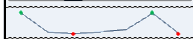
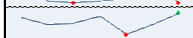
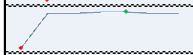
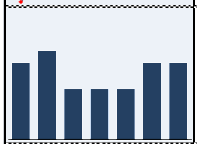
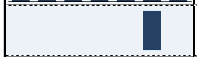
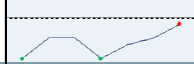
Month 10
(January)

East Suffolk and
North Essex
NHS Foundation Trust

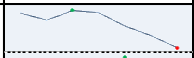
Performance report

East Suffolk and North Essex NHS Foundation Trust
Council of Governors
7th March 2019

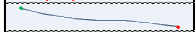
Single Oversight Framework
NHS Improvement
January 2019

Quality : Safe, Effective & Caring									
Indicator	**Domain**	**Frequency**	**Target / Standard**	**Nov-18**	**Dec-18**	**Jan-19**	**Mov't**	**Trend**	**Comments**
Number of written complaints	Well-led	Q	0	97	64	113	↑		Clinical divisions; low, medium, high
Staff Friends and Family Test % recommended - care	Caring	Q	30%	40.5%	35.5%	35.0%	↓		Monthly FFT test response reported
Occurrence of any Never Event	Safe	M	0	1	0	1	↑		One never event in January at Colchester, a biopsy was carried out on the wrong kidney. One never event in November at Colchester, a wrong route administration of medication.
Mixed sex accommodation breaches	Caring	M	0	0	0	0	→		There was a breach in September which occurred on the 'Acute Respiratory Care Unit' at Ipswich.
Inpatient scores from Friends and Family Test – % positive	Caring	M	90%	96.1%	96.8%	95.9%	↓		
A&E scores from Friends and Family Test – % positive	Caring	M	90%	80.5%	82.6%	85.0%	↑		
Number of emergency c-sections	Safe	M	*tbc*	108	94	86	↓		
Maternity scores from Friends and Family Test – % positive :									
- % Recommending - birth	Caring	M	90%	98.4%	98.2%	99.3%	↑		
- % Recommending - postnatal	Caring	M	90%	96.4%	95.8%	97.9%	↑		
VTE Risk Assessment	Safe	M	95%	97.1%	96.2%	96.3%	↑		
Incidences of Clostridium Difficile infection	Safe	M	1	4	6	6	→		There were 6 C difficile cases in January, with no common themes to note. There were 2 cases at Colchester, 3 at Ipswich and 1 case at Aldeburgh hospital. The Trust is under trajectory for cases found to have lapses in care. ESNEFT avoidable cases are 11 against a trajectory of 34 cases for the financial year.
MRSA bacteraemias	Safe	M	0	0	1	0	↓		The first MRSA bacteraemia case this financial year was isolated at the Ipswich site in December.
HSMR (DFI Published - By Month Data Available)	Effective	Q	100	**	**	**	→		Reports have been affected by an omission from NHS Digital in the supply of data to Dr Foster and HED - Ipswich site data was not provided from April to June 2018. It was assumed that the merger had occurred April 2018 and therefore systems were programmed to look for the data attached to the new provider code (RDE not RGQ), which did not exist for Ipswich until July 2018. NHS Digital are going to re-submit this data, but it will then need to be reprocessed by Dr Foster and HED.
HSMR Weekend (By Month Data Available)	Effective	Q	100	**	**	**	→		
Summary Hospital Mortality Indicator	Effective	Q	100	110.9	113.3	113.3	→		12 mths to June 18. This has increased compared to the previous annual position (to March 18) of 110.88
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Effective	M	*tbc*	7.6%	7.7%	7.9%	↑		

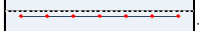
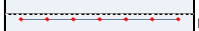
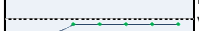
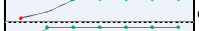
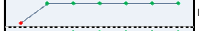
Operational Performance

Indicator	Domain	Frequency	Target / Standard	Nov-18	Dec-18	Jan-19	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	93.6%	92.1%	90.4%	↓		AE waiting time performance based on economy. ED Economy performance for January 2019 was 93.53% for CGH, and 84.30% for IH.
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Responsive	M	92.0%	89.3%	88.1%	88.1%	↓		
All cancers – maximum 62-day wait for first treatment from:									Screening service performance snapshot as reported in Accountability Framework taken at 19th February 2019.
- urgent GP referral for suspected cancer	Responsive	M	85.0%	77.5%	76.3%	72.2%	↓		
- NHS cancer screening service referral	Responsive	M	90.0%	93.9%	90.1%	82.7%	↓		Diagnostic performance has been impacted by ultrasound demand exceeding capacity. Breaches are in specialty consultant areas such as Paediatrics, Head & Neck and MSK.
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	1.9%	1.6%	2.4%	↑		

