



Month 8
(November)

Integrated Performance Report

East Suffolk and North Essex NHS Foundation Trust
Board of Directors

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#NOF	Fractured Neck of Femur	ERF	Elective Recovery Fund	NMPA	National Maternity and Perinatal Audit
28FDS	28 Day Faster Diagnosis Standard	ESEOC	Essex & Suffolk Elective Orthopaedic Centre	NNU	Neonatal Unit
2WW	2 Week Wait	FFT	Friends and Family Test	NRLS	National Reporting and Learning System
ACE	Accreditation of Care at ESNEFT	FGR	Fetal Growth Restriction	ODP	Operating Department Practitioner
ACP	Advanced Clinical Practitioner	FTE	Full Time Equivalent	OH	Occupational Health
ADN	Associate Director of Nursing	GIRFT	Getting It Right First Time	OPA	Outpatient Appointment
AECU	Ambulatory Emergency Care Unit	H&N	Head & Neck	OPAT	Outpatient Parenteral Antimicrobial Therapy
AF	Accountability Framework	HCSW	Health Care Support Worker	OPD	Outpatient department
AHP	Allied Health Professional	HEE	Health Education England	P1	To intermediate care & reablement services at home
AKI	Acute Kidney Injury	HIE	Hypoxic-ischaemic encephalopathy	P2	To residential care within the independent & community sector.
AMD	Associate Medical Director	HO45	Handover within 45 minutes	P3	To nursing care within the independent sector.
ANDU	Antenatal Day Unit	HOHA	Healthcare Onset Healthcare Associated	PALS	Patient Advice and Liaison Service
APGAR	Appearance, Pulse, Grimace, Activity and Respiration	HRBP	HR Business Partner	PEG	Percutaneous Endoscopic Gastrostomy
ARU	Anglia Ruskin University	HSIB	Healthcare Safety Investigation Branch	PMRT	Perinatal Mortality Review Team
ATAIN	Avoiding Term Admissions Into Neonatal Units	HSMR	Hospital Standardised Mortality Ratio	PPH	Postpartum haemorrhage
CCG	Clinical Commissioning Group	HVLC	High Volume Low Complexity	PROMPT	Practical Obstetric Multi-professional Training
CCU	Critical Care Unit	I&E	Income & Expenditure	PSII	Patient Safety Incident Investigation
CDC	Community Diagnostic Centres	ICB	Integrated Care Board	PSIRF	Patient Safety Incident Response Framework
CDEL	Capital Departmental Expenditure Limit	ICU	Intensive Care Unit	PSIRP	Patient Safety Incident Response Plan
CDG	Clinical Delivery Group	IH	Ipswich Hospital	PSR	Patient Safety Response
CDH	Community Diagnostic Hub	IMCA	Independent Mental Capacity Advocate	PTL	Patient Tracking List
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
CMO	Chief Medical Officer	LD	Learning Disabilities	RCOG	Royal College of Obstetrics & Gynaecology
CNS	Clinical Nurse Specialist	LDA	Learning Disabilities and Autism	ReSPECT	Risk Evaluation for Support: Predictions for Elder-life Community Tool
CNST	Clinical Negligence Scheme for Trusts	LEDER	Learning Disabilities Mortality Review	RM	Registered Midwife
CO	Carbon monoxide	LFT	Lateral Flow Test	RN	Registered Nurse
COC	Continuity of Care	LGI	Lower Gastrointestinal	RTT	Referral to Treatment
COHA	Community Onset Healthcare Associated	LLOS	Long length of stay	SALT	Speech and Language Therapy
CQC	Care Quality Commission	LMNS	Local Maternity and Neonatal System	SBLCBv2	Saving Babies Lives Care Bundle v2
CT	Computerised Tomography	LMNSB	Local Maternity and Neonatal System Board	SGA	Surgery, Gastroenterology & Anaesthetics
CTG	Cardiotocography	M&M	Morbidity & Mortality	SHMI	Summary Hospital Mortality Indicator
CYP	Children & Young People	MASD	Moisture-Associated Skin Damage	SJR	Structured Judgement Review
D&C	Demand & Capacity	MBRRACE	Mothers & Babies: Reducing Risk Audits & Confidential Enquiries	SMR	Standardised Mortality Ratio
DAM	Divisional Accountability Meeting	MDT	Multidisciplinary Team	SNCT	Safer Nursing Care Tool
DATIX	Incident & Risk Reporting System	ME	Medical Examiner	SNEE	Suffolk & North East Essex
DCIQ	Datix Cloud IQ	MH	Mental health	SOF	Single Oversight Framework
DD	Divisional Director	MHLT	Mental Health Liaison Team	SOP	Standard Operating Procedure
DEXA	Dual energy X-ray absorptiometry	MIS	Maternity Incentive Scheme	SPC	Statistical Process Control
DFI	Doctor Foster Intelligence	MLC	Midwifery Led Care	STAR	Site Transformation and Redesign (Clacton)
DM01	Diagnostics Waiting Times and Activity	MNVP	Maternity and Neonatal Partnership	SUS	Secondary Uses Service
DMT	Divisional Management Team	MSK	Musculoskeletal	TOCH	Transfer of Care Hub
DNA	Did Not Attend	MSKSS	MSK & Specialist Surgery	TRIM	Trauma Risk Management Peer Support Group
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation	MUST	Malnutrition Universal Screening Tool	TVN	Tissue Viability Nurse
DOC	Duty of Care	MVP	Maternity Voices Partnership	UECC	Urgent & Emergency Care Centre
DOF	Director of Finance	NAIF	National Audit of Inpatient Falls	UTC	Urgent Treatment Centre
EDI	Equality, Diversity & Inclusion	NEE	North East Essex	VBAC	Vaginal Birth After Caesarean
EEAST	East of England Ambulance Service	NECS	North East Essex Community Services	VF	Ventricular Fibrillation
EMC	Executive Management Committee	NG	Nasogastric	VTE	Venous thromboembolism
ENT	Ear Nose & Throat	NHSBT	NHS Blood and Transplant	WSFT	West Suffolk Foundation Trust
EOL	End of Life	NHSP	NHS Professionals	WSH	West Suffolk Hospital
EPIC	Electronic Health Records	NHSR	NHS Resolution	WTE	Whole Time Equivalent
ER	Employee Relations	NICU	Neonatal Intensive Care Unit	YTD	Year to Date

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

The NHS Oversight Framework is built 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 October performance were held at the beginning of December.



In the NHS England Business Plan for 2023/24 there was commitment to updating the NHS Oversight Framework and working with ICBs to ensure oversight and performance management arrangements were proportionate and streamlined.

In line with these ambitions, NHSE England held a consultation on their draft **NHS Oversight and Assessment Framework** between 23 May 2024 to 13 June 2024. The outcome of this consultation is still awaited. Trusts and ICBs are already given a "segmentation" score of 1-4 under the current national oversight framework, but the new proposals will overhaul how those are calculated and give ICBs a separate "capability" rating for the first time. An update of this consultation is expected later in 2024; however, no date has yet been confirmed.

In terms of the oversight of trusts the new framework suggests that 'capable' ICBs, will lead the governance of trusts that are relatively well performing; but where ICBs are less capable, or for providers that are performing poorly, NHSE will have a bigger role, normally through its regional team.

Following consultation, the updated NHS Oversight and Assessment Framework will be published and implemented later in 2024. The format and content of this report will be updated, if relevant, to capture any changes that this revised framework introduces.

	Areas of Improvement	Areas requiring further work
<p>QUALITY</p> 	<ul style="list-style-type: none"> HSMR+ has been launched and although ratios have increased, the Trust's position in the peer group has not changed, although it has slipped nationally. <p>ACE (Accreditation of Care at ESNEFT)</p> <ul style="list-style-type: none"> Four further wards have had ACE visits following the pilot. Two wards achieved bronze, one ward is working towards bronze and one ward achieved silver. Incidents - Overall trend of reduction in number of falls in 24/25 and noted improvement in cohort management 	<ul style="list-style-type: none"> Non-submission of completed clinical coding has resulted in mortality ratios being considered unreliable by Telstra Health. There was a review of long-stay deaths in the Colchester ED with post-takes within 2 hours of referral. An increase in the use of immunotherapy requires the Trust to scope the impact on existing services and plan for the future. <p>Accrediting Care at ESNEFT (ACE):</p> <ul style="list-style-type: none"> The focus on harm Free Care particularly highlights the need to drive improvement in management and prevention of pressure damage and the actions taking place are described in the further detail in the slide pack. Bures Ward Model: The clinical model to support patients with enhanced care needs has been approved and recruitment has commenced. This will work alongside the enhanced care collaborative national programme and a visit from the national team has been arranged for January 2025
<p>PERFORMANCE</p> 	<ul style="list-style-type: none"> The Trust achieved 72.3% performance against the A&E 4-hour standard for November which is below the national standard of 78%. The Ipswich site saw the start of improvement in Ambulance Handovers continuing into December with Handover 45 implementation. Decrease in 62-day standard whilst treating those patients in the backlog as forecasted and achievement of 28FDS national standard, both below internal ambitions for March 2025, however seeing improvements. Good reduction in patients waiting over 62 days. Implementation of the ESNEFT Colorectal pathway and seeing benefits at Ipswich. Continued Diagnostic performance improvement with progress on Echo's and endoscopy Slight rise in patients waiting over 65 weeks in November, due to WSH patients and those patients awaiting corneas. No patients over 65 weeks for capacity reasons. Opening of ESEOC in November and new theatre schedule live in November for Green surgical Hub 	<ul style="list-style-type: none"> Ipswich site have developed a recovery plan for ED Performance including following the move to the new UECC. <ul style="list-style-type: none"> Business Case for ESNEFT provision of Type 3 Activity transferring from GP Federation approved by ICB and mobilisation plans underway. Handover 45 plans have shown an improvement in Ipswich performance for ambulance handover. New ED led AECU with former UTC footprint planned for commencement on 7th January 25. In Cancer; the focus is on the 62day backlog with creating diagnostic capacity earlier in the pathways to support improvement in performance for end of March delivery. Echo specialist diagnostics are key driver of 13+ week backlogs, service is focusing on plans for reduction of longest waiting backlogs Focus now moves to reducing polling times for 1st OPA wait times whilst continuing working against the 65-week recovery position. Confirmation of the timeline for the new endoscopy build

	Areas of Improvement	Areas requiring further work
<p><u>FINANCE</u></p> 	<ul style="list-style-type: none"> A surplus of £1.54m (adjusted performance) was reported in November, reducing the actual cumulative deficit to £0.63m and the overall adverse variance to plan to £0.88m. Non-recurrent funding has reduced the expected shortfall on the national pay awards, and cost pressure to the Trust, in 24/25 to £1.158m. 	<ul style="list-style-type: none"> CIP performance fell short of plan in November. £1.561m of cost improvement plans were delivered against a target of £2.134m. Furthermore, the anticipated forecast outturn value of CIP reduced from £23.4m in October to £22.9m in November. Significant adverse variances continue to be reported by Divisions in November, even after the delegation of ERF resource, notably: Surgery, Gastroenterology and Anaesthetics, MSK and Specialist Surgery & Women's and Children's. Total capital expenditure at the end of October was £7.2m less than the revised plan (performance against CDEL). The main programme variances, year to date are: Elmstead enabling works, ESEOC, UTC, backlog maintenance and Clacton STAR. Although the cumulative ERF position is encouraging, recent performance is a concern. Major strategic developments (notably ESEOC and clinical reconfiguration) are not delivering the level of activity / capacity planned for. Consequently, in the last two months the Trust has actually under-delivered its income plan by £2.0m per month.
<p><u>WORKFORCE</u></p> 	<ul style="list-style-type: none"> Leadership Development training: 1,003 completed / 233 soon to complete, plus a further 1,810 attending management bitesize training. 2,417 staff have engaged in the suite of EDI training. The NHS staff survey closed on 29 November. A usable sample of 12,220 copies were distributed to staff across the Trust during the fieldwork period. From the usable sample, 5,878 questionnaires were returned yielding a response rate of 48.1% compared to 51.8% in 23/24 and 38.8% in 22/23. Early results have been published but are embargoed until early Spring 2025. Results can and should be used ahead of publication to progress internal work relating to measuring and improving staff experience, and where early access to the results means this work can be progressed in as timely way as possible. Results cannot be shared with any internal staff not responsible for measuring and improving staff experience. This includes sharing for unrelated purposes or for information only. Our Talent Management programme 'My Career Matters' – since launching in April 582 staff had a career conversation. From this we know we have 214 Long Term ready staff, 185 ready soon with 98 ready now, 46 developing potential, 25 new starters and 14 requiring performance development. The Retention team continues to invite all new starters to share their staff experience within their first 6 months at the Trust. 	<ul style="list-style-type: none"> Collaboration between Retention and the Healthcare Science Lead for SNEE to implement listening events & survey at ESNEFT & WSFT. The aim is to capture insight from the Healthcare Science workforce relating to current challenges, opportunities and future directions with listening events to be held 29th November and 10th & 19th December 2024. The Trust is slightly under target for Appraisals (87.8%). Bitesize training for appraisals is now being delivered through the management masterclasses. There is a significant increase in requests for EDI intervention sessions at departmental away days (c. 2-4 per week) with a focus on unconscious bias and psychological safety. The review of the ESNEFT EDI Strategy is almost complete and once approved a communication plan will be drafted to ensure this is socialised to all staff Training sessions have been promoted to raise awareness of sexual safety in the workplace. These sessions will promote the Sexual Harassment toolkit, which supplements the Bullying and Harassment Policy, as well as examples of sexual harassment and assault, the process to report an incident and how staff will be supported. Public Sector Equality Duty and Gender Pay Gap annual reports are being drafted and will be submitted for approval in January/February. There is a lot of work continuing to support 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.

2024/25 reporting – Month 7 (October performance)

Divisional accountability meetings to discuss October's performance were held at the beginning of December.

Clinical divisions performance

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

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

Corporate performance

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

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

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

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

Mortality	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
12-mth rolling HSMR	100	N/R	N/R	102.5	102.9	110.8	115.5
SHMI	1	N/R	1.11	1.11	N/R	1.10	1.10

Incidents & Complaints	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Total incidents reported	-	2,914	3,001	2,942	2,892	3,140	2,973
Never Events	0	0	1	0	0	0	1
Mixed Sex Accommodation Breaches	0	245	248	230	219	218	251
Total complaints reported	-	87	87	101	84	110	71
Overdue Complaints	0	1	5	2	7	0	1
Complaint Response Compliance	-	98.0%	91.0%	93.0%	89.0%	91.0%	98.0%
Total PALs Enquiries	-	441	514	404	524	507	386
Duty of Candour (Initial)	100%	78.3%	64.0%	84.9%	90.0%	81.5%	73.3%

Infection Control	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
C.Diff	0	13	14	12	12	13	11
MRSA	0	0	0	0	1	0	0
MSSA	0	2	3	10	8	4	4
E.Coli	0	13	8	8	10	9	13

Harm Free Care	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
VTE Risk Assessments	95%	90.00%	69.02%	69.91%	68.98%	65.33%	70.61%
Total falls (acute)	-	202	223	194	158	186	0
Serious Harm falls	0	3	3	3	1	3	1
Category 3 Pressure Ulcers	0	14	14	14	15	19	27
Category 4 Pressure Ulcers	0	0	0	0	0	0	1

FFT	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
F&F: Inpatients % Recommending	90%	89.3%	90.9%	94.2%	93.5%	92.0%	91.9%
F&F: A&E % Recommending	90%	83.5%	85.2%	91.2%	90.9%	91.7%	93.0%
F&F: Day Case % Recommending	90%	96.5%	95.9%	97.3%	97.1%	96.6%	94.8%
F&F: Birth % Recommending	90%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%
F&F: Post Natal Ward % Recommending	90%	93.3%	100.0%	96.2%	95.0%	90.0%	91.7%
F&F: Antenatal % Recommending	90%	100.0%	87.5%	80.0%	100.0%	90.9%	100.0%

Areas of Improvement	Areas requiring further work
<p>Mortality</p> <ul style="list-style-type: none"> HSMR+ has been launched and although ratios have increased, the Trust's position in the peer group has not changed (although it has slipped nationally). 	<p>Mortality</p> <ul style="list-style-type: none"> Non-submission of completed clinical coding has resulted in mortality ratios being considered unreliable by Telstra Health. There was a review of long-stay deaths in the Colchester ED with post-takes within 2 hours of referral. The patients reviewed were all end of life, so it is sad that we were unable to provide our usual standard of EoL care owing to capacity issues. Trend data indicates more patients being triaged as needing very urgent care. An increase in the use of immunotherapy requires the Trust to scope the impact on existing services and plan for the future.
<p>Complaints</p> <ul style="list-style-type: none"> A decrease in the number of complaints seen in November, with lowest number seen over the last 6 months. The categorisation of communication saw the greatest reduction. 	<ul style="list-style-type: none"> Continued focus on improving communication with patients and families through the "every patient every day" initiative led by ward leads Harm Free care team leading initiatives to drive improvements in pressure damage as outlined on the Tissue Viability slide.
<p>Incidents</p> <ul style="list-style-type: none"> Reduction in falls per 1000 bed days sustained 	

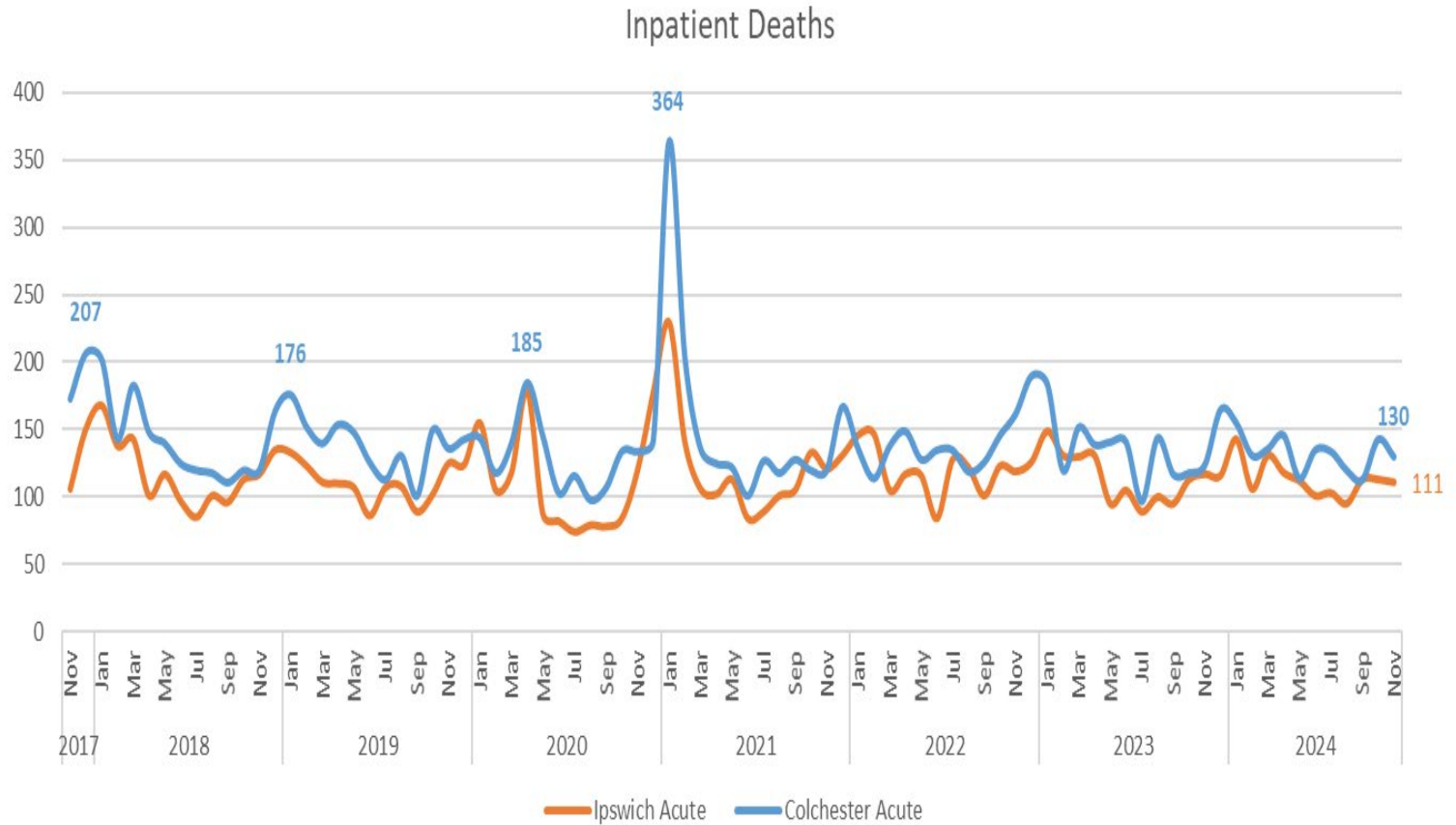
Mortality Trend Data – All inpatients and ED attenders

241 inpatient deaths

- Ipswich 111
- Colchester 130
- 26 deaths in EDs

COVID-19 deaths (MCCD)

2024	Col	Ips	ESNEFT
May	3	5	8
Jun	9	6	15
Jul	8	5	13
Aug	3	2	5
Sep	3	4	7
Oct	9	9	18
Nov	TF	TF	TF



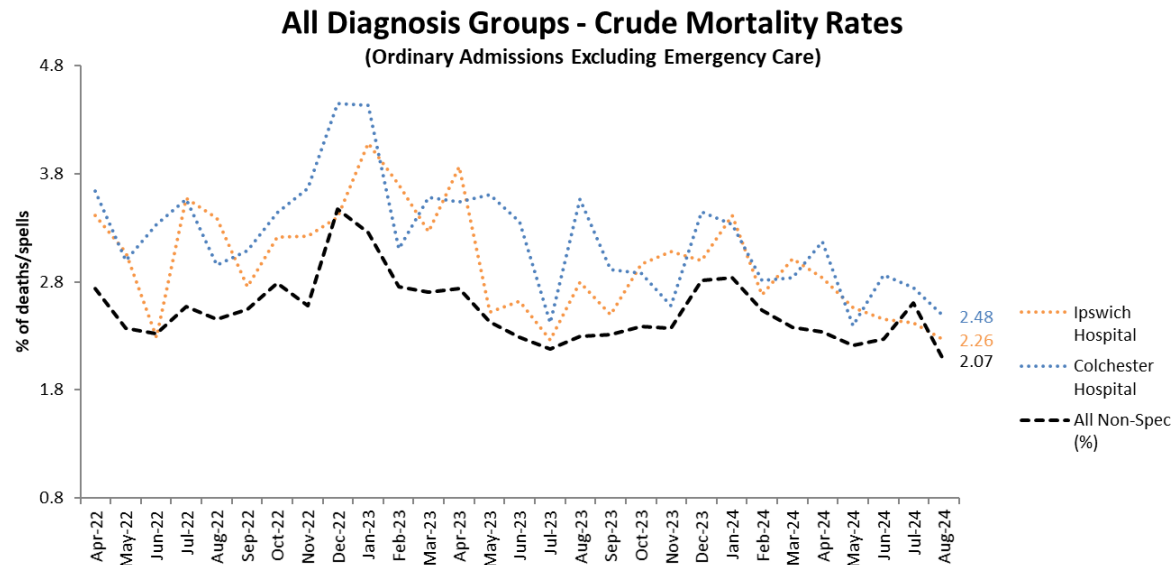
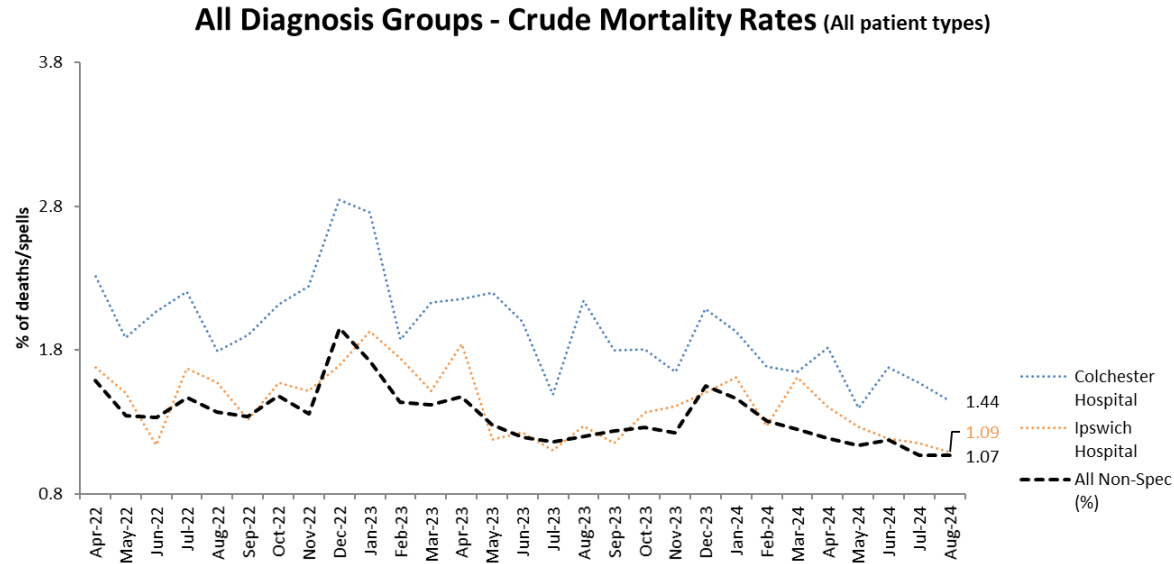
Mortality Trend Data: Crude Mortality Rates

August 2024

ESNEFT mortality for ordinary admissions excluding emergency care was 2.3% compared to a national rate of 2.1%

Colchester 2.5%

Ipswich 2.3%



Inclusion of Same Day Emergency Care (SDEC) data in the Ordinary Admission data set is resulting in lower crude rates. This data should be used with caution as more trusts move to record their (high volume) SDEC data in the Emergency Care data set, i.e. ESNEFT crude mortality will be understated compared to other trusts.

For Epic go live, the Trust is reviewing all SDEC style departments – while the final decision hasn't been made, the outcome will result in a number of these type areas moving out of our inpatient data and becoming part of our emergency care data set as type 5 attendances instead, so we'll see this position reversed.

Current systems struggle to support SDEC - CareFlow and Lorenzo are reluctant to make that level of change, hence the postponement to October 2025.

To avoid misrepresenting the data, Emergency Care activity has been removed from the trends.

Mortality Trend Data – Deaths in ED

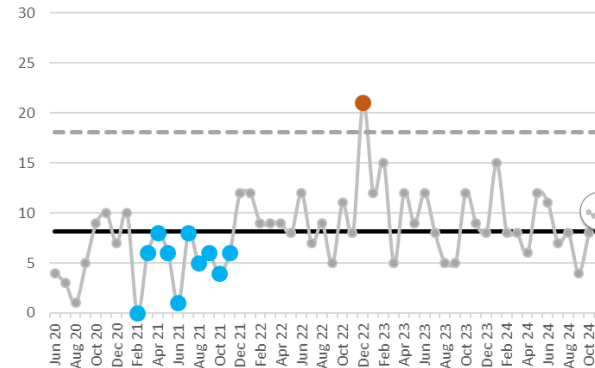
Summary

Capacity, flow constraints and large numbers of unwell and frail patients presenting to the emergency departments are associated with the need to provide end of life care in the ED.

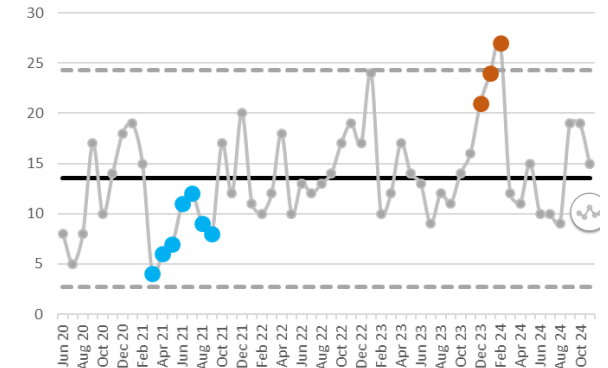
- Of the 15 patients who died in the Colchester ED in November, 10 were under the care of specialty teams.
- The median age at death was 81 years (range 41-93)

(IP = inpatient)	November 2024 No. Deaths	November 2023 No. deaths	Rolling 12 mths avg
Ips acute IP	111 (113)	117	114
Col acute IP	130 (143)	124	135
Ips ED	11 (8)	9	9
Col ED	15 (19)	16	16

Deaths in Ipswich ED



Deaths in Colchester ED



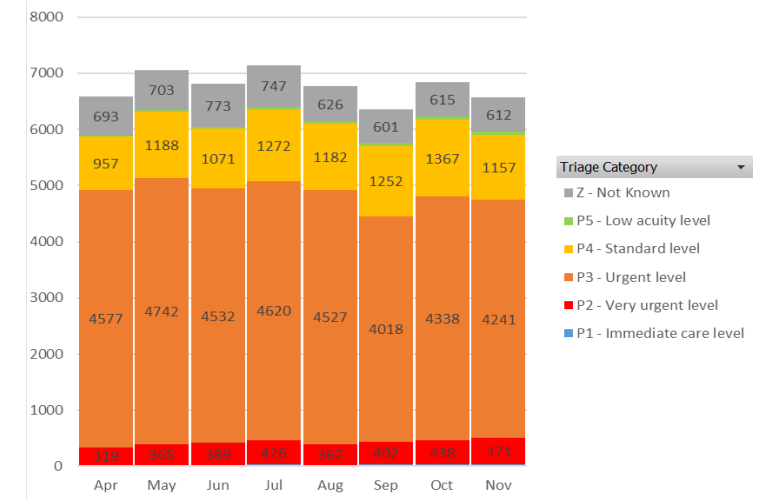
The interim CMO requested reviews of the care of 4 patients who died in the Colchester ED in November 2024 with long stays. In one case, the notes had not been scanned. The review was undertaken by the divisional director in the Medicine division as the care for all patients had been transferred to Medicine.

“The patients in all the 3 other cases were frail, and extremely poorly when they presented. ED managed them expediently in the Resus area and referred onto the medical team within the first few hours. The medical team in turn managed to see these very sick patients in a timely manner...the medical consultant post take reviews were all within 2 hours of the ED referral. With better flow, these patients would all have been transferred to a more appropriate bed on EAU or one of the medical wards, where their outcome would have been the same but the actual experience for them and the family better. This is a great shame as we have only one chance to get end of life care right for our patients. We are trying our best to improve flow out of ED...the Type 1 improvement plan is already widely shared.

ED advised the team reviews all patients at M&M, even those who are under the care of medics/surgeons; these numbers have increased significantly in the last several months. There was a request for patients under the care of another consultant to be reviewed in the respective M&M meetings. Any ED concerns should be escalated to the team.

November saw a higher number of patients requiring very urgent care.

Triage Category Colchester ED



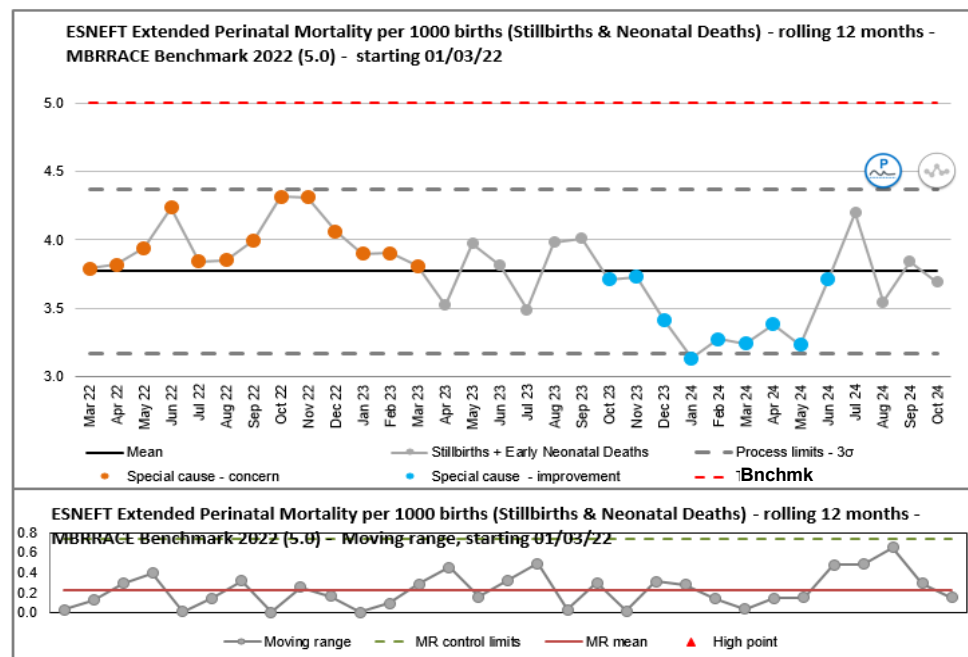
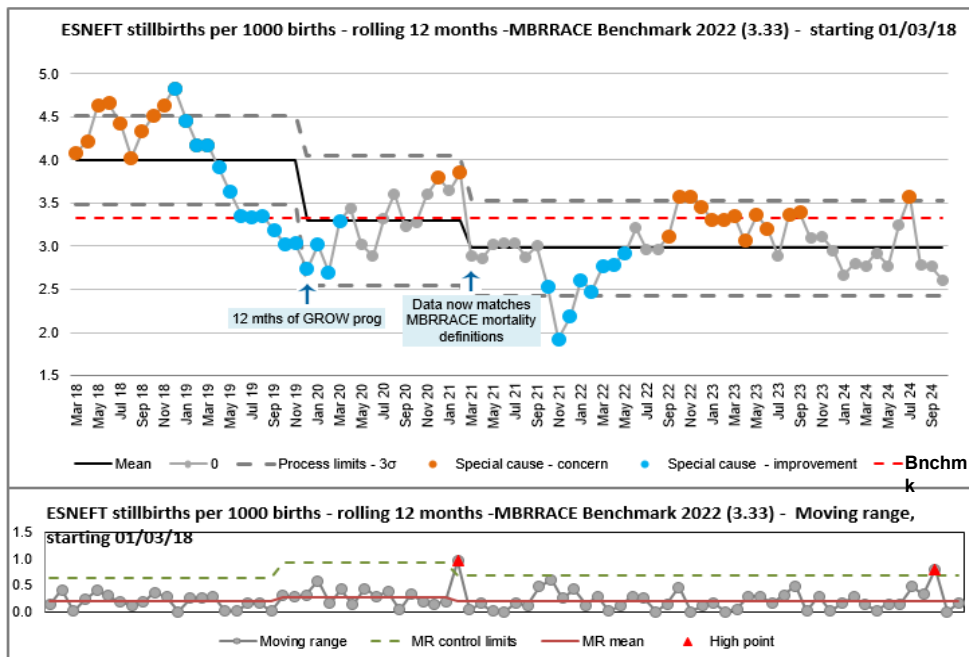
Mortality Trend Data – Stillbirths & Perinatal Mortality

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

Based on ESNEFT births activity, 12-month stillbirth numbers need to be below 2.2 in order to remain within national benchmarks for 2022. By site for the 12 months to October 2024, Ipswich had 9 stillbirths and Colchester had 8.

