

Board of Directors

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| Report Title: | Performance Report Month 6 (September) 2022/23 |
| Executive/NED Lead: | Director of Finance |
| Report author(s): | Deputy Finance Manager with relevant Executive Directors |
| Previously considered by: | Monthly Report to Board of Directors |

Approval
 Discussion
 Information
 Assurance

Executive summary

The report for month 6 (September) 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 October to review August 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 May 2022 in-month HSMR was reported at of 105.1. Data excludes COVID-19 on admission. The incomplete position for June 2022 is 108.3.
- The SHMI for the 12 months to April 2022 was 1.0700 for ESNEFT (as expected); 1.0362 for Ipswich (as expected); and 1.0825 for Colchester.
- Serious harm falls – There were 7 falls resulting in serious harm in September. There were 3 on the Ipswich site: all fractured neck of femurs. There were 4 fall on the Colchester site: 3 fractured neck of femurs and 1 exacerbation of existing ankle fracture.
- There were 40 reportable pressure related injuries in September in relation to ESNEFT hospital beds. Ipswich reported 15 cases including 11 grade 2 ulcers and 4 unstageable. Suffolk Community hospitals recorded 3 developed pressure ulcers, 2 grade 2 and 1 grade 3. Colchester recorded 22 cases, 13 grade 2 and 8 unstageable. NEECS reported no pressure related injuries.
- Massive obstetric haemorrhages were 4% in August (one month in arrears) comprised of 4% for Colchester and 3.9% for Ipswich) which continues to be above the national target of 2.5%.
- There were 2 still births reported at Colchester and 0 at Ipswich.
- Preterm birth rates for August were 8.8% for ESNEFT (9% for Colchester and 8.4% for Ipswich).
- Term admissions to NNU were 4% which is below the target of 6%.
- Complaints – there were 127 (122) complaints in September. Colchester reported 75 (74) and Ipswich reported 52 (48).
- Infection control – There were 0 Trust apportioned MRSA Bacteraemia identified in September. There were 8 new MRSA isolates identified, 4 on the Colchester site and 4 on the Ipswich site.
- There were 11 cases of C.diff reported at Colchester Hospital (8 HOHA, 3 COHA) and 4 at Ipswich Hospital & Community (4 HOHA, 0 COHA). There were a total of 15 Trust attributed C.diff cases in September 2022. There are a total of 57 cases against the threshold of 102 for 2022/23.

Operational:

- A&E 4 hour standard performance for the economy in September was 75.0%, below the national standard of 95%. The Colchester site delivered 77.2% whilst Ipswich achieved 71.0%.
- September's current RTT position is 62.0%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85% at 68.1% (not validated) for September.
- In terms of recovery, activity increased across the board in month with the exception of day cases which decreased by 1.4%. Elective inpatients increased by 1.6%. Combined outpatient activity for firsts and follow ups increased by 3.3%. Activity levels were all lower than 2021-22 levels except outpatient first appointments which were at 100.9%. Elective inpatients, day cases and outpatient follow ups were 92.8%, 99.7% and 89.8% respectively
- MRI and Ultrasound activity increased in month by 0.2% and 2.0% respectively whereas decreases were seen in CTs by 4.9% and Endoscopies by 5.5%. Across the board activity exceeded 2021-22 activity levels; CT, MRI, Ultrasounds and Endoscopies were 112.1%, 111.1%, 102.9% and 106.5% respectively.
- The waiting list increased in month by a further 1.8% and was over trajectory by 4,299 patients. 52+ week waiters increased by a further 9% and is 315 patients above trajectory; increases were reflected at site level with Colchester and Ipswich both increasing by 71 patients and 213 patients respectively. 104+ week waiters has reduced by 1 patient in month.

Finance:

- In August, the Trust delivered a small deficit sustaining a cumulative year to date surplus of £0.3m. For the year to date, there is favourable variance of £0.3m against control total.
- Income reported a significant over delivery in September of £10.1m, £7.3m year to date. The Trust received an additional £14.4m for the year in respect of the pay award, which amounted to £7.2m profiled into the September position. The remaining additional income reported in month related to HEE and R&D monies.
- The adverse variance reported within the pay category predominately relates to the back payment of the pay award for A4C staff.
- Within non-pay, an adverse variance of £4.1m was reported in September, with a number of key areas impacting. The Trust incurred additional costs of £1.1m in relation to education with a year to date catch up and an annual charge from the ICB for HEE monies. Purchase of healthcare continued and increased with one off agreed costs in Dermatology to support cancer care. There was a year to date adjustment made in respect of the Clacton CDC and lease charges. CIP shortfall continues to contribute £0.7m in month and £4.8m year to date.
- September reported a reduction in agency spend. It accounts for 3.4% of all pay costs (compared to 2.6% in September 2021). Whilst the majority of staff groups' spend remains static, consultants reported the main reduction in spend across a number of divisions most notably in Medicine Colchester due to consultant recruitment.
- The Trust held cash of £75m at the end of September.
- Capital Expenditure: At the end of September there was an underspend of £22m, of which £3.4m was in month. The main driver of YTD underspend is the 'building for better care' developments: Elective Orthopaedic Centre including do max option and enabling works (£11m), emergency reconfiguration (£2m) and Green Surgical Hub (£4m).
- Overall, the CIP programme is £4.8m behind target as at the end of September. This is based on an even profiling of the overall target.

People & Organisational Development:

- The vacancy rate across the Trust increased from 5.1% to 5.8%.
- Voluntary turnover (rolling 12 months) was at 9.2% in September for ESNEFT, a slight increase from 9.0% in August.
- Mandatory training compliance rate decreased to 87.4%, from 87.8% in August.
- Appraisal compliance increased to 85.6%, from 84.2% in August.

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| <ul style="list-style-type: none"> Sickness in September increased to 4.5%, from 4.2% in August and remains above the target of 3.5%. | | |
| Action Required of the Board/Committee | | |
| <ul style="list-style-type: none"> To note the Trust's performance | | |
| Link to Strategic Objectives (SO) | | Please tick |
| 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"/> |
| Risk Implications for the Trust <i>(including any clinical and financial consequences)</i> | | Noted within the separate escalation reports |
| Trust Risk Appetite | | 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 |
| Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i> | | The report includes dashboards of performance against key national targets. |
| Financial Implications | | <p>All systems have a breakeven requirement in 22/23.</p> <p>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:</p> <ul style="list-style-type: none"> local capital resource use does not exceed a limit set by NHS England and NHS Improvement local revenue resource use does not exceed a limit set by NHS England and NHS Improvement. |
| Equality and Diversity | | None apparent |