



Performance report

East Suffolk and North Essex NHS Foundation Trust

Council of Governors

6th June 2019

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Quality : Safe, Effective & Caring									
Indicator	Domain	Frequency	Target / Standard	Feb-19	Mar-19	Apr-19	Mov't	Trend	Comments
Number of written complaints	Well-led	Q	0	95	81	91	↑		Clinical divisions; low, medium, high
Staff Friends and Family Test % recommended - care	Caring	Q	30%	32.0%	38.5%	37.0%	↓		Monthly FFT test response reported
Occurrence of any Never Event	Safe	M	0	0	0	1	↑		One never events was reported in April - a biopsy of an incorrect kidney in Interventional Radiology.
Mixed sex accommodation breaches	Caring	M	0	0	0	0	→		The last breach was in September, which occurred on the 'Acute Respiratory Care Unit' at Ipswich.
Inpatient scores from Friends and Family Test - % positive	Caring	M	90%	97.5%	96.1%	96.2%	↑		
A&E scores from Friends and Family Test - % positive	Caring	M	90%	79.7%	81.0%	80.6%	↓		
Number of emergency c-sections	Safe	M	tbc	82	72	73	↑		
Maternity scores from Friends and Family Test - % positive :									
- % Recommending - birth	Caring	M	90%	99.1%	99.2%	86.4%	↓		
- % Recommending - postnatal	Caring	M	90%	96.1%	97.6%	98.6%	↑		
VTE Risk Assessment	Safe	M	95%	96.2%	96.4%	95.9%	↓		
Incidences of Clostridium Difficile infection	Safe	M	1	1	5	11	↑		There were 11 C.difficile cases in April. 8 of these were at Ipswich hospital, 3 panels reviews have been held, with outcomes to be finalised. The other panel reviews have been booked. 3 cases were at Colchester hospital, where panel reviews have been held.
MRSA bacteraemias	Safe	M	0	0	0	0	→		The last MRSA bacteraemia case was isolated at the Ipswich site in December.
HSMR (DFI Published - By Month Data Available)	Effective	Q	100	109.2	108.1	106.7	↓		Reports were affected by an omission from NHS Digital in the supply of data to Dr Foster and HED for January reporting - Ipswich site data was not provided from April to June 2018.
HSMR Weekend (By Month Data Available)	Effective	Q	100	111.5	111.2	110.5	↓		NHS Digital have re-submitted this data and it has now been reprocessed by Dr Foster and HED. Trend is for Mar-Apr 2019 only, due to this.
Summary Hospital Mortality Indicator	Effective	Q	100	114.1	114.1	114.1	→		12 mths to Sep 2018. This has increased compared to the previous annual position (to June 2018) of 113.29
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Effective	M	tbc	7.9%	8.1%	6.3%	↓		