Although there were no perinatal deaths in October, there were sadly 5 deaths in November 2024.

A review in 2023 and 2024 identified that more than 85% of the stillbirths had no care issues identified that were felt to make a difference to the outcome for the baby. This is an improvement on previous years. The local MBRRACE report for 2023 showed a reduction in growth concerns being attributed to the death. Management of reduced fetal movements (RFM) as a contributory cause has seen a further reduction for the second year running; there was only one case where management of RFM was raised as a concern. This is evidence that the shared learning is making a positive contribution to patient care.



12 months to October 2024

Metric – Benchmark reflects rates for England (MBRRACE 2022)	Benchmark	Ips	Col
Stillbirths [†]	3.3	3.0	2.3
Extended Perinatal Mortality [‡] (stillbirths and neonatal deaths up to 28 days following delivery)	5.0	3.6	3.8

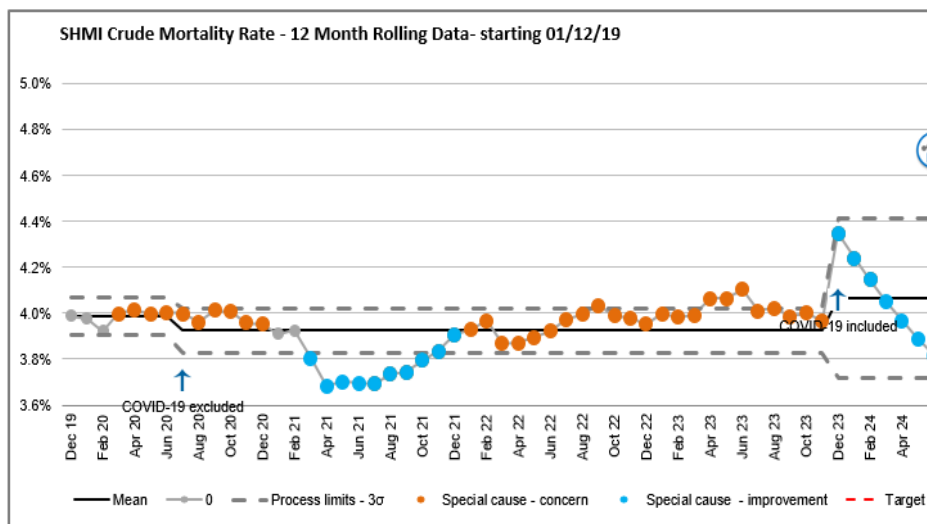
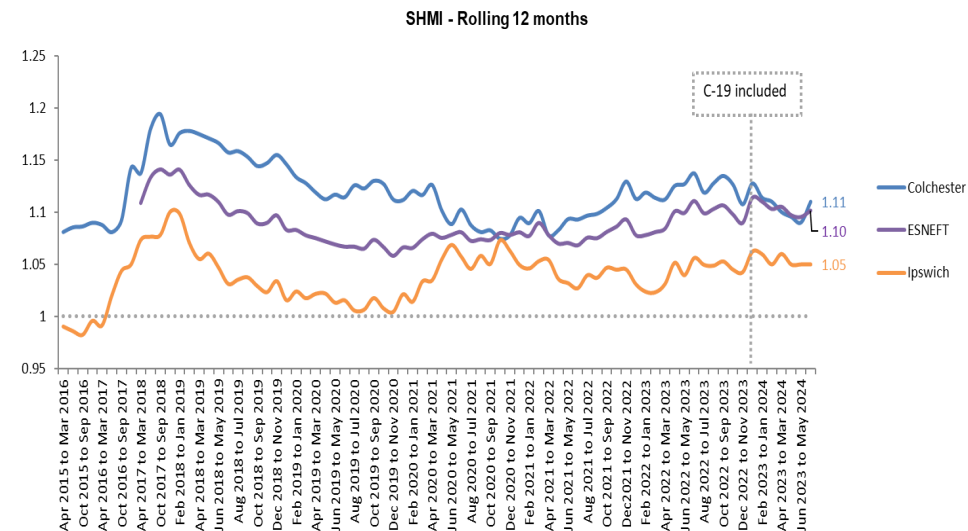
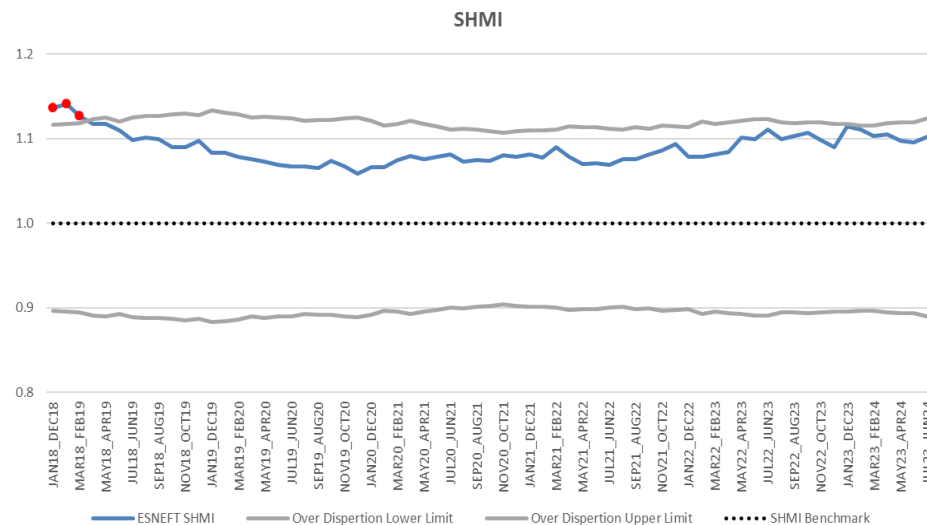
SHMI & Crude Mortality Rates

Crude mortality for the 56 diagnostic groups including within 30 days of discharge was 3.8%

ESNEFT SHMI to June 2024 1.10 'as expected' but close to the over dispersion upper limit of 1.12 i.e. on or above this and the Trust's SHMI will be 'higher than expected'

A number of trusts are now submitting the high volume Same Day Emergency Care (SDEC) data to the Emergency Care Data Set (ECDS) rather than the Admitted Patient Care (APC) dataset. The SHMI is calculated using APC data. Removal of SDEC activity from the APC data may impact a trust's SHMI value and may increase it.

Mortality ratios are calculated expressing the risks associated with observed deaths as a fraction of the risks associated with all discharged activity. The Trust has taken the decision to retain SDEC in the APC dataset until EPIC goes live. This means that it 'gains' from the risks attributed to patient demographics (age, sex) as there is scant clinical coding for these patients.

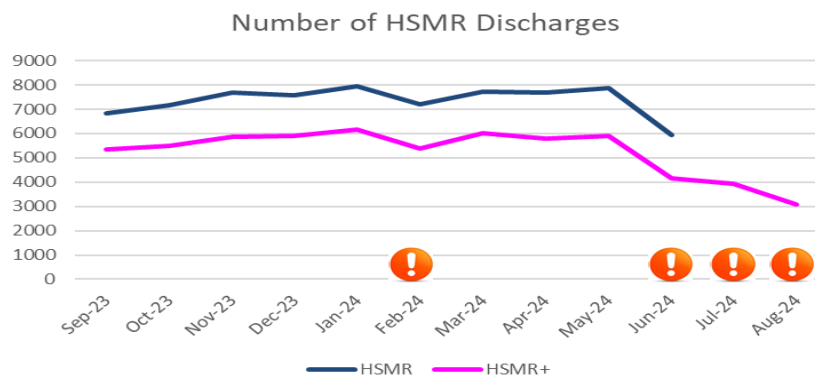


Mortality Ratios – HSMR+

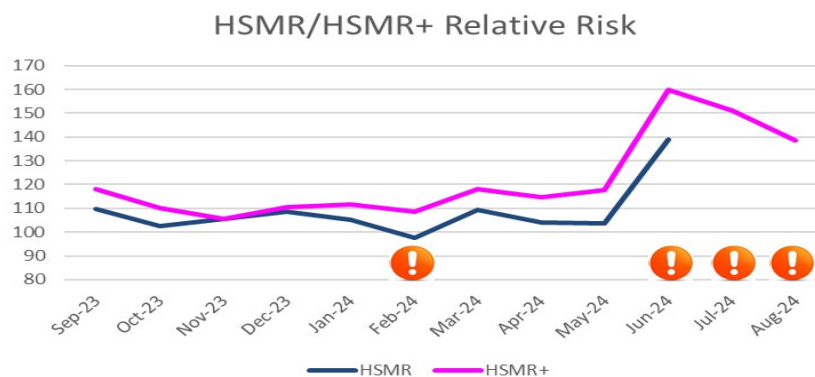
HSMR+ algorithm changes have resulted in higher HSMRs and SMRs owing to a reduction in discharges (spells) in the calculation pot but similar death numbers.

The trust has worked with the clinical coding team to ensure that the new risk factors have been accommodated in the digitization of care. It will be another year before these will be reflected in mortality ratios as the trust uses paper-based patient records. Trusts with electronic patient records benefited from having all risk factors automatically coded and submitted. Analysis provided by Telstra health indicates that the Trust submitted below average patient numbers for those elements where care is documented by nursing staff – historically this activity has not been captured by clinical coders. In addition, palliative care coding has been removed and replaced by a new frailty model; however, the new metric ignores frailty markers in patients aged under 75 years, who previously had coded palliative care. The net result has been an increase in HSMR.

HSMR+ | Trend Data



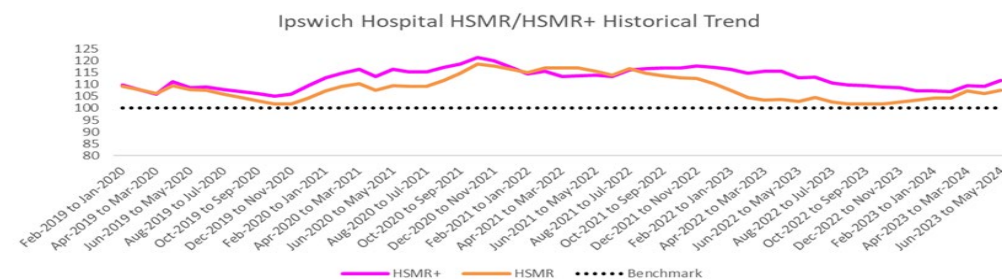
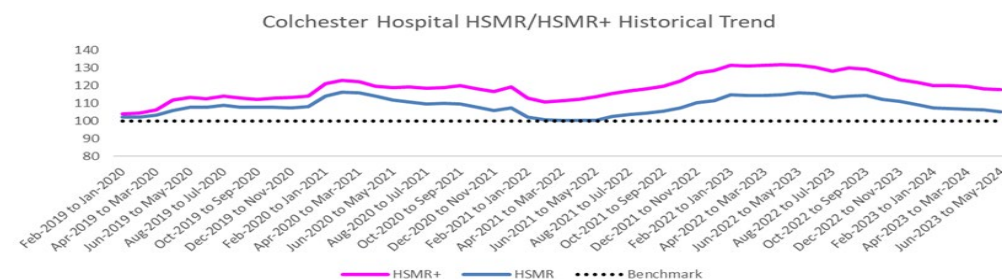
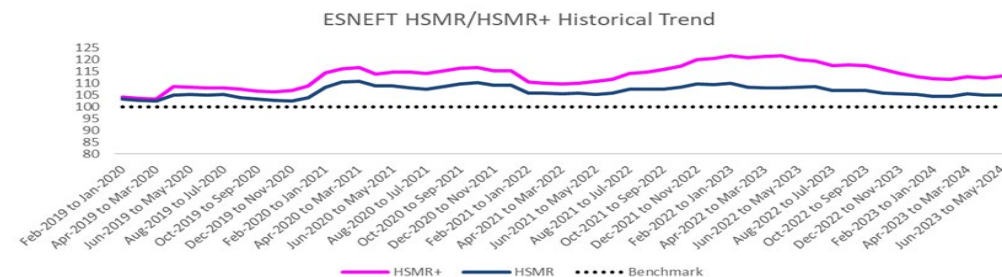
Diagnosis group changes to HSMR+ have reduced the number of ESNEFT patients falling in this pot of activity but deaths have stayed broadly the same.



This has resulted in an increase in HSMR. As an example, taking the most recent (mostly) complete data set to May 2024, HSMR was previously reported as 105.1 and is now showing as 110.8 for the 12 month period.

Looking at the period prior to May 2024, the changes to the algorithm have more adversely impacted Colchester Hospital more than Ipswich Hospital, with an average increase in rolling years since June 2023 of:

- 13 points for Colchester
- 5 for Ipswich

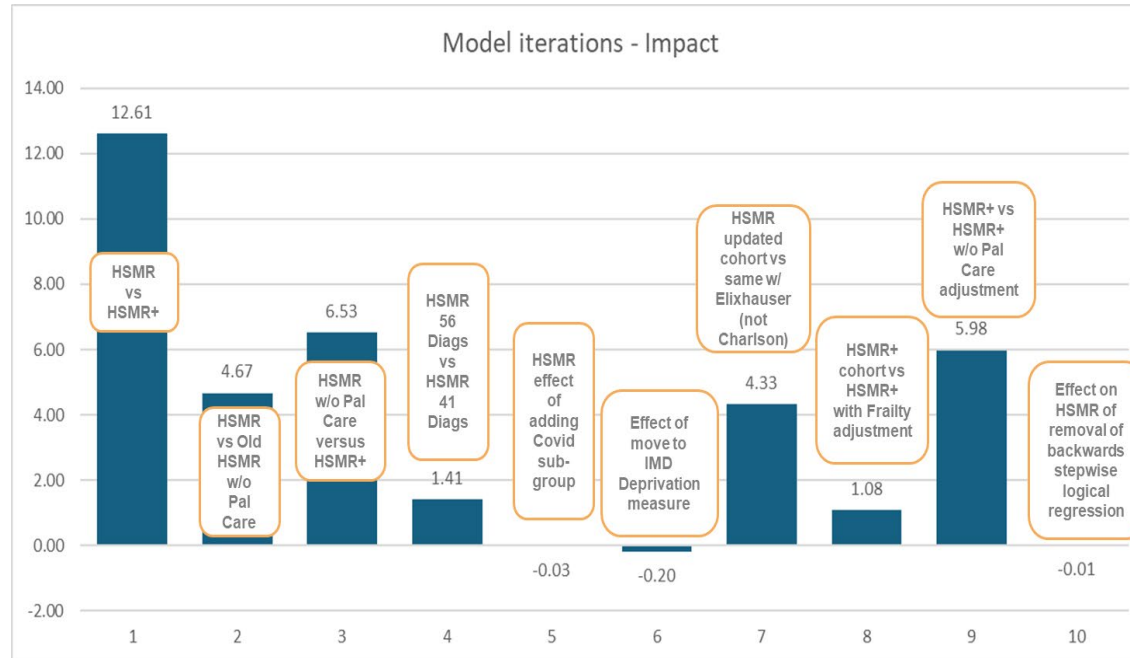


Mortality Ratios – HSMR+

Telstra Health Analysis

Removal of palliative care on its own would have increased the old HSMR by 4.67 points, but the change to HSMR+ resulted in a 6.53 point increase.

Data for the financial year **2022/3** for HSMR and SMR were recalculated using **HSMR+** - a system which has been designed to improve accuracy, removing some of the biases in the old system.



	Model Iterations	RR Diff.
1	HSMR vs HSMR+	12.61
2	HSMR vs HSMR without palliative	4.67
3	HSMR without palliative vs. HSMR+	6.53
4	Cohort Update	1.41
5	COVID subgroup	-0.03
6	Deprivation	-0.20
7	Comorbidity	4.33
8	Frailty	1.08
9	Palliative care	5.98
10	Modelling	-0.01

The 12.6 net gain was driven by:

1. Removal of palliative care coding
2. Change to comorbidity inclusion
3. Change to the HSMR diagnoses used from 56 to 41 groups
4. A net gain in frailty as ESNEFT patients, compared to national, are not as frail statistically.

The change to IMDB reduced the score.

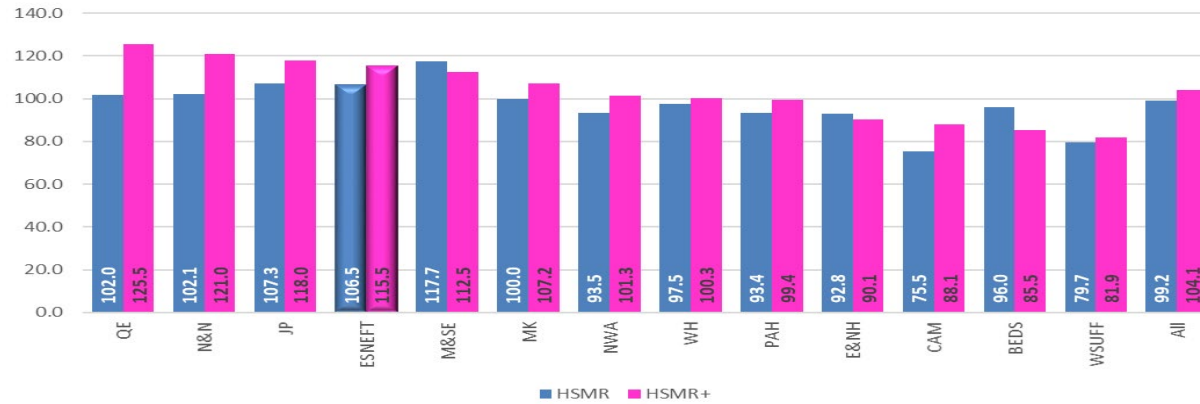
Mortality Ratios – HSMR+

Peer Comparison

3 peer trusts have seen greater increases owing to the loss of palliative care coding and revision of HSMR diagnosis groups.

It should be noted that the retrospective inclusion of missing ESNEFT clinical coding may worsen the picture.

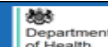
HSMR/HSMR+ 12 MTHS TO JUNE 2024



	HSMR	HSMR+	+/- diff	
THE QUEEN ELIZABETH HOSPITAL KING'S LYNN	102.0	125.5	24	Higher than expected
NORFOLK AND NORWICH UNIVERSITY HOSPITALS	102.1	121.0	19	Higher than expected
JAMES PAGET UNIVERSITY HOSPITALS	107.3	118.0	11	Higher than expected
EAST SUFFOLK AND NORTH ESSEX	106.5	115.5	9	Higher than expected
MID AND SOUTH ESSEX	117.7	112.5	-5	Higher than expected
MILTON KEYNES UNIVERSITY HOSPITAL	100.0	107.2	7	As expected
NORTH WEST ANGLIA	93.5	101.3	8	As expected
WEST HERTFORDSHIRE TEACHING HOSPITALS	97.5	100.3	3	As expected
THE PRINCESS ALEXANDRA HOSPITAL	93.4	99.4	6	As expected
*EAST AND NORTH HERTFORDSHIRE	92.8	90.1	-3	Better than expected
*CAMBRIDGE UNIVERSITY HOSPITALS	75.5	88.1	13	Better than expected
*BEDFORDSHIRE HOSPITALS	96.0	85.5	-11	Better than expected
WEST SUFFOLK	79.7	81.9	2	Better than expected
All	99.2	104.1	5	Higher than expected

*NHS Trusts with an EPR for at least 6 months

- ESNEFT’s HSMR increased by 9 points and may go up following retrospective submission of clinical coding.
- Overall increase across our peer group of 5 points.
- Biggest drop seen in Bedfordshire who are the lowest coders in the region for palliative care spells.
- Drop for Mid and South Essex but clinical coding is pending – traditionally lower palliative coding than peers.
- Top 4 hospitals with high levels of palliative support (spells and deaths) are Cambridge, Norfolk and Norwich, James Paget and North West Anglia.



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.

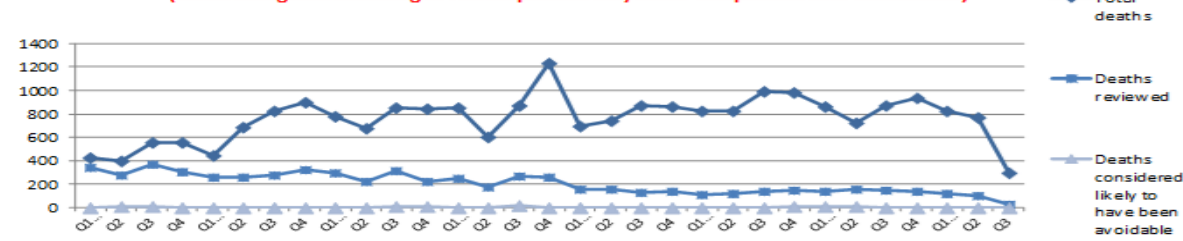
Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

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
300	266	26	32	1	1
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
300	765	26	99	1	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1886	3382	244	575	5	11

Time Series: Start date 2017-18 Q1 End date 2024-25 Q3

Mortality over time, total deaths reviewed and deaths considered to have been potentially avoidable
(Note: Changes in recording or review practice may make comparison over time invalid)



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	This Month	This Month	This Month	This Month	This Month
0	0	1	3	2	18
0.0%	0.0%	4.2%	12.5%	8.3%	75.0%
This Quarter (QTD)	This Quarter (QTD)	This Quarter (QTD)	This Quarter (QTD)	This Quarter (QTD)	This Quarter (QTD)
0	0	1	3	2	18
0.0%	0.0%	4.2%	12.5%	8.3%	75.0%
This Year (YTD)	This Year (YTD)	This Year (YTD)	This Year (YTD)	This Year (YTD)	This Year (YTD)
0	2	3	6	14	214
0.0%	0.8%	1.3%	2.5%	5.9%	89.5%

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

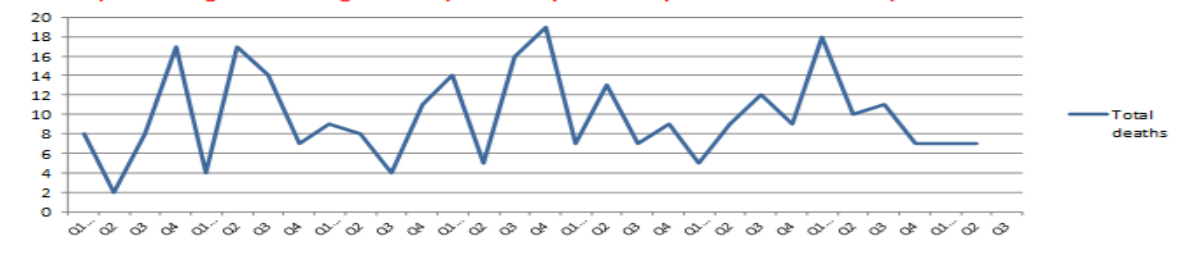
Total Number of Deaths, Deaths Reviewed and Deaths Deemed Due to Problems in Healthcare for patients with identified learning disabilities

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
0	3	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
0	7	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
14	46	0	0	0	0

Time Series: Start date 2017-18 Q1 End date 2024-25 Q3

Mortality over time

(Note: Changes in recording or review practice may make comparison over time invalid)



Mortality Review Dashboard

- April 2023 to October 2024, 16 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	October														
Year	2024-25														
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	↓ 6					
2023-24	April	308	36	1	0	0	1	0	2	31	7	18	17	94%	1
2023-24	May	272	50	2	0	2	0	0	4	44	4	32	31	97%	1
2023-24	June	278	49	1	0	1	0	0	3	45	7	30	29	97%	1
2023-24	July	210	37	1	0	0	1	2	1	33	4	20	19	95%	1
2023-24	August	272	61	1	0	0	1	4	5	50	4	36	35	97%	1
2023-24	September	241	54	2	0	1	1	1	5	45	2	31	31	100%	0
2023-24	October	269	52	0	0	0	2	5	45	3	33	29	88%	4	
2023-24	November	281	42	1	0	0	1	0	3	36	4	26	25	96%	1
2023-24	December	320	56	0	0	0	0	2	53	4	30	28	93%	2	
2023-24	January	358	62	2	0	1	1	1	2	57	5	27	27	100%	0
2023-24	February	282	43	0	0	0	3	2	38	1	30	30	100%	0	
2023-24	March	291	33	0	0	0	1	3	29	1	19	17	89%	2	
2024-25	April	283	38	1	0	0	1	0	1	36	1	24	22	92%	2
2024-25	May	270	45	1	0	1	0	0	4	39	4	31	28	90%	3
2024-25	June	268	39	1	0	1	0	1	3	34	2	23	23	100%	0
2024-25	July	264	40	0	0	0	0	0	3	35	3	25	23	92%	2
2024-25	August	235	28	0	0	0	1	0	0	27	1	19	13	68%	6
2024-25	September	266	32	1	0	0	1	1	1	28	3	21	17	81%	4
2024-25	October	300	35	1	0	0	1	3	4	22	0	29	19	66%	10

Cases where care may have contributed to death

Where an investigation identified that care may have contributed to death:

15 cases SJR/Datix Investigation

1 case SJR only

2 cases Datix Investigation only

2 cases where the SJR did not agree with the Datix investigation

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

Apr 2023	PSII 136004	Severity of ENT event not considered – action log pending
Apr 2023	CAELR 134504 *SJR	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 peer review verdict is that care did not contribute to death)
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, O ₂ target sats not met – discussed at unit huddle, inquest
May 2023	PSR 138891 No SJR	Referral in from Clacton Hospital with ?bowel obstruction – delays in surgical review.
Jun 2023	SJR only	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	Datix 160552 spSP	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

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

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. <i>Raised with Patient Safety Team 27/2/2024</i>
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.
Jan 2024	Datix 161526	Large blood loss from varicose veins - if the patient had been assessed earlier, then measures to prevent the worsening cardiac failure and death could have been instigated. Under review by the patient safety team.
Feb 2024	Datix 168110 No SJR	PROVISIONAL under review – patient with autoimmune hepatitis with fulminant liver failure experienced clinic delays – TBC.
Apr 2024	PSR 10186	Under review by the Patient Safety Team – SJR identified that a diagnosis of small bowel obstruction was missed in an 85 year old patient. The wrong exam was used.
May 2024	Datix 17921	Failure to monitor, issues with IV fluids and antibiotics
Jun 2024	PMRT	The baby was alive on admission in-utero. There was no plan for monitoring the fetus and CTG (cardio-tocography) was not commenced on pain increase. The fetal heart beat was subsequently not reviewed during a scan.
Jul 2024	Datix 10563	ELR has determined that death was avoidable – SJR noted room for improvement in care but that there was slight evidence of avoidability. Patient admitted with D&V and lethargy – discharged with deranged bloods and no abx – represented moribund/peri-arrest – was cyanosed but not on O2 in error – positive for capnocytophaga.
Sep 2024	Datix 21600	New – suspicion that a tubogram (procedure using contrast to determine if a drain/tube is blocked) introduced bacteria into the patient’s abdominal cavity resulting in spontaneous bacterial peritonitis, sepsis and death.
Oct 2024	Datix 19876	Early management of sepsis in this patient could have led to avoidance of death. Needed early recognition of gas gangrene and escalation to specialist teams including diabetes foot and vascular surgery.

Learning from Deaths meeting – 6th December 2024**Summary**

Increase in the use of immunotherapy, and associated increased (and delayed complications) requires the Trust to scope the impact on existing services this will include and plan for the future – training for staff in non-cancer specialties treating long term side-effects.

Geriatric input is needed in MDTs and where patients have become frail.

The division continues its work around providing patient-centred end of life care.

Matters Arising – a list of contacts was shared following the Women’s & Children’s presentation in November for groups providing support to the bereaved where a child has died or a child has suffered a bereavement.

Cancer and Diagnostics Biannual Review - ADN

- Increasing use of new immunotherapy treatments has led to an increase in re-attendances with complex side-effects. Traditional chemotherapy side-effects appear within six weeks of finishing treatment, but immunotherapy complications arise for anything up to 18 months. A new IO (immunology) transformation post starts in January with a view to scoping requirements going forwards. The team is also meeting with an external company and a trust in the South of England with a very good IO service. There will be support for colleagues in non-cancer specialties.
- A business case is being developed to identify space in day units to allow Acute Oncology Service ACP staff to ‘pull’ patients from the ED.
- More work is needed to promote attendance at oncology and haematology M&M meetings.
- The creation of additional side rooms on Somersham ward is being considered to provide isolation for patients undergoing stem-cell transplants and also support end of life care.
- A case study was shared involving the misdiagnosis of a patient with a rare cancer. Although the outcome would probably have been the same, the family and patient would have had more time to prepare for death. Key findings were that the specimen should have been adequately sampled and referred for an expert opinion at the time of initial reporting in January 2019; and the amended diagnosis of malignancy should have been communicated and discussed with the MDT team, as well as the clinical team caring for the patient. Recommendations included SOPs for independent reporting and actions in the event of detected discrepancies to ensure this does not reoccur. The team is working on improving their prognosis conversations with patients approaching the end of their disease pathway.
- Cases were discussed where good use of the ReSPECT tool was noted, there was good use of mental health referral for anxiety, but it was noted from a summary of the reviews that very few learning points had been identified. This will be picked up with the team.
- There was discussion about the clinical and ethical dilemmas of treating frail elderly patients. West Suffolk is looking at a frailty CNS or access to a geriatrician to support MDT decision-making. Patients would benefit from a geriatric treatment review. Dr Coates noted that when making treatment decisions, the phrase “just because we can, doesn’t mean we should” is a helpful holistic review prompt.
- The new ME process has seen good buy-in from GPs owing to the hard work of the ME teams to promote engagement.
- The Transformation team is supporting a project to re-embed alert cards for patients undergoing chemotherapy at risk of neutropenic sepsis. The cards pre-prescribe a single dose of antibiotics which can be given on arrival, facilitating the one hour ‘door to needle time’ ceiling. Performance has dropped significantly this year – causes are multifactorial.
- The Senior Matron has been working on bereavement support following a complaint about EoL care. There has been training on themes taken from complaints.
- Examples of good practice included accommodating a large family and friends visit for a pastor, supporting the visit of a much-loved cat and supporting staff who look after patients for many years and who also grieve. Staff are often invited to patient funerals.

Learning from Deaths meeting – 6th December 2024

Summary

Surgeons were asked to specify the difference between robotic and open surgery in documentation.

LeDeR review identified good care in complex case where the family wanted to allow a natural death owing to previous experiences of artificial feeding.

Clinical Coding – Clinical Coding Training Manager

James requested that clinical staff undertaking robotic procedures during surgery clearly indicate in the health record which elements are done robotically and which are with open surgery – the coding is different for each type.

Learning Disabilities & Autism – LDA NS

Roger provided a summary of the care of a patient following a LeDeR review. The patient had a severe learning disability, epilepsy with absence seizures from infancy, hypothyroidism, mild aortic regurgitation and Parkinson's. He was admitted to hospital with a chest infection/aspiration. During admission he lost 15kg owing to refusing oral intake. Many of his problems were being exacerbated by nutritional deficit. The family declined an NG tube initially, but one was trialled successfully. A best interests meeting was arranged as clinicians felt that a PEG was needed (necessary to life). The family were opposed as they had lost a relative following surgery for artificial feeding; their preference was to allow a natural death. A PEG was fitted but he sadly aspirated and died. The trust had requested an IMCA but the response from them was too late. The review noted high quality care but documentation and communication issues.

Accrediting Care at ESNEFT (ACE)

Care Accreditation provides us with the tools to undertake a comprehensive assessment of quality of care at ward, unit and team levels. It does this by bringing together key measures into a single, overarching framework, from across nursing and clinical care, as relevant to us and to our patients.

Areas of Improvement and Future Work

- The pilot took place between May and July 2024.
- The pilot included four wards. Three wards achieved bronze accreditation, and one ward achieved silver
- Five further wards have had ACE visits following the pilot. Three wards achieved bronze, one ward is working towards bronze and one ward achieved silver.

Percentage of grading across the whole eight wards so far, per standard, in order; Silver – 34%; Bronze – 31%, Working towards Bronze – 30%; Gold – 4%,

Following the pilot, themes from the visits were reviewed. These included:

- Dignity and Respect - faith and spiritual needs recognition in particular
- Nutrition – variable completion of food charts, use of red trays and jugs and accurate completion of fluid charts
- It was also recognised, following the pilot, that complaint themes and quality audit data were not clearly captured in the ACE tool. As a result, the programme now includes the Two At the Top compliance, the Weekly Ward Manager and Monthly Matron Quality audit compliance and complaint themes

A standardised approach to Accreditation Plans requested from each ward visited, may need considering. We are looking at the Excellence in Care Improvement Plan

Dashboards are being investigated to provide themes from visits, as this will support a Trust wide focus on the fundamentals of care.

Ward →	Haughley	EAU	Peldon	Washbrook	Martlesham	Brightlings ea	West Bergholt	Shotley	Stanway	
Standards	Individualised Care	Bronze	Bronze	Silver	Silver	Silver	Working towards Bronze	Silver	Gold	Silver
	Dignity and Respect	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Silver	Working towards Bronze	Silver	Silver	Bronze
	Safeguarding, Complex Health and Consent	Silver	Gold	Silver	Silver	Working towards Bronze	Bronze	Working towards Bronze	Bronze	Working towards Bronze
	Leadership, Education and People	Silver	Bronze	Silver	Silver	Silver	Working towards Bronze	Bronze	Silver	Bronze
	Harm Free Care	Silver	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Working towards Bronze	Working towards Bronze	Silver	Bronze
	Delivering Safe Care	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Bronze
	Nutrition and Hydration	Gold	Working towards Bronze	Bronze	Silver	Working towards Bronze	Working towards Bronze	Working towards Bronze	Silver	Bronze
	Clinical Governance	Silver	Working towards Bronze	Working towards Bronze	Silver	Working towards Bronze	Working towards Bronze	Working towards Bronze	Silver	Silver
	Infection Prevention and Control & Environment Safety	Silver	Silver	Bronze	Bronze	Silver	Silver	Gold	Silver	Bronze
Overall	Silver	Bronze	Bronze	Bronze	Bronze	Working towards Bronze	Bronze	Silver	Bronze	

Standard	Most common grading from data so far
Individualised care	Silver
Dignity and Respect	Working towards Bronze
Safeguarding, Complex Health and Consent	Tie - Bronze, Silver and Working towards Bronze
Leadership, Education and People	Silver
Harm Free Care	Working towards Bronze
Delivering Safe Care	Bronze
Nutrition and Hydration	Working towards Bronze
Clinical Governance	Working towards Bronze
Infection Prevention and Control & Environment Safety	Silver

Patient Safety – Total incidents

Total incidents and harm

There were a total of 2,973 (3,140) incidents reported in November. 1,464 of these incidents were Patient Safety related.

