

## Board of Directors

<b>Report Title:</b>	Performance Report Month 4 (July) 2022/23
<b>Executive/NED Lead:</b>	Director of Finance
<b>Report author(s):</b>	Deputy Finance Manager with relevant Executive Directors
<b>Previously considered by:</b>	Monthly Report to Board of Directors

Approval
  Discussion
  Information
  Assurance

### Executive summary

The report for month 4 (July) outlines the performance of the Trust. It includes the Trust's key performance indicators, and it provides analysis at primarily an overall organisational level, though for some areas there is discussion of performance by site (notably mortality and A&E access). The Trust's post COVID-19 recovery progress is now included as part of the operational commentary and analysis.

Divisional Accountability Meetings (DAMs) were held across three days in early August to review June 22 data and performance and headline divisional performance is outlined.

The key performance headlines, for divisions and corporate CDG's as reflected in the Trust's Accountability Framework, are detailed in the report. Key points to note this month include:

#### Quality & Patient Safety:

- The March 2022 in-month HSMR was reported at of 105.8 (higher than expected). Data excludes COVID-19 on admission.
- The SHMI for the 12 months to February 2022 was 1.0898 for ESNEFT (as expected); 1.0531 for Ipswich (as expected); and 1.1010 for Colchester.
- Serious harm falls – There were 3 falls resulting in serious harm in July. There were 2 on the Ipswich site: a fractured neck of femur and a subdural haematoma. There was 1 fall on the Colchester site: a subdural haematoma
- There were 66 reportable pressure ulcers in July in relation to ESNEFT hospital beds. Ipswich reported 24 cases including 20 grade 2 ulcers and 3 grade 3 and 1 unstageable. Suffolk Community hospitals recorded 6 developed pressure ulcers, 5 grade 2 and 1 unstageable. Colchester recorded 25 cases, 19 grade 2 and 6 unstageable. NEECS reported 8 grade 2 and 3 grade 3 pressure ulcers.
- Massive obstetric haemorrhages were 3.68% in June (one month in arrears) comprised of 2.3% for Colchester and 5.2% for Ipswich) which is an increase following lower rates in April and May and continues to be above the national target of 2.5%.
- There was 1 still birth reported at Colchester and 3 at Ipswich.
- Preterm birth rates for June were 9.2% for ESNEFT (9.2% for Colchester and 9.1% for Ipswich). Term admissions to NNU were 4.7% which is below the target of 6%.
- Complaints – there were 94 (120) complaints in July. Colchester reported 47 (72) and Ipswich reported 47 (48).
- Infection control – There were 0 Trust apportioned MRSA Bacteraemia identified in July.
- There were 8 cases of C.diff reported at Colchester Hospital (5 HOHA, 3 COHA) and 3 at Ipswich Hospital & Community (2 HOHA, 1 COHA). There were a total of 11 Trust attributed C.diff cases in July 2022. All C.diff cases that occurred in 2021/22 have been signed off from our ICB colleagues relating to the Ipswich & East Suffolk cases.

**Operational:**

- A&E 4 hour standard performance for the economy in July was 77.2%, below the national standard of 95%. The Colchester site delivered 79.7% whilst Ipswich achieved 72.7%.
- July's current RTT position is 64%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85%, at 72.4% (not validated) for July.
- In terms of recovery, elective activity for both inpatients and day cases has increased in month by 4.4% and 3.9% respectively whereas outpatient appointments have seen decreases; first attendances by 3.0% and follow ups by 6.4%. Elective inpatients, day cases, outpatient first and follow up appointments were all lower than 2021-22 activity levels at 89.8%, 98.6%, 99.3% and 86.7% respectively
- CT's and Endoscopy activity increased in month by 12.4% and 13% respectively whereas decreases were seen in MRIs by 5.6% and Ultrasounds by 4%. All exceeded 2021-22 activity levels with the exception of Ultrasounds which was 96.6%; CT, MRI and Endoscopies were 109.3%, 105.6% and 101.3% respectively
- 52+ week waiters increased in month by a further 270 patients and was just over trajectory by 31 patients. The longest waiting patients within bands 98+ and 104+ weeks have both decreased with 78+ week waiters increasing by 2. The waiting list continues to increase by a further 2.5% and is 5,362 patients above the trajectory set for the month.

