

**Trust Board of Directors Meeting  
Report Summary**

<b>Date of Meeting:</b> 7 <sup>th</sup> September 2023	
<b>Title of Document:</b> Performance Report Month 4 (July) 2023/24	
<b>To be presented by:</b> Director of Finance	<b>Author:</b> Deputy Finance Manager with relevant Executive Directors
<b>1. Status: Discussion</b>	
<b>2. Purpose:</b>	
Relates to:	
Strategic Objective	✓
Operational performance	✓
Quality	✓
Legal/Regulatory/Audit	✓
Finance	✓
Governance	✓
NHS policy/public consultation	
Accreditation/inspection	
Anchor institutions	
ICS/ICB/Alliance	
Board Assurance Framework (BAF) Risk	
Other	
<b>3. Summary:</b>	
<p>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&amp;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 June's performance took place in early August.</p> <p>The key performance headlines, for divisions and corporate CDGs as reflected in the Trust's Accountability Framework, are detailed in the report. Key points to note this month include:</p>	

**Quality & Patient Safety:**

- The March 2023 in-month HSMR was reported at 94.5. Data excludes COVID-19 on admission. Colchester reported a position of 102.8 and Ipswich 90.9.
- The SHMI for the 12 months to February 2023 was 1.0810 for ESNEFT (as expected / on plan); 1.0234 for Ipswich (as expected / on plan); and 1.1136 for Colchester (as expected / on plan).
- Serious harm falls – There were 3 falls resulting in serious harm in July on the Colchester site and 1 within NEE Community site hospitals.
- There were 50 reportable pressure related injuries in July in relation to ESNEFT hospital beds. Ipswich reported 16 cases including 14 grade 2 ulcers, 1 grade 3 and 1 unstageable. Suffolk Community hospitals recorded no pressure injuries. Colchester recorded 31 cases, 24 grade 2, and 7 unstageable. NEECS reported 3 cases, both were grade 2.
- Postpartum haemorrhages were 2.83%, below the 3% upper target threshold.
- Preterm births: Preterm births were at 5.7% in June, under the 6% national target. Work to support reducing preterm birth and optimising care for babies where preterm birth cannot be avoided is ongoing, with the PERIPrem project being launched at Colchester 07/08/23.
- There was 1 still birth reported to MBRRACE in June, on the Colchester site.
- Complaints – there were 136 (131) complaints in July. Colchester reported 75 (79) and Ipswich reported 61 (52). There were no high-level complaints reported in the month.
- Infection control – There was 1 community onset healthcare associated MRSA bacteraemia in July 2023. There were 5 new MRSA isolates identified, 4 in Colchester/NEE and 1 in Ipswich/East Suffolk.
- There were 4 cases of C. diff reported at Ipswich Hospital & Community (3 HOHA, 1 COHA) and 4 at Colchester Hospital & Community (1 HOHA, 3 COHA). The C.difficile case threshold for 2023/24 is 101. There have been a total of 33 C.difficile cases April 2023-end of July 2023 (the total number of HOHA and COHA cases).
- There was 1 case of MSSA at Colchester Hospital (0 HOHA, 1 COHA) and 2 cases at Ipswich Hospital (1 HOHA, 1 COHA).
- There were 24 cases of E. coli across ESNEFT sites in July. There were 9 at Ipswich Hospital (4 HOHA, 5 COHA) and 15 at Colchester Hospital (9 HOHA, 6 COHA).

**Operational:**

- A&E 4-hour standard performance for the economy in July was 76.2%, this is below the national standard of 95% however above the ESNEFT target of 76%. The Colchester site delivered 79.7% whilst Ipswich site achieved 70%.
- July's current RTT position is 57.5%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85% at 74.3% (not validated) for July.
- Diagnostic performance for patients waiting over 6 weeks was 5.6% in July; this remains above the national target of 1%. The Trust will be working to a 5% target for 23/24.
- In terms of recovery, activity decreased across the board in month with a reduction in day cases of 5.2%, outpatient firsts by 5.4% and follow ups by 12.3%. The only exception was elective inpatients which increased by 1.3% compared to June. However, higher patient activity levels were reported relative to the equivalent month in 2022-23, for all activity types apart from outpatient follow ups (which were at 99.0% of the previous year's value).
- For diagnostics, activity increased for both CT and MRI in month for ESNEFT by 2.8% and 9.7% respectively. Compared to the previous month lower levels were seen in ultrasounds and endoscopies which decreased by 5.5% and 3.1% respectively. Activity exceeded 2022-23 activity levels for all modalities except endoscopies which were 93.1% of the prior year's total.
- The waiting list increased in month by 1.4% for ESNEFT and is 1,913 patients over trajectory. However, all long waiting patients metrics waiting 65 weeks or more improved in month. There

were no 104+ week waiting patients reported for July. Colchester have 55.6% of all 65+ week waiters which is 777 patients under trajectory for the month for ESNEFT.