There were 41,446 (41,892) admissions resulting in 71.73 incidents per 1,000 bed days across ESNEFT.

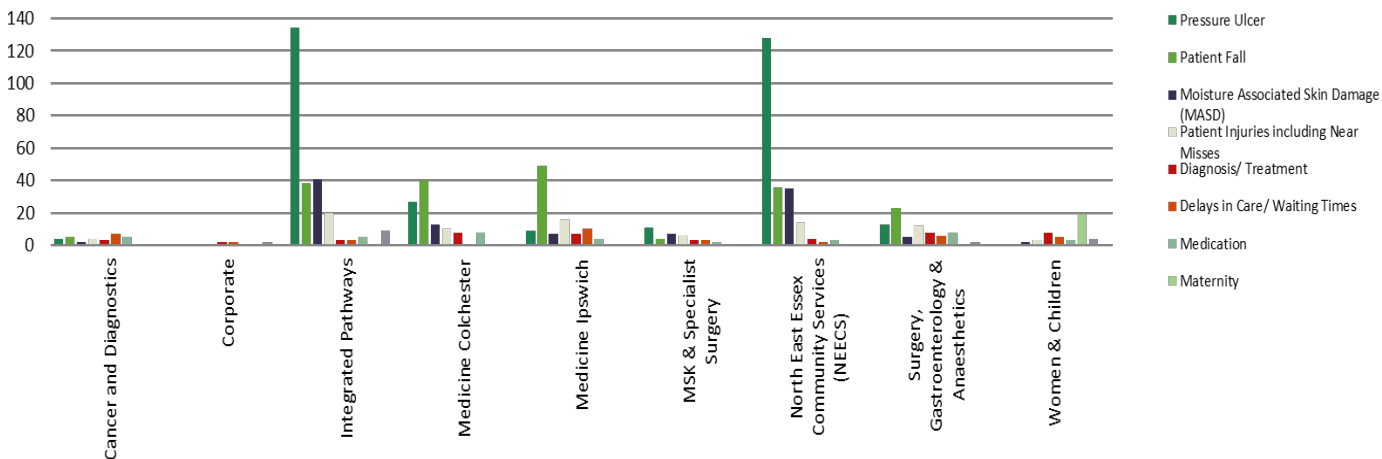
The highest reported category was Pressure Ulcer damage with 326 (350) incidents reported, 4 of which were severe harm and all being within both Suffolk and NEECS Community.

The 2nd highest reported category was Patient Falls with there being 196 (224) incidents reported, 1 of which was reported as severe which was on Colchester's Emergency Assessment Unit and this fall was witnessed.

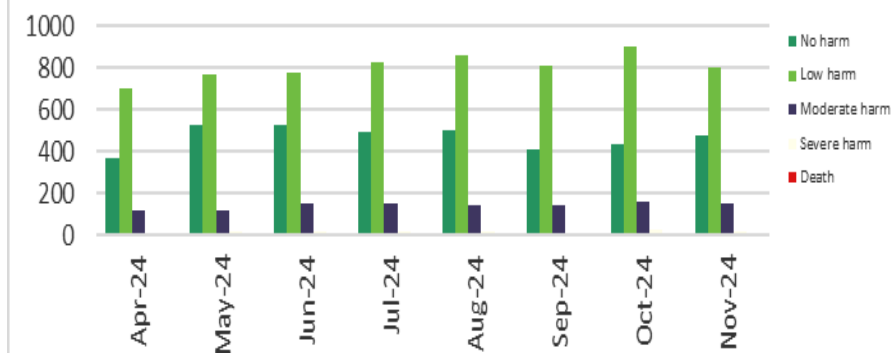
The 3rd highest reported category was Moisture Associated Skin Damage with 112 (140) incidents, all were reported as low and no harm. 62 (91) of these were related to incontinence.

There was 1 Never Event reported in November, a wrong lesion removed in dermatology; the correct one was removed as soon as identified.

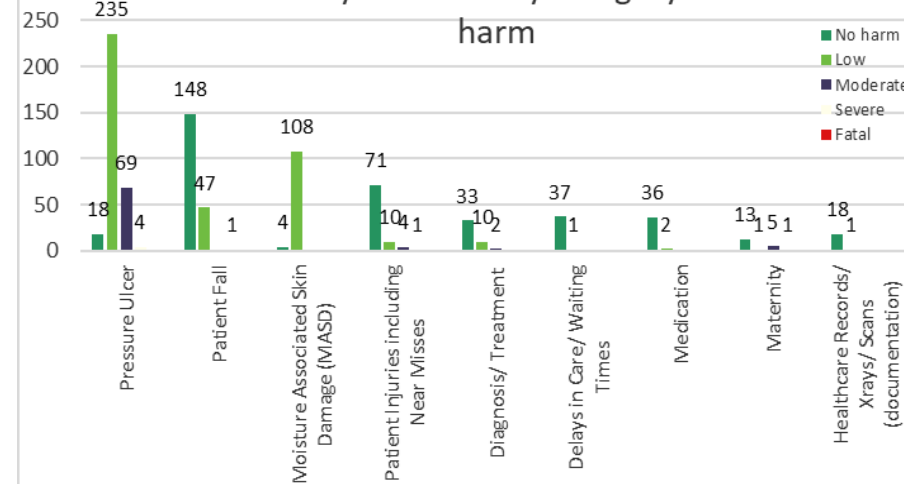
ESNEFT Top Categories by Division



ESNEFT Incidents Reported to LFPSE by Level of Harm during past year



Patient Safety incidents by category and actual harm



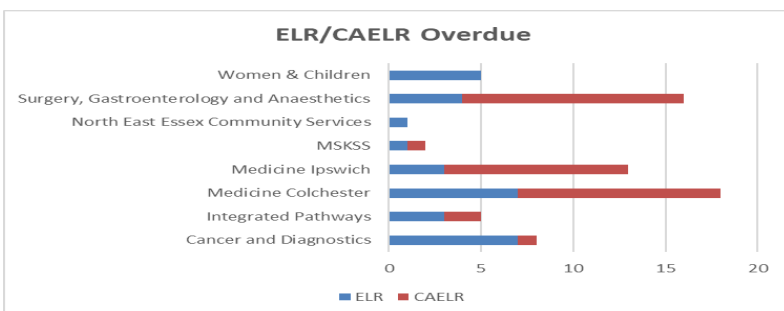
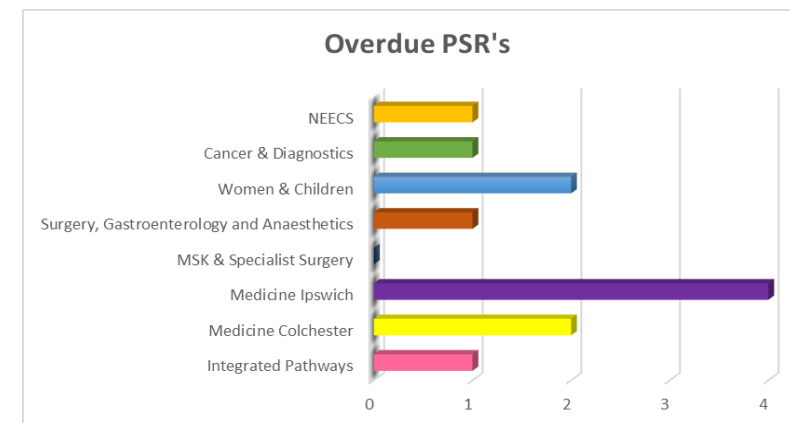
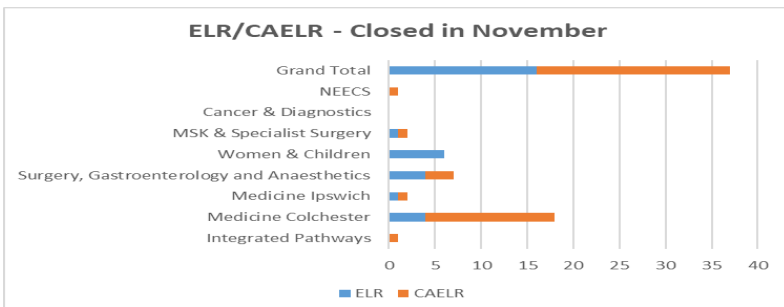
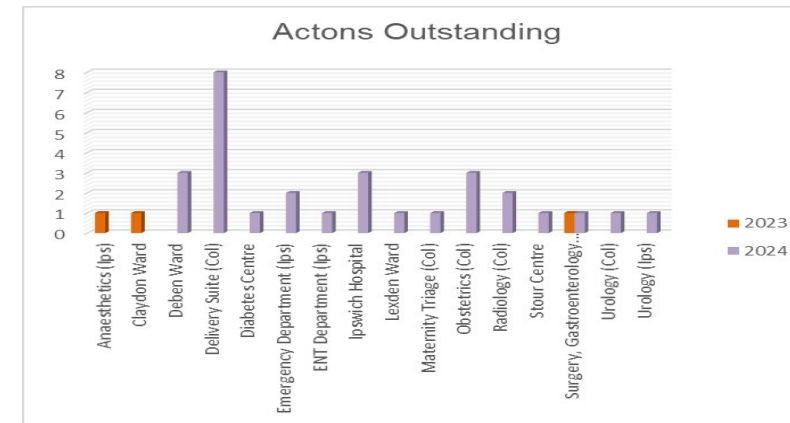
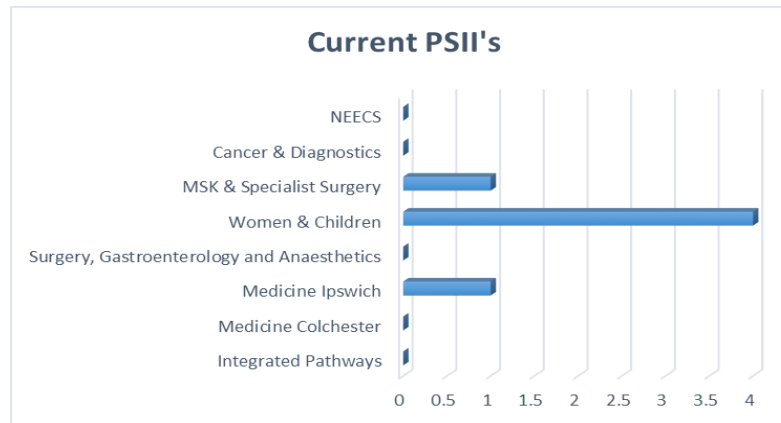
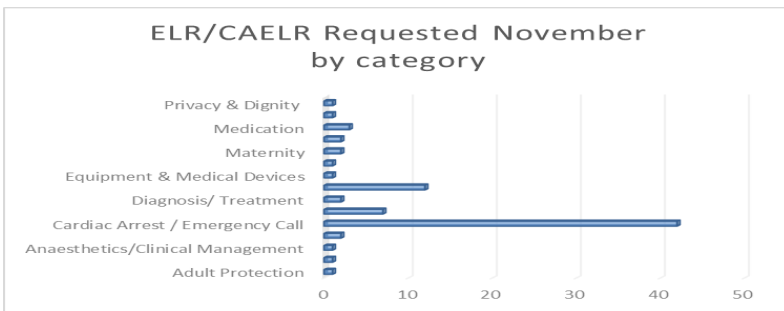
Patient Safety – Early Learning Reviews, Never Events, Patient Safety Reviews & Patient Safety Incident Investigations

Early Learning Review (ELR), Cardiac Arrest (CAELR), Venous thromboembolism (VTELR), Patient Safety Review (PSR), Patient Safety Incident Investigations (PSII)

- 0 PSRs were requested in November 2024.
- 1 PSII was declared in November for MSKSS. This was a **Never Event** – wrong site surgery. A patient had the wrong lesion removed in Dermatology.

Harm Free Reporting via Mini and Full Care Gap Analysis

- 74 Incidents of pressure damage of moderate harm and above were reported in November.
- 35 Mini care gap analysis were requested, and 4 full gap analysis were requested.



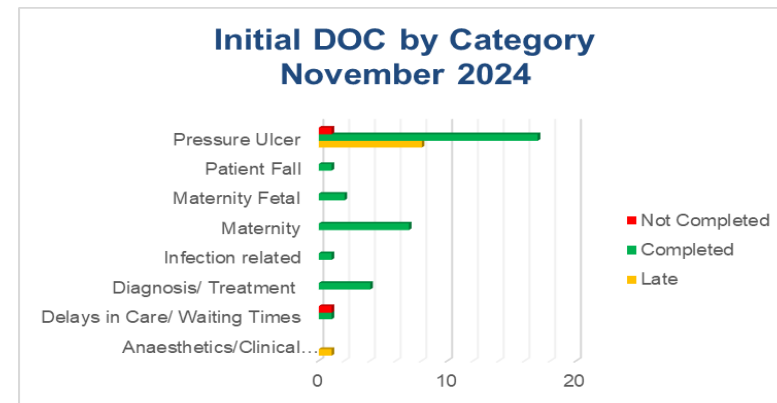
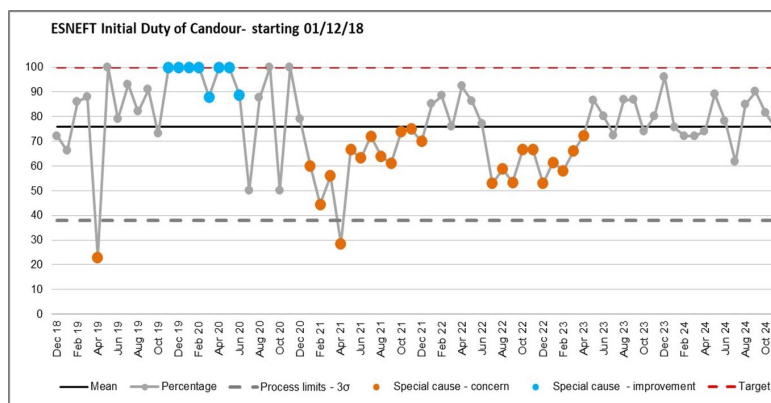
Patient Safety – Duty of Candour

What triggers Duty of Candour: notifiable safety incident that meets all 3 of the below criteria:

- Incident was unintended or unexpected.
- occurred during the provision of an activity that CQC regulates.
- in the reasonable opinion of a healthcare professional, the incident already has, or might, result in death or severe or moderate harm to the person receiving care.

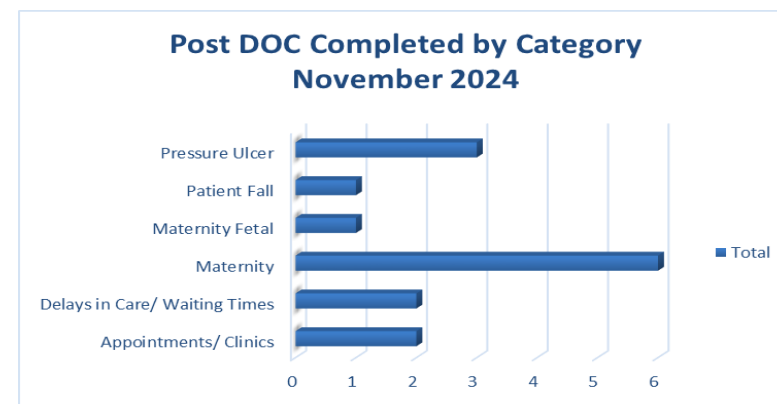
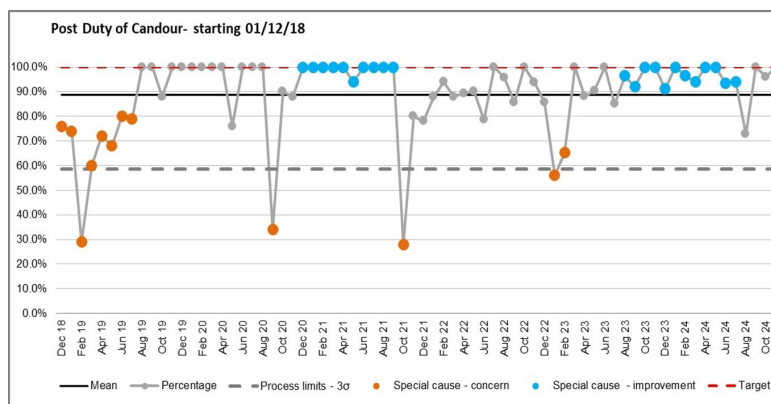
Initial Duty of Candour compliance for November is 75% (81.5%)

Division	Total Due	Fully completed	Completed Late	Not Completed
Cancer & Diagnostics	1	0	0	1
Integrated Pathways	9	8	0	1
Medicine Colchester	4	4	0	0
Medicine Ipswich	4	4	0	0
Surgery, Gastro & Anaesthetics	1	1	0	0
Women's & Children	11	10	1	0
MSK & Specialist Surgery	3	1	2	0
NEECS	11	5	6	0
Total	44	33	9	2

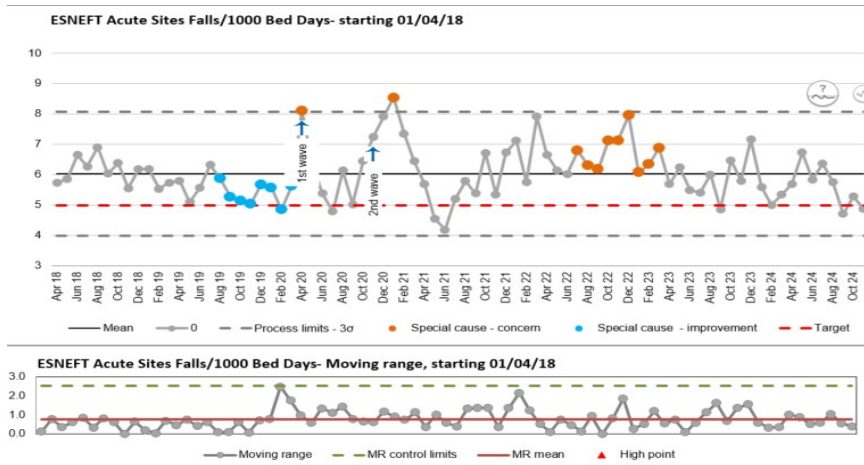


Post Duty of Candour compliance for November is 100% (96%)

Division	Total Due	Total Completed	Completed Late	Not Completed
Cancer & Diagnostics	0	0	0	0
Integrated Pathways	0	0	0	0
Medicine Colchester	0	0	0	0
Medicine Ipswich	3	3	0	0
Surgery, Gastro & Anaesthetics	0	0	0	0
Women's & Children	7	7	0	0
MSK & Specialist Surgery	5	5	0	0
NEECS	0	0	0	0
Total	15	15	0	0



Patient Safety – Falls



	Colchester Hospital	Ipswich Hospital	Suffolk Community	Essex Community	Acute Total	Community Total	ESNEFT
Oct-23	94	126	7	11	220	18	238
Nov-23	99	96	12	8	195	20	215
Oct-24	88	94	14	19	17% reduction 182	33	215
Nov-24	82	81	19	7	16% reduction 163	26	189

	Falls per 1,000 bed days							
	Colchester Acute	Ipswich acute	Ipswich Community	NEE Community	Acute and Community	Acute	YTD Acute	YTD Community
Sep-24	4.4	5.0	5.4	4.8	4.8	4.7	5.9	7.0
Oct-24	5.0	5.6	7.1	8.1	5.5	5.3	5.8	7.1
Nov-24	5.2	4.7	10.1	3.5	5.1	4.9	5.7	7.0

Targets: Acute 5.0/1,000
Community 15.0/1,000

There has been a significant reduction in falls in November. There has also seen a reduction in moderate and severe harm.

Colchester had one #NOF and Ipswich had no moderate or severe harm incidents. The increased use of assistive technology has supported this reduction in harm.

It is also pleasing to report that for the second time this financial year, teams have achieved the Trust's stretch target of <5 falls per 1,000 bed days across the acute sites

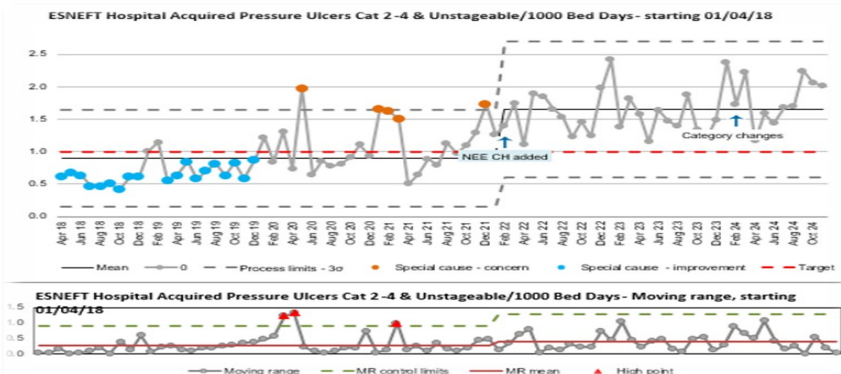
What are we doing?

- The new ESNEFT Nursing Admission pack has now been launched, and all risk assessments are in one location so trends and themes can be identified.
- The NAIF is expanding to include all fractures and all serious head injuries from January 2025. This will have a significant impact on workload for the Falls Team and Orthopedic Teams/Surgical Team.
- Providing 'What Good Looks Like' for the divisions for the care gap analysis to enhance the process and learning.
- Providing regular Oversight Group updates on learning from falls with harm and encouraging the divisions to lead these discussions.
- Obtaining more assistive technology (falls alarms mats).
- Ensuring Community Post Falls Flow Charts are displayed in community hospitals.
- Monitoring (with the support of the Clinical Outcome team) the standards of falls risk assessments (as well as other assessments) in the new ESNEFT admission pack.
- Launching the Bed Rails use poster.
- Ensuring the Quality Matters Newsletter includes information on safe retrieval particularly using the scoop (following NAIF results for last year).
- Simulation training for Junior Doctors QI project completed.
- QI project completed relating to the Harm Free Care Support Worker role. The outcome showed £86k saving with falls and over £272k for pressure ulcers.
- Booked to attend on the dementia study day, end of life champion's study day and qualified nursing recruitment event.

What next?

- Create a Cohort Care SOP.
- Create the Cohort Care and How to videos for completing the FICP and Bed rail risk Assessment.
- EPIC – Post falls medication proforma to be designed.
- Add community falls to DCIQ – capturing meaningful data about patients falling in their own homes.
- To start discussions about the ESNEFT falls per 1,000 bed bays target for acute and community hospitals.
- Discussions in place about a Decaf Drink QI project to reduce incontinence and falls are in the early stages.
- To work up the Harm Free Care Support Worker/Fit Tester role.
- Prepare for the expansion of the NAIF Audit.
- QI project – yellow socks and wristbands (national initiative). We are unable to use yellow blankets.
- Falls Practitioners delivering teaching sessions to ED's on both sites and ad hoc at community sites.
- Registering QI projects relating to:
 - Reducing sedation for patients at high risk of falling.
 - Improving postural hypotension with the use of thigh high anti-embolism stocking.

Patient Safety – Tissue Viability



What are we doing?

- The new ESNEFT admission pack has been launched so it is easier to review and audit documentation.
- Documentation is reviewed as part of care accreditation.
- Work continues with wards to provide training on the ward and with matrons to disseminate key information/ industry partners to assist with showing products or new pathways.
- Mini care gap analysis was trialled in both community and acute settings and provided training to Band 6 and 7 staff. This was then reviewed at expert panel and issues were fed back to the teams.
- Provided the "what good looks like" to help resolve any issues from incomplete MCGAs.
- Planned leg ulcer training updates for all senior nurses in the community (NEECs).
- TVN MDT to include compression reviews.
- Composing training videos for staff to be able to access if required.

What next?

- To start an Acute Link Nurse programme in early 2025
- Complete the Pressure Ulcer policy
- Complete the Pressure Ulcer Prevention Quality Improvement Project
- Arrange Harm Free Care conference for 2025
- Support Harm Free Care Support Worker/Fit Testing role.

YTD Pressure Ulcers by category

Pressure Ulcer Category	No harm	Low	Moderate	Severe	Total
Category 1	3	64	3	0	70
Category 2	10	163	2	0	175
Category 3	7	0	67	0	74
Category 4	1	0	0	5	6
Total	21	227	72	5	325

Severe harm pressure ulcers

- 1 reviewed by TVN – found to be present on admission to community team
- 1 validated by TVN team patient is palliative
- 3 are awaiting review by Community TVN team

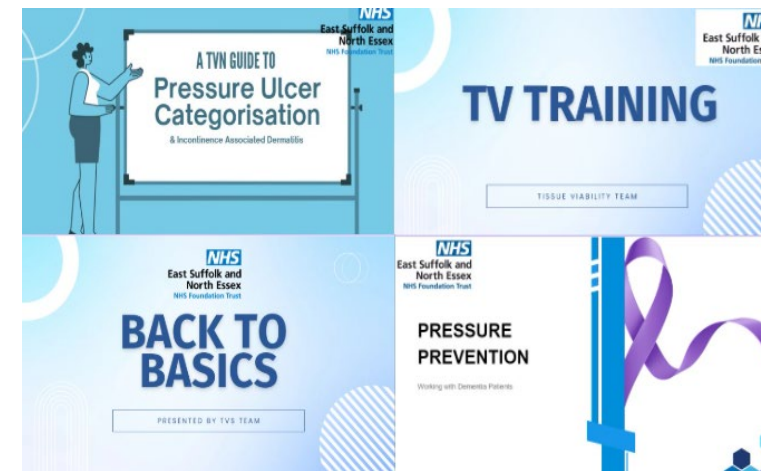
Education

There is a need to adapt training to suit the needs of the receiving staff throughout the year. Following feedback received, the Trust training package has evolved and developed into what is currently offered to staff. Each month "back to basics" training sessions take place, which are open to both community and acute staff of all levels, focusing on basic elements of wound care, from how to adequately cleanse a wound and take a swab, to how to request clinical photography.

Despite progress with the management of pressure ulcers they remain a significant healthcare problem, and the Trust continues to provide pressure ulcer prevention training. Pressure ulcers cost the NHS in the region of £571 million per annum and the Trust's current PU rate per 1,000 bed days is 1.9.

The Tissue Viability team know it is not always possible for ward staff to attend training so are currently working on short videos which will be able to be accessed from the intranet, in the hope that staff will be able to use them as a guide, in the time convenient to them.

Work continues with other specialist teams, tailoring packages of education to suit the recipient (for example, teaching on dementia study days with the dementia study nurses, helping staff to recognise how to prevent dementia patients from developing pressure ulcers and how the approach they take may need to be different for this population group).



Patient Safety – Infection Control

Clostridioides difficile – ESNEFT total – 11 all under investigation

Ipswich & East Suffolk

HOHA 3: Brantham Waveney and Stroke
COHA None

Colchester and North East Essex

HOHA 7: Birch, Nayland, D'arcy (2), Brightlingsea, Tiptree and Stanway
COHA 1: previously West Bergholt

Overview

There have been a total of 11 *C.difficile* cases during November 2024 (the total number of HOHA and COHA cases). The team are undertaking analysis using the PSIRF framework. Total numbers to date on final table.

MSSA – ESNEFT total – 4

Ipswich & East Suffolk:

HOHA 1: Stradbroke ward

COHA 0

Colchester and North East Essex:

HOHA 3:

Tiptree-PVD related
Aldham-PVD related
Peldon-PVD related

Thematic review underway

COHA 0

E.coli bacteraemia – ESNEFT total – 13

Ipswich & East Suffolk:

HOHA 4: Somersham, Waveney, Debenham, Brantham.

COHA 4: Waveney, Woodbridge, SAU, Stour

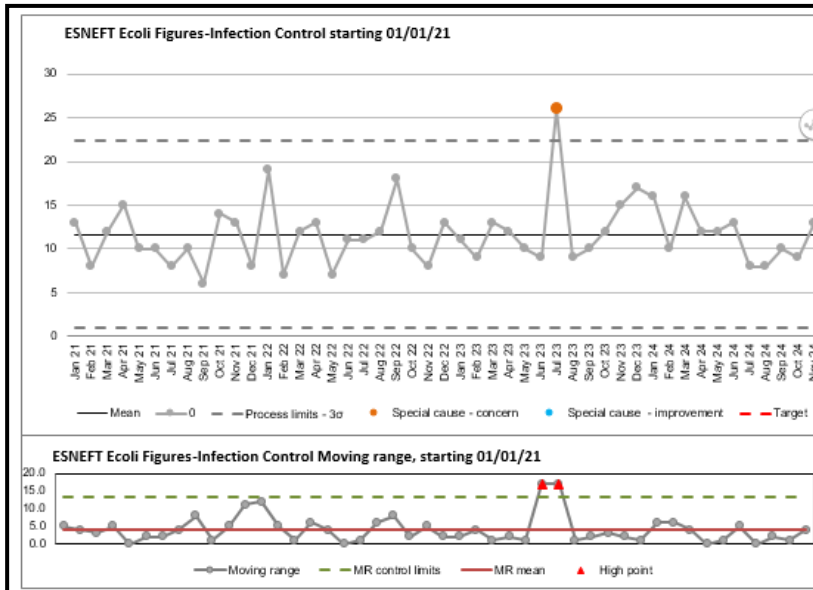
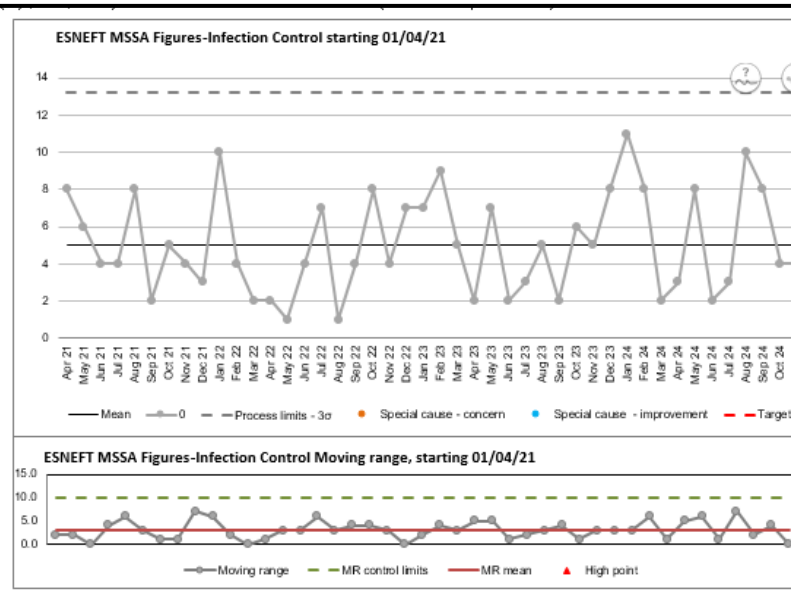
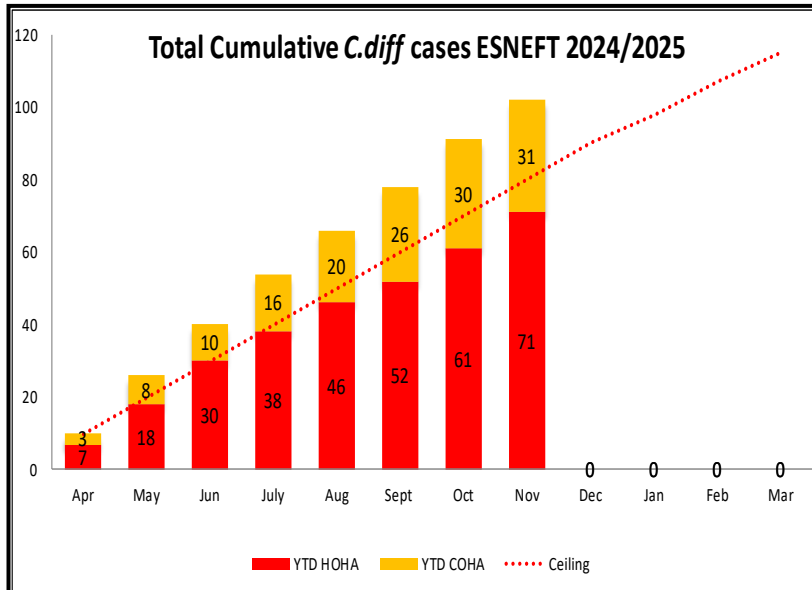
Colchester and North East Essex:

HOHA 2:

