

## Board of Directors 12 January 2023

<b>Report Title:</b>	Performance Report Month 8 (November) 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 8 (November) 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 to discuss October's performance were cancelled in December due to operational pressures. Performance for the month and divisional headlines are 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 July 2022 in-month HSMR was reported at 123.5. Data excludes COVID-19 on admission. The incomplete position for August 2022 is 107.5.
- The SHMI for the 12 months to June 2022 was 1.0683 for ESNEFT (as expected); 1.0272 for Ipswich (as expected); and 1.0928 for Colchester (as expected).
- Serious harm falls – There were 2 falls resulting in serious harm in November. Both were reported on the Colchester site. New multifactorial risk assessments are to be rolled out with implementation support to be provided.
- There were 62 (47) reportable pressure related injuries in November in relation to ESNEFT hospital beds. Ipswich reported 24 cases including 17 grade 2 ulcers and 7 unstageable. Suffolk Community hospitals recorded no pressure ulcers. Colchester recorded 18 cases, 9 grade 2, 1 grade 3 and 8 unstageable. NEECS reported 5 cases, 3 grade 1, 1 grade 3 and 1 unstageable.
- Massive obstetric haemorrhages were 3.9% in October (one month in arrears) comprised of 5.5% for Colchester and 2.4% for Ipswich) which continues to be above the national target of 2.5%.
- There were 3 still births reported in October.
- Preterm birth rates for October were 8.8% for ESNEFT (9.4% for Colchester and 8.1% for Ipswich).
- Term admissions to NNU were 3.6% which is below the target of 6%.
- Complaints – there were 129 (130) complaints in November. Colchester reported 75 (72) and Ipswich reported 54 (58).
- Infection control – There were 0 Trust apportioned MRSA Bacteraemia identified in November. There were 6 new MRSA isolates identified, 4 in Colchester/NEE and 2 on the Ipswich site.

- There were 2 cases of C.diff reported at Colchester Hospital (2 HOHA, 0 COHA) and 3 at Ipswich Hospital & Community (3 HOHA, 0 COHA). There were a total of 5 Trust attributed C.diff cases in November 2022. There are a total of 84 cases against the threshold of 102 for 2022/23.

#### **Operational:**

- A&E 4 hour standard performance for the economy in November was 67.6%, below the national standard of 95%. The Colchester site delivered 72.5% whilst Ipswich achieved 58.6%.
- November's current RTT position is 61.4%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85% at 69.9% (not validated) for November.
- In terms of recovery, activity increased across the board in month. Elective inpatients, day cases, outpatient first and outpatient follow ups increased by 5.8%, 6.7%, 9.8% and 8.2% respectively. Activity levels against 2021-22 levels were up except for outpatient follow ups which achieved 91.9% whereas elective inpatients, day cases and outpatient firsts all were over 100% for the same period compared to 2021-22.
- Diagnostic activity also increased in month with the exception of Endoscopy. CT, MRI and Ultrasounds increased in month by 2.8%, 8.5% and 6.0% respectively whereas Endoscopy decreased by 10.3%. The same movements were reflected against 2021-22 activity levels with CT 107.8%, MRI 111.2%, Ultrasounds 104.2% and Endoscopies achieving 99.9%.
- The waiting list increased in month by a further 1.1% and was over trajectory by over 7,000 patients. 52+ week waiters increased by a further 7% but is under trajectory by 251 patients; increases were reflected at site level with Colchester and Ipswich both increasing by 21 patients and 224 patients respectively. 104+ week waiters has stayed the same in month.

#### **Finance:**

- In November, 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 continued to report a significant over delivery in November of £4.2m, £17.2m year to date. The continued over performance in month relates to a number of in year contract variations agreed and funded after the June plan was submitted including the additional pay award uplift, monies in relation to the virtual ward provision and the monthly adjustments for high cost drug and devices that remain on a cost & volume contract.
- Within non-pay, an adverse variance of £3.9m was reported in November. Whilst CIP delivery continues to impact £0.4m in month, the main area of concern is reported within clinical supplies and services.
- Whilst an adverse variance is still reported in pay within the month, this is at a much reduced rate with a number of factors impacting on the position. Factors include the lower number of additional sessions due to the BMA card rate issues and continued use of additional contingency beds due to operational pressures.
- The Trust held cash of £65.9m at the end of November. Based on the current forecast, cash held at year-end will be circa £85m.
- Capital Expenditure: November continued to report an underspend of £5.8m, increasing the year to date variance to £37.1m. The main driver of YTD underspend is the 'building for better care' programme: Elective Orthopaedic Centre (including do max option) and enabling works, emergency reconfiguration (both sites) and the Green Surgical Hub.
- Regarding the CIP programme, £2m of cost improvement plans was delivered in November against a target of £2.4m; of which £1.4m were non-recurrent schemes. Year to date £12.6m of cost improvements have been delivered against a target of £18m; of which £7.5m were non-recurrent schemes.

#### **People & Organisational Development:**

- The vacancy rate across the Trust decreased slightly from 5.9% to 5.8%.
- Voluntary turnover (rolling 12 months) continues to decrease slightly month on month from 9.0% in October to 8.9% in November. Work continues with the Retention Partners to undertake Exit Interviews where required and review themes from Exit Surveys to feed back to divisions. The

<p>second Wellbeing &amp; Education conference held for Bands 2-4 took place in November, again with positive feedback from participants.</p> <ul style="list-style-type: none"> <li>• Mandatory training compliance rate decreased slightly to 87.0%, from 87.2% in October. Mandatory training matrix is now compliant with the Skills for Health NHS Core Skills Training Framework which will allow easier on-boarding of new starters and increased “training passport” opportunities for NHS staff joining from other organisations.</li> <li>• Appraisal compliance increased to 86.4%, from 85.3% in October – bite size training sessions continue.</li> <li>• Sickness in November reduced to 5.0% from 5.5% in October but remains above the target of 3.5%. Long term sickness absence (over 3 and 6 months and complex cases) is continuing to reduce due to the focussed work of the Sickness Review Group. The Financial Wellbeing Group continues to provide a range of measures to support staff financial wellbeing.</li> </ul>		
<b>Action Required of the Board/Committee</b>		
<ul style="list-style-type: none"> <li>• To note the Trust’s performance</li> </ul>		
<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>		<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"> <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