered Nurses qualifying from 2027 onwards.

Annual Safer staffing review:

The bi-annual acuity review was completed on 15th September encompassing a total of 92 areas. This was presented to ELT, POD and EMC in January and February and went to board in March. The 6 -month acuity data pull is under way for the census periods of January and February 2024. SNCT training will begin in April in order to use the new matrix endorsed by NHS England for Adult Inpatient Wards and Acute Assessment units. Children & Young People also have an SNCT training roll out plan. This will enable the departments to complete bi-annual 30-day audits used to set establishments in future reviews. Emergency Departments and Community Nursing continue to use their validated Safer Staffing Tools.

Retention

A number of projects are in the early stages of development to support retention of clinical staff. These include a full review of the self-rostering pilot on debenham ward with the view to expand into other ward areas and a Menopause Information Service to support staff to feel confident in speaking to their GP/Specialist. Other projects under consideration include the development of a virtual flexi team to support release of staff for EPR training / escalation areas.

	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
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All Staff													
Headcount	11,858	11,983	11,945	11,974	11,806	12,024	12,079	12,186	12,262	12,273	12,356	12,364	12,379
Establishment (including agency)	11,394	10,907	10,937	10,997	11,028	10,996	10,981	11,028	11,060	11,065	11,091	11,152	10,891
In post	10,416	10,431	10,433	10,427	10,482	10,473	10,565	10,660	10,712	10,737	10,795	10,816	10,749
Vacancy	978	477	503	569	546	524	416	368	347	328	296	336	143
Vacancy %	8.6%	4.4%	4.6%	5.2%	5.0%	4.8%	3.8%	3.3%	3.1%	3.0%	2.7%	3.0%	1.3%
Establishment (excluding agency)	10,812	10,907	10,937	10,997	11,028	10,996	10,981	11,028	11,060	11,065	11,091	11,152	10,891
Vacancy (excluding agency)	395	477	503	569	546	524	416	368	347	328	296	336	143
Vacancy % (excluding agency)	3.7%	4.4%	4.6%	5.2%	5.0%	4.8%	3.8%	3.3%	3.1%	3.0%	2.7%	3.0%	1.3%

Turnover													
¹ Turnover (12 Month)	11.5%	11.4%	11.2%	11.3%	11.2%	11.4%	11.2%	11.3%	11.5%	11.2%	11.1%	11.0%	10.9%
¹ Voluntary Turnover (12 Month)	8.8%	8.6%	8.4%	8.5%	8.3%	8.2%	8.0%	8.1%	8.1%	7.8%	7.7%	7.6%	7.5%
¹ Starters (to Trust)	147	169	143	121	111	156	215	231	171	108	175	98	87
¹ Leavers (from Trust)	147	106	89	103	114	141	129	112	107	87	87	77	136

Sickness													
% In Mth	4.7%	4.1%	4.1%	3.9%	4.0%	4.3%	4.7%	5.1%	5.0%	5.4%	5.1%	4.8%	4.2%
WTE Days Absent In Mth	14,941	12,830	13,337	12,316	12,861	13,984	14,623	16,575	15,955	17,897	17,118	15,126	14,129

Mandatory Training & Appraisal Compliance													
Mandatory Training	87.9%	89.8%	91.4%	92.5%	93.4%	93.0%	92.9%	91.4%	92.4%	93.0%	93.4%	93.8%	93.5%
Appraisal	87.7%	88.4%	89.3%	88.3%	90.2%	88.0%	88.2%	89.1%	89.7%	90.6%	90.5%	89.8%	88.8%