Stroke Unit-under investigation
ACU-under investigation

COHA 3: Langham (2), Brightlingsea

Thematic data for sources has been collated



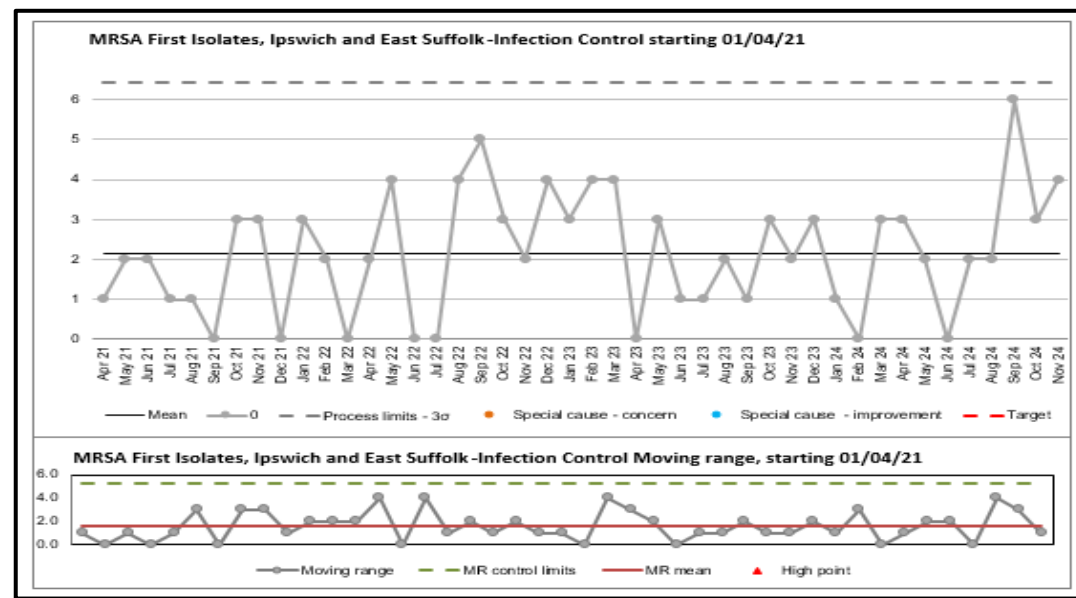
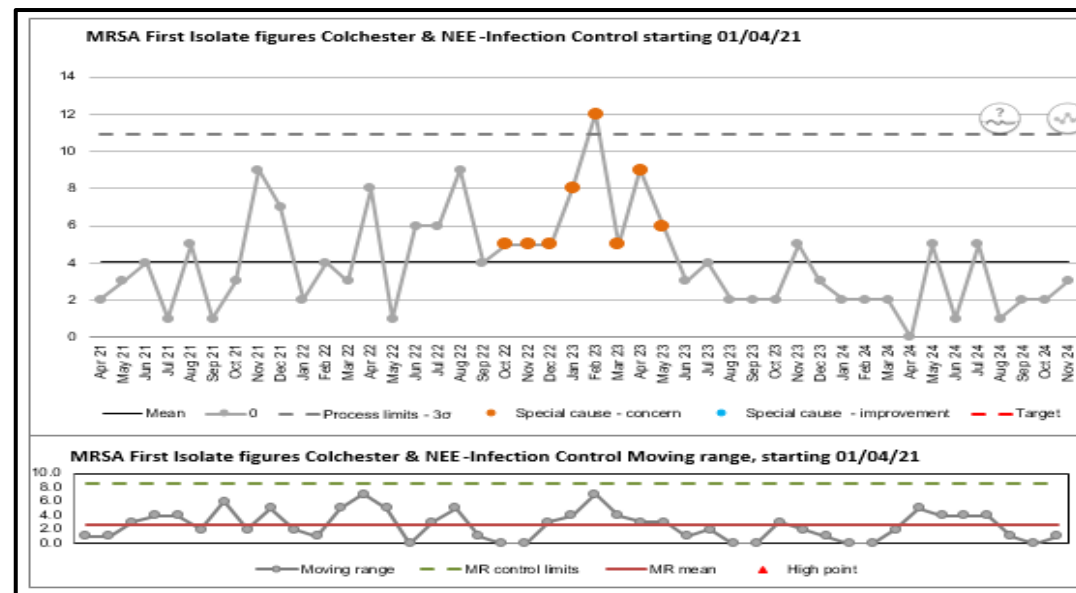
Spotlight Report: Patient Safety – Infection Control: MRSA

November 2024

There were 7 MRSA New Isolates as seen in the chart below:-

Colchester and NEE	
Stroke Unit	Positive 6-week post admission – penile swab. Typing requested
Stroke Unit	Transfer swab from Stroke unit to Nayland 2 weeks post admission screening swabs. Typing requested
Easthorpe Ward	1 week post admission Nose swab positive
Ipswich and East Suffolk	
Woodbridge Ward	2 weeks post admission – Sputum sample
Debenham Ward	Nose swab positive 3 days post admission
Shotley Ward	Nose and Groin swab positive 2 months post admission
Stradbroke Ward	Urine positive 1 week post admission

Infection	ESNEFT Total for month	Category	Trajectory	Total YTD including Sept	EoE performance/benchmark
C diff	11	10 HOHA	115	102	awaited
		1 COHA			
MRSAb	1	1 HOHA	0	4	awaited
		0 COHA			
E coli	13	6 HOHA	157	85	awaited
		7 COHA			
Kleb spp	3	2 HOHA	53	38	awaited
		1 COHA			
Pseudo A	5	4 HOHA	31	21	awaited
		1 COHA			
MSSAb	4	4 HOHA	N/A	42	awaited
		0 COHA			



Maternity Dashboard

Indicator	ESNEFT															
	Green	Amber	Red	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Numbers																
Pre term Births (<37 weeks) annual rolling rate	<=6%	6.1-7.4%	>=7.5%	8.18%	8.03%	8.06%	7.65%	7.61%	7.68%	7.61%	7.40%	7.74%	7.63%	7.48%	7.48%	7.54%
Smoking																
% of Women Smoking at Delivery	<=6%	6.1-7.9%	>=8%	6.31%	6.98%	8.95%	5.06%	4.94%	8.33%	5.14%	4.01%	5.14%	7.01%	4.53%	6.57%	6.01%
Mode of Delivery																
% of Non operative vaginal deliveries	>=58%		<58%	51.69%	51.03%	54.42%	51.73%	50.29%	49.73%	53.67%	49.83%	50.87%	52.19%	49.91%	46.15%	45.23%
Maternal Morbidity and																
% PPH >=1500mls - Vaginal (NMPA Criteria)	<=3.3%		>=3.4%	2.40%	4.31%	3.15%	4.92%	2.32%	4.38%	4.04%	1.86%	3.69%	3.75%	2.74%	2.32%	3.56%
Neonatal Morbidity and Mortality																
HIE Grades 2 & 3	0		>=1	0	0	0	0	0	1	1	0	0	0	0	0	0
APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	2.14%	1.12%	0.38%	0.77%	0.97%	1.25%	0.94%	1.04%	0.97%	1.09%	0.53%	1.05%	0.90%
Number of Stillbirths	0	1-2	>=3	2	2	1	1	1	4	1	4	4	2	0	2	0
Term Admissions to NNU as a % of babies born	<=6%		>=6.1%	7.84%	6.36%	4.62%	6.35%	5.63%	5.53%	5.84%	6.75%	4.84%	4.93%	5.15%	6.82%	5.23%

Dashboard highlights

- Pre term births annual rolling rate - still above 7%.
- Smoking at Delivery – is back in the green for October.
- PPH >=1500mls - Vaginal (NMPA Criteria) – below target at 3.56% (targets for this metric have been removed nationally).
- ATAIN under 6% target however significant difference between Colchester and Ipswich sites and Ipswich so now a focus of improvement work.

SBLCB

- November submission completed, LMNS have approved data and remain complaint for CNST.

Workforce

- 10 new preceptor midwives have now started at Colchester.
- 2 nurses commenced secondment to post registration conversion course.
- Bank spend was higher at Ipswich in October however no vacancy on Ipswich site. Acuity review has taken place and now templates are being reset accordingly which should improve bank spend overall.

CNST Safety Action	Current Position	RAG
SA1 PMRT – Review of all perinatal deaths - 8th Dec 23- 30th Nov 24	Q1 and Q2 reports have been to Trust Board, on track for full compliance, awaiting final collation of evidence following the completion of the reporting period	Green
SA2 Submit data to MSDS	We have now had confirmation that we are compliant for this action	Blue
SA3 TC services in place	QI projects registered. Demonstrable work on TC action plan to evidence progress Paper went Trust Board 07/11 and LMNS on 4/12	Blue
SA4 Demonstrate effective system of clinical workforce planning	All elements completed and compliant Presentation to Trust Board 07/11 and LMNS 4/12	Blue
SA5 Demonstrate an effective midwifery workforce planning to the standard	awaiting audit following completion of reporting period	Green
SA6 Can you demonstrate on track to achieve compliance with the elements of saving babies life.	LMNS confirmed compliance	Blue
SA7 Listening to women and MNVP	MNVP now in post and has met with ESNEFT lead. Evidence being collated to demonstrate compliance	Green
SA8 Can you evidence the following for local training plans and in house training	Full compliance achieved as of 28 th Nov 2024	Blue
SA9 Demonstrate clear oversight in place to provide assurance	Visible safety champions in place, awaiting minutes for evidence	Green
SA10 Have you reported 100% of cases to MNSI	No new cases meeting the criteria - all compliant	Green

PSII

Number of new declared – 0
Currently open – 2

PSR

Number of new declared – 0
Currently open - 2

ELR

Number of new declared – 9
MNSI

Number of new declared – 1
Currently open – 1

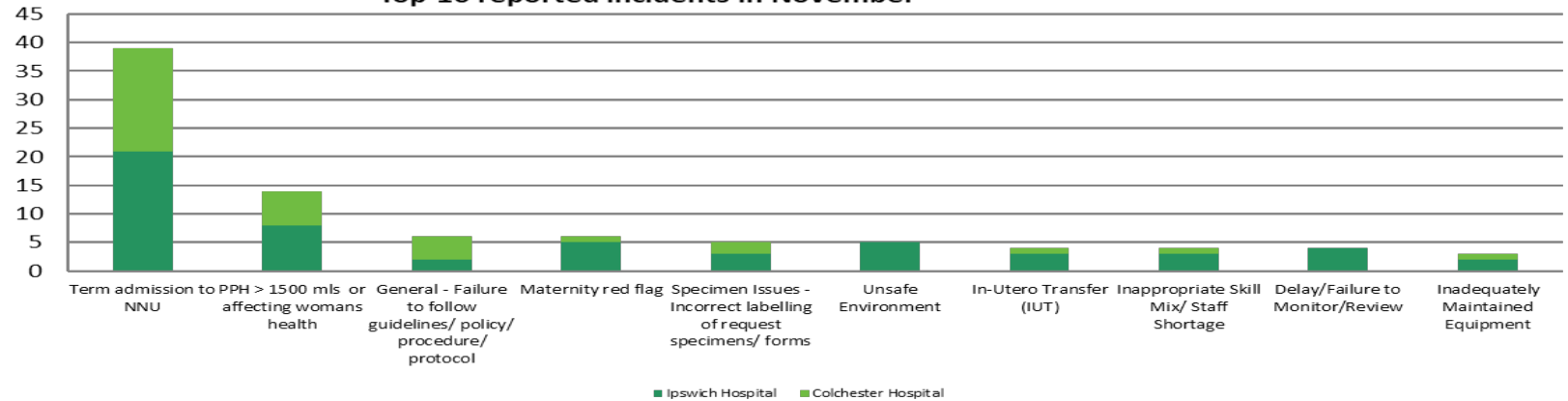
Complaints

New – 6
Call back compliance – 100%
Overall compliance – 100%

Risk Register

New risks – 0
Closed risks – 0

Top 10 reported incidents in November



Learning from complaints

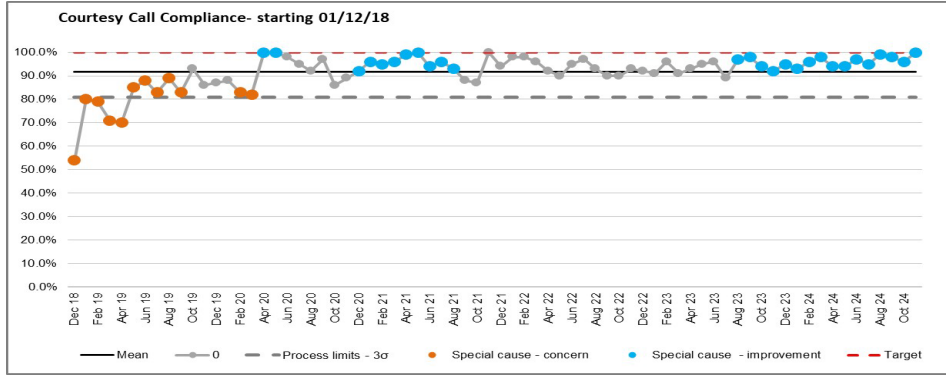
ID No	Date complaint received	Description	Outcome code	Action taken
3184 CGH	17/09/24	Patient complaining about chest pain, sore throat and stomach pains and was 18 weeks pregnant. Attended A&E on 26/07 and was advised to go home and that it was most likely a viral infection. Concerns raised about why patient was not sent to maternity and why ECG was not done.	Partially upheld	It has been agreed that to safeguard all pregnant patients it would be pertinent to relook at the current pathway and to ensure all appropriate patients are advised to contact maternity triage on discharge as a matter of assurance. The Clinical Lead in ED will ensure that all the ED doctors are made aware of this treatment pathway change and this will be discussed in weekly training sessions with the ED clinicians.
3706 IPH	08/10/24	Concerns with the conduct of Registrar who sutured the patient's 2nd degree tear.	Not Upheld	Registrar appeared to be unclear during procedure and Lidocaine was not administered correctly causing patient to experience pain during tear repair. Appropriate supervision of trainees has been reviewed, and the division are incorporating improved communication practices into the training for our medical trainees

Compliments

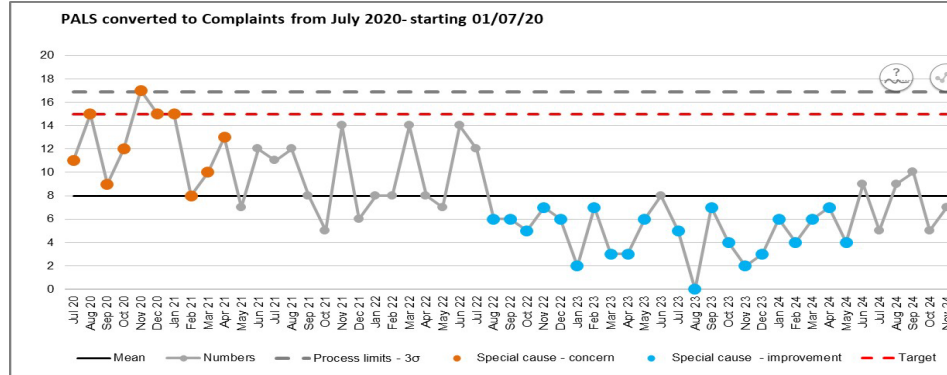
I had a planned c-section on Friday 27th September 2024. I was very anxious about giving birth and the team was can't; encouraging and warm whilst also efficient and really excellent at what they did. Thank you to the doctor who delivered my baby, the anaesthiologist who was so patient with me, and staff who helped me relax and made me laugh. There was also another lovely nurse, but I can't remember her name sadly. The ward took such good care of us and were thorough and patient. The nurse in charge on the Saturday, was brilliant too and always remembered my name. I was also lucky throughout my pregnancy to have the Maple Team midwives who were phenomenal, and I can't recommend them highly enough.

Thank you so much everyone, I was terrified at the prospect of giving birth, but I am so grateful to you all for helping me through it and safely delivering my beautiful baby boy.

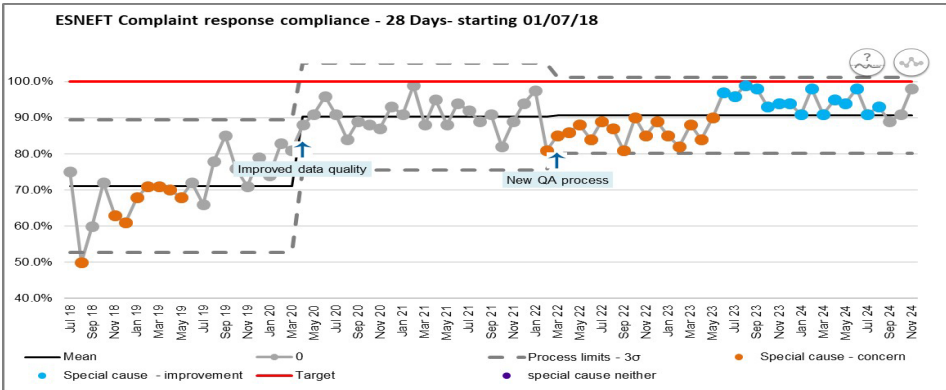
Patient Experience – Complaints



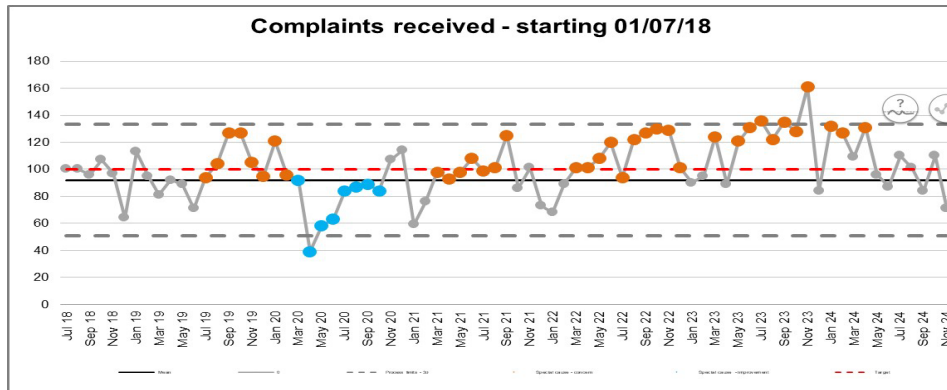
Nov 24	Target
100%	95%
Variance	
No breaches in month	
Assurance	
Above target	
Action: Weekly progress reviews	



Nov 24	Target
7	15
Variance	
Under target	
Assurance	
Consistent against target	
Action: None	



Nov 24	Target
98%	95%
Variance	
Monthly improvement	
Assurance	
Above target	
Action: Additional Complaints team support for Divisions	



Nov 24	Target
71	100
Variance	
Well below average	
Assurance	
More being handled by PALS	
Action: Review of complaint types	

Summary

Courtesy Calls

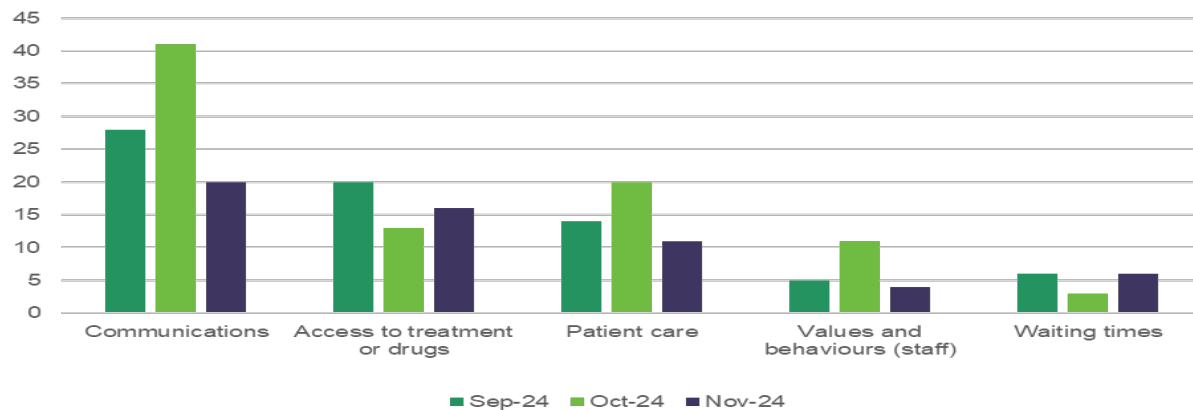
For the first time since November 2021 the Trust has achieved 100% with all complaints courtesy calls made on time, and this is an increase from 96% in October 2024. From the 71 new complaints received, the Trust were required to complete 53 calls within the 3 working days timescale, and all 53 were completed on time

Response compliance

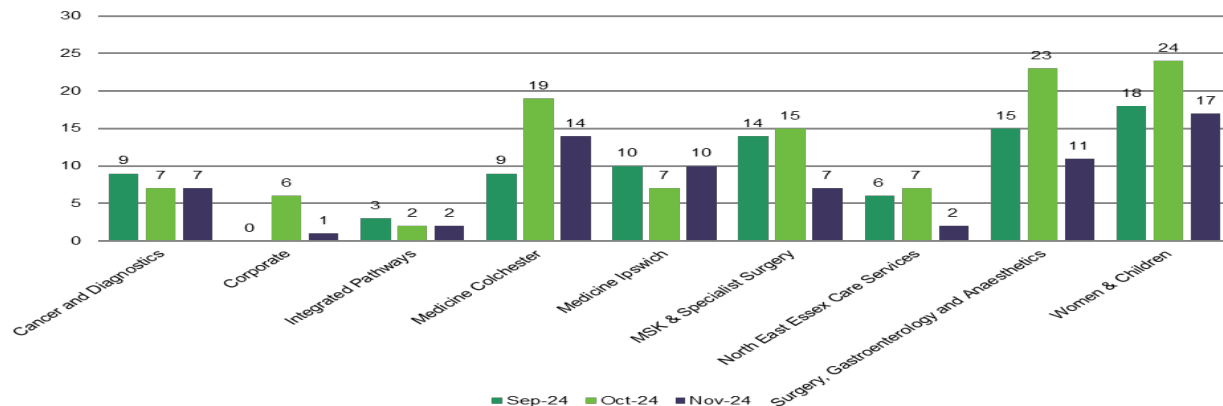
The overall Trust response compliance for answering complaints on time has achieved the monthly target of 95%, with 98% of all complaints answered on time, an increase from 91% for October 2024. Only 2 of the 88 complaints that were due a reply in November were sent late. No complaints needed to be reopened in November 2024, with a reason that indicated the first complaint response had not properly addressed the complainants concerns.

Patient Experience – Complaints

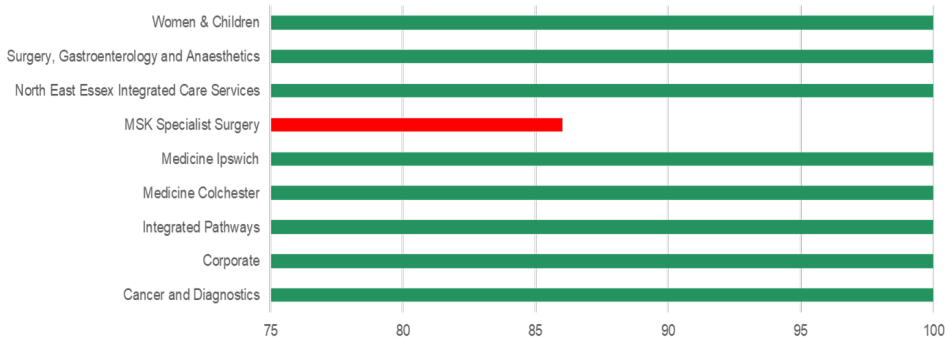
Top 5 Complaint Themes



Comparison of Complaints by Division over last 3 months



Complaint Response Compliance %



Nov 24	Target
98%	95%
Variance	
Only 1 area below target	
Assurance	
More regular updates to be provided	
Action: Closer working with all areas	

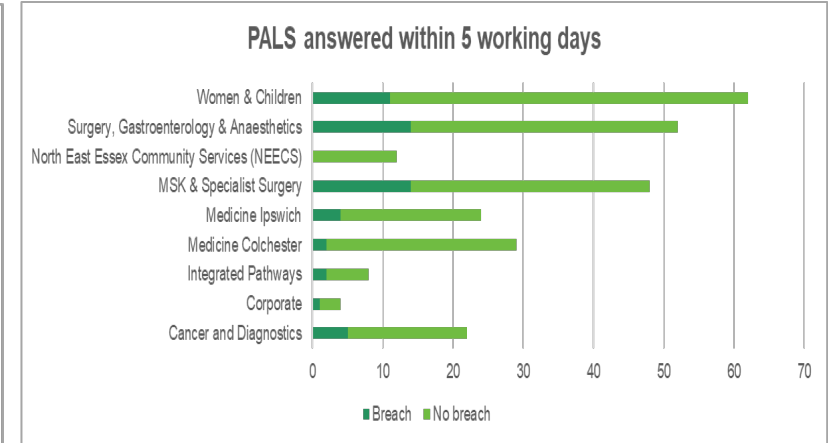
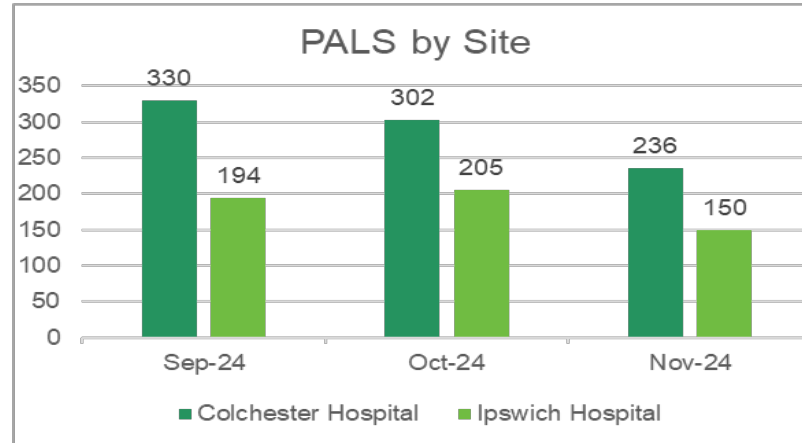
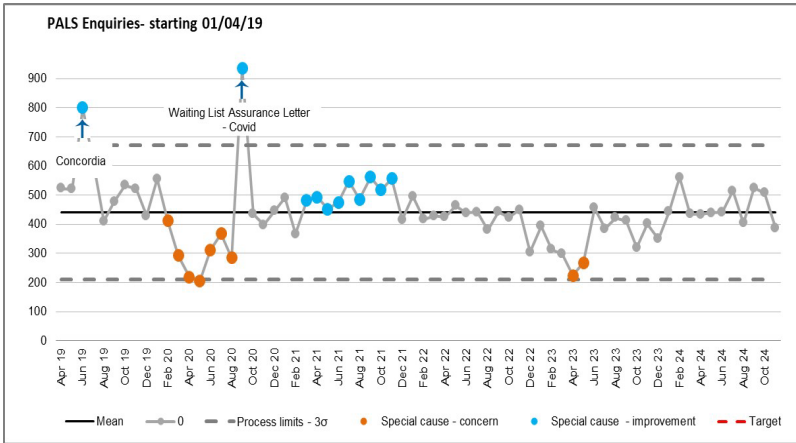
Division	No. of Open Complaints	No. of Open & Overdue Complaints	No. of closed Complaints	No. of complaints overdue when closed
Cancer and Diagnostics	9 (12)	0 (0)	10 (10)	0 (0)
Corporate	2 (5)	0 (0)	3 (2)	0 (0)
Integrated Pathways	4 (4)	0 (0)	3 (2)	0 (2)
Medicine Colchester	21 (19)	0 (0)	15 (22)	0 (0)
Medicine Ipswich	5 (8)	0 (0)	19 (11)	0 (1)
MSK and Specialist Surgery	17 (16)	1 (0)	12 (20)	3 (5)
North East Essex Integrated Care Services	8 (6)	0 (0)	2 (7)	0 (1)
Surgery, Gastroenterology & Anaesthetics	25 (25)	0 (0)	14 (21)	0 (6)
Women & Children	26 (25)	0 (0)	20 (22)	0 (1)
Total	117 (120)	1 (0)	98 (117)	3 (16)

Summary

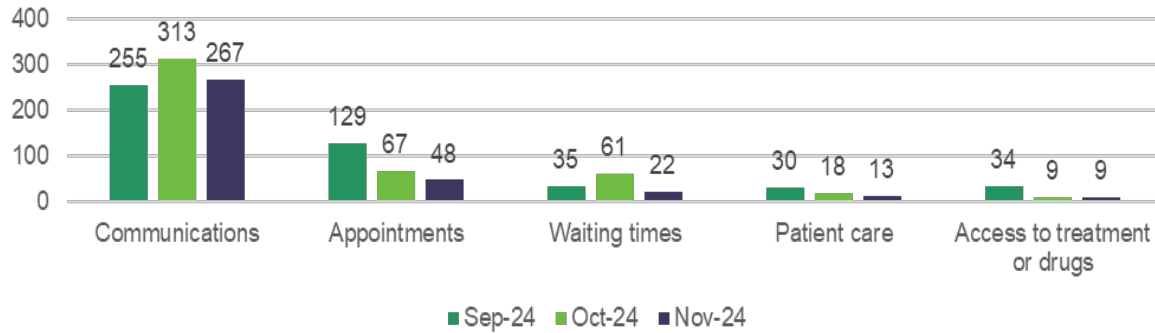
Total complaints received

In November 2024 the Trust received a total of 71 new complaints (from 110 in October 2024) - 40 for Colchester and 31 for Ipswich. The Trust has a nominal target of receiving less than 100 complaints each month. The Trust is trying to improve the triage of new enquiries into the Complaints and PALS team to ensure that issues that could be addressed through PALS are progressing through that route, and this is indicated by the lower number of new complaints this month. No high-level complaints were received in November 2024.

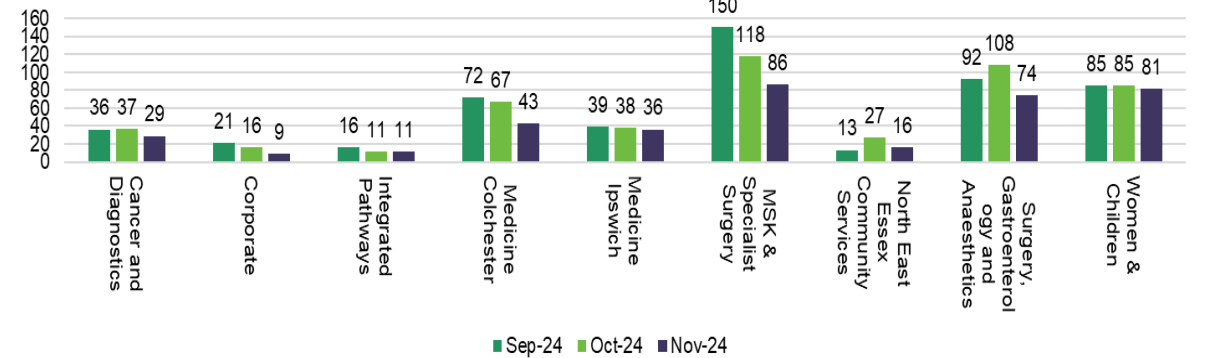
Patient Experience – PALS



Top PALS Themes - last 3 months



Total No. of PALS by Division - last 3 months

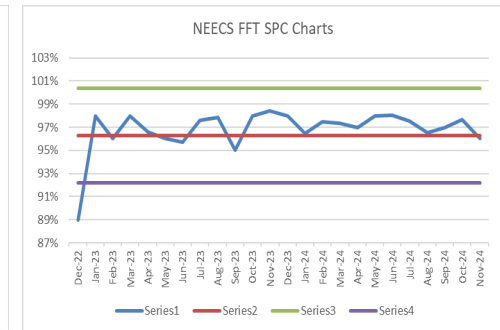
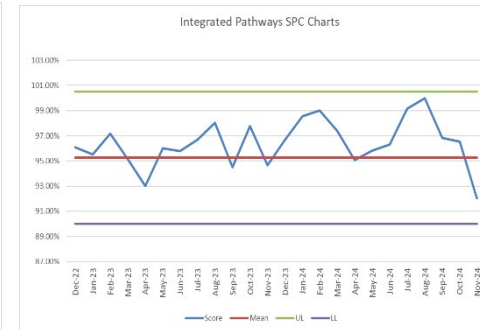
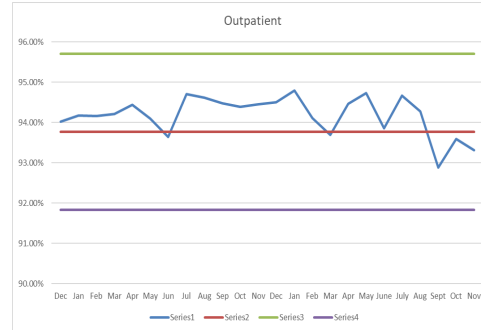
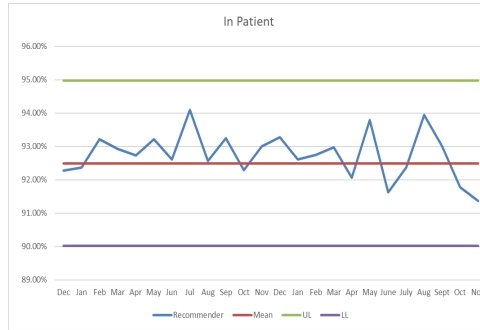
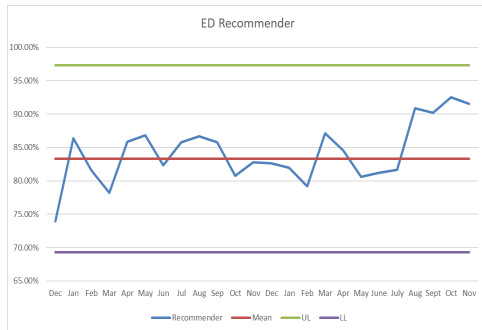


Issues

PALS enquiries for November 2024

There were 386 new PALS logged on Datix in November 2024, which is a large decrease from 507 in October 2024. The changes to accessing areas directly started in October, and it appears that the Trust is now starting to see the difference with the reduction in the number of enquires having to be escalated through PALS, and more people being able to access information directly from the relevant service areas.

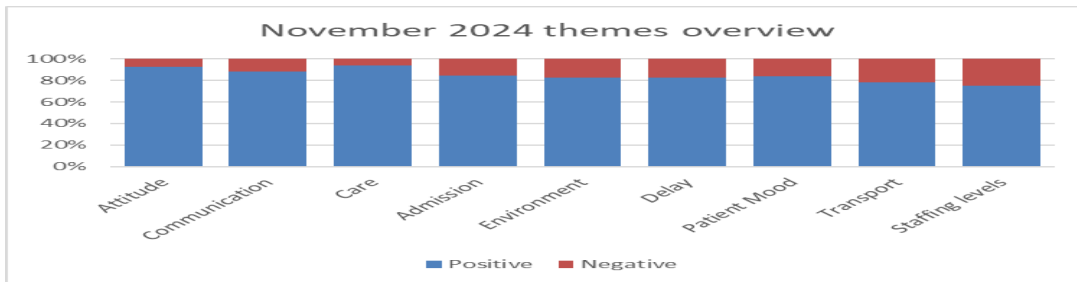
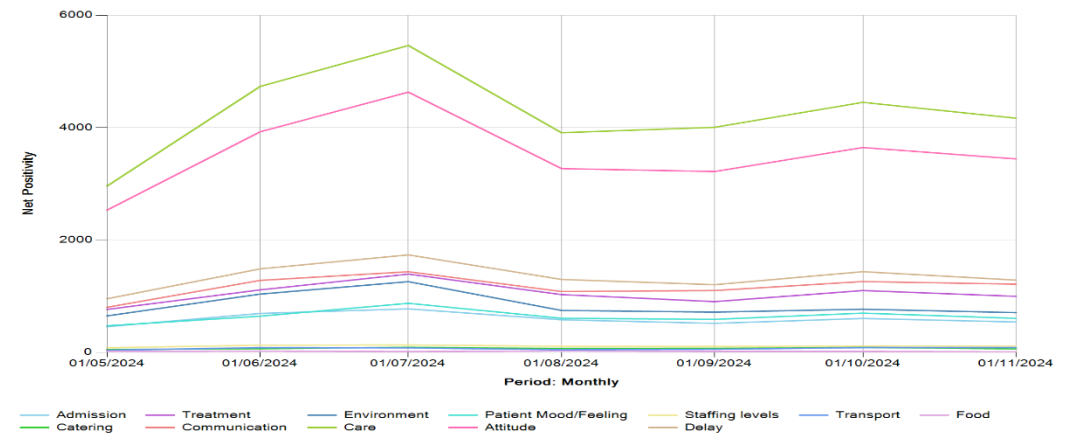
Patient Experience – Friends & Family



Top themes from Friends and Family for negative & positive comments for the month

	Attitude	Communication	Care	Admission	Environment	Delay	Patient Mood	Transport	Staffing levels	Treatment
Positive	3731	1401	4450	664	895	1596	747	115	165	1159
Negative	291	190	285	124	189	331	144	32	54	164
% Negative	7%	13%	6%	16%	16%	19%	18%	28%	30%	13%
Change	No change	No change	Up 1%	Up 2%	Up 3%	Up 3%	Up 3%	Up 2%	Up 1%	Up 1%

Trends in themes for the previous 8 months



FFT Feedback

- Colchester Rehab - Brilliant experiences with my heart rehabilitation session. It has improved my health so much. No improvements needed, just more of the same please...
- Ipswich Neonatal - I walked into the unit full of fear and an emotional wreck and slowly but surely the team made me feel like me again. They made me feel safe enough to leave my baby who was so poorly so I could sleep and be stronger for my baby. I cannot thank the team enough..
- Colchester surgery - Staff were superb throughout, reception, ALL nurses including trainees, anaesthetist, surgeon, theatre staff and recovery staff, all very kind compassionate and efficient and human I couldn't have more respect for them
- East Suffolk Cardiac Rehab - It has proved to be a tremendous benefit to me and aided my recovery. The whole team made a positive difference to the whole team From the online information forum to the physical routines the whole service was organised and implemented..