**Finance:**

- In July, the Trust delivered a surplus of £0.1m contributing to a cumulative year to date surplus of £0.2m. For the year to date, there is favourable variance of £0.2m against control total.
- Income continues to report an under recovery in July albeit at a reduced rate. Whilst the national/regional arrangements in relation to ERF are now fixed for H1 there is still a level of risk regarding subcontracted activities (RES contract) which have been factored into the financial position. The variance YTD predominately relates to "out of envelope" funding streams which support the vaccine programme and COVID-19 testing.
- Within non-pay the CIP program continues to be the main driver of the adverse variance; although an improvement is reported in July. A shortfall of £369k occurred in month, £4.1m YTD.
- July reported an increase in agency spend and accounts for 3.5% of all pay costs (compared to 3.4% in July 2021). Nursing and midwifery continued their downward trend on agency spend with increased bank usage whilst substantive costs remained static.
- Formal confirmation of controls has now been received and stipulates delivery of a 10% reduction to actual 21/22 agency spend as a minimum. Controls will operate at a system level. A number of operational divisions report an adverse variance to the revised ceiling limits; C&D, MSK & Specialist Surgery and S,G&A.
- The Trust held cash of £70.9m at the end of July.
- Capital Expenditure: At the end of July there was an underspend of £13.8m, of which £3.4m was in month. The main driver of YTD underspend is the 'building for better care' STP funded developments: Elective Orthopaedic Centre (£7m) and emergency reconfiguration (£2m).
- Overall, the CIP programme is £4.1m behind target as at the end of July. This is based on an even profiling of the overall target.

**People & Organisational Development:**

- The vacancy rate across the Trust fell from 5.0% to 4.1%.
- Voluntary turnover (rolling 12 months) was at 9.1% in July for ESNEFT, a slight increase from 9.0% in June. Retention Partners are continuing their work around exit interviews particularly in NEECS and MSK. HCA Audit results have been shared with divisions who are now working on remedial programmes.
- Mandatory training compliance rate increased to 88.4%, from 87.2% in July. Continuing with recovery plans to increase compliance and ensuring capacity for the numbers non-compliant.
- Appraisal compliance increased to 83% from 82.6% in July.

- Sickness in July increased to 5.4%, from 4.5% in June and remains above the target of 3.5%. The sickness review group is continuing to meet on a monthly basis to review all sickness absence cases over 6 months which has seen a 4.4% reduction in cases relating to Stress, Anxiety and Depression. The group and also seen a notable decrease in long term sickness case (over 3 months) since focus work commenced last month.

**Action Required of the Board/Committee**

- To note the Trust's performance

<b>Link to Strategic Objectives (SO)</b>		<b>Please tick</b>
SO1	Keep people in control of their health	<input checked="" type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO4	Drive technology enabled care	<input checked="" type="checkbox"/>

<b>Risk Implications for the Trust</b> <i>(including any clinical and financial consequences)</i>	Noted within the separate escalation reports
<b>Trust Risk Appetite</b>	Quality: The board is cautious when it comes to quality and places the principle of "no harm" at the heart of the decision. It is prepared to accept some risk if the benefits are justifiable and the potential for mitigation is strong
<b>Legal and regulatory implications</b> <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>	The report includes dashboards of performance against key national targets.
<b>Financial Implications</b>	All systems have a breakeven requirement in 22/23.  Under the proposed legislation, each ICB and its partner trusts must exercise their functions with a view to ensuring that, in respect of each financial year:  <ul style="list-style-type: none"> <li>local capital resource use does not exceed a limit set by NHS England and NHS Improvement</li> <li>local revenue resource use does not exceed a limit set by NHS England and NHS Improvement.</li> </ul>
<b>Equality and Diversity</b>	None apparent