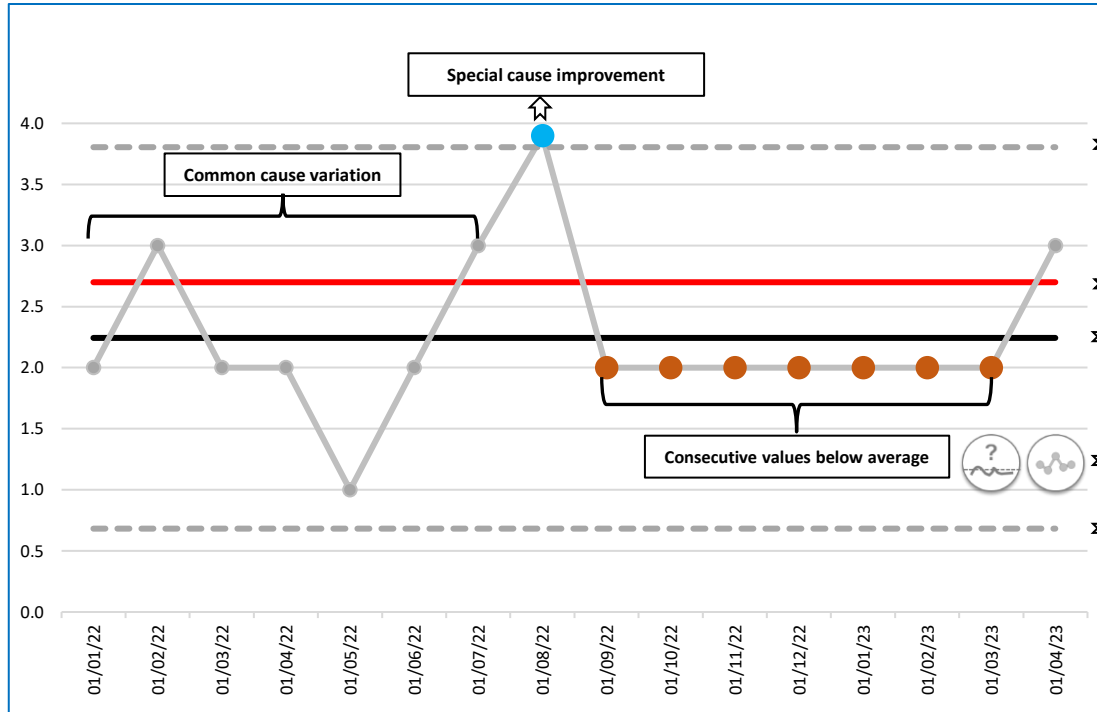
Temporary staffing as a % of spend													
Substantive Pay Spend	64,961	44,376	46,535	46,131	45,517	47,990	46,250	46,350	46,901	47,804	46,711	46,139	44,242
Overtime Pay Spend	173	188	180	176	166	149	138	137	161	133	132	142	129
Bank Pay Spend	7,317	4,429	5,073	4,580	5,065	5,328	5,012	4,981	5,098	4,510	5,620	4,313	6,717
Agency Pay Spend	1,777	1,129	1,310	1,424	1,287	1,250	881	1,185	1,073	957	1,134	1,344	1,580
Total Pay Spend	74,228	50,122	53,097	52,311	52,035	54,718	52,280	52,653	53,234	53,404	53,597	51,939	52,668
Agency & Bank %	12.3%	11.1%	12.0%	11.5%	12.2%	12.0%	11.3%	11.7%	11.6%	10.2%	12.6%	10.9%	15.8%
Agency %	2.4%	2.3%	2.5%	2.7%	2.5%	2.3%	1.7%	2.2%	2.0%	1.8%	2.1%	2.6%	3.0%

Nurse staffing fill rate													
% Filled	89.8%	88.5%	87.6%	90.6%	85.6%	89.9%	88.4%	85.5%	89.5%	88.1%	88.8%	88.1%	92.0%

¹ Excludes training grade junior doctors

	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,285	3,209	3,141	3,211	3,187	3,203	3,201	3,249	3,217	3,237	3,281	3,295	3,306
In post	3,038	3,010	3,031	3,047	3,025	3,026	3,090	3,100	3,109	3,126	3,145	3,143	3,141
Vacancy	247	199	109	164	162	177	111	149	109	112	136	152	165
Vacancy %	7.5%	6.2%	3.5%	5.1%	5.1%	5.5%	3.5%	4.6%	3.4%	3.4%	4.1%	4.6%	5.0%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,570	1,556	1,488	1,530	1,529	1,527	1,523	1,543	1,545	1,537	1,553	1,555	1,553
In post	1,446	1,438	1,447	1,470	1,445	1,437	1,450	1,473	1,482	1,497	1,510	1,498	1,494
Vacancy	124	118	41	60	84	90	73	70	63	39	43	57	60
Vacancy %	7.9%	7.6%	2.8%	3.9%	5.5%	5.9%	4.8%	4.5%	4.1%	2.6%	2.8%	3.7%	3.8%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,385	1,373	1,400	1,397	1,386	1,388	1,382	1,378	1,385	1,389	1,431	1,438	1,436
In post	1,209	1,247	1,254	1,251	1,238	1,224	1,250	1,251	1,247	1,252	1,274	1,288	1,292
Vacancy	176	126	146	146	148	165	133	127	138	137	158	151	144
Vacancy %	12.7%	9.2%	10.4%	10.5%	10.7%	11.8%	9.6%	9.2%	10.0%	9.9%	11.0%	10.5%	10.0%
Consultants													
Establishment (including agency)	516	520	521	525	525	524	522	524	521	522	521	517	514
In post	469	473	471	472	474	477	480	484	482	480	480	482	484
Vacancy	47	47	50	53	51	48	43	40	39	42	41	35	31
Vacancy %	9.2%	9.1%	9.6%	10.1%	9.7%	9.1%	8.1%	7.7%	7.5%	8.1%	7.8%	6.8%	5.9%
Junior Medical													
Establishment (including agency)	775	771	772	768	776	768	770	783	804	789	790	790	795
In post	758	757	757	764	760	819	811	787	785	784	752	783	772
Vacancy	17	15	15	4	16	(52)	(41)	(4)	18	5	38	8	22
Vacancy %	2.2%	1.9%	1.9%	0.5%	2.0%	-6.7%	-5.3%	-0.5%	2.2%	0.7%	4.8%	1.0%	2.8%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,233	2,191	2,185	2,244	2,197	2,221	2,172	2,180	2,201	2,224	2,212	2,200	2,207
In post	2,043	2,027	2,024	2,029	2,032	2,036	2,028	2,029	2,049	2,055	2,054	2,049	2,059
Vacancy	191	164	161	215	165	185	144	151	151	169	158	151	148
Vacancy %	8.5%	7.5%	7.4%	9.6%	7.5%	8.3%	6.6%	6.9%	6.9%	7.6%	7.1%	6.9%	6.7%

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