Emergency Care	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Areas of Improvement	Areas requiring further work
A&E: Total Wait - 4 Hour Performance	78%	74.2%	73.8%	77.6%	72.8%	72.1%	72.3%	<ul style="list-style-type: none"> The Trust achieved 72.3% performance against the A&E 4-hour standard for November which is below the national standard of 78%. The Ipswich site saw the start of improvement in Ambulance Handovers continuing into December with Handover 45 implementation. 	<ul style="list-style-type: none"> Ipswich site have developed a recovery plan for ED Performance including following the move to the new UECC. Business Case for ESNEFT provision of Type 3 Activity transferring from GP Federation approved by ICB and mobilisation plans underway. Handover 45 plans have shown an improvement in Ipswich performance for ambulance handover. New ED led AECU with former UTC footprint planned for commencement on 7th January 25.
A&E: Time to initial assessment	-	80.5%	81.6%	81.7%	76.7%	76.6%	75.3%		
ESNEFT Mental health Attendances	-	434	390	429	390	368	336		
Inpatients	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	<ul style="list-style-type: none"> Cancer: good reduction in month of those patients waiting over 62days. Breast, Skin and Head and Neck are delivering on Cancer standards. Improvement month on month for LGI in Ipswich. 	<ul style="list-style-type: none"> Colorectal and urology pathways for Cancer to deliver the internal ambitions and review of days to diagnosis to achieve 62days. Diagnostics – part of the work reviewing the days to diagnosis an long term plan for Echo recovery particularly for the complex echo's and endoscopy capacity if new build is delayed. Key workforce roles to deliver capacity to deliver activity plans in both ESEOC and GSH Reducing polling times to 40 weeks 'Big Clean' in preparation for EPIC
ESNEFT Total Spells	-	18,148	20,072	18,914	18,721	20,192	19,608		
ESNEFT Daily average LLOS patients	-	151	150	140	134	136	123		
Cancer	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	<ul style="list-style-type: none"> Continued Diagnostic performance improvement month on month. Some progress on Echo and endoscopy recovery. No patients over 65 weeks waiting for capacity reasons. 	
Cancer: 62 days general treatment standard	**	72.7%	78.3%	73.8%	73.6%	74.8%	68.5%		
Cancer: 28 Day Faster Diagnosis Standard	***	76.7%	74.1%	74.7%	75.7%	77.0%	75.9%		
Diagnostics	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	<ul style="list-style-type: none"> Continued Diagnostic performance improvement month on month. Some progress on Echo and endoscopy recovery. No patients over 65 weeks waiting for capacity reasons. 	
Diagnostics: % Patients waiting 6 weeks or longer	****	18.5%	18.8%	21.4%	19.4%	18.3%	13.9%		
RTT	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24		
RTT: Incomplete pathway >65 weeks	0%	0.76%	0.65%	0.50%	0.06%	0.01%	0.03%		
RTT: Incomplete pathway >52 weeks	0%	4.34%	4.36%	4.04%	3.60%	3.60%	3.60%		
Variable internal targets:	Q1	Q2	Q3	Q4					
A&E: Total Wait - 4 Hour Performance *	72%	75%	77%	80%					
Cancer: 62 days general treatment standard **	72%	75%	77%	80%					
Cancer: 28 Day Faster Diagnosis Standard ***	75%	76%	77%	80%					
Diagnostics: % Patients waiting 6 weeks or longer ****	15%	11%	7%	5%					

	Performance Measure	Target	Reporting Month			Trend		
			ESNEFT	Col	Ips	ESNEFT	Col	Ips
Emergency Department	Four hour standard (Whole Economy)	77% (trajectory)	● 72.3%	● 78.3%	● 61.7%	● 0.2%	● 0.5%	● (0.4%)
	Time to initial assessment - 95th pct	15 mins	● 32	● 26	● 38	● 1	● 2	● 1
	Time to initial assessment- percentage within 15 minutes (new measures)		75.3%	82.7%	66.0%	● (1.3%)	● (1.0%)	● (1.3%)
	Time to treatment - median time in department	60 mins	● 86	● 48	● 135	● (2)	● 1	● (5)
	Average (mean) time in department- non-admitted patients (new measure)		324	483	242	● 14	● 49	● 0
	Average (mean) time in department- admitted patients (new measure)		494	520	450	● (24)	● (4)	● (58)
	Patients spending more than 12 hours in A&E		1,962	1,463	499	● (32)	● 27	● (59)
	Proportion of ambulance handovers within 15 minutes (new measure)		13.4%	8.8%	18.9%	● 2.0%	● 1.5%	● 2.4%
Cancer	% Patients seen within 2 weeks from urgent GP referral	93% (historical)	● 78.5%			● (12.9%)		
	% patients meeting 28 day faster diagnosis	77% (24/25)	● 75.9%			● (1.1%)		
	% patients waiting no more than 62 days for treatment	85%	● 68.5%			● (6.3%)		
Diagnostics	% patients waiting 6 weeks or more for a diagnostic test	5%	● 13.9%			● (4.4%)		
	Diagnostic waiting list		14,108			● 63		
RTT	% of incomplete pathways within 18 weeks	92%	55.1%			● 0.0%		
	Total RTT waiting list (open pathways)		92,852			● 258		
	Total 52+ weeks waiters		3,384			● 19		
	% of RTT waiting list at 52+ weeks		3.6%			● 0.0%		
	Total 65+ weeks waiters	0 (Trajectory)	24			● 12		
	% of RTT waiting list at 65+ weeks		0.03%			● 0.01%		

UEC: Improvements have been seen in month, with the focus on getting it right every time. Executive oversight and support provided to ensure winter resilience plans are in place. Performance remains below trajectory with recovery plans in place for both sites. System oversight and planned visits are in place for December.

Cancer: There has been a month-on-month deterioration against cancer standards. However, this was expected with the focus having been on those patients waiting over 62 days. The Trust is still on track with internal trajectories.

Elective: Although there was an increase in the number of 65-week breaches in month, this was largely due to WSH patients (10) and corneas (3). The remainder all were either choice or complex.

Diagnostics: Performance improved and there was an overall reduction in the long waiting patients. Focus remains on outpatient polling times for those over 40 weeks.

Whole Economy performance for ESNEFT in month increased by 0.2% but was below trajectory. Colchester performance increased by 0.5% and is above trajectory with Ipswich declining by 0.3%. Overall, ESNEFT attendances decreased by 786 (2.8%). Both sites decreased; Colchester by 2.7% and Ipswich by 3.0%.

4-hour standard- ESNEFT whole economy

72.3%
 ↑ vs 72.1% last month
 *includes Clacton and Harwich

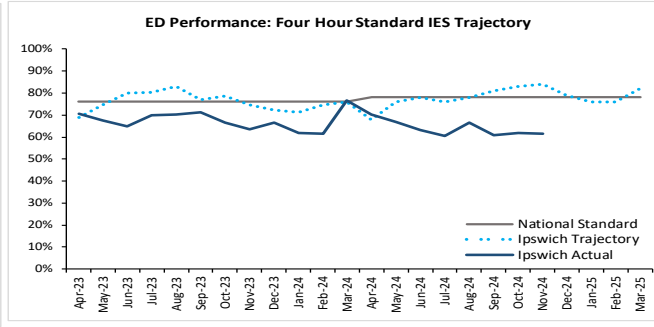
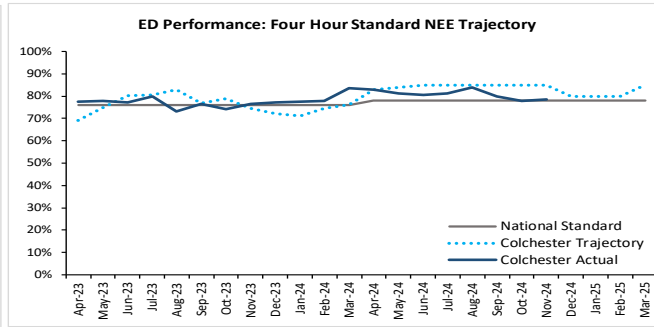
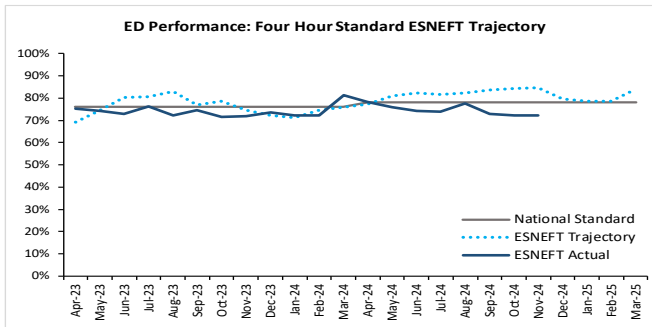
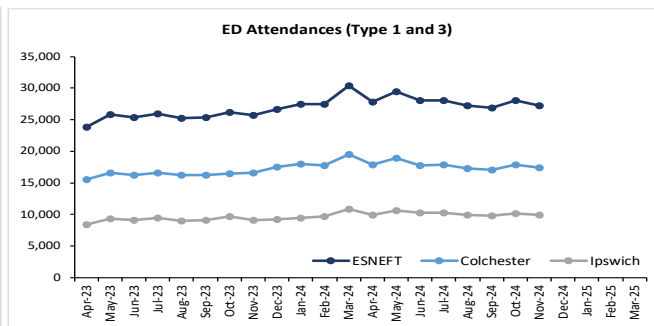
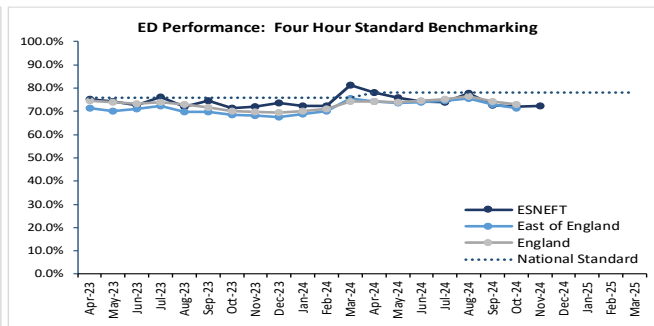
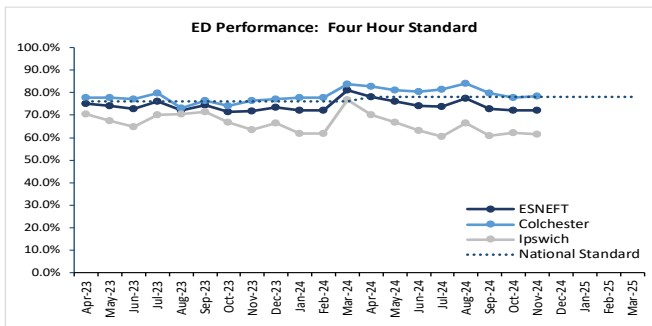
4-hour standard- Colchester

78.3%
 ↑ vs 77.8% last month

4-hour standard- Ipswich

61.7%
 ↓ vs 62.0% last month

Attendances - ESNEFT
27,269
 ↓ vs 28,055 last month



**National/regional comparison data has yet to be published for October

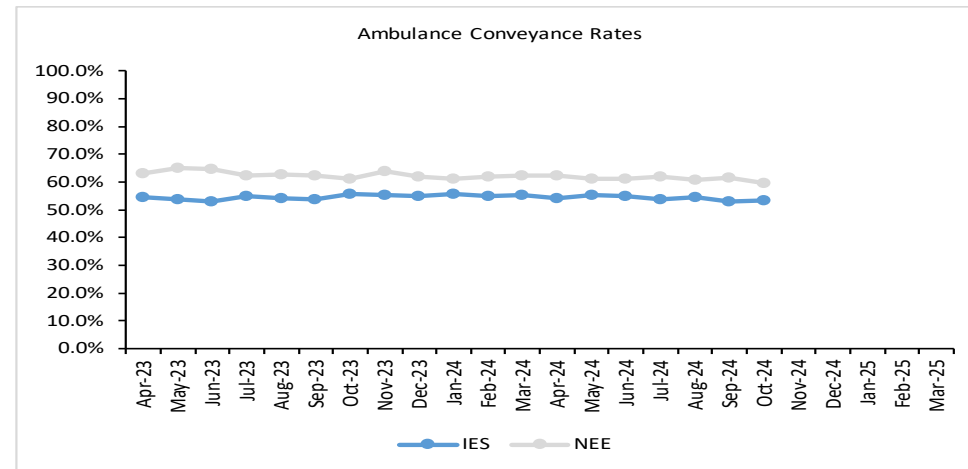
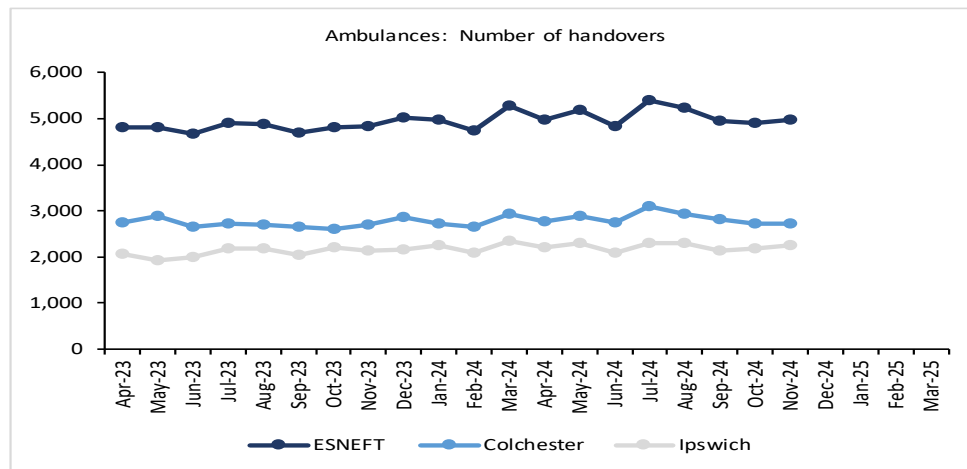
Colchester

There was in-month improvement in performance, which can be attributed to consistent utilisation of the Ambulatory Emergency Care Unit and Acute Medical Same Day Emergency Care assessment area. The Trust is holding the position to not bed AMSDEC, and October saw the greatest number of patients through the unit since it opened.

Ipswich

Work is on-going to mobilise the ED led SDEC Unit. A deep dive into overnight waits is in progress to identify proposed changes to the medical model to support the reduction in time to treatment and improve non-admitted compliance. Training has been undertaken with a GP streamer to support the identification of GP suitable patients and access to simple diagnostics to support increasing the volume of patients streamed to the GP. In December improvements were seen in the frailty service with re-directed services to the community and direct community access to advice from a frailty consultant. This is planned to reduce the number of conveyances to ED.

The number of ambulance handovers increased in November for ESNEFT by 1.8%, with the number at Colchester essentially remaining unchanged from the previous month, whilst there was a 4.0% increase at Ipswich.



**Ambulance conveyance rates for November not received from the CCG

Number of handovers - ESNEFT

4,985

↑ vs 4,898 last month

Number of handovers - Colchester

2,723

↑ vs 2,722 last month

Number of handovers - Ipswich

2,262

↑ vs 2,176 last month

Colchester

November saw the implementation of the Handover 45 (HO45) protocol implemented by EEAST. This means that ambulance crews will not wait longer than 45-minutes for clinical handover. Colchester have ensured that a Standard Operating Procedure has been put in place. This means that our Consultant in charge and Nurse in charge will review all patients' suitability to be in the department or if they could be treated in another more appropriate setting of care, such as one of our Same Day Emergency Care Units.

Ipswich

HO45 launched on 28th November. Ipswich has had a whole hospital approach to the preparation for this protocol, ensuring robust escalation processes are in place to be able to meet the peaks in demand from the ambulance service. The ED team are working closely with EEAST to enable the Trust to have increased intelligence of the community demand and ensure teams are proactive for hospital arrivals.

The RAT model continues to provide improvements to patient treatment plans and enabling patients to get to the right service quicker.

ESNEFT performance for handovers within 15 minutes increased by 2.0% in month, improving by 1.5% at Colchester and at 2.4% at Ipswich. Overall, the number of handovers between 15 and 30 minutes has increased by 2.2%, between 30 and 60 minutes has decreased by 0.3%, and the number handed over after 60 minutes has decreased by 3.8%.

Handovers within 15 minutes - **ESNEFT**
13.4%

↑ vs 11.4% last month

Handovers within 15 minutes - **Colchester**
8.8%

↑ vs 7.3% last month

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

↑ vs 16.5% last month

Handovers within 15 – 30 minutes - **ESNEFT**
41.6%

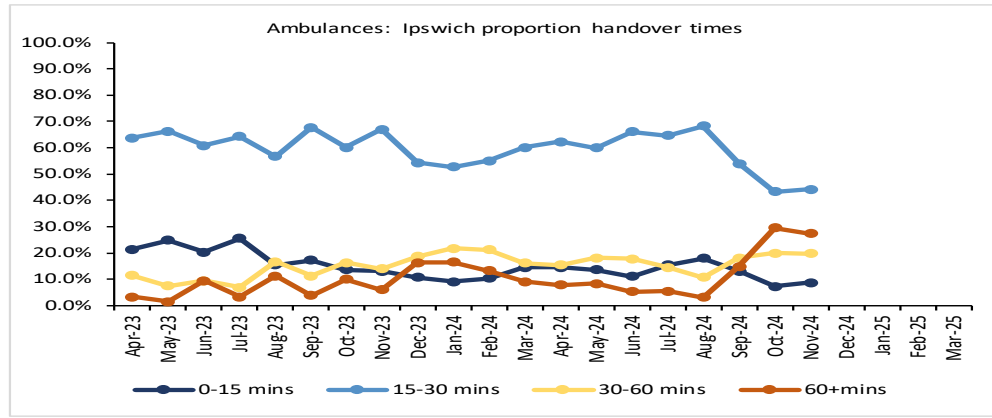
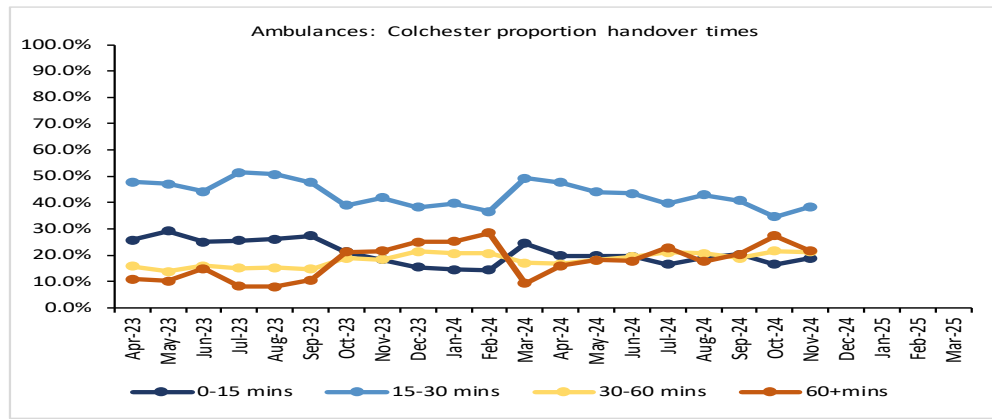
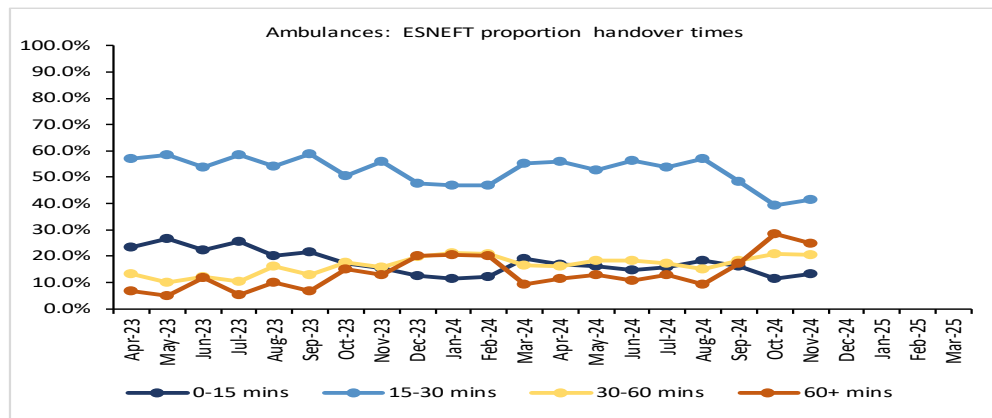
↑ vs 39.4% last month

Handovers within 30 – 60 minutes - **ESNEFT**
20.4%

↓ vs 20.7% last month

Handovers over 60 minutes - **ESNEFT**
24.7%

↓ vs 28.5% last month



Colchester

Prior to the full implementation of the Handover 45 protocol teams experienced good performance. This can also be attributed to the excellent utilisation of Same Day Emergency Care units, which has supported with flow throughout the Emergency Department. Teams are working with ambulance colleagues to ensure they are aware of the alternative routes to admission, such as the Urgent Treatment Centre's and the Emergency Assessment units.

Ipswich

Improvements were seen for the whole hospital approach to ambulance conveyances. This is supported by initiatives such as dual post take ward rounds, early boarding on wards and 'direct to specialty' for GP heralded patients which has shown improvements with handover compliance. There has been a proactive approach to maintaining empty cubicles in the emergency department at all times and escalation and de-escalation processes are in place to support additional capacity when required.

Overall, the time to initial assessment in ED declined, with the number of patients assessed within 15 minutes decreasing by 1.3%. Colchester decreased by 1.0% and Ipswich decreased by 1.3%. Average time in department for admitted patients decreased by 24 minutes and increased by 14 minutes for non-admitted patients. The number of patients staying in the department for 12 hours decreased by 1.6% compared to the previous month.

Time to initial assessment (% patients within 15 mins)

75.3%

↓ vs 76.6% last month

Time to initial assessment: (95pct)

32 min

↑ vs 31 min last month

Average time in dept – non-admitted

324 min

↑ vs 310 min last month

Average time in dept – admitted

494 min

↓ vs 518 min last month

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

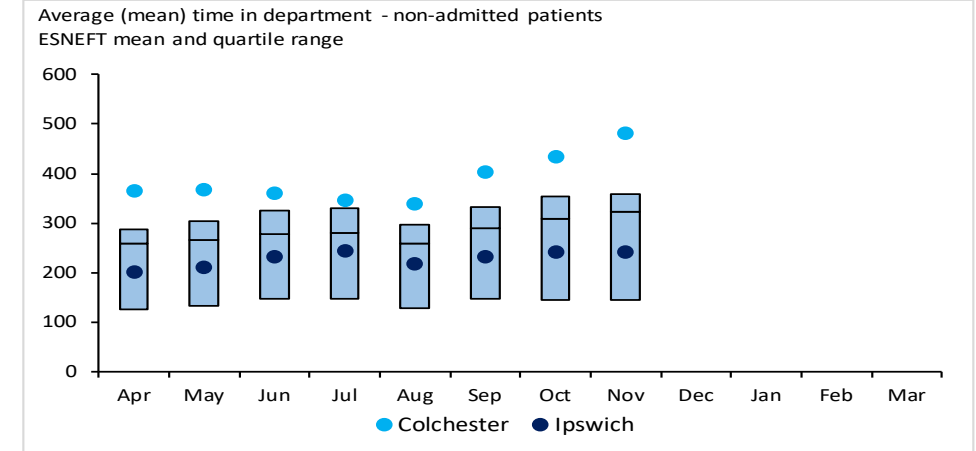
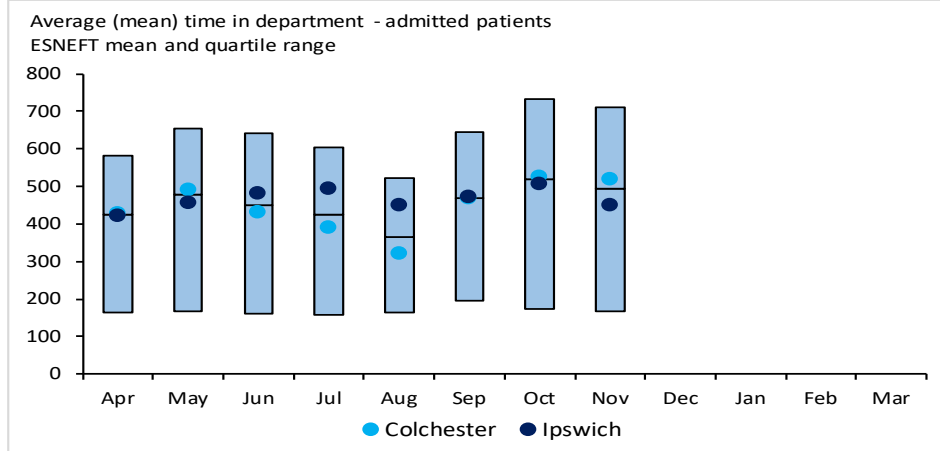
86 min

↓ vs 88 min last month

12-hour patients

1,962

↓ vs 1,994 last month



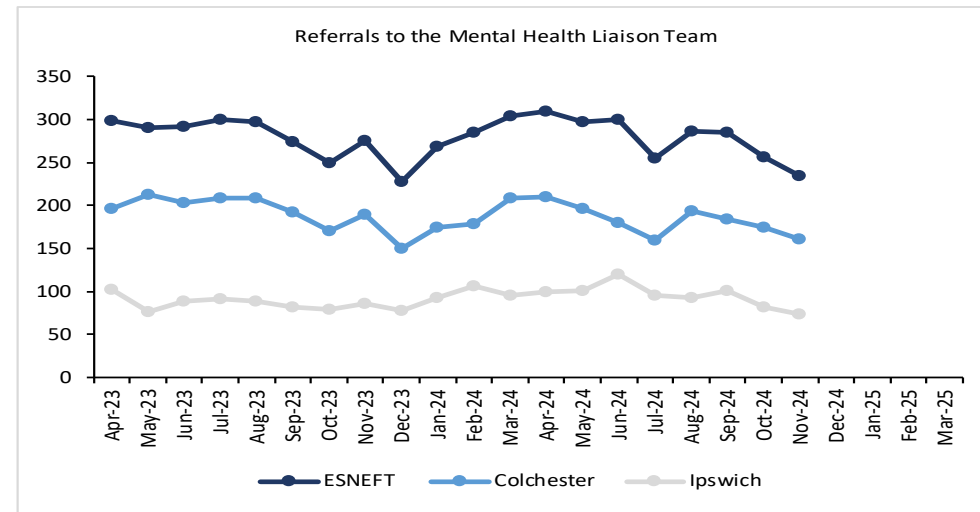
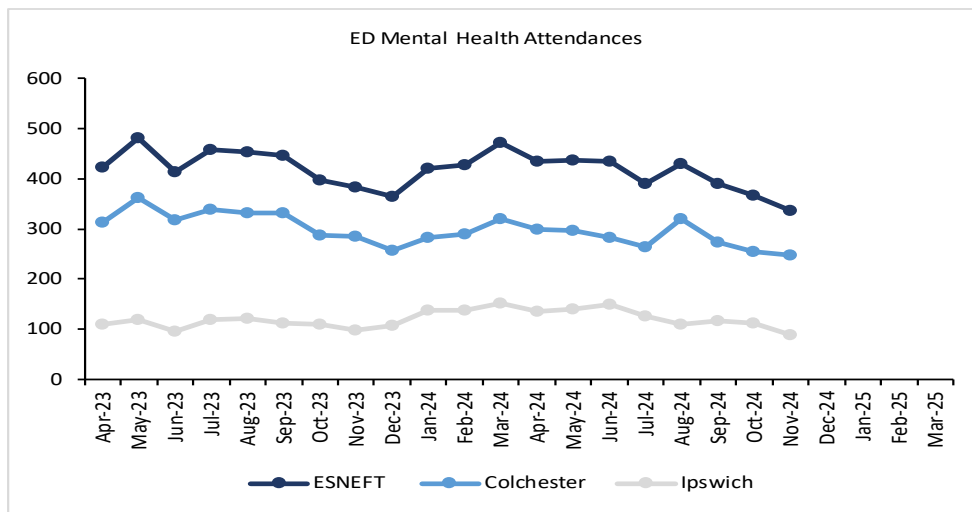
Colchester

Time to initial assessment at Colchester declined in month, however the number of patients staying 12 hours in the department decreased. This can be attributed to improved flow through good utilisation of the Same Day Emergency Care assessment units.

Ipswich

Improvements were seen in time to treatment with the launch of the new RATS process. There is recognised variability in recording processes which the team are working on to minimise. Improvements planned with the mobilisation of an ED led SDEC unit is intended to improve time to treatment and initial assessment. Average admitted wait time in ED reduced in month compared to October and remained static for non-admitted patients. A deep dive into the overnight waits will support improvements in time to treatment and compliance with the four-hour standard. Improvements in the Emergency Assessment Unit with dual 'post take' has improved flow out of the unit reducing the wait in ED for a bed. A GP heralded 'direct to specialty' pathway in line with 'clinically ready to proceed' is also improving time spent in ED.

Mental Health ED attendances have decreased by 8.7% across ESNEFT compared with last month. In Colchester attendances decreased by 3.1% and in Ipswich attendances decreased by 21.4%. Mental Health referrals decreased by 8.2% across ESNEFT, with Colchester decreasing by 7.5% and Ipswich decreasing by 9.8%.



MH attendances - Colchester
248
↓ vs 256 last month

MH attendances - Ipswich
88
↓ vs 112 last month

MHLT referrals - Colchester
161
↓ vs 174 last month

MHLT referrals - Ipswich
74
↓ vs 82 last month

Service Commentary

Length of stay within ED, particularly in Colchester continues to be a challenge for patients (inappropriate area) and staff (impact upon patient care and flow). The situation continues to be escalated, and teams are working with the ICB to support system wide understanding of the impact. The Trust is awaiting the outcome of the ICB quality visit to increase understanding of patient and staff experience.

There continues to be a significant difference in the number of patients assessed to require admission; 14 people were referred for inpatient MH beds in Colchester, 4 in Ipswich. This has been escalated as a required area of focus to understand impact of current crisis management and threshold for admission. The mean waiting time for transfer was 91 hours in Colchester ED and 25 hours in Ipswich ED. Admission to ESNEFT beds for reasons relating to MH was the same on both sites.

Data collection continues in relation to the NHSE enhanced observations collaborative, and work is underway to develop resources for clinical areas.

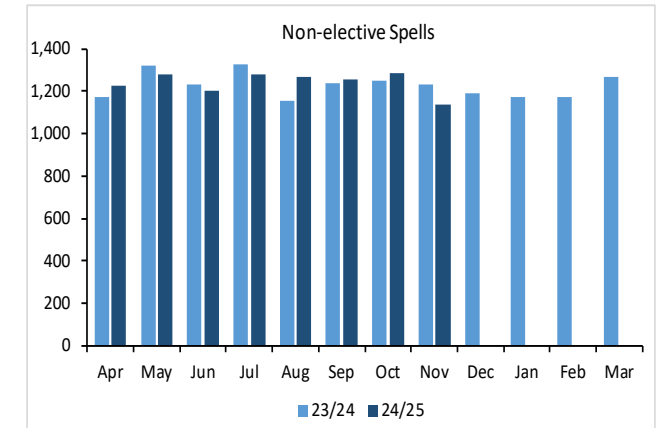
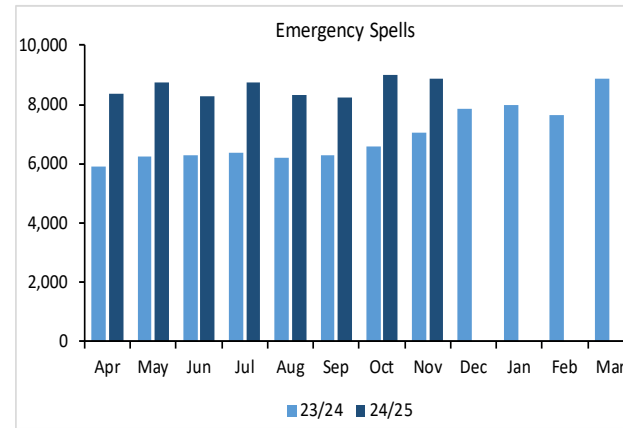
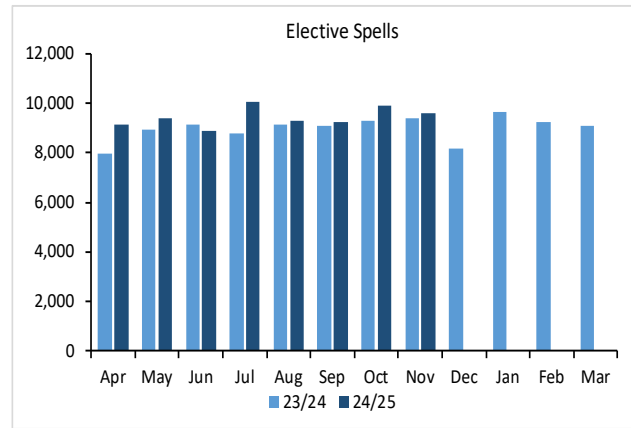
Total spells decreased by 2.9% in month for ESNEFT. Emergencies decreased by 1.1% and non-electives decreased by 11.7%. Elective spells decreased by 3.4% compared to last month. Compared with the same period 23/24, elective activity has increased by 1.8%, emergencies have increased by 25.6% and non-electives have decreased by 7.9%. However, the growth in emergencies is a reflection of a number of significant service changes, including the introduction of the Ambulatory Emergency Care Unit (AECU).