Operational Performance									
Indicator	Domain	Frequency	Target / Standard	Feb-19	Mar-19	Apr-19	Mov't	Trend	Comments
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Responsive	M	95.0%	91.3%	93.5%	90.7%	↓		A&E waiting time performance based on economy. ED Economy performance for April 2019 was 92.59% for CGH, and 86.71% 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%	87.5%	87.1%	86.9%	↓		Screening service performance snapshot as reported in Accountability Framework taken at 24th May 2019.
All cancers – maximum 62-day wait for first treatment from:									
- urgent GP referral for suspected cancer	Responsive	M	85.0%	74.7%	77.8%	76.8%	↓		Diagnostic performance has been impacted by ultrasound demand exceeding capacity. Referrals and pathway mapping will be looked at, along with upskilling Sonographers.
- NHS cancer screening service referral	Responsive	M	90.0%	87.5%	88.9%	87.5%	↓		
Maximum 6-week wait for diagnostic procedures	Responsive	M	1.0%	1.6%	1.9%	3.5%	↑		
Quality : Organisational Health									
Indicator	Domain	Frequency	Target / Standard	Feb-19	Mar-19	Apr-19	Mov't	Trend	Comments
Staff sickness	Well-led	M	3.5%	4.1%	3.4%	3.4%	→		
Staff turnover	Well-led	M	tbc	9.8%	9.5%	9.4%	↓		Voluntary turnover.
Executive team turnover	Well-led	M	tbc	0	0	1	↑		The Company Secretary left in April. The Chief Medical Officer left in January.
NHS Staff Survey - would recommend as place to work**	Well-led	A	tbc	55.30%	55.30%	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%	68.30%	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	4.7%	5.4%	4.1%	↓		Agency staff % only.
Cost reduction plans : Favourable/(adverse) variance to YTD CIP plan £k	Well-led	M	0	**	**	(1,885)	↑		CIP targets reset for 19/20 - Trust target for year £31.9m. All divisions failed to deliver their CIP targets in Month 1. Prior year values removed from trend.
Finance and Use of Resources									
Indicator	Domain	Frequency	Target / Standard	Feb-19	Mar-19	Apr-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	1	2	↓		The deficit position along with the small adverse variance to I+E plan has contributed to the overall score is a 3 (requires improvement) for April.
Agency Spend : Remain within agency ceiling	Finance	M	1	2	2	1	↑		
Overall : Use of Resources Rating	Finance	M	3	4	3	3	→		
Overall : Segment Score									
Indicator	Domain	Frequency	Target / Standard	Feb-19	Mar-19	Apr-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 is looking at the evidence for this, but current Trust performance may mean it is not possible to remove some of the undertakings.

TOP FIVE ISSUES

A&E Economy Performance

90.66%

Colchester
92.59%

Ipswich
86.71%

Cancer Performance

76.76% (unvalidated)

RTT Performance

86.89%

Ambulance Handover

45 excess of 60 mins

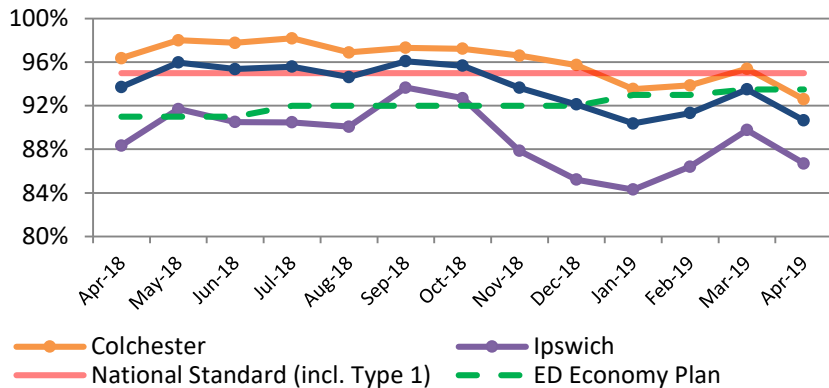
Diagnostics Performance

3.50%

URGENT CARE

Exception Report Needed

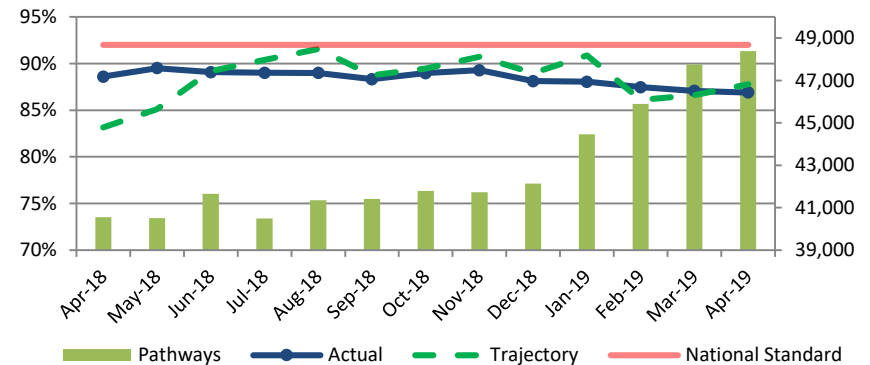
ED Economy 4 Hr Standard - Trajectory vs Actual