Quality : Organisational Health

Indicator	Domain	Frequency	Target / Standard	Nov-18	Dec-18	Jan-19	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	4.2%	4.0%	4.6%	↑		
Staff turnover	Well-led	M	*tbc*	10.4%	10.2%	10.0%	↓		Voluntary turnover.
Executive team turnover	Well-led	M	*tbc*	1	0	1	↑		Group 3 Director of Operations left in November. The Chief Medical Officer left in January.
NHS Staff Survey - would recommend as place to work**	Well-led	A	*tbc*	**	**	55.30%			Annual score, based on 2018 staff survey results, released on 26th February 2019. Benchmark average = 61.1%, benchmark best = 77.3%.
NHS Staff Survey - if a friend or relative needs treatment, happy with standard of care provided**	Well-led	A	*tbc*	**	**	68.30%			Annual score, based on 2018 staff survey results, released on 26th February 2019. Benchmark average = 69.9%, benchmark best = 90.3%.
Proportion of temporary staff	Well-led	Q	*tbc*	6.4%	6.6%	5.1%	↓		Agency staff % only.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	(3,122)	(3,426)	(4,329)	↑		All divisions have failed to deliver their CIP YTD.

Finance and Use of Resources

Indicator	Domain	Frequency	Target / Standard	Nov-18	Dec-18	Jan-19	Mov't	Trend	Comments
CAPITAL SERVICE COVER : Does income cover financing obligations?	Finance	M	4	4	4	4	→		
LIQUIDITY : Days of operating costs held in cash (or equivalent)	Finance	M	4	4	4	4	→		Trigger:
I&E MARGIN : Degree to which Trust is operating at a surplus/deficit	Finance	M	4	4	4	4	→		Poor levels of overall financial performance (score 3 or 4); very poor performance (score 4) in any individual metric.
I&E MARGIN : Variance from Plan	Finance	M	1	4	4	4	→		Continued deficit positon, and adverse variance to I+E plan maintains the overall score at the poorest level of 4.
Agency Spend : Remain within agency ceiling	Finance	M	1	2	2	2	→		
Overall: Use of Resources Rating	Finance	M	3	4	4	4	→		

Overall : Segment Score

Indicator	Domain	Frequency	Target / Standard	Nov-18	Dec-18	Jan-19	Mov't	Trend	Comments
Segmentation	Overall			**3**	**3**	**3**	→		NHSI confirm that ESNEFT is in segment 3, as it relates to the segment Colchester was previously under (as ESNEFT has taken over the Colchester licence). NHSI recognise that the undertakings need to be reviewed with a view to removing those where appropriate to now do so. The Trust secretary is looking at the evidence for this, but current Trust performance may mean it is not possible to remove some of the undertakings.

Performance : Overview

January 2019

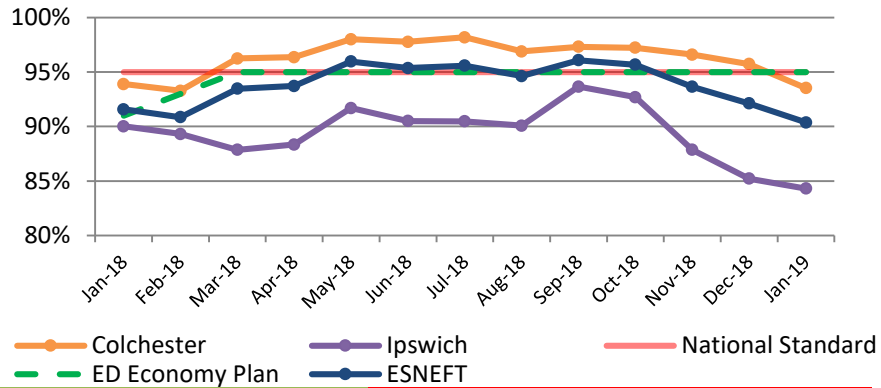
TOP FIVE ISSUES

*RTT & Diagnostics now includes Oaks data

A&E Economy Performance	Cancer Performance	RTT Performance	Ambulance Handover	Diagnostics Performance
90.37%	72.17% *(unvalidated)*	88.05%*	120 *excess of 60 mins*	2.44%*
Colchester 93.53% / Ipswich 84.30%				