Elective spells
9,584
 ↓ vs 9,920 last month

Emergency spells
8,888
 ↓ vs 8,896 last month

Non-elective spells
1,136
 ↓ vs 1,286 last month

Total spells
19,608
 ↓ vs 20,192 last month



Colchester

Escalation areas have remained open in month; with attempts to un-bed AMSDE being achieved though further escalation capacity was required. Use of AECU (average of 43 daily) continues to increase. This is maintaining good length of stay performance (5.87 days for deeper wards) and the early pull of patients to AMSDEC.

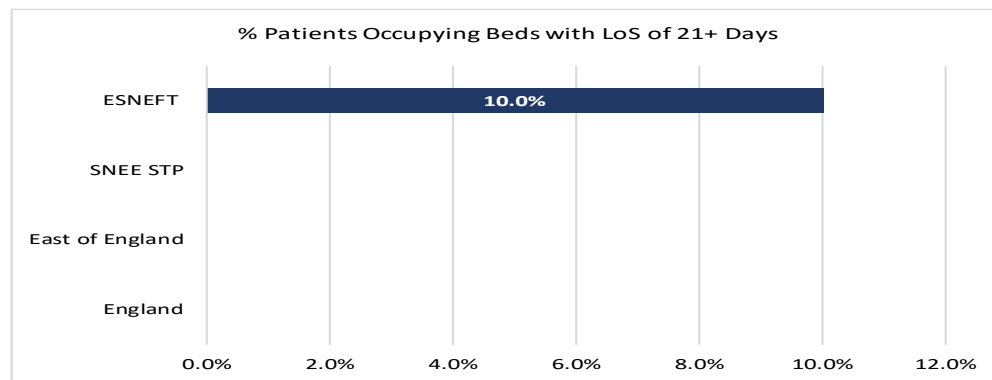
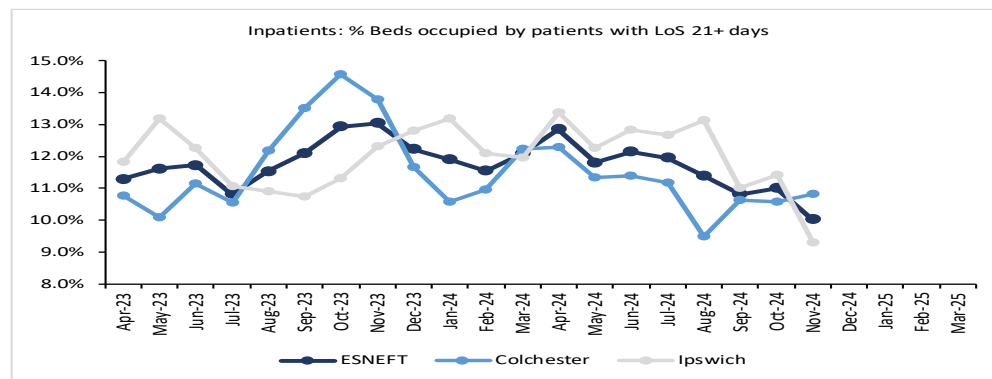
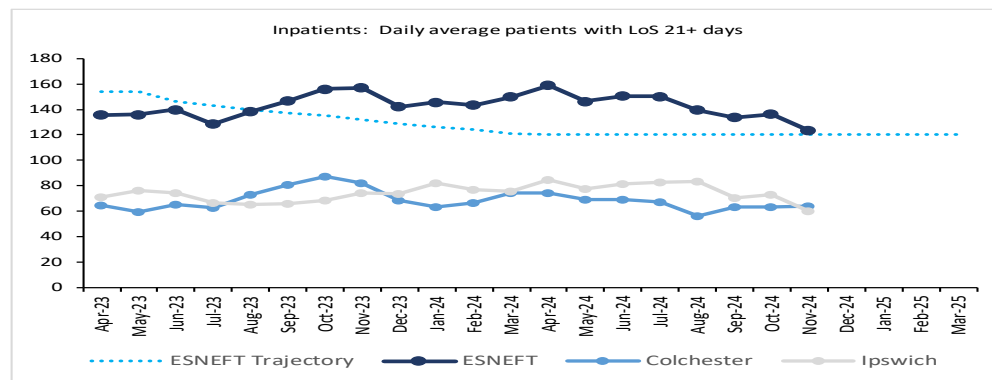
Focus is ongoing to ensure capacity with daily panel meetings and system partner discussions. However, demand for beds has exceeded capacity and acuity has been high.

Ipswich

Additional escalation beds, medical outliers and the use of boarding beds on base wards has been in place for November. The focus has been on length of stay reductions with the consultant body.

The whole hospital approach to HO45 has provided a platform for improved communication within the ward areas to better understand the risks held at the front door and within the community to improve discharge planning.

The average number of long length of stay (21+ days) patients across ESNEFT decreased by 13 in month and is 3 patients above the trajectory. Colchester increased by 1 patient and Ipswich decreased by 13 patients.



**National/regional comparison data has yet to be published.

ESNEFT – Daily average LLOS patients

123
 ↓ vs 136 last month

Colchester – Daily average LLOS patients

64
 ↑ vs 63 last month

Ipswich – Daily average LLOS patients

60
 ↓ vs 73 last month

Colchester

There has been little change in performance to the previous month, however, the trend has been reducing generally over the course of the financial year.

Capacity in the P1 market supports swift discharge for relatively simple packages of care and reablement.

Ipswich

Good improvement was seen across Ipswich LLOS compared to October. Teams have seen some positive movement with longer stay and more complex patients.

Reviewing patients at 7 days long-length of stay remains a priority with early identification and escalation of delays.

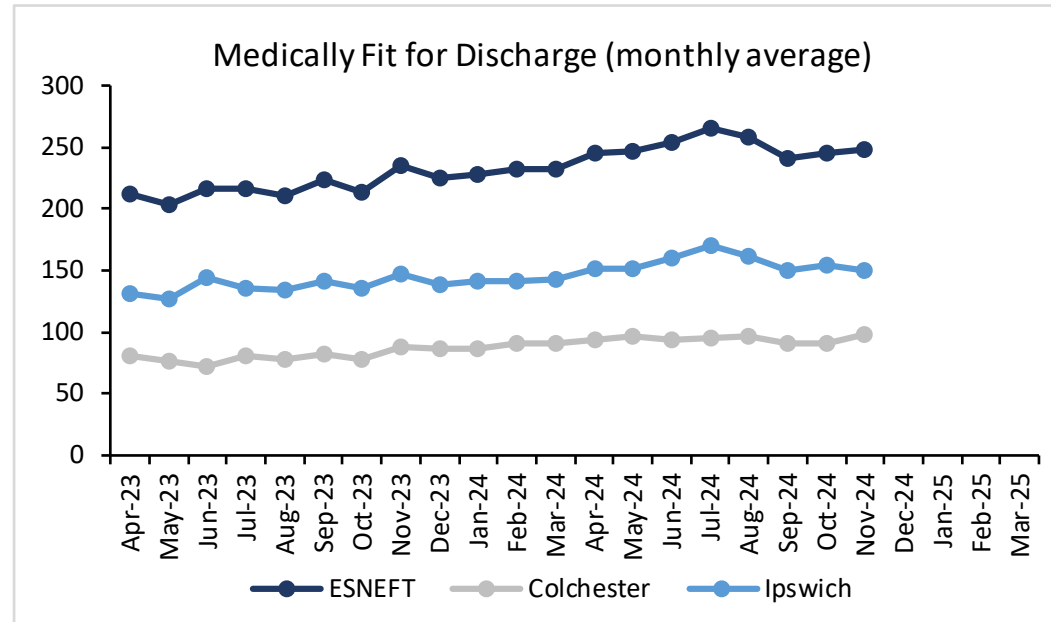
The average number of medically fit for discharge patients increased by 0.8% in month for ESNEFT.

Colchester increased by 7.7% and Ipswich decreased by 3.2%.

Medically fit discharges - ESNEFT
248
 ↑ vs 246 last month

Medically fit discharges - Colchester
98
 ↑ vs 91 last month

Medically fit discharges - Ipswich
150
 ↓ vs 155 last month



Colchester

Bed occupancy was high in November, at 100% at midnight and 8am throughout the month. This has had a knock-on effect on all teams and services, including system partners in respect of discharging patients as demand increases.

P1 discharges continue to be successful within 24-48 hours of MFFD date, more complex elderly patients on P2 and P3 are those that see the biggest delays.

Ipswich

Close monitoring of patients with no criteria to reside remains a focus. The team are trying to pick patients up earlier in their pathway and the TOCH are working on improvements to identifying patients needing P2 by engagement at Board rounds.

The number of discharges this month compared to last month has remained very similar with a slight increase of patients being discharged out via P3. The use of capacity within P1 and P2 remains positive providing good flow for the acute.

ESNEFT performance in month declined by 12.9% for two week waits and declined by 6.3% for 62 day first treatments. The 28 day faster diagnosis rate declined by 1.1% compared to the month before and is above ESNEFT's internal trajectory to meet 77% by the end of March 25.

Two week wait performance

78.5%

↓ vs 91.4% last month

62-day wait performance

68.5%

↓ vs 74.8% last month

28-day faster day diagnosis performance

75.9%

↓ vs 77.0% last month

Patients treated at 63+ days

397

↓ vs 463 last month

Patients treated at 104+ days

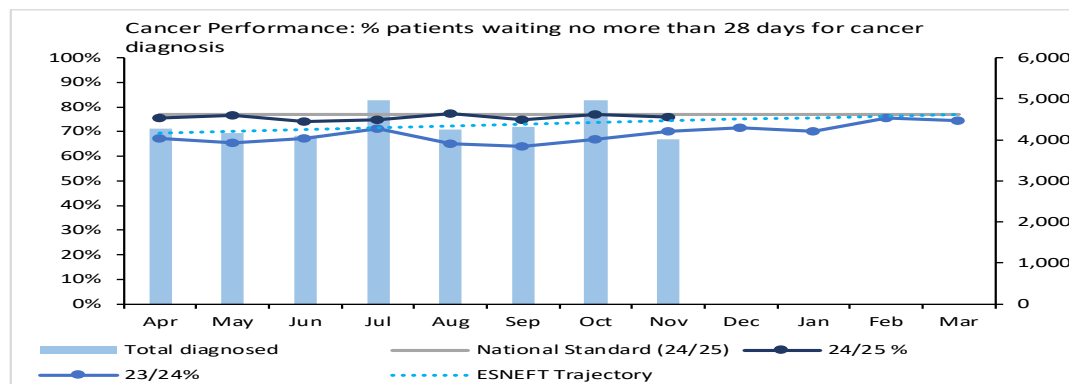
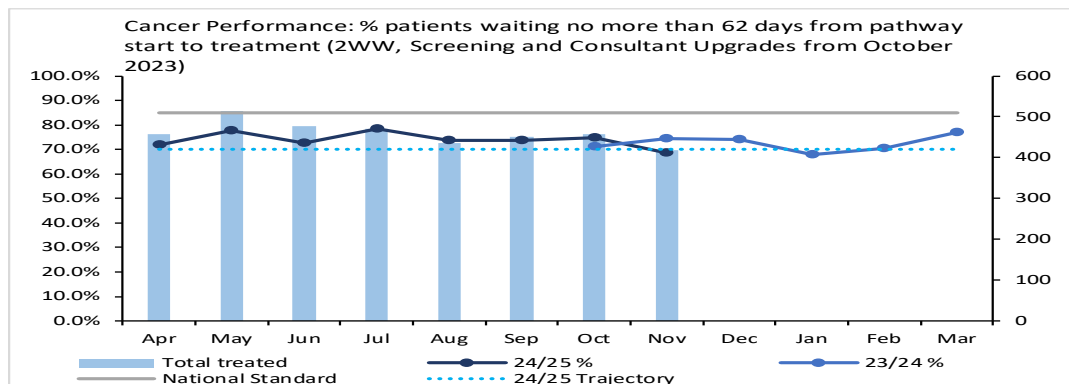
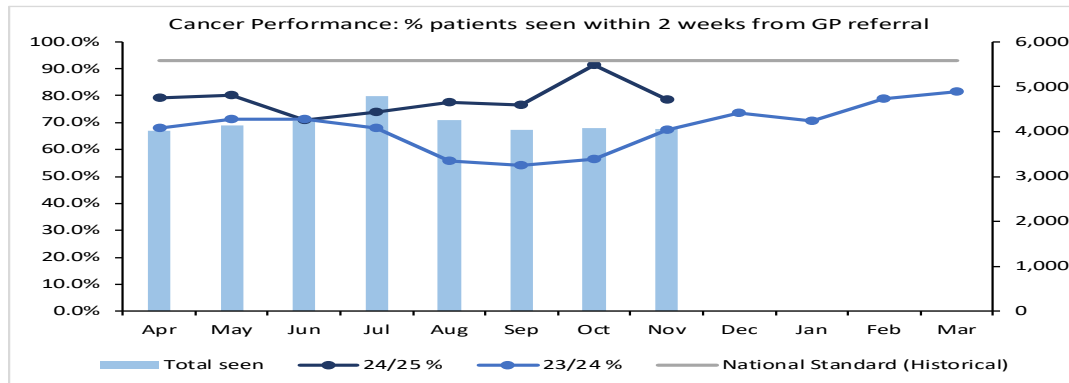
44

↑ vs 43 last month

62-day PTL size

4,878

↑ vs 4,861 last month



Service Commentary

The cancer backlog is now 328 patients which is slightly higher than trajectory. The highest numbers remain within colorectal despite additional endoscopy capacity in place at Ipswich. Teams are still seeing waiting times of 2 weeks from request to procedure. The backlog has also increased in Gynae, H&N, Lung and Urology.

28-day performance remains steady and in line with trajectory. Ipswich Colorectal has improved performance whilst Colchester has fallen slightly. Overall, performance remains the same. Urology Colchester performance has also been impacted by capacity issues due to consultant absence.

62-day performance has fallen slightly below trajectory but remains recoverable in line with the March target. Impact of endoscopy delays in colorectal is the main reason for treatment delays with only 33% of patients treated within the standard. Skin are also not compliant for November at 79%, down from 90% in October with all breaches at Ipswich where outpatient capacity has been the issue.

Trajectories submitted for 24/25 have been reviewed and are unlikely to change as they remain achievable in Q4.

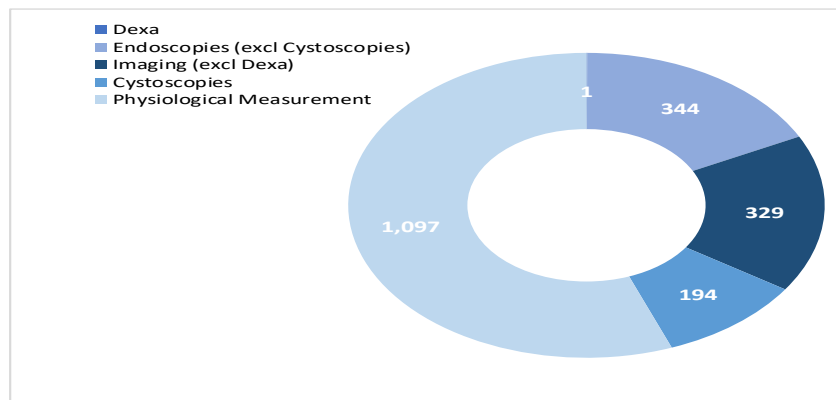
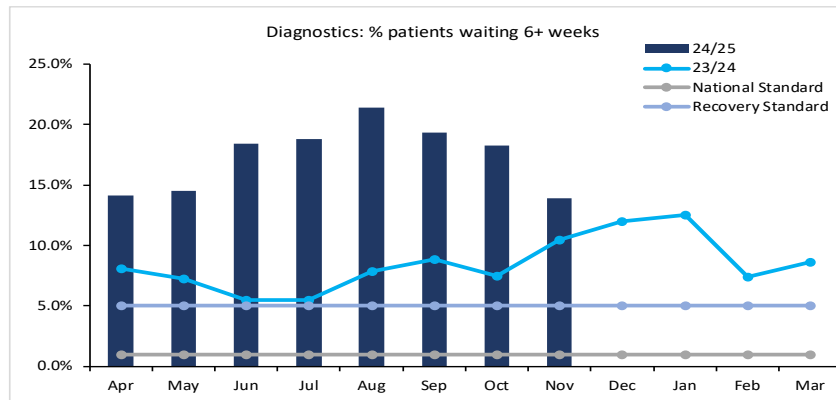
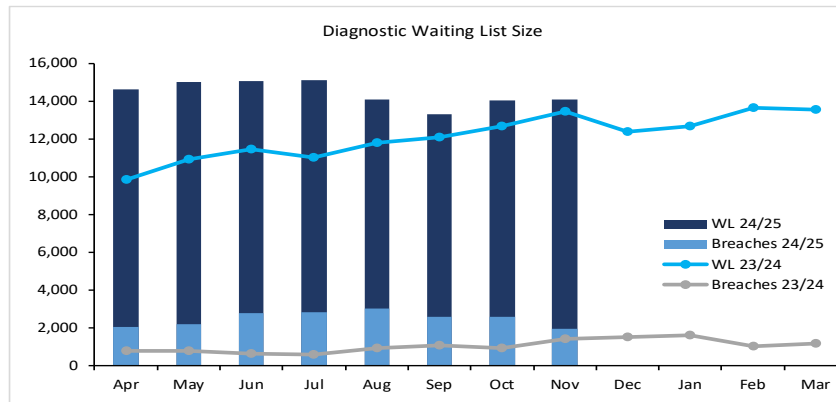
6-week performance improved by 4.4% in month. The number of 6-week breaches decreased by 606 with the waiting list increasing by 63 (0.4%). Ipswich currently holds the greatest proportion of the breaches at 81.0%. Of the Ipswich breaches, echoes constitute 44.2% of the site total. At Colchester Gastroscopy account for the greatest proportion of breaches (24.7%).

% patients waiting > 6 weeks
13.9%
 ↓ vs 18.3% last month

DM01 6-week breaches
1,965
 ↓ vs 2,571 last month

DM01 Waiting List
14,108
 ↑ vs 14,045 last month

***Provisional performance reported which includes Oaks data for October*



Service Commentary

Month on month performance improvements have been seen since July.

There has been significant improvement in the 13+ week position moving from 1,081 patients over 13 weeks in October to 434 in November.

Continued compliance within:

- Audiology
- CT
- Non-Obstetric Ultrasound
- Barium Enema
- DEXA

Following the introduction of insourcing support and work to transfer patients from Ipswich to Colchester and the CDC, Echo performance moved from 51.76% of patients over 6 weeks in October to 34.15% in November along with a waiting list reduction from 2,361 to 2,082 patients. Cardiology are working on an insource solution in January to support further increase capacity focused on DSE patients.

Endoscopy performance has not improved as expected, however, the service are utilising InHealth support in Suffolk and insourcing support to improve this position. Colonoscopy performance improved, however both Flexi and Gastroscopy deteriorated. The service are reviewing further actions to support improvement in year to meet planning guidance.

ESNEFT are working on a trajectory for NHSE reviewing any risk to performance in the final quarter of the year.

Performance against the 18 week standard remained unchanged in month. The proportion of patients waiting 65 weeks or more increased by 0.02%.

Open pathways within 18 weeks - ESNEFT

55.1%

➔ vs 55.1% last month

Open pathways within 18 weeks - National **

Yet to be published

65+ week waits - ESNEFT

↑ 0.03%

vs 0.01% last month

65+ week waits - National

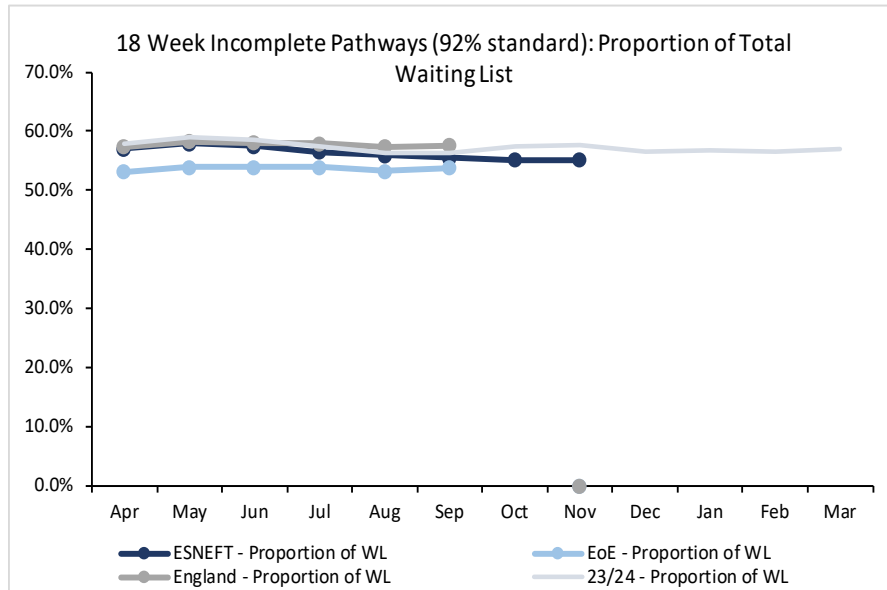
Yet to be published

52+ week waits - ESNEFT

3.6%

52+ week waits - National

Yet to be published



Service Commentary

Continued focus on reducing age of waiting list (WL) and 65+ week reduction.

Improvements in both waiting list size and performance in the below services from period 07/04/24 to 24/11/24:

- **Gastroenterology** WL reduction from 4,613 with performance improvement from 46.65% to 60.82%. Further improvement anticipated with the go live of Advice and Guidance in Colchester from January 2025.
- **Pain** WL change from 1,115 to 844 with performance change from 46.19% to 59%.
- **Ophthalmology** improvement from 9,937 to 8,588 with performance from 62.97% to 67.61%

Rheumatology performance has slipped from compliance in November. This has been raised with the service who are working up recovery plans for presentation in December/January.

Services with continued RTT compliance include:

- IP Older People's Services 92.23%
- NEE Older People's Services 100%
- Ipswich Endocrinology 95.10%

Services are now working to trajectories to ensure reduction in 1st OPA wait time to support the move to the next stage of recovery.

**National reporting is one month in arrears

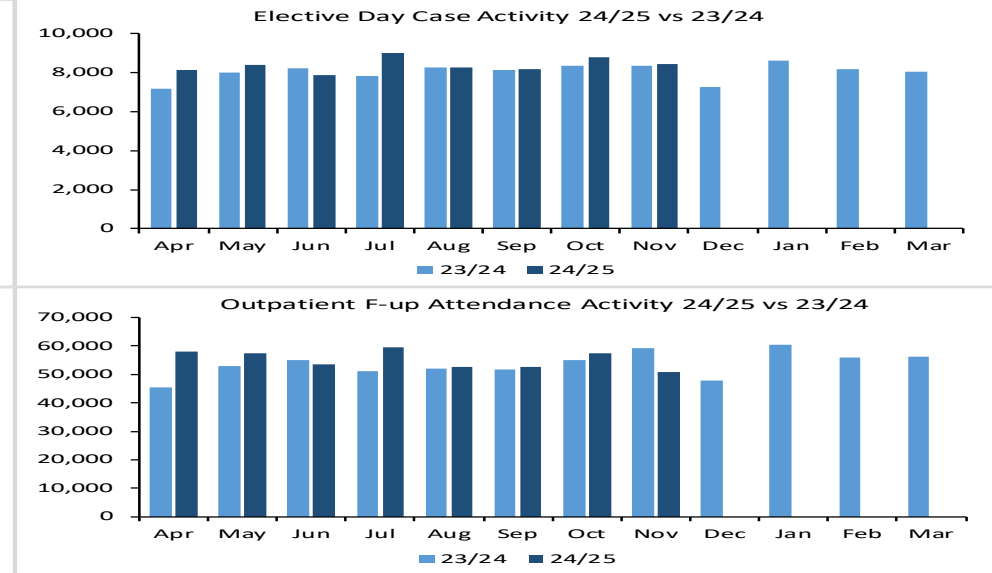
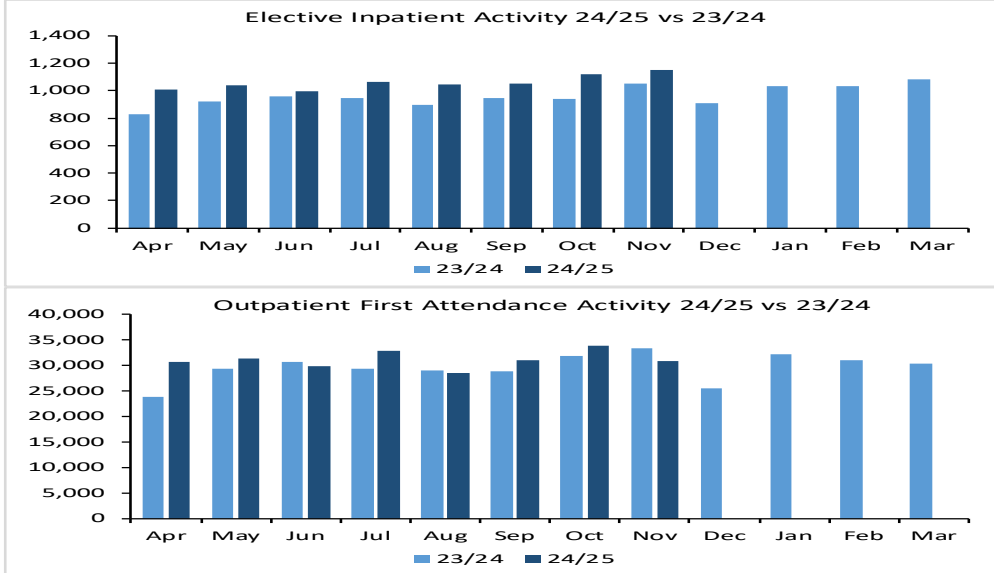
Elective inpatient activity increased by 2.4% in month, with day case activity decreasing by 4.1%. Outpatient first attendances decreased by 8.8% while follow-ups decreased by 11.3%.

Elective inpatients
1,150
↑ vs 1,123 last month

Elective daycase
8,434
↓ vs 8,797 last month

Outpatient First Appt
30,862
↓ vs 33,855 last month

Outpatient F/U Appt
50,830
↓ vs 57,314 last month



Theatre

There has been an increase in inpatient activity compared to October and the 23/24 position. There has been a shift from daycase to inpatient activity, which was expected as the longest waiting complex patients are treated.

Daycase activity although down when compared to October, has increased compared to the 23/24 position.

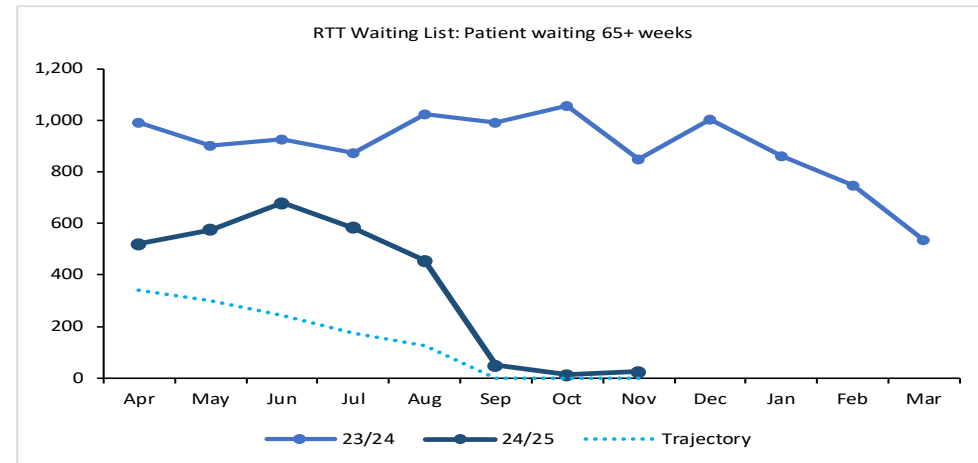
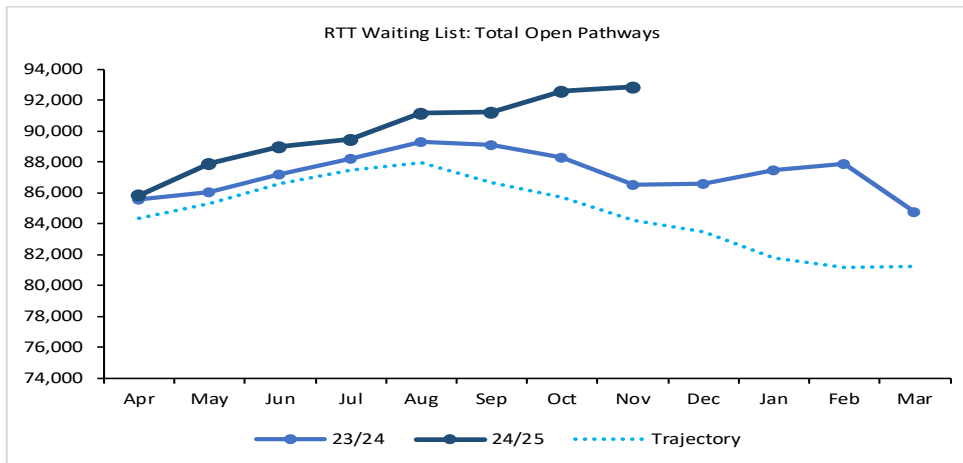
Weekly performance monitoring is in place for activity levels through theatres to bring services in line with activity modelling based on the Green Surgical Hub and ESEOC.

Outpatients

November activity for outpatients is lower than both October and 23/24. A deeper dive has been requested from specialities.

DNA levels increased in November from 5.1% to 5.3% translating to 4,572 patients that did not attend a booked appointment in November. There is a current review of the frequency of text reminder services along with a DNA project being led through the Innovation team to support improvements to this position.

The ESNEFT RTT waiting list increased by 0.3%, and is above the trajectory set for the month by 8,637. Patients waiting 65 weeks or more increased by 12 to 24. At Ipswich the 65+ cohort increased by 4 patients, while at Colchester the cohort increased by 8 patients. The number of patients waiting 52 or more weeks increased by 19 to 3,384. At Ipswich, the number of 52+ week waiters increased by 49 and at Colchester the number decreased by 30.



**Increase in WL in May due to addition of NQ1 Orthopaedic pathways

**Provisional performance reported which includes Oaks data

Service Commentary

65-week breaches increased in November compared to October. 10 of these breaches were related to patients transferred from WSH in a breach position for treatment in December in ESEOC. WSH are expecting further breaches in December with patients booked for treatment at ESEOC into January.

Cornea patients accounted for 3 breaches in November. This is due to NHSBT's current criteria to release tissue to specific cohorts. This is being discussed with NHSE weekly, and teams have highlighted further impact in December due to this current tissue challenge.

Whilst the waiting list age continues to improve, waiting lists have continued to grow. Most significant growth sits in ENT moving from 7,865 as of 31/03/24 to 10,753 as of 24/11/24. There are recovery plans in place to support improvements.

In November teams commenced a text campaign to all patients that will be 40+ weeks by 31st January 2025 awaiting 1st OPA. 3,666 patients were contacted with 155 requesting discharge (4.3%).

Following the successful text message campaign in November/December for patients awaiting 1st OPA over 40 weeks, there are plans in place to continue to roll this out reducing potential wasted capacity.

RTT open pathways
92,852
↑ vs 92,594 last month

65+ week waiters
24
↑ vs 12 last month

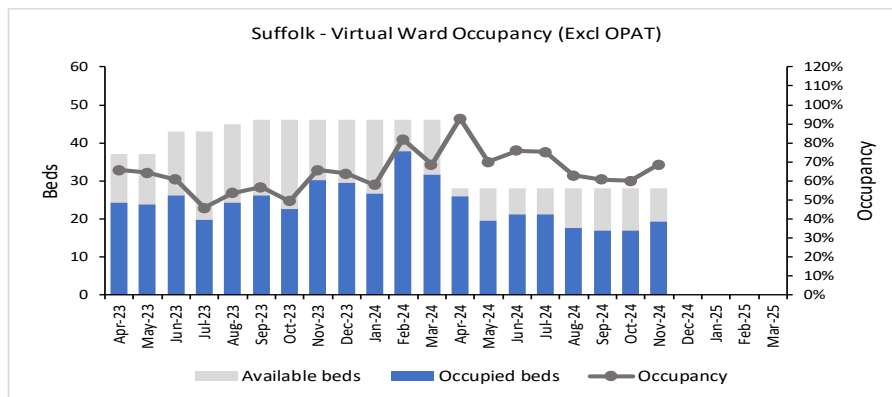
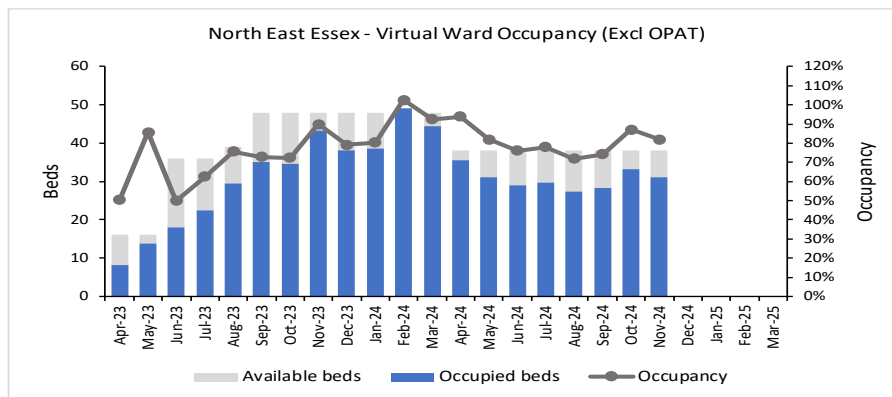
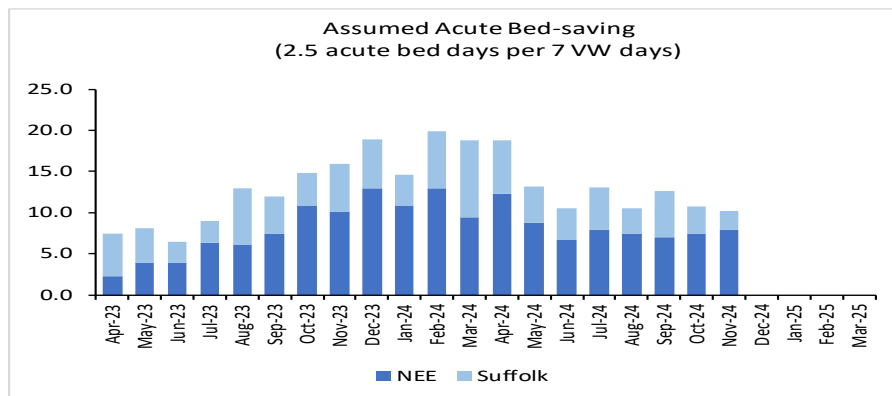
52+ week waiters
3,384
↑ vs 3,365 last month

Excluding OPAT, virtual ward occupancy increased by 0.7% compared to the month before. Average length of stay decreased by 0.4 days and the assumed bed saving on ESNEFT acute sites decreased by 0.5 to 10.2.

