

## Board of Directors

<b>Report Title:</b>	Performance Report Month 10 (January) 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 10 (January) 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 December's performance were cancelled in February so that Business Planning sessions for 2023/24 could go ahead. 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 October 2022 in-month HSMR was reported at 117.2. Data excludes COVID-19 on admission.
- The SHMI for the 12 months to August 2022 was 1.0751 for ESNEFT (as expected); 1.0372 for Ipswich (as expected); and 1.0984 for Colchester (as expected).
- Serious harm falls – There were 9 falls resulting in serious harm in January. There were 8 cases reported at Ipswich hospital and 1 in North-East Essex Community Hospitals. The falls team are prioritising safe use of bedrails and accurate risk assessment due to an increase in incidents involving unwitnessed falls where bed rails have been in use.
- There were 90 (73 the previous month) reportable pressure related injuries in January in relation to ESNEFT hospital beds. Ipswich reported 40 cases including 31 grade 2 ulcers, 1 grade 4 ulcer and 8 unstageable. Suffolk Community hospitals recorded no cases. Colchester recorded 47 cases, 30 grade 2, 1 grade 3 and 16 unstageable. NEECS reported 3 cases, 1 grade 2, 1 grade 3 and 1 grade 3 unstageable.
- Massive obstetric haemorrhages were 1.96% in December (one month in arrears) - comprised of 1.3% for Colchester and 2.63% for Ipswich. This month, ESNEFT can display the lowest rate of PPH >1500ml recorded since February 2021 with Colchester being below the national target of 2.5% and Ipswich being marginally over.
- There were 2 still births reported in December. 1 IUD at 38 weeks and 1 IUD at 30 weeks, both are currently being investigated by the governance team.
- Preterm birth rates for December were 7.9% for ESNEFT (10.1% for Colchester and 5.5% for Ipswich).
- Term admissions to NNU were 5.2% which is below the target of 6%.
- Complaints – there were 90 complaints in January compared to 101 the previous month. Colchester reported 53 (64 in December) and Ipswich reported 37 (37 in December).

- Infection control – There were no Trust apportioned MRSA Bacteraemias identified in December. There were 11 new MRSA isolates identified, 8 in Colchester/NEE and 3 on the Ipswich/East Suffolk sites.
- There were 4 cases of C.diff reported at Colchester Hospital (2 HOHA, 2 COHA) and 5 at Ipswich Hospital & Community (3 HOHA, 2 COHA). There were a total of 9 Trust attributed C.diff cases in January 2023. There are currently a total of 102 cases against the threshold of 102 for 2022/23.

#### **Operational:**

- A&E 4 hour standard performance for the economy in January was 72.8%, below the national standard of 95%. The Colchester site delivered 76.5% whilst Ipswich achieved 66.1%.
- January's current RTT position is 58.8%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85% at 63.7% (not validated) for January.
- Diagnostic performance for patients waiting over 6 weeks was 8.1% in January; this remains above the national target of 1%.
- In terms of recovery, activity increased across the board in month apart from elective Inpatients which decreased by 16.1%. All areas reported higher levels from the 2021-22 activity levels again except for elective inpatients at 92.0%. Daycase inpatients, outpatient firsts and outpatient follow ups were 107.1%, 106.8% and 100.4% respectively.
- Diagnostic activity increased across the board in month except for endoscopies which reduced by 2.8%. All areas exceeded 2021-22 activity levels again apart from endoscopies at 89.6%. CT, MRI and Ultrasounds achieving 112.4%, 117.4% and 106.9% respectively.
- The waiting list increased in month by 1.1% and is above trajectory by nearly 7,000 patients. 52+ week waiters decreased by 5.2% and is under trajectory by 2.2%; decreases were reflected at both sites with Colchester and Ipswich decreasing by 5.8% and 4.0% respectively. The longest waiting patients increased apart from the 104+ week waiters which reduced by 1.

#### **Finance:**

- In January, the Trust delivered a small deficit (£71k), sustaining 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 continued to report a significant over delivery in January of £7.3m, £27.1m year to date. As detailed in previous months the continued over performance in January relates to several in-year contract variations agreed and funded after the June plan was submitted. These include 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. In January, further additional monies were received to support increased bed demand and community services.
- Within non-pay an adverse variance of £5.7m was reported in January. Whilst CIP delivery continues to impact £0.7m in month, other overspends continued to increase with drug costs and purchase of healthcare contributing to the adverse variance to plan in a number of clinical divisions.
- January delivered an adverse variance in relation to pay (£2.2m) with actual spend increasing relative to previous months with the opening of further contingency areas including additional wards to support both sites
- The Trust held cash of £55.7m at the end of January. Based on the current forecast, cash held at year-end will be circa £92m.
- Capital Expenditure: At the end of January reports a YTD underspend of £38.9m against CDEL. The main driver of YTD underspend is the 'building for better care' programme: Elective Orthopaedic Centre (including do max option) and enabling works and emergency reconfiguration (both sites). The Trust received confirmation on the 14th February from the DHSC that its application for brokerage of £30m has been successful. Any other slippage, the Trust will be required to mitigate internally.

- Regarding the CIP programme, £1.8m of cost improvement plans were delivered in January against a target of £2.5m; of which £1.1m were non-recurrent schemes. Year to date £15.7m of cost improvements have been delivered against a target of £22.8m; of which £8.4m were non-recurrent schemes.

**People & Organisational Development:**

- The vacancy rate across the Trust increased slightly from 5.7% to 5.9%. There were 132.2 WTE (148 headcount) external offers made (excluding medical offers). ICB wide “recruitment bus” event held with 81 potential candidates identified. On-boarding process underway for 50 candidates.
- Voluntary turnover (rolling 12 months) remained fairly static in month at 8.7% with continued support from the Retention Partners working collaboratively with the International Recruitment Partner around retention analysis of internationally recruited nurses, and with the Wellbeing MDT focussing on areas of concern flagged by leaver feedback and staff clinics.
- Bank spend in M10 was at £5m an increase of approx. £500k on previous months and predominantly within Nursing where incentive payments were introduced to cover demand.
- Mandatory training compliance rate decreased slightly to 87.5 from 87.9% in December. The Mandatory Training & Role Essential Steering Group has started work on reviewing the training matrix. Colchester Institute has been secured to provide training whilst building works take place in Villa 8 on the Colchester site, however the Library, 24/7 Study Room and Education staff can remain in Villa 8 and noise will be monitored.
- Appraisal compliance decreased slightly to 86.5% from 86.9% in December - Full analysis of appraisal audit to be discussed at POD Committee in March 2023.
- Sickness in January reduced to 5.01 from 6.2% in December and remains above the target of 3.5%. However long term sickness cases are continuing to be an area of focus by the Employee Relations Team, supported by Occupational Health. The Financial Wellbeing Group are continuing to provide information on money saving tips and support available is on the intranet page.

**Action Required of the Board/Committee**

- 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"/>
<b>Risk Implications for the Trust</b> (including any clinical and financial consequences)		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> (including links to CQC outcomes, Monitor, inspections, audits, etc)		The report includes dashboards of performance against key national targets.
<b>Financial Implications</b>		All systems have a breakeven requirement in 22/23.

	<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