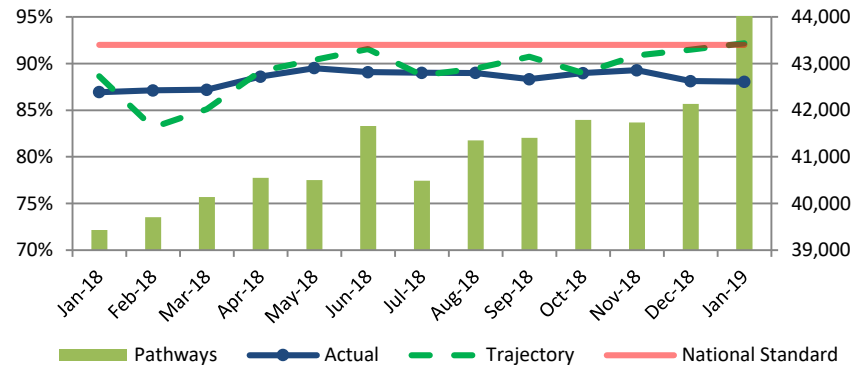
URGENT CARE — Exception Report Needed

ED Economy 4 Hr Standard -Trajectory vs Actual



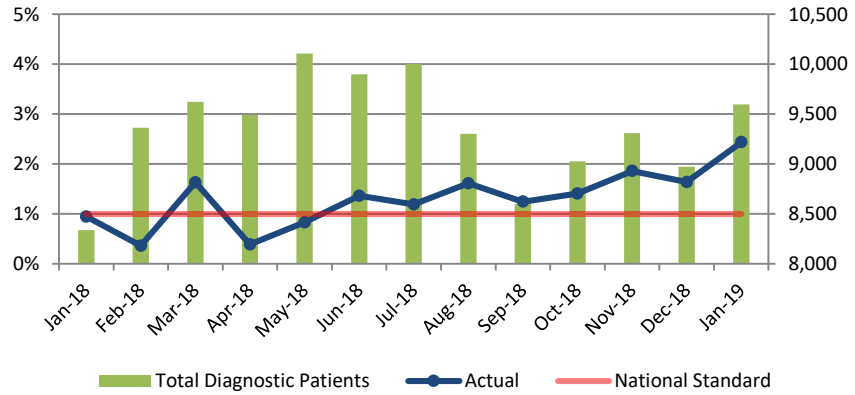
RTT — Exception Report Needed

RTT Incompletes - Trajectory vs Actual



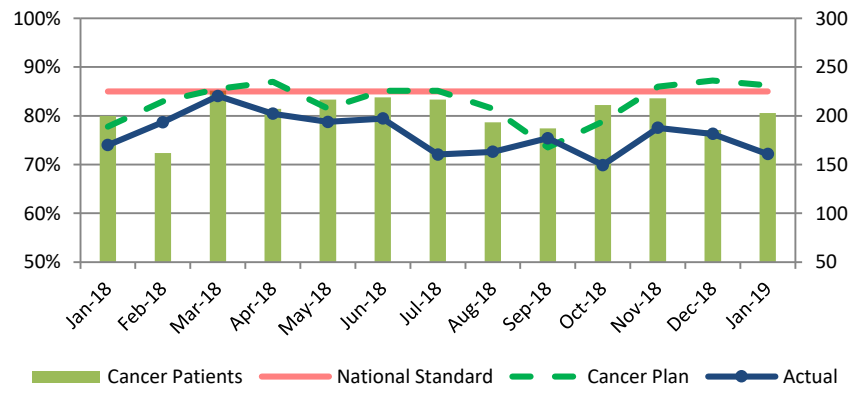
DIAGNOSTICS — Exception Report Needed

Diagnostic Standard



CANCER — Exception Report Needed

Cancer 62 Waits Standard - Trajectory vs Actual



Finance and Use of Resources

January 2019

Headlines

In January the Trust incurred **a deficit of £5.7m**; this was adverse to plan by £4.5m.

The year to date deficit now stands at £36.7m; an adverse variance to plan of £22.9m. £12.3m of this variance relates to a shortfall in Provider Sustainability Fund (PSF) which has been lost because the Trust has failed to deliver its financial control total for July to January.

The Trust's Use of Resources Rating (UoR) is assessed as 4 ('Inadequate').