Virtual Ward occupancy
76.3%
 ↑ vs 75.7% last month

Virtual Ward ALoS
5.16
 ↓ vs 5.5 last month

Virtual Ward – assumed acute bed saving**
10.2
 ↓ vs 10.7 last month



Service Commentary

This month, there was a significant increase in the utilisation of virtual ward capacity, accompanied by a further decrease in the average length of stay, highlighting ongoing improvements in the efficiency of services.

Throughout November there was a 0.7% rise in virtual ward occupancy with 269 patients admitted to virtual wards compared to 248 the previous month (excluding OPAT).

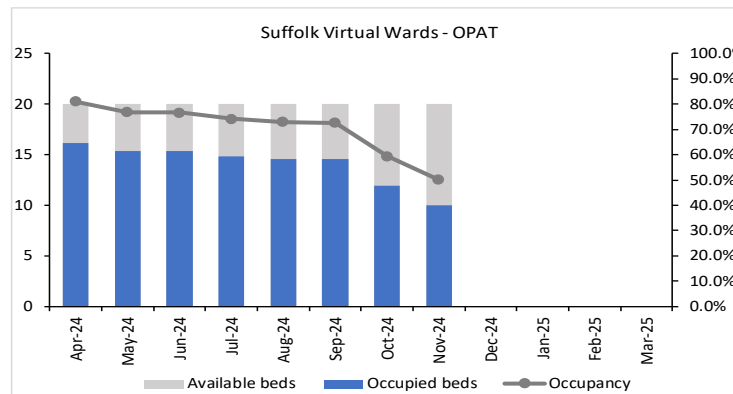
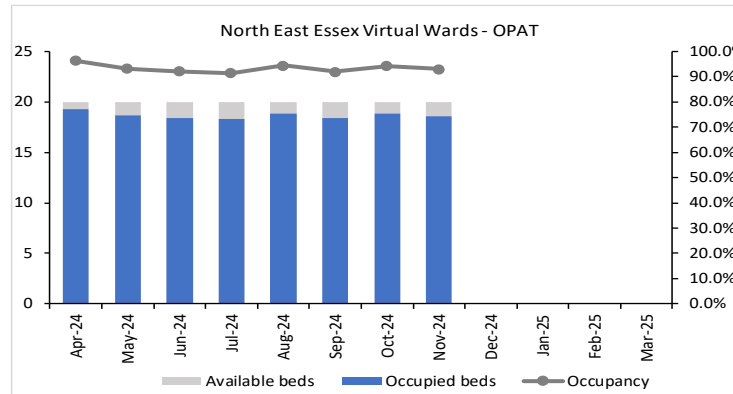
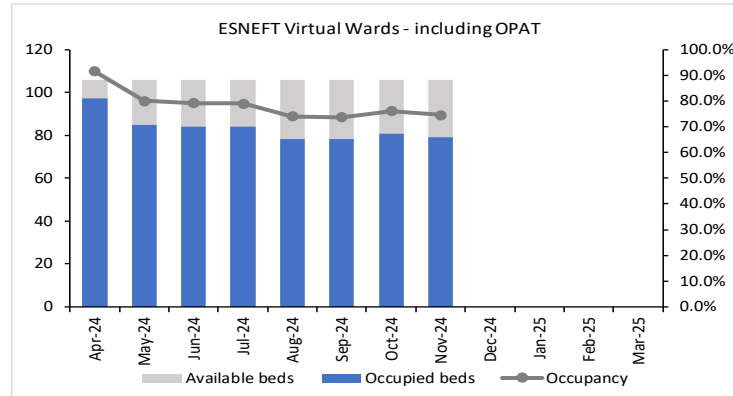
It is encouraging to note that as the length of stay continues to decrease, there has also been a significant reduction in the percentage of patients readmitted within 30 days, dropping from 18.55% to 10.41%.

Enhanced utilisation was evident across both medical pathways, driven by focused collaboration with AMSDEC, EAU, ED, and medical wards to ensure the most suitable patients were identified for this pathway. Teams have reviewed and expanded patient inclusion criteria to identify additional patient groups that could benefit from virtual ward care, ensuring a broader range of conditions are supported. These efforts resulted in an 11% utilisation increase in North East Essex and a 14.91% increase in East Suffolk.

Moving forward, teams will continue collaborating closely with divisional teams to strive towards increased utilisation on virtual wards throughout the remainder of Q3.

**Acute bed saving assumes a reduction of 2.5 bed days in an acute setting for every 7 days in the virtual ward, following analysis by the Advanced Analytics Team in December 2023.

Including OPAT, in month Virtual Ward occupancy in North East Essex decreased by 3.7% compared to the previous month, and in Suffolk occupancy increased by 1.0%. Overall, in ESNEFT, Virtual Ward occupancy decreased by 1.6%.



There are 2,850 Community Paediatric patients, including Paediatric Neurology. This is a further reduction in month, down from the 3,059 at the end of October and from the peak of 3,624 at the start of June.

There are no patients waiting over 78 weeks and 1 patient waiting 65+ weeks, a significant decrease from 43 at the end of October, and a decline from the peak at the start of August of 94.

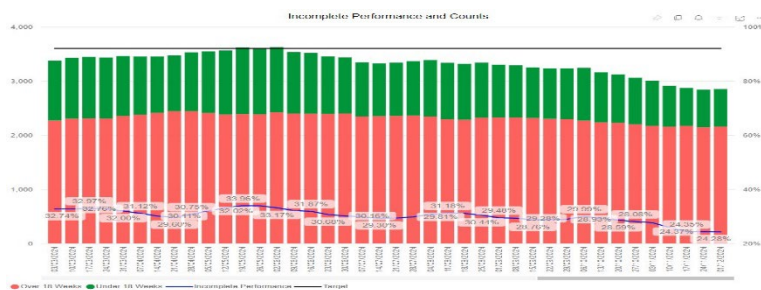
Overall patients waiting 52+ weeks have stabilised and indicate a reducing trend, but with some stagnation in recent weeks

Patient treatments decreased again in November following the increase in October.

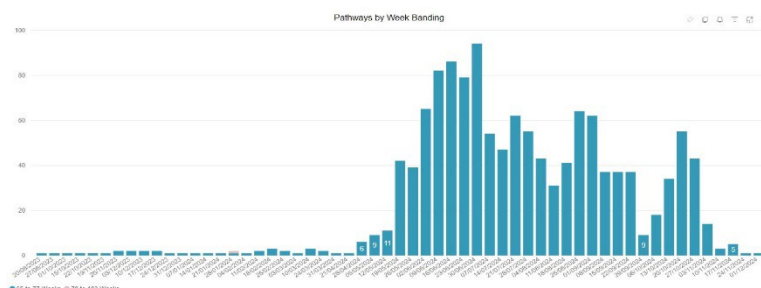
Nov 24. 334 patients treated, compared to 371 in Nov 2023, 27 less patients (32.1%).

YTD 2,901 patient treatments have been provided compared to 2,360 in 2023, a rise of 541 (22.9%)

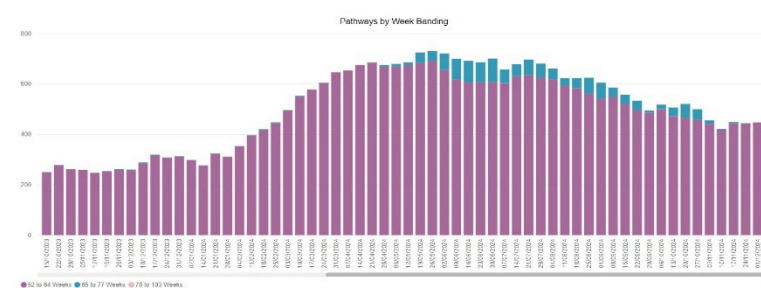
Total patients waiting trend



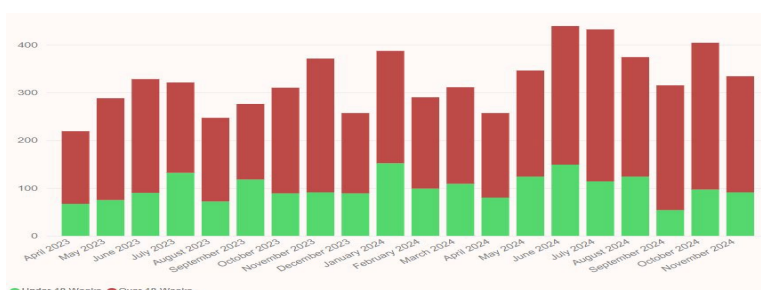
Patients waiting 65+ weeks trend



Patients waiting 52+ weeks trend



Patient treatments trend



Service Commentary

Referral demand remains high. September 2024 referrals were 215% relative to 19/20 levels (lower in August due to school holidays).

Performance still remains ahead of predicted trajectory. September 24 activity was at 176% of 19/20 levels.

The waiting list has reduced by 376 patients since May 24. Previously it had been increasing by 100 patients per month for the last 18 months.

Communication with schools via the ICB networks regarding the new referral process has failed and most schools are declining to engage, pending further formal consultation.

GPs in NEE may withdraw from Shared Care Agreement, with 3 months notice, for ADHD medication prescribing (3,000 controlled drug prescriptions / month (150 per day)). This remains in discussion.

There are 11,242 Paediatric patients waiting in total, including Community Paediatrics, down from 11,448.

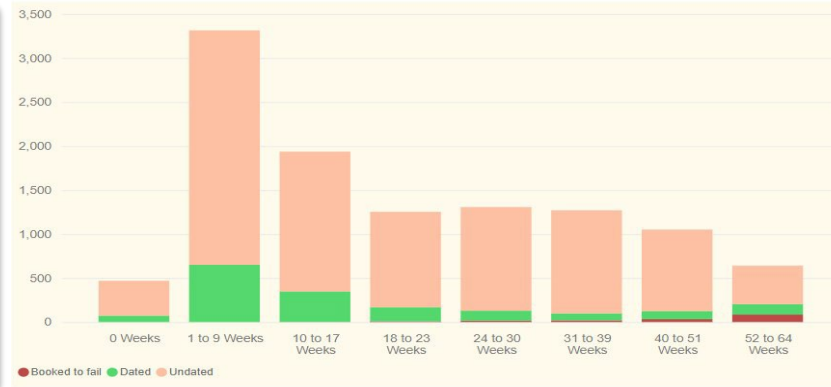
There are no patients waiting over 78 weeks and 0 patients waiting 65+ weeks, down from 6. In total, 640 Paediatric patients have waited 52+ weeks, a small increase from 630 last month, partially offsetting recent larger declines.

Outside of Community Paediatrics, ENT services have the most Paediatric patients waiting, with 2,796 patients waiting (continuing upward trend, up from 2,784 last month)

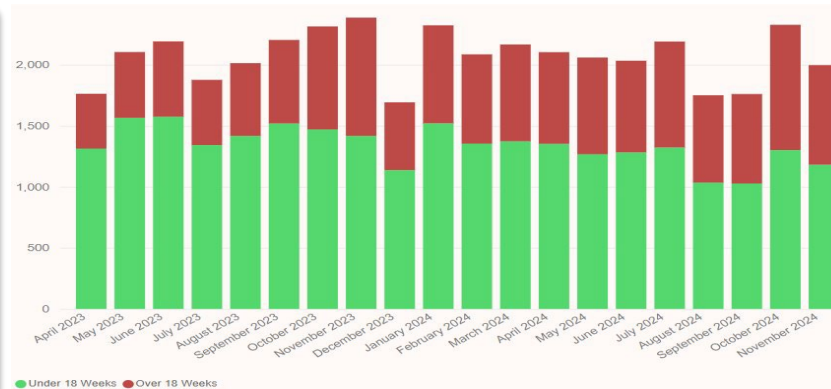
Overall patients waiting 52+ weeks have stabilised.

Patient treatments have decreased in November, with 1,998 patients treated compared to 2,387 in 2023, a decrease of 389 (16.3%). There were 21 weekdays in 2024, 4.5% lower than the 22 working days in Nov 2023. YTD 16,227 patient treatments have been provided compared to 16,857 in 2023, a decrease of 630 (3.7%). This is lower than the 1% increase in adult treatments.

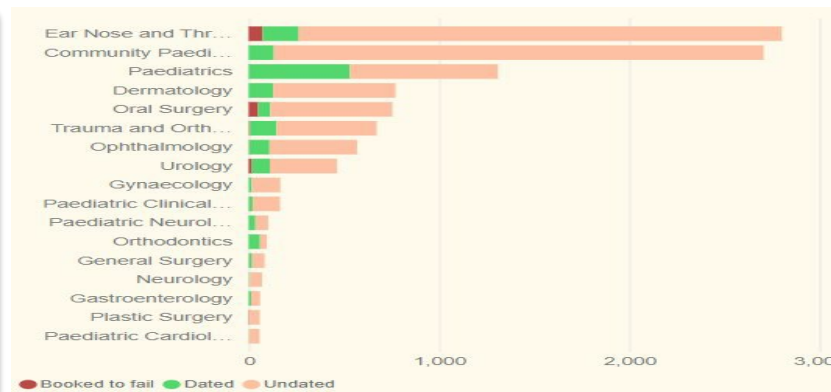
Patients waiting week bands



Patient treatments trend



Current patients waiting



Service Commentary

ENT is the **2nd largest** CYP RTT waiting list specialty.

38% of the entire ENT RTT admitted waiting list is CYP.

There are **4,638 CYP waiting for ENT surgery** in the East of England.

Most common procedures waiting are **tonsil** and **adenoid** related surgery and myringotomy (**grommets**).

A significant number of **additional theatre lists** are required to tackle the backlog.

Recovery programme in place for ENT:

- D&C modelling to ensure adequate capacity available
- Improving utilisation.
- Clinical review of PTL
- GIRFT. HVLC rapid lists- e.g. 'Tonkidz' model
- Additional clinics

General Paediatrics has seen a reduction in the waiting list to 17 weeks. There is continued work in Immunology and Gastroenterology to reduce waiting times with additional clinics and validation from the clinical nurse specialist.

Revenue	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Areas of Improvement	Areas requiring further work
Performance Against Control Total (YTD)	0	(552)	(539)	(573)	(218)	(2,399)	(859)	<ul style="list-style-type: none"> The Trust reported a surplus in November of £1.540m (adjusted performance), significantly reducing the cumulative adverse variance to plan to £0.859m. The position in month has improved as the gap in funding to cover the pay award settlement has been reduced since month 7. Additional non-recurrent funding has reduced the shortfall on pay award funding to £1.158m. 	<ul style="list-style-type: none"> Currently £22.879m of cost improvement plans have been identified for 24/25 (91%), with £22m noted as recurrent (not risk rated), against the £25.1m target. This represents a slightly worse position than reported at month 7. The areas reporting the largest shortfalls compared to CYE target are: Estates and Facilities (£1.366m), Cancer & Diagnostics (£0.869m), Surgery, Gastro & Anaesthetics (£0.604m). In the last two months ERF has under-delivered against income plan by £2.0m per month linked to lower activity levels than planned for its major strategic developments (notably ESEOC and clinical reconfiguration). This compares to an average over performance in M1-4 of £1.9m per month. Continuation of this run rate would lead to a £4m under-delivery of ERF plans for the year. Finance and operational teams are working together to establish a revised trajectory for these schemes. Total capital expenditure at the end of November was £7.2m less than the revised plan (performance against CDEL). The main programme variances, year to date are: Colchester Endoscopy (£0.5m underspend), ESEOC (£1.3m underspend), UTC (£1.4m underspend), Backlog capital (£0.8m underspend) and Clacton STAR (£1.8m underspend).
FOT Variance to Plan	0	-	-	-	-	-	-		
YTD CIP variance to plan	0	(3,679)	(3,977)	(4,947)	(3,296)	(3,369)	(3,941)		
Forecast CIP FYE Variance to Plan	0	(6,049)	(5,971)	(4,393)	(4,182)	(3,079)	(4,438)		
ERF delivery	105.3%	110.7%	106.3%	113.6%	112.4%	111.0%	109.6%		
Capital	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24		
Capital variance (in month)*		2,172	334	176	3,178	535	816		
Capital variance (YTD)*		2,172	2,506	2,682	5,860	6,395	7,211		
(Overspend)/Underspend									
<i>*variance reported does not include the impact of right of use assets. As part of the 12 June submission, the 24/25 Trust capital plan was reviewed, and realigned and re-profiled (effective from M2).</i>									
Balance Sheet	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24		
Cash YTD		31,132	36,586	48,968	43,448	57,055	48,875		
								<ul style="list-style-type: none"> The Trust held cash of £48.875m at the end of November, £22.119m greater than projected in the revised plan due to HEE monies and pay award funding. 	

Month 8 Performance

Summary Income and Expenditure	November			Year to Date		
	Plan £000	Actual £000	Fav / (Adv) v Plan	Plan £000	Actual £000	Fav / (Adv) v Plan
Income from Patient Care	91,961	94,809	2,848	716,160	728,553	12,393
Other Operating Income	4,273	5,256	983	34,046	41,573	7,527
Total Income	96,234	100,065	3,831	750,206	770,125	19,919
Pay	(58,298)	(58,859)	(561)	(455,461)	(461,933)	(6,472)
Non Pay	(33,463)	(35,147)	(1,684)	(258,965)	(272,735)	(13,770)
Total Expenditure	(91,761)	(94,005)	(2,244)	(714,426)	(734,668)	(20,242)
EBITDA	4,473	6,060	1,587	35,780	35,457	(323)
Impairments	-	-	-	-	-	-
Other Non Operating	(4,319)	(4,332)	(13)	(35,785)	(35,075)	710
Surplus / (Deficit)	154	1,728	1,574	(5)	382	387
EBITDA %	4.6%	6.1%		4.8%	4.6%	
Performance Against CT						
Capital donations I&E impact	10	(43)	(53)	80	(1,305)	(1,385)
Adjust PFI revenue costs to UK GAAP basis	(164)	(144)	20	175	314	139
Total Non CT Items	(154)	(188)	(34)	255	(992)	(1,247)
Performance Against CT	-	1,540	1,540	250	(609)	(859)
Less gains on disposal of assets	-	-	-	-	(19)	(19)
Performance for System Purposes	-	1,540	1,540	250	(629)	(879)

Summary

The Trust reported a surplus in November of £1.540m (adjusted performance), significantly reducing the cumulative adverse variance to plan to £0.859m. The position in month improved as the gap in funding to cover the pay award settlement was reduced compared to month 7. Additional non recurrent funding was allocated to reduce the identified gap to £1.158m. This remains under review.

There was an over-performance of £3.831m of income reported in the month. This was predominately driven by CDC income with a one-off benefit in relation to 23/24 amounting to £1m, and a re-profiling of the 24/25 CDC plan reducing the year-to-date expectation and therefore improving the position previously reported.

Additional HEE monies to support an expansion of junior doctor posts and medical degree apprenticeship roles also continued and will do for the remainder of the year as notification was only received in October. In terms of ERF, planned resource has been devolved to divisions (£0.6m in November, £21.7m year to date).

Pay expenditure reported an overspend compared to plan of £0.561m in the month, increasing the adverse variance cumulatively to £6.472m. Whilst the pay award for junior doctors was paid in month and distorted the in-month position as this was a year-to-date adjustment, overspends previously reported continued (£1.026m in the month, £6.7m YTD). This staff group remains the key area of concern with ongoing work to review.

An adverse variance of £1.684m was reported for non-pay expenditure in November, increasing the cumulative overspend to £13.770m. Once again, the areas of concern remain in clinical supplies (£0.672m in month, £10.1m YTD) and drug expenditure (£0.988m in month, £9.1m YTD). Whilst £0.6m of drug spend related to high-cost pass through expenditure for which the Trust received additional income, further pressures continue in a number of areas and are under review. With the continued focus on supporting the elective programme a number of surgical specialties continued to report an overspend on clinical supplies, this was in part offset by an underspend reported in the new ESEOC facility with activity below planned levels. Increases in trauma activity continued to impact on the financial position. This pressure is under review as demand current exceeds previous levels. This emergency activity does not attract additional income.

Although the overall improvement reported at Trust level was mainly in relation to the reduction in the gap in funding allocation associated with the pay award, a number of divisions continue to report significant adverse variances to their November budgets even after the delegation of ERF and fully funded pay award, notably: Surgery, Gastroenterology and Anaesthetics (£1.75m in month, £12.07m year to date), MSK and Specialist Surgery (£1.04m adverse in November, £6.67m cumulatively) Women's and Children's (£0.42m in month, £4.83m year to date).

For reference, West Suffolk Hospital have reported a year-to-date deficit of £20.5m although their forecast outturn remains £28.5m.

Temporary Pay

Agency costs in November were £1.124m. This is below the monthly average spend in 23/24 of £1.21m and actual spend was also lower than was reported in October acknowledging there are monthly fluctuations. The most notable change in November was reported within the MSK & SS division with the opening of the ESEOC facility and the need to use agency within the theatres (both nursing and ODP). Agency spend accounted for 2.1% of all pay costs.

November's bank spend of £4.6m was lower than the average monthly year to date spend (£4.9m). There was a reduction seen in nursing, midwifery and support to nursing across a number of divisions with Medicine Colchester reporting the most significant reduction (£60k in month), with lower uptake of shifts particularly within the ED department.

ERF Performance – Trust Plan

Financial position to external plan

Using internal calculations of the re-priced elective patient activities indicates that the Trust would be due £4.3m more than its revised Trust plan for the period M1-8.

However, given the delays to and gradual step-up in ESEOC and Clinical Reconfiguration utilisation this is prudently not assumed in the M8 position, recognising that in the last two months the Trust has under-delivered against its income plan by £2.0m per month, compared to £1.9m average over performance in M1-4

Continuation of this run rate would lead to a £4m under-delivery of ERF plans for the year, but noting that there would be some offsets on expenditure in terms of:

1. Marginal variable cost for Prosthesis and Medical Surgical Equipment (MSE)
2. Reduced insourcing where staff employed into new roles

Given the nature of tariff at 100% and a number of fixed costs, cost reductions will not offset this income reduction compared to funded plan.

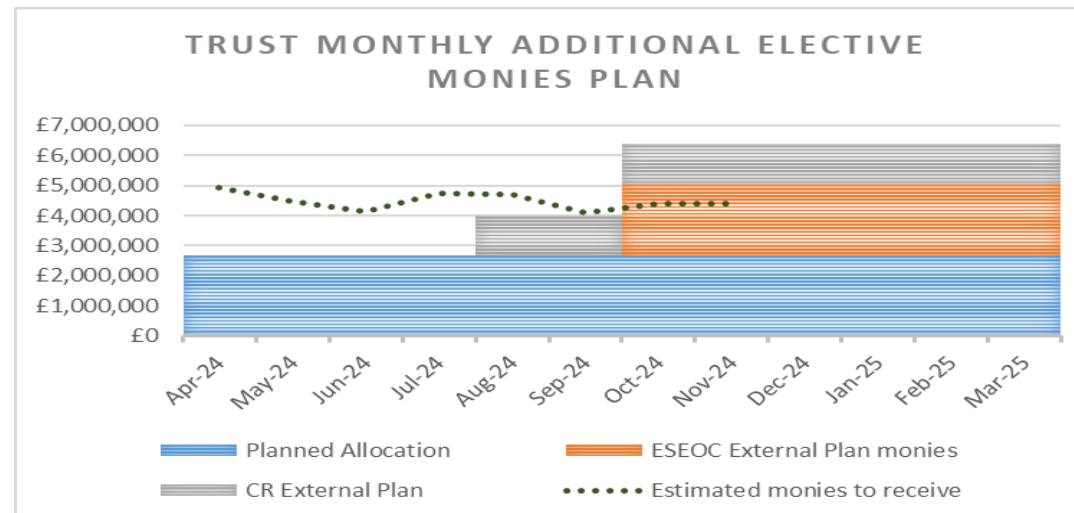
Finance and Operational teams are working together to establish a revised trajectory and what actions can be put in place to enable faster stepping up of the utilisation of additional capacity.

Internal Divisional funding

Additional funding continues to be provided to Divisions compared to their revised funded plans, utilising the available monies within our plan.

Due to the step-up in funded capacity, a number of Divisions, including MSKSS and SGA had clawback for ERF compared to plans in month, but cumulatively have still received significant additional monies.

Furthermore, available funds from planned elective allocations continues to provide financial budgets for a range of other elective services and support services, including Community and Diagnostics.



Month	Estimate of actuals			Plan				Over/(Under) performance
	Allocation	Additional funds: ERF Over/(Under) target	Estimated monies to receive	Planned Allocation	ESEOC External Plan monies	CR External Plan	Total External Plan	
Apr-24	£2,915,667	£2,013,294	£4,928,961	£2,692,750	£0	£0	£2,692,750	£2,236,211
May-24	£2,915,667	£1,559,439	£4,475,106	£2,692,750	£0	£0	£2,692,750	£1,782,356
Jun-24	£2,915,667	£1,214,783	£4,130,450	£2,692,750	£0	£0	£2,692,750	£1,437,700
Jul-24	£2,915,667	£1,816,517	£4,732,184	£2,692,750	£0	£0	£2,692,750	£2,039,434
Aug-24	£2,915,667	£1,779,229	£4,694,896	£2,692,750	£0	£1,310,500	£4,003,250	£691,646
Sep-24	£2,915,667	£1,182,291	£4,097,958	£2,692,750	£0	£1,310,500	£4,003,250	£94,708
Oct-24	£2,915,667	£1,491,135	£4,406,801	£2,692,750	£2,381,167	£1,310,500	£6,384,417	(£1,977,615)
Nov-24	£2,915,667	£1,476,926	£4,392,593	£2,692,750	£2,381,167	£1,310,500	£6,384,417	(£1,991,824)
Dec-24	£2,915,667	£0	£2,915,667	£2,692,750	£2,381,167	£1,310,500	£6,384,417	
Jan-25	£2,915,667	£0	£2,915,667	£2,692,750	£2,381,167	£1,310,500	£6,384,417	
Feb-25	£2,915,667	£0	£2,915,667	£2,692,750	£2,381,167	£1,310,500	£6,384,417	
Mar-25	£2,915,667	£0	£2,915,667	£2,692,750	£2,381,167	£1,310,500	£6,384,417	
YTD	£23,325,333	£12,533,615	£35,858,949	£21,542,000	£4,762,333	£5,242,000	£31,546,333	£4,312,615
YTG	£11,662,667	£0	£11,662,667	£10,771,000	£9,524,667	£5,242,000	£25,537,667	£0
Total	£34,988,000	£12,533,615	£47,521,615	£32,313,000	£14,287,000	£10,484,000	£57,084,000	£4,312,615

2024/25 CIP programme

CIP Summary

£1.561m of cost improvement plans were delivered in November against a target of £2.134m. The largest shortfalls year to date are reported in Estates and Facilities (£1.366m), Cancer & Diagnostics (£0.869m), and SGA (£0.604m).

CIP Delivery by Division	November			Year to date		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Cancer and Diagnostics	277	87	(190)	2,215	1,346	(869)
Integrated Pathways	140	107	(34)	1,121	724	(398)
Medicine Ipswich	144	100	(44)	1,150	857	(293)
Medicine Colchester	159	159	0	1,271	1,315	43
MSK and Specialist Surgery	232	150	(82)	1,857	1,619	(238)
NEE Community Services	144	176	32	790	820	30
Surgery, Gastro & Anaesthetics	329	250	(79)	2,629	2,026	(604)
Women's and Children's	275	203	(71)	2,198	1,979	(218)
Total Operations	1,699	1,232	(467)	13,232	10,685	(2,547)
Estates & Facilities	339	250	(89)	2,710	1,344	(1,366)
Corporate Services	97	79	(17)	773	744	(29)
Total Trust	2,134	1,561	(574)	16,715	12,773	(3,942)

24/25 forecast outturn

Currently £22.879m of cost improvement plans have been identified for 24/25 (91%), with £22m noted as recurrent (not risk rated), against the £25.1m target. This represents a slightly reduced position from month 7. The areas reporting the largest shortfalls compared to CYE target are Estates and Facilities (£1.366m), Cancer & Diagnostics (£0.869m) and Surgery, Gastro & Anaesthetics (£0.604m).

£000s	Year to Date				24/25 CYE Identified			
	Target	Actual	Var	%	Target	FOT	Var	%
Corporate Services	773	744	-29	96%	1,160	1,044	-116	90%
Estates & Facilities	2,710	1,344	-1,366	50%	4,065	3,024	-1,041	74%
Cancer and Diagnostics	2,215	1,346	-869	61%	3,322	3,354	32	101%
Medicine Colchester	1,271	1,315	43	103%	1,907	1,908	1	100%
Medicine Ipswich	1,150	857	-293	75%	1,725	1,911	186	111%
MSK and Specialist Surgery	1,857	1,619	-238	87%	2,786	2,717	-69	98%
Surgery, Gastro & Anaesthetics	2,629	2,026	-604	77%	3,944	3,952	8	100%
Women's and Children's	2,198	1,979	-218	90%	3,296	2,675	-622	81%
Integrated Pathways	1,121	724	-398	65%	1,682	1,078	-604	64%
NEE Community Services	790	820	30	104%	1,186	1,217	31	103%
Trust Total	16,715	12,773	-3,942	76%	25,072	22,879	-2,193	91%

Further developments and next steps

Focus on delivery of schemes in months 9-12 will be via the Divisional Accountability meetings (DAM), with additional focus on reporting divisional progress and tracking to year-end. In addition to the DAM meetings, exceptional CEO/DOF meetings are in place monthly for specific divisions.

System-wide discussions are continuing in relation to the NHSE waterfall charts and the transition to use them, alongside local intelligence, to define potential further local opportunity areas. The aim is to enable Divisional plans to target focussed opportunity areas with timescales linked to business planning. The 24/25 CIP 'opportunity pack' is currently under review to be refreshed for 25/26 planning for any new or updated information (expected in Jan 25). 25/26 discussions continue to further work up and maximise existing or additional concepts, explore wider opportunities, and enable CIP and productivity schemes. 25/26 CIP values are to be based on a similar premise to 24/25: 25/26 % value (tbc), plus any recurrent deficit to be rolled forward, plus Epic EPR benefit requirements.

Capital & Cash

Capital Programme - Summary

Total capital expenditure at the end of November was £10.7m less than the revised plan, with actual spend of £26.4m against a £37.1m plan.

The main programme variances, year to date, are as follows:

- ESEOC - £1.3m underspend. This remaining costs are expected to be incurred imminently as the centre is now open. The plan has been revised to implement the board approved increase to a project total budget of £71.8m.
- Colchester Endoscopy - £0.5m underspend. Actual costs in November were lower than expected.
- UTC - £1.4m underspend. Construction has been completed and the Trust is awaiting final accounts. These costs are expected to be incurred in the coming months and the scheme is forecast to outturn In line with the plan.
- Backlog capital - £0.8m underspend. Expected spend of £5m and to purchase orders have now been raised for £3.2m and therefore this underspend is expected to reduce in December.
- Clacton STAR - £1.8m underspend. Actual costs are expected to catch up but this scheme remains under constant review with further investigation.

Right-of use expenditure is £3.5m less than plan cumulatively. £0.8m of this underspend relates to a lease that was planned for 24/25 but was actually recognised last financial year. A re-measurement led to a devaluing of an existing right of use asset by £1m increasing the previously reported spend.

The forecast outturn position continues to be break-even, excluding right of use assets.

All MOUs have been received excluding the £10.8m ICS bonus capital bids.

The Trust has been formally requested by NHSE to report a board endorsed forecast outturn. The Trust will report a breakeven plan against CDEL for 24/25.

Capital Programme	Year to Date			Full Year		
	Plan £000	Actual £000	Fav / (Adv)	Plan £000	Actual £000	Fav / (Adv)
Medical Equipment	778	953	(175)	1,112	1,112	-
ICT	66	50	16	66	1,020	(954)
Estates & Facilities	7,703	5,153	2,550	23,811	23,686	125
Building for Better Care	21,869	17,998	3,871	32,187	32,452	(265)
Schemes	3,556	2,338	1,218	19,111	18,404	707
Financing (PFI, ROU and leases)	4,377	855	3,522	7,318	4,720	2,598
Total Capital Programme	38,349	27,348	11,001	83,605	81,394	2,211
Other Adjustments:						
PFI Lifecycle Costs	-	-	-	(1,240)	(1,240)	-
PFI Residual Interest	492	492	-	738	738	-
Disposals	-	-	-	-	(387)	387
Donated	(1,697)	(1,429)	(268)	(3,697)	(3,697)	-
Net Expenditure Position	37,144	26,411	10,733	79,406	76,808	2,598
Restated CDEL (adj. for IFRS16 impact)	37,144	33,622	(3,522)	79,406	76,808	(2,598)
Performance against CDEL	0	7,211	7,211	0	0	0

Trust Cash Position

The Trust held cash of £48.875m at the end of November, £22.119m greater than projected in the revised plan due to HEE monies and pay award funding.

There is a still a large amount of income that the Trust is accruing, with associated cash still to be received. For example: outstanding ERF monies for 23/24 (£2.6m); national EPR funding (£4.3m), variable high-cost drugs billing to NHS England Specialised (£2.5m for 24/25), actual monies for specialist cancer urology activity from Mid and South Essex NHS Foundation Trust (£0.8m). The Trust is endeavouring to secure receipt of these monies as quickly as possible.