RTT

Exception Report Needed

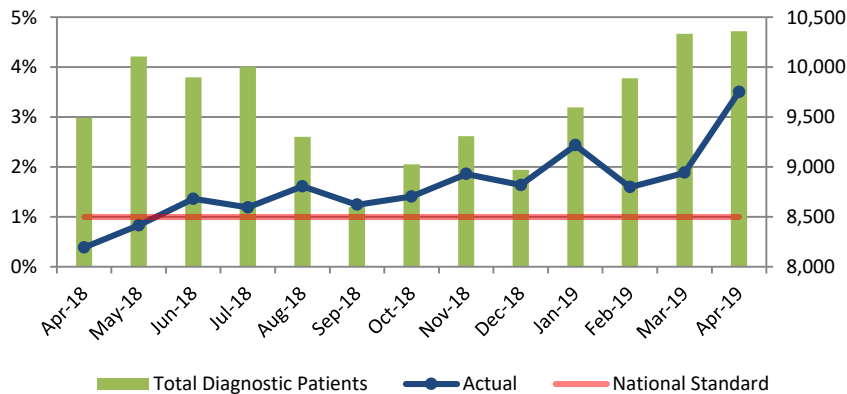
RTT Incompletes - Trajectory vs Actual



DIAGNOSTICS

Exception Report Needed

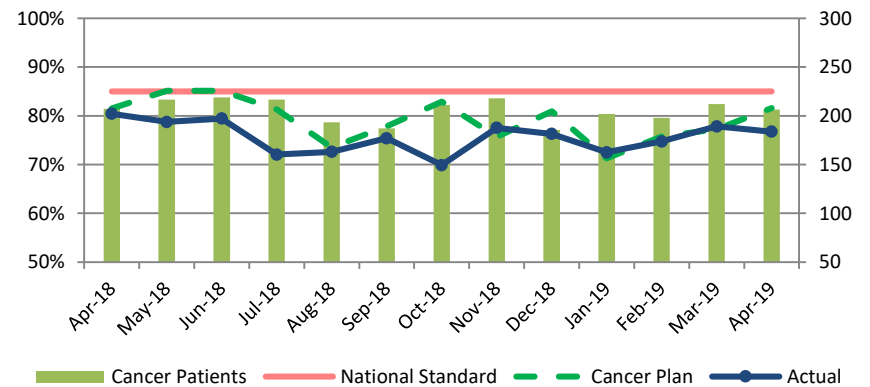
Diagnostic Standard



CANCER

Exception Report Needed

Cancer 62 Waits Standard - Trajectory vs Actual



Headlines	Commentary on key items	Forecast / Trends
<p>In April the Trust incurred a deficit of £3.5m; this was worse than the plan of £3.3m (an adverse variance of £0.2m).</p> <p>Under recovery of income, and overspends on pay were largely mitigated by the slippage of reserves under non-pay (reserves profiled in month 1 in the plan were not fully utilised for their intended purpose, e.g. transformation reserve).</p> <p>The Trust's Use of Resources Rating (UoR) is assessed as 3 ('requires improvement').</p> <p>ESNEFT's financial target (control total) for 2019/20 is a deficit of £8.615m. If the Trust achieves its control total, it is eligible for £11.4m of Provider Sustainability Funding (PSF) and £14.8m of Financial Recovery Fund (FRF). These funds are already assumed in the Trust's I&E plan. For the first time, an element of the Trust's PSF will be dependent on the performance of the wider integrated care system of which it is a part.</p> <p>At the end of April the Trust held cash of £17.8m which was over plan by £11.7m.</p>	<p>Clinical income: An income guarantee has been agreed with the Trust's main commissioners for NHS clinical income. This means that no losses (or gains) will be incurred due to activity for this element of the income plan. However, a cost and volume arrangement has been agreed with specialized commissioning (SCG) meaning there is a risk of dispute or under performance under this contract. Indeed in M1 a shortfall of approximately £1.0m was reported (£0.5m of this was mirrored by underspends on expenditure, but shortfalls were identified for areas such as Outpatients and Radiotherapy). Additionally, there was a £0.2m adverse impact linked to the reversal of NCA income accrued and assumed at the end of 18/19 that did not actually materialise.</p> <p>Other income: This was £0.5m ahead of plan in April: education and training income was £0.1m higher; donated asset for the Cancer Centre at Colchester was also approximately £0.2m more than profiled in the Trust plan and income of £0.1m was related to Ipswich pharmacy sales.</p> <p>Pay expenditure: Pay expenditure was over spent against plan in April by £1.5m. Overspends were reported on all staff groups with the exception of non-clinical staff. The overall run rate on pay increased in April, notably nursing costs. This was linked to the impact of the Agenda for Change pay award (including the lump sum payment to staff at the top of bands) and the two bank holidays in the month.