The financial forecast has been updated for M10, and indicated an outturn adverse variance of £13.5m (before PSF). When the PSF loss is included this adverse variance increases to £30.4m (PSF for the ESNEFT period is £16.9m).

The actual M10 position represented a worse positon than forecast by £0.3m. However, there were a number of one-off elements in January; notably the income shortfalls related to the prior year settlement with NHS England, and challenges raised by ACE about charges to them for diagnostics.

At the end of January, the Trust held cash of £12.6m, which was much higher than the plan of £1.5m.

Commentary on key items

Clinical Income: The underlying cumulative position is broadly on target. An income guarantee has been agreed with the Trust's main commissioners meaning that no losses (or gains) will be incurred. Specialist commissioning activity is still funded on a cost and volume basis, and for January there was no significant variance. The overall clinical income position is inflated by external funding for the pay award (£6.0m at M10, including additional monies for the funding of outsourced providers). However, there were two non-recurrent income reversals in month: the settlement of the 17/18 contract position with NHSE specialised commissioning (£0.5m); and ACE challenges for diagnostic charges (£0.4m).

Other income: £10.5m adrift of plan driven by the non-receipt of PSF monies for July to January (due to missing the underlying financial control total for the period).

Pay expenditure: over spent against plan by £11.5m for the year to date (£0.7m for the month). The pay award of 3% for 18/19 was higher than planned. These costs, although not included in the plan, have been met by income form the DH. Budget has been created and delegated to meet these increased costs. However, even against budget, pay costs are significantly adverse, particularly for consultant, nursing and junior doctor costs. Contingency ward areas remain open and are not funded for a full year which is also contributing to the pay spend levels.

Temporary pay: NHSI set the Trust an agency expenditure ceiling of £16.7m for months 4 to 12. For M10, agency costs did not exceed the ceiling (£1.8m v £1.8m ceiling) and were appreciably lower than previous months. Continuing to deliver the ceiling will become more challenging given that it is planned to reduce as the year progresses.

Non-pay: M10 expenditure was £2.8m overspent against plan, and for the YTD the position is also adverse to plan (£6.1m). This position is distorted by budget variations and a truer reflection of performance is that against budget. For the month, non-pay was adverse to budget by £1.4m (£6.1m YTD). Significant overspends were incurred for a number of categories of expenditure notably premises (such as trust IT systems), drugs charges (some of this will have been reflected in additional clinical income) and clinical supplies.

Cost improvement plans: For January there was a shortfall in CIP delivery of £0.9m.

Cash: The high balance is a product of: 1) a planned repayment no longer required by DH, 2) continued backlog of unpaid creditor invoices (though work is continuing to clear these), and 3) Trust borrowing in response to the deficit financial position.

Capital programme: The Capital Programme was underspent by £9.8m for the year to date due to delays in progressing schemes. It is expected that the full year plan will be underspent by £5.9m, although the capitalisation of the biofuel plant at Ipswich may impact on this.

Forecast / Trends

Cost improvement plans: The delivery of the £32.5m CIP required for the year is recognised as being very challenging. The Trust is currently forecasting to deliver £26.7m CIPs against the Q2-4 ESNEFT target of £32.7m.

Temporary pay spend: At M10, the Trust has now spent £2.8m in excess of the NHSI agency ceiling set for July to January of £13.2m. The ceiling is planned to reduce as the year progresses. The Trust must reduce spending on agency staff to more affordable levels for the benefit of the overall financial position.

Forecast. This is a base position, with no contingency for any unexpected costs or any additional winter pressure costs over and above that assumed in the divisional forecasts. It also requires current CIP forecast to be delivered.

Including the loss of PSF, a range of delivery between £51.4m and £21.3m deficits (delivery of plan) are indicated, with the most likely risk assessed forecast scenario deficit of £40.7m. Given a lost PSF value of £16.9m, this would be an underlying deficit of £23.8m, some £2.5m adrift of the Trust's control total. This is an improvement compared to the Month 9 most likely variance of £5.4m.

Divisions are being actively tasked to identify further recovery opportunities. The CEO has confirmed that reducing spend is one of the Trust's three key priorities for the rest of the financial year.