Workforce Metrics	Target	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov-24	Areas of Improvement	Areas requiring further work
Vacancy (excluding Agency)	-	4.6%	4.6%	2.5%	5.4%	3.7%	5.0%	<ul style="list-style-type: none"> Turnover rate is 6.6% (decrease from previous month 6.87%). Lowest since April 2021 Time to hire is at 13.32 days in November which is a decrease from October (17.8 days). Management of 40 formal employee relations cases [including disciplinary and grievance] as well as informal cases. 19 cases were closed in November. Leadership Development training: 1,003 completed /233 soon to complete, plus a further 1,810 attending management bitesize training. 2,417 staff have engaged in the suite of EDI training. The NHS staff survey closed on 29 November. A usable sample of 12,220 copies were distributed to staff across the Trust during the fieldwork period. From the usable sample, 5,878 questionnaires were returned yielding (48.1%) compared to 51.8% in 23/24 and 38.8% in 22/23. Mandatory Training has remained above target for 18 consecutive months. Our Talent Management programme 'My Career Matters' – since launching in April 582 staff had a career conversation. Retention team is working with the People Promise Manager to promote the benefits of working at ESNEFT including a refresh of the new starter internet page on the Trust site. Continued demand for EDI, Civility and Respect, and Active Bystander training sessions indicates positive engagement from staff to enhance inclusive culture and raising concerns. We are seeing an increase in staff raising concerns relating to discrimination and inequality. 	<ul style="list-style-type: none"> Vacancy rate has significantly increased to 5% in November from 3.7% in October. November has an increase in budget (190WTE) within ESEOC. Individual meetings held by Retention Partner for each cohort of the HCSW Apprenticeship Academy to offer support and promote hub (November cohort upcoming). Feedback from this staff group is reported to the Internal Delivery Strategy & Performance Group. Retention Team working with regional ESR/Flexible working group to support other NHS organisations rolling out flexible working function including presenting at the NHSE national flexible working webinar and regional working group meeting on 12 Nov 24. The Trust is slightly under target for Appraisals (87.8%). Bitesize training for appraisals is now being delivered through the Management Masterclasses. 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 Employee Relations Team and Wellbeing Hub continues to support staff who are currently absent due to stress, anxiety and depression. Key focus is now being placed on managing persistent short term sickness absence and how managers can be supported to effectively manage this. EDI Listening events to be held on each site for staff to discuss any concerns in confidential environment.
Proportion of temporary staff (Bank & Agency)	-	11.5%	10.8%	10.7%	10.7%	10.1%	9.7%		
Sickness	4%	4.5%	4.6%	4.3%	4.5%	5.0%	4.6%		
Mandatory Training	90%	94.0%	94.1%	93.6%	93.3%	93.3%	93.5%		
Appraisals	90%	88.0%	87.1%	86.0%	86.5%	86.7%	87.8%		
Voluntary Turnover	12%	7.4%	7.3%	7.2%	7.1%	6.9%	6.6%		
Ward Fill Rates (ESNEFT)	95%	89.3%	88.6%	89.4%	87.9%	86.0%	87.7%		
Care Hours Per Patient Day (ESNEFT)	-	7.27	7.47	7.63	7.26	7.21	7.33		
Executive team turnover	-	0	0	1	0	0	0		

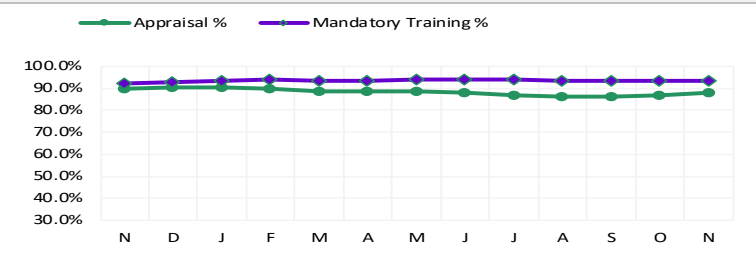
Workforce Dashboard

November 2024

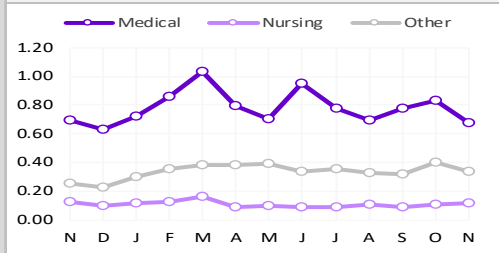
Trust Level

Key Metrics	Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Ceiling (2.2%)	Ward Fill Rate
Performance	5.0%	£5.7m	4.6%	93.5%	87.8%	6.6%	£0.31m	87.7%
Target	Budget 11805wte	Budget £455.6m	4.0%	90%	90%	8%	(£10.13m)	95%
Achieved	Contracted 11214wte	Spend £461.3m	4.6%	View portal for detail	87.8 out of 100 staff	↓	(£9.82m)	↑
Vs Prior Month	↑	↑	↓	↑	↑	↓	↑	↑
Prior Month	3.7%	£7.35m	5.0%	93.3%	86.7%	6.9%	£0.15m	86.0%

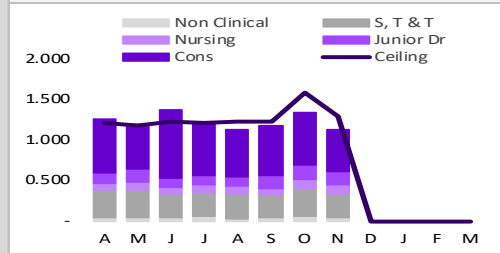
Appraisals & Mandatory Training Compliance %



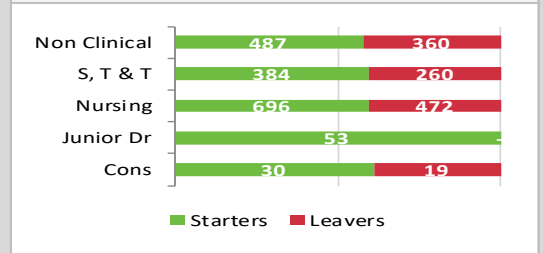
Agency Trends (ex Locum) £m



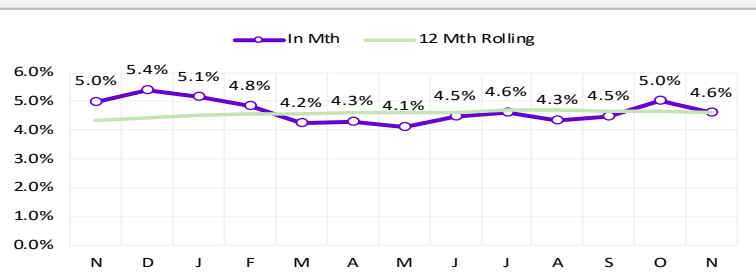
Agency Ceiling £m



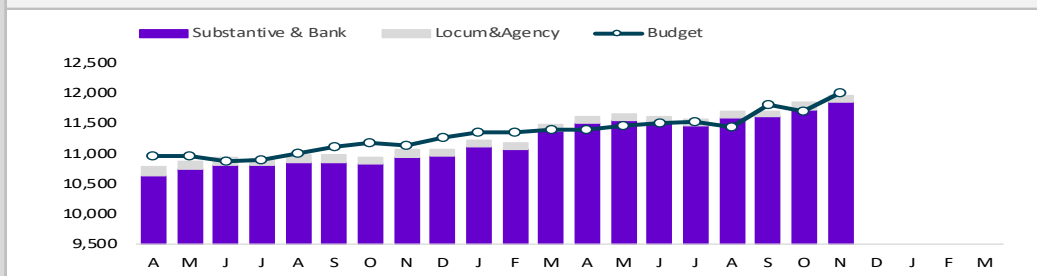
Starter - Leavers (12Mth Rolling) Headcount



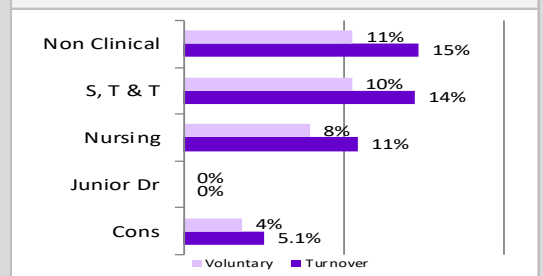
Sickness %

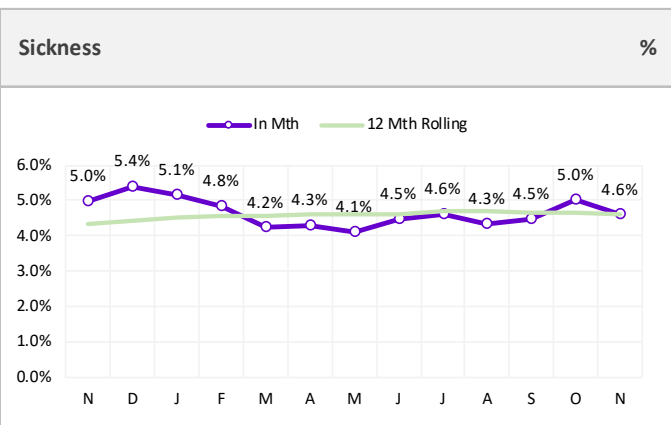
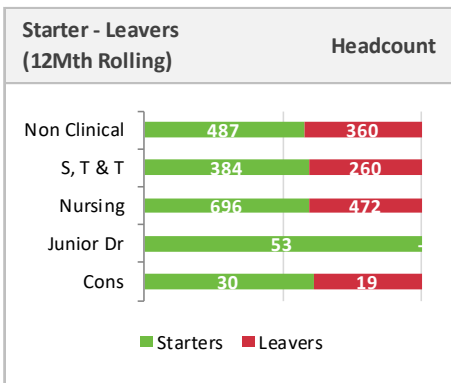
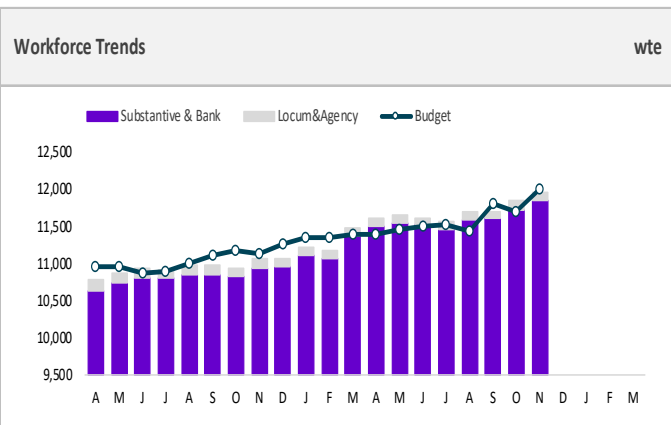


Workforce Trends wte



Turnover by Staff Group Headcount





Commentary

Recruitment

In November, the number of staff in post increased to 11,213.7 WTE (October 11,110.4 WTE). The Trust's rolling voluntary turnover for November was 6.6% (October 6.87%). This is the lowest since May 2021.

Consultant vacancies are currently 35.2 WTE (Specialist Grades in Anaesthetics recruited using Consultant vacancies). (ESEOC consultant vacancies filled). 14 Consultants are going through on-boarding with appointments to ICU, Gastroenterology, Older Peoples services and Ophthalmology. 4 SAS vacancies (Oncology, ENT and Ophthalmology). M8 Trust vacancy rate increased to 5% in November from 3.7% in October.

NHSE 2024/25 priorities include a reduction in agency spend across the NHS to a maximum of 3.2% of the total pay bill across 24/25. Those systems that are already performing better than this are expected to further reduce their reliance on agency staff. Consequently, the ESNEFT agency target has been set at 2.2% of total pay bill.

As at M08 we are £4m ahead of the 3.2% NHSE Agency ceiling and just behind (£160k) of the 2.2% reduction target.

M8 - Agency spend £1.1m against a 2.2% target of £1.3m.

M8 - Bank spend of £4.5m.

M8 – VAT Savings £99.5k. Direct engagement VAT savings for Medical Locums.

Sickness

Sickness absence decreased in November to 4.6% and was not compliant against the Trust target of 4%. The main reasons for absence were Anxiety, Stress and Depression which is 1.14% of the workforce followed Cold, Cough, Flu – Influenza at 0.71%.

The number of FTE days lost due to sickness is higher for short term sickness (56.77%) than long term sickness (43.23%). There has been a decrease in short term absence this month which is likely due to Cough, cold and flu (including Covid-19) which decreased to 0.71% of the workforce from 1.05%.

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, including regular joint meetings discussing ongoing cases.

Risks & Mitigating Actions

Recruitment, Resourcing and Planning

There has been an increase in the Trust's establishment (263.8 WTE). Vacancies has increased in November and is at 5% and the Trust is ahead of planned recruitment.

YTD a total of 50 HCSW apprentice's have commenced. Next cohort of 14 due to commence in February.

International Nurse pipeline continues with 12 nurses commencing November. With next cohort of 15 in January.

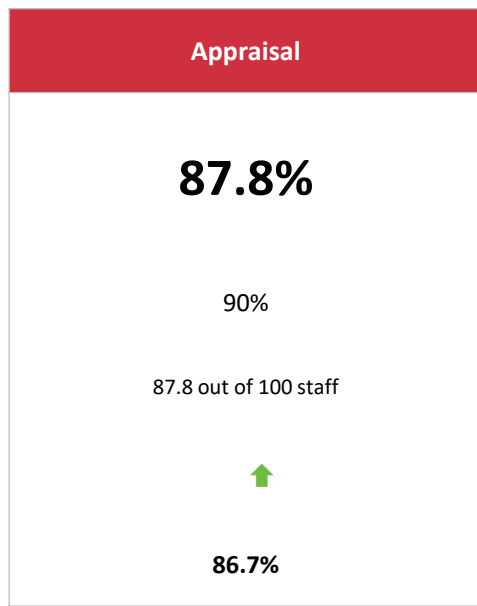
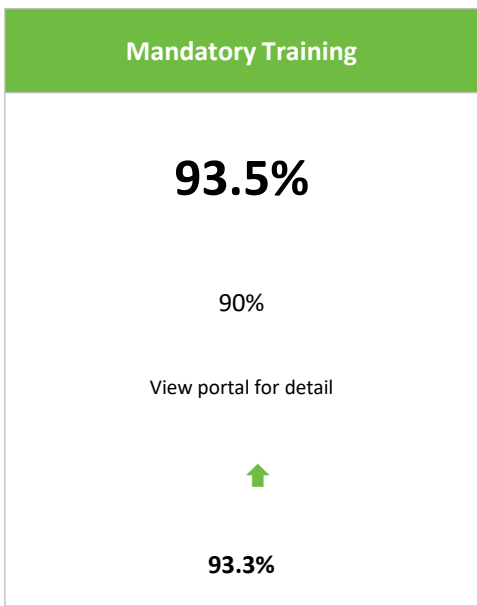
There is continued focus on hard to recruit consultant vacancies utilising head-hunters and international recruitment drives.

The team invites new starters to share their staff experience, bringing 'fresh eyes' to generate new ideas and improvements to the service.

Sickness

Bitesize training sessions focussed on absence are continuing and the 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. There is a focus on those who have been absent over 3 months as well as complex cases by the ER Team who are targeting progress with OH and managers. The Absence Policy has been updated and training sessions continue to be delivered to line managers. Targeted work focussing on Managing Short term sickness absence (4 episodes or more) continues. ER team working with managers to execute the formal monitoring process.

A range of measures to support staff wellbeing are continuing. These include ongoing psychological support for staff and consultation for managers, brew crews for teams, and awareness campaigns. Plans for festive bags for ESNEFT teams are in progress, along with a schedule of upcoming webinars. Financial wellbeing support is available through onsite HSBC drop-in branches and Wagestream access. We also ensure our policies promote staff wellbeing. Over 100 Wellbeing Ambassadors recently collaborated on a seasonal pressures' wellbeing plan. We are proactively reaching out to staff off sick due to stress, anxiety, and depression to offer support, with plans to expand assistance for other conditions. A 'how to guide for stress risk assessments' is being developed, with potential live sessions for managers. We are planning a Physical Wellbeing month in January and recently launched a Menopause Information Service, offering appointments to 100 staff members. Two Menopause and Women's Health Fairs were held in October, along with the launch of the Menopause Policy and an associated intranet page is being planned. A Carers Network is being established, with an upcoming call for chair role applications. We're developing Neurodiversity awareness training and toolkit and addressing support for staff facing workplace violence and aggression, along with exploring the use of TRiM across ESNEFT.



Commentary

Mandatory Training

November's compliance rate marginally increased to 93.5%.

All divisions are above the target of 90% compliance.

Approximately 2,417 staff have engaged in the suite of Equality, Diversity and Inclusion training provision over the past 12 months which cover EDI bitesize, race conversations, active bystander, disability and LGBTQ+ awareness. In addition to this, staff experience drop-in sessions are continuing and as a consequence we are seeing an increase in the number of staff seeking support with EDI related queries or concerns. We are focussing on sexual safety in the workplace, with a new toolkit and training sessions, as well as the national high impact action around the staff experience of International Recruits - feedback from a recent survey sent to our international nurses is being reviewed for themes to take forward to improve staff experience for this cohort. This survey will be rolled out to all international recruit cohorts over the next 6 months. The review of the ESNEFT EDI Strategy is almost complete and once approved a communication plan is being drafted to ensure this is socialised to all staff.

Appraisal

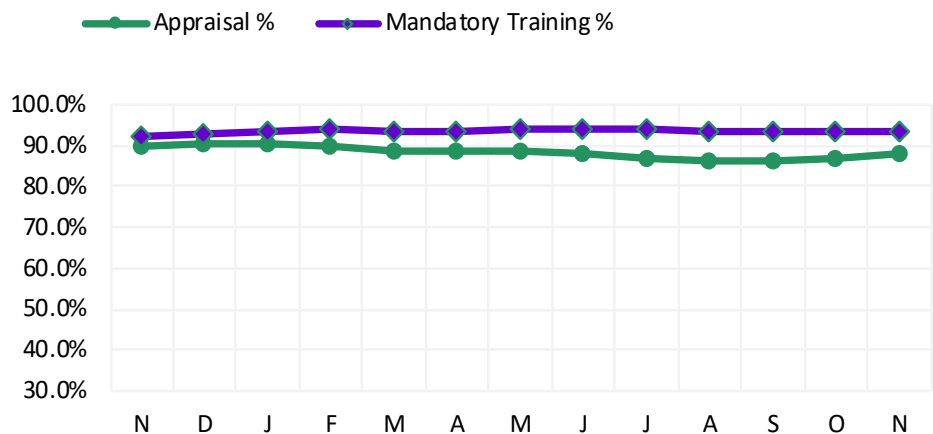
November's compliance rate increased slightly to 87.8%.

The current position across divisions for compliance of band 7s and above is shown below:

Division	Percentage completed	
	October	November
Integrated pathways	91.23%	91.23%
NEECS	94.76%	94.90%
Womens and Children	94.48%	92.90%
Surgery, Gastro and Anaesthetics	91.62%	91.58%
Medicine Ipswich	92.62%	93.33%
MSK	96.30%	96.24%
Cancer and Diagnostics	94.64%	94.96%
Medicine Colchester	94.44%	93.66%
Corporate Services	94.21%	93.94%
Non Divisional	80.00%	80.00%

Appraisals & Mandatory Training Compliance

%

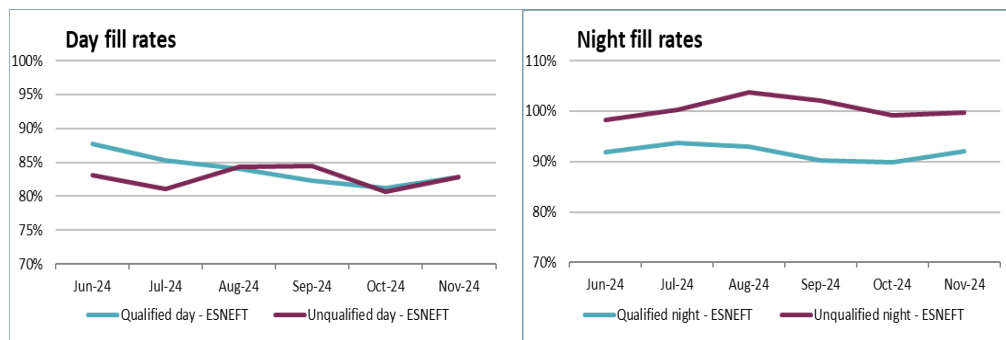


Supportive Leadership 360 reviews

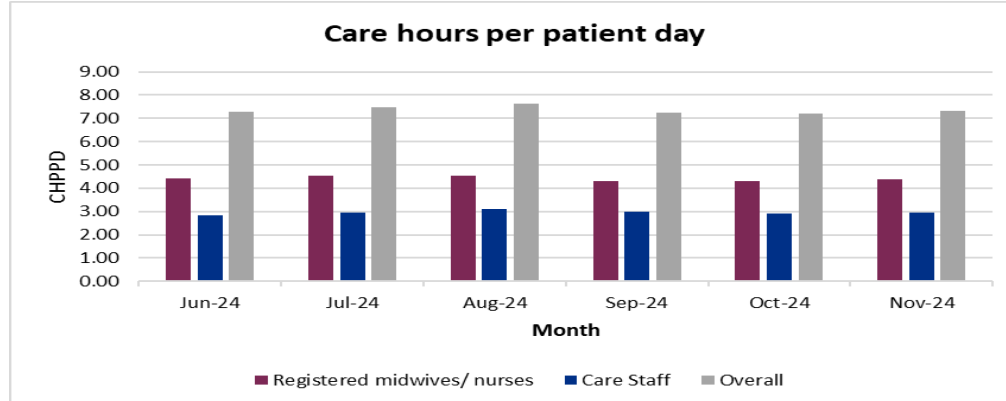
The 360 Supportive Leadership reviews for our leaders in the Advanced Nurse Practitioner staffing group closed at the end of September. We currently have 17 trained facilitators who are eagerly awaiting the next project to start which will be with band 7 and above staff in Women's and Children, it has been agreed with the HRBP that this will start in January 2025. A facilitator forum was held in October giving facilitators the opportunity to feedback their experience of facilitating and to provide a learning platform for how to make improvements to the experience for facilitators and leaders going forwards.

Fill Rates (including care hours per patient day)

	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Qualified day - ESNEFT	87.7%	85.2%	84.1%	82.3%	81.2%	82.8%
Qualified night - ESNEFT	91.9%	93.6%	92.9%	90.3%	89.9%	92.0%
Unqualified day - ESNEFT	83.1%	81.1%	84.4%	84.5%	80.7%	82.8%
Unqualified night - ESNEFT	98.2%	100.2%	103.7%	102.1%	99.2%	99.8%
Overall (average) fill - ESNEFT	89.3%	88.6%	89.4%	87.9%	86.0%	87.7%



Care hours per patient day	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Registered midwives/ nurses	4.43	4.52	4.53	4.29	4.31	4.39
Care Staff	2.84	2.95	3.10	2.97	2.90	2.94
Overall	7.27	7.47	7.63	7.26	7.21	7.33



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; however, a significant number of RNs leavers are within their first 5 years of ESNEFT service. Lower student numbers from 2024 (In line with national trends) onwards will likely create a shortfall in pipeline from 2027 onwards. Registered nursing apprenticeships will not provide sufficient mitigation to this shortfall in supply and alternative solutions needs to be considered.

International nurse pipeline

International nurse (adults) continue to arrive each monthly with the last cohort due to arrive in February 2025.

International AHP Recruitment

We continue to have a small supply of internationally educated ODPs and dieticians. Group professional advocacy sessions for preceptees, have commenced including for our newly recruited internationally educated AHPs. This will be reviewed and monitored through a QI project.

Professional Advocacy

Professional Advocate numbers continue to gradually increase as staff complete their course. The service is currently working on a response to need triage basis for Restorative Clinical Supervision, as we work towards the 1:25 ratio goal. Priorities under review are also preceptee and new starter support. The service has branched in AHP support, with newly qualified AHP Professional Advocates.

Healthcare Support Workers (HCSW)

Recent feedback from the retention team, clinical managers and HCSW apprentices has highlighted a number of issues related to the current timeframe (12mths) Band 2 HCSW apprentices can complete their Care certificate and clinical competencies without which they cannot be uplifted to Band 3 and undertake the full responsibilities of the HCSW role. The national standard for completion of Care Certificate is 12 weeks. This timeframe is impacting the delivery of patient care, skill mix and retention. As a result, more Band 2 & 3 non-apprentice HCSWs are being recruited by departments than apprentices who can complete their Care Certificate and clinical competencies and move to Band 3 (if appropriate) after 12 weeks, also allowing them to work via NHSP.

Risks & Mitigating Actions

Future RN/RNA workforce planning

Review of the Nursing Associate (NA) role, implementation and utilisation within ESNEFT has been completed and reported to the Chief Nurse. A Nursing Associate Development group has commenced and will initially focus on scope of practice. A centrally recruited cohort of Apprentice Nursing Associates is being planned for 2025 to ensure standardisation of recruitment and equity of access.

Further IEN recruitment will also need to be considered in the medium term.

Safer Staffing

Training for the updated SNCT Adult & children's acuity tool continues. The formal SNCT audits will take place in February and May in order to inform 2025 establishment setting in line with NHS England guidelines at an earlier timeframe next year prior to the roll out of EPIC.

Safecare training continues, and the 2024 Acuity review meetings are now complete.

Retention

Two cohorts of 6 wards have successfully commenced team rostering with a review to take place in early January and cohort 3 to commence in February 2025. Key metrics will be measured for 12 months as well as periodic staff surveys to ascertain staff feedback.

The Menopause Information Service has received very positive feedback from staff so far and a review will be undertaken in January 2025.

"Bures ward" pilot (Phase 1) was approved at EMC in December and recruitment to this ward has commenced. It is anticipated that the team will go live in early Spring 2025.

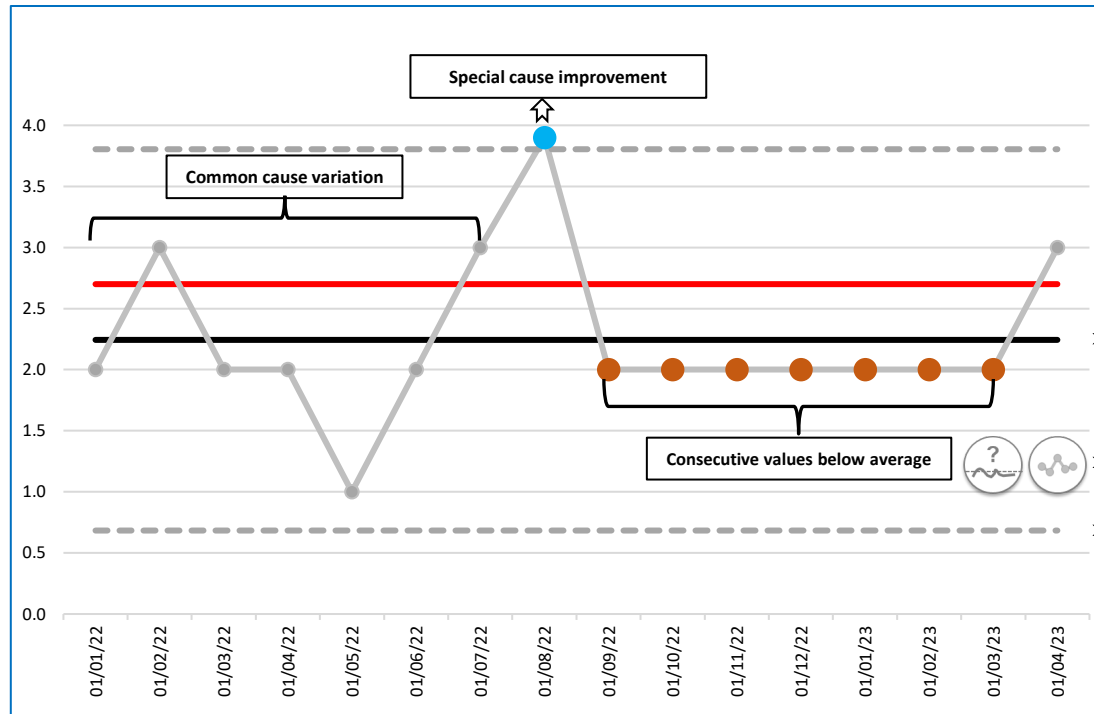
A review has taken place into the approach to the recruitment of HCSWs and Care certificate with the findings to be discussed in early January 2025.

	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24
All Staff													
Headcount	12,262	12,273	12,356	12,364	12,379	12,331	12,307	12,349	12,365	12,468	12,505	12,673	12,760
Establishment (including agency)	11,060	11,065	11,091	11,152	10,891	11,235	11,268	11,286	11,311	11,268	11,638	11,542	11,805
In post	10,712	10,737	10,795	10,816	10,749	10,739	10,740	10,769	10,792	10,989	11,012	11,110	11,214
Vacancy	347	328	296	336	143	497	528	517	518	279	626	431	592
Vacancy %	3.1%	3.0%	2.7%	3.0%	1.3%	4.4%	4.7%	4.6%	4.6%	2.5%	5.4%	3.7%	5.0%
Establishment (excluding agency)	11,060	11,065	11,091	11,152	10,891	11,235	11,268	11,286	11,311	11,268	11,638	11,542	11,805
Vacancy (excluding agency)	347	328	296	336	143	497	528	517	518	279	626	431	592
Vacancy % (excluding agency)	3.1%	3.0%	2.7%	3.0%	1.3%	4.4%	4.7%	4.6%	4.6%	2.5%	5.4%	3.7%	5.0%
Turnover													
¹ Turnover (12 Month)	11.5%	11.2%	11.1%	11.0%	10.9%	10.8%	10.8%	10.6%	10.2%	10.0%	9.8%	9.5%	9.2%
¹ Voluntary Turnover (12 Month)	8.1%	7.8%	7.7%	7.6%	7.5%	7.5%	7.6%	7.4%	7.3%	7.2%	7.1%	6.9%	6.6%
¹ Starters (to Trust)	171	108	175	98	87	130	86	95	132	151	210	207	171
¹ Leavers (from Trust)	116	113	107	83	147	95	90	92	96	93	107	78	73
Sickness													
% In Mth	5.0%	5.4%	5.1%	4.8%	4.2%	4.3%	4.1%	4.5%	4.6%	4.3%	4.5%	5.0%	4.6%
WTE Days Absent In Mth	15,955	17,897	17,118	15,126	14,129	13,854	13,698	14,412	15,355	14,538	14,662	17,119	15,366
Mandatory Training & Appraisal Compliance													
Mandatory Training	92.4%	93.0%	93.4%	93.8%	93.5%	93.4%	94.3%	94.0%	94.1%	93.6%	93.3%	93.3%	93.5%
Appraisal	89.7%	90.6%	90.5%	89.8%	88.8%	88.9%	88.5%	88.0%	87.1%	86.0%	86.5%	86.7%	87.8%
Temporary staffing as a % of spend													
Substantive Pay Spend	46,901	47,804	46,711	46,139	44,242	49,005	47,887	49,021	48,906	49,454	49,546	64,340	53,024
Overtime Pay Spend	161	133	132	142	129	194	139	122	139	137	158	197	148
Bank Pay Spend	5,098	4,510	5,620	4,313	6,717	4,664	4,593	5,002	4,702	4,835	4,790	5,909	4,564
Agency Pay Spend	1,073	957	1,134	1,344	1,580	1,260	1,189	1,370	1,220	1,134	1,180	1,339	1,124
Total Pay Spend	53,234	53,404	53,597	51,939	52,668	55,124	53,808	55,516	54,968	55,561	55,674	71,784	58,859
Agency & Bank %	11.6%	10.2%	12.6%	10.9%	15.8%	10.7%	10.7%	11.5%	10.8%	10.7%	10.7%	10.1%	9.7%
Agency %	2.0%	1.8%	2.1%	2.6%	3.0%	2.3%	2.2%	2.5%	2.2%	2.0%	2.1%	1.9%	1.9%
Nurse staffing fill rate													
% Filled	89.5%	88.1%	88.8%	88.1%	89.1%	89.8%	90.0%	89.3%	88.6%	89.4%	87.9%	86.0%	87.7%

¹ Excludes training grade junior doctors

	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24
Nursing (Qualified) - excluding Midwives													
Establishment (including agency)	3,217	3,237	3,281	3,295	3,306	3,298	3,304	3,303	3,314	3,323	3,349	3,329	3,439
In post	3,109	3,126	3,145	3,143	3,141	3,132	3,134	3,121	3,125	3,139	3,150	3,202	3,258
Vacancy	109	112	136	152	165	167	170	181	189	184	199	127	182
Vacancy %	3.4%	3.4%	4.1%	4.6%	5.0%	5.0%	5.2%	5.5%	5.7%	5.5%	5.9%	3.8%	5.3%
Nursing (Band 5) - excluding Midwives													
Establishment (including agency)	1,545	1,537	1,553	1,555	1,553	1,561	1,551	1,534	1,531	1,557	1,550	1,553	1,604
In post	1,482	1,497	1,510	1,498	1,494	1,480	1,473	1,462	1,457	1,466	1,458	1,498	1,520
Vacancy	63	39	43	57	60	81	78	71	73	92	92	56	84
Vacancy %	4.1%	2.6%	2.8%	3.7%	3.8%	5.2%	5.0%	4.7%	4.8%	5.9%	6.0%	3.6%	5.2%
Nursing (Band 4)													
In post Band 4	-	-	-	-	-	-	-	-	-	-	-	-	-
In post Band 4 Pre Reg	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing (Apprentice, B2 & B3)													
Establishment (including agency)	1,385	1,389	1,431	1,438	1,436	1,421	1,424	1,430	1,445	1,426	1,430	1,445	1,466
In post	1,247	1,252	1,274	1,288	1,292	1,280	1,269	1,273	1,288	1,282	1,288	1,283	1,285
Vacancy	138	137	158	151	144	141	155	156	157	144	141	161	182
Vacancy %	10.0%	9.9%	11.0%	10.5%	10.0%	9.9%	10.9%	10.9%	10.9%	10.1%	9.9%	11.2%	12.4%
Consultants													
Establishment (including agency)	521	522	521	517	514	515	518	523	522	517	537	531	558
In post	482	480	480	482	484	475	479	484	481	487	495	497	498
Vacancy	39	42	41	35	31	40	39	39	41	30	42	34	60
Vacancy %	7.5%	8.1%	7.8%	6.8%	5.9%	7.7%	7.5%	7.4%	7.9%	5.8%	7.8%	6.5%	10.8%
Junior Medical													
Establishment (including agency)	804	789	790	790	795	798	806	818	806	818	825	824	847
In post	785	784	752	783	772	759	769	775	770	942	849	838	844
Vacancy	18	5	38	8	22	39	36	43	36	(124)	(23)	(15)	3
Vacancy %	2.2%	0.7%	4.8%	1.0%	2.8%	4.9%	4.5%	5.3%	4.4%	-15.2%	-2.8%	-1.8%	0.4%
Scientific, Technical and Therapeutic													
Establishment (including agency)	2,201	2,224	2,212	2,200	2,207	2,169	2,204	2,209	2,223	2,225	2,238	2,272	2,363
In post	2,049	2,055	2,054	2,049	2,059	2,035	2,024	2,037	2,063	2,061	2,101	2,133	2,144
Vacancy	151	169	158	151	148	134	180	171	160	165	136	140	219
Vacancy %	6.9%	7.6%	7.1%	6.9%	6.7%	6.2%	8.2%	7.8%	7.2%	7.4%	6.1%	6.1%	9.3%

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