#### **Finance:**

- In July the Trust reported an actual deficit of £0.148m, which was a positive variance of £0.088m against the external plan (deficit of £0.236m).
- The planned deficit is primarily related to the EPR scheme where costs are being incurred from April but national revenue funding is not expected until September. From and including October, the Trust then plans to achieve a revenue surplus in every month until the end of the financial year (in order to deliver break-even overall).
- Once again, a favourable variance to plan was reflected in income in July. This is primarily because of additional contracts agreed after the actual plan submission or as a direct result of national guidance.
- Within pay, there was an overspend of £0.876m in July, with a year to date adverse variance of £1.545m. Medical workforce expenditure continues to be the main driver of this position with a number of clinical divisions continuing to use additional sessions, some relating to additional elective ERF activities.
- Non-pay reported an adverse variance of £2.3m in July, increasing the year to date overspend to £7.051m. Whilst CIP non-delivery accounts for some of this unfavourable position, other significant pressures continue to be reported across a number of clinical divisions: clinical supplies, secondary commissioning and premises, with the Trust experiencing significant increases in charges for those properties that it leases from NHS Property Services and Community Health Partnerships.
- There was a reduction in agency costs in July, although they still accounted for 2.5% of all pay costs (compared to 3.5% YTD July 2022). The Nursing and midwifery staff group continues to show the greatest spend reductions (relative to the latter part of 22/23) mainly within ED departments on both sites placing greater reliance on bank cover. Medical costs also slightly reduced in July.
- There was an increase in bank spend in July of approximately £0.5m. Junior doctors saw an increase of c.£0.2m particularly within Medicine divisions (Industrial Action cover and in Colchester, coverage of ED and Copford wards; coupled with the increase in rates payable effective from June 23) and MSK (T+O sickness cover). Nursing and Midwifery also increased by c.£0.15m (notably MSK).
- The Trust held cash of £71.097m at the end of July.
- July's capital spend was £2.6m below plan (£5.1m expenditure incurred against £7.8m plan) and is due to shortfalls against the EOC, Ipswich ED & UTC reconfiguration and Clacton CDC. The year to date position is under plan by £14.5m, and driven by the same schemes and issues.
- The Trust is forecasting a breakeven position on capital for 23/24, where CDEL is maximised. Since the last Investment Group the main movement in the plan has been the inclusion of the approved phase 5 of Project Thor which will provide electrical upgrades to support the Endoscopy new build at Colchester.
- Relative to previous months, July reflected stronger performance on CIP. Three divisions actually exceeded their in-month target (MSK, NEECS and Women's and Children's). The biggest adverse variances were reported in Surgery, Gastro & Anaesthetics (£0.872m) and Cancer & Diagnostics (£0.505m)

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

- The vacancy rate across the Trust decreased from 5.2% to 5.0% in July. 97 students attended the Newly Qualified Recruitment events held at both acute sites and were offered posts. There is only 1 newly qualified nurse still to be placed.

- The data from months 1 - 4 shows that the number of leavers is lower than our predicted workforce plan and the number of overall joiners is higher than the workforce plan. Particular areas of success include; nursing, support to nursing, porters, administration and clerical colleagues. There remains a focus of work on biomedical scientists and operating department practitioners as well as progressing plans to support Consultant recruitment.
- Voluntary turnover (rolling 12 months) decreased marginally in month from 8.5% to 8.3%. Recruitment of 3 Retention Partners, to support the delivery of the Retention strategy, is ongoing. Detailed analysis on feedback from exit interviews completed and provided to the Women's and Children's directorate. Continued support provided to all new starters.
- Mandatory training compliance rate increased to 93.4%, from 92.5% in June and has remained above the 90% target for five consecutive months.
- Appraisal compliance increased to 90.2%, from 88.3% in June. HRBPs continue to support DMTs with Appraisal bite-size training for the new Feedback Led Appraisal form for Band 7+ Leadership roles with the aim to complete them before end of October. Supportive 360 degree Leadership appraisals will be launched in November which will enhance the appraisal process further.
- Sickness absence in July was 4.0% and was compliant against the Trust target of 4%. Long term sickness absence continues to reduce, with fewer staff remaining on sickness absence over 3 months. We recognise the work being undertaken by colleagues in our employee relations and well-being teams in supporting staff back to work and addressing early interventions with managers.

#### **4. Recommendations / Actions**

The Board is asked to note the Trust's performance