</p> <p>Temporary pay: For 2019/20 NHSIE have set a limit on agency expenditure. The Trust's ceiling is £24.5m. The Trust was under the monthly agency target for April (£1.6m v £2.0m).</p> <p>Non-pay: M1 expenditure was £1.1m overspent against plan. MSK & Specialist Surgery reported a positive position of £165 underspent. All other divisions reported overspend with £381k being attributed to Cancer & Diagnostics, £295k to Surgery & Anaesthetics and £240k to Corporate Services.</p> <p>Cost improvement plans: For April there was a shortfall in CIP delivery of £1.9m.</p> <p>Cash: At the end of April the Trust held cash of £17.8m which was over plan by £11.7m. The depressed financial position reported and forecast for much of 2018/19, meant that the Trust took steps to increase its level of borrowing anticipating potential liquidity issues. However, since the Trust ultimately delivered its control total, and received its full PSF allocation, it now actually needs to repay approximately £6m in July.</p> <p>Capital programme: The Trust's capital programme for 19/20 has a value of £32.2m. It comprises business as usual' capital budgets, strategic development, divisional and Sustainability and Transformation Programme (STP) schemes. An underspend of £93k was reported for April, mainly because of underspends on the divisional schemes. The expectation is that the full capital programme will be delivered.</p>	<p>Cost improvement plans: The Trust's CIP plan for 19/20 is £31.9m. This total is recognised as being very challenging. The Trust delivered a similar total for 18/19, but a significant proportion of this was on a non-recurrent basis. As at mid May, a pipeline value of £30.1m had been identified risk rated down to £18.6m.</p> <p>Analysis shows that the key gaps to be addressed are the identification of savings from transformation schemes. The Trust Executive has approved a draft specification for external support to provide additional capacity, with skills transfer and embedding of new processes.</p>

Divisional Performance

Division	Full year			RAG
	Budget	Actual	Variance	
Cancer and Diagnostics	1,525	1,943	(417)	Red
Medicine	(615)	674	(1,289)	Red
MSK and Specialist Surgery	394	975	(582)	Red
Surgery and Anaesthetics	833	2,250	(1,417)	Red
Logistics	278	246	32	Green
Integrated Pathways	1,546	1,884	(338)	Red
Women's and Children's	291	499	(207)	Red
Corporate Services	450	338	112	Green
Total	4,703	8,807	(4,105)	Red