Divisional Performance

	Full year			
Division	Budget	Actual	Variance	RAG
Cancer and Diagnostics	10,894	14,366	(3,473)	
Medicine	(26,646)	(21,718)	(4,928)	
MSK and Specialist Surgery	(26,134)	(23,466)	(2,668)	
Surgery and Anaesthetics	(605)	4,337	(4,942)	
Logistics	6,970	6,916	54	
Integrated Pathways	6,462	8,707	(2,245)	
Women's and Children's	(17,532)	(16,895)	(638)	
Corporate Services	51,370	54,859	(3,489)	
Total	4,779	27,105	(22,328)	

Commentary/Actions

Divisional budgets show an adverse variance of £22.3m year to date**.** Pay is overspend by £8.2m (most notably in Medicine and Surgery divisions); and non-pay by £15.2m (primarily Corporate division and also in Cancer and Diagnostics, where much of the overspend is due to pass-through drug costs).

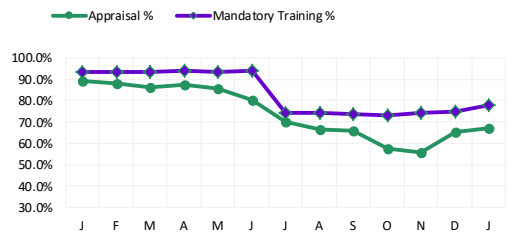
Workforce Dashboard

January 2019

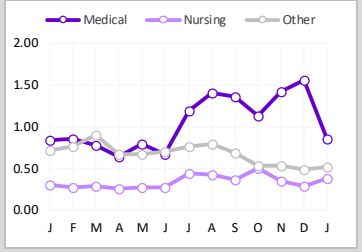
Trust Level

Key Metrics	Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Ceiling	Ward Fill Rate
Performance	**9.0%**	**£4.7m**	**4.6%**	**77.9%**	**67.1%**	**10.0%**	**(£2.50m)**	**89.9%**
Target	Budget 9147wte	Budget £296m	3.5%	95%	85%	12%	(£18.48m)	95%
Achieved	Contracted 8327wte	Spend £300.7m	4.6%	View portal for detail	5368 out of 8004 staff		(£20.98m)	
Vs Prior Month	↓	↑	↑	↑	↑	↓	↓	↓
Prior Month	**9.4%**	**£5.14m**	**4.0%**	**74.9%**	**65.1%**	**10.2%**	**(£2.50m)**	**90.1%**

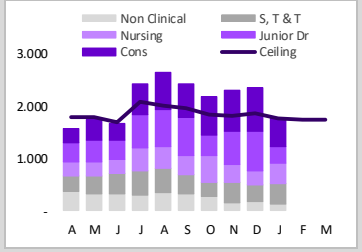
Appraisals & Mandatory Training Compliance %



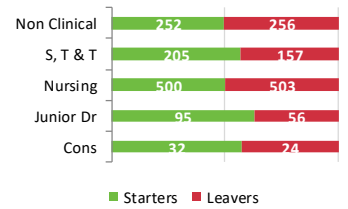
Agency Trends (ex Locum) £m



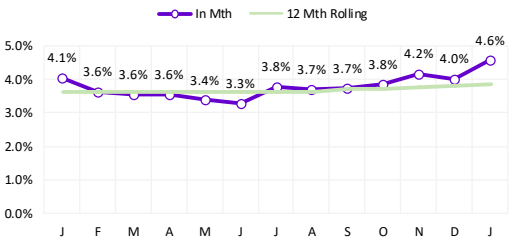
Agency Ceiling £m



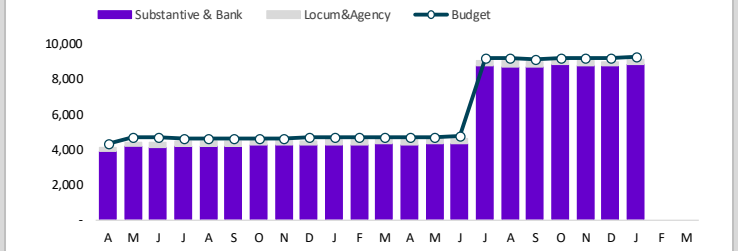
Starter - Leavers (12Mth Rolling) Headcount



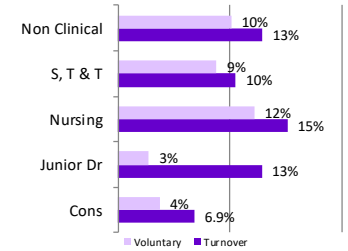
Sickness %



Workforce Trends wte



Turnover by Staff Group Headcount



Only data from July is ESNEFT data; all prior months are Colchester site only.