Commentary/Actions

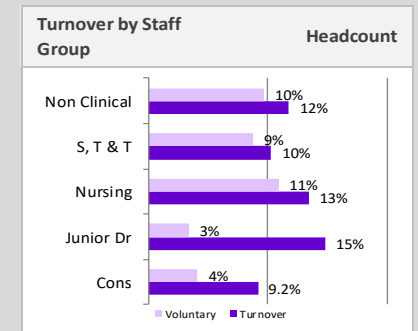
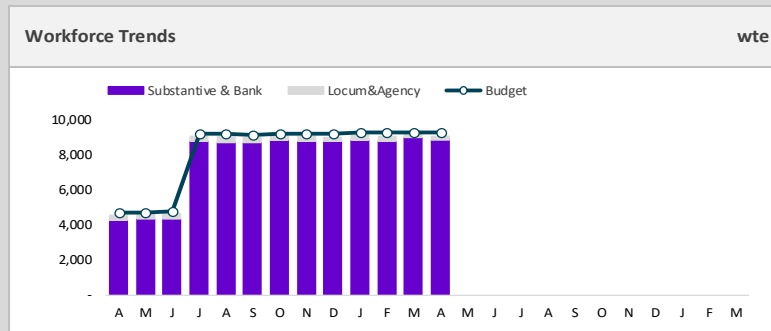
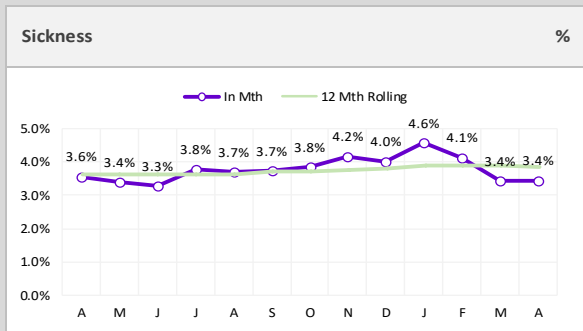
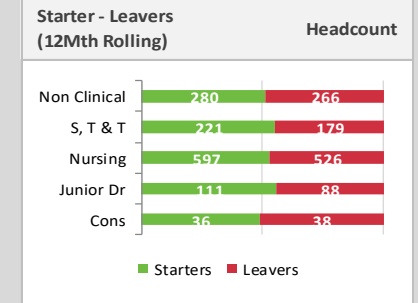
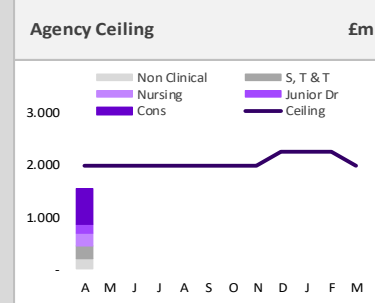
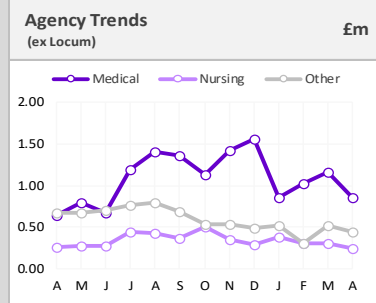
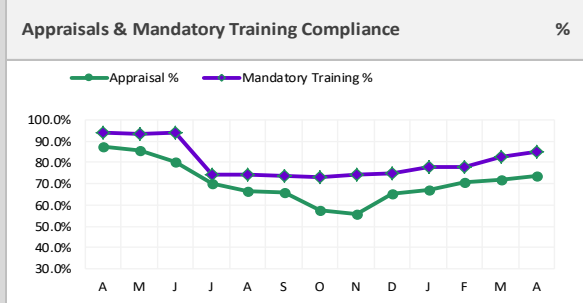
Divisional budgets showed an adverse variance of £4.1m for April 2019. Pay was overspent by £1.17m (most notably in Medicine and Surgery divisions); and non-pay by £1.1m. Income was under recovered by £1.8m, most notably in MSK and Specialist Surgery, Medicine and Surgery and Anaesthetics. All divisions failed to deliver their CIP targets for the month.

Workforce Dashboard

April 2019

Trust Level

Key Metrics	Vacancy (Ex Agency)	Pay (YTD)	Sickness	Mandatory Training	Appraisal	Voluntary Turnover	Ceiling	Ward Fill Rate
Performance	9.1%	£0.6m	3.4%	85.2%	73.9%	9.4%	£0.44m	90.2%
Target	Budget 9214wte	Budget £36.6m	3.5%	95%	85%	12%	(£1.98m)	95%
Achieved	Contracted 8373wte	Spend £37.3m	3.4%	View portal for detail	5674 out of 7683 staff		(£1.54m)	
Vs Prior Month	↑	↓	↑	↑	↑	↓	↑	↑
Prior Month	8.9%	£-	3.4%	82.8%	71.7%	9.5%	£-	90.0%



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