East Suffolk and North Essex NHS Foundation Trust

Board of Directors

Thursday, 7th July 2022

Report Title:	Performance Report Month 2 (May) 2022/23
Executive/NED Lead:	Director of Finance
Report author(s):	Financial Planning Officer with relevant Executive Directors
Previously considered by:	Monthly Report to Board of Directors

☐ **Approval** ☑ **Discussion** ☑ **Information** ☑ **Assurance**

Executive summary

The report for month 2 (May) 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 (DAMs) were held across three days in early June to review April 22 data and performance and headline divisional performance is 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:

- HSMR – An investigation into atypical trends in mortality ratios identified that there were significant Colchester data volume losses from Dec 2021 to March 2022. It was confirmed that Colchester acute data was overwritten by new Tendring submissions to SUS/HES. This has resulted in unreportable ESNEFT mortality ratios. Telstra (Dr Foster) and NHS Digital have confirmed that reported data will be corrected in the annual HES/SUS refresh at the end of July.
- Latest data available for discharges during January 2022 showed an in-month HSMR of 113.9 for Ipswich. Data excludes COVID-19 on admission. The 12-month rolling HSMR figure for Ipswich was 112.5%.
- Telstra has agreed to replace the normal contracted monthly report with some bespoke analysis in an attempt to determine what is driving the increase in mortality ratios on the Ipswich site.
- The SHMI for the 12 months to December 2021 was 1.0495 for Ipswich only which is 'as expected'.
- Serious harm falls – There were 5 falls resulting in serious harm in May. There were 3 on the Ipswich site – one fractured neck of femur, a subarachnoid haemorrhage and an extension of a subdural haematoma. There were 2 falls on the Colchester site: fractured neck of femur and an increase in an existing odontoid peg fracture.
- There were 65 reportable pressure ulcers in May in relation to ESNEFT hospital beds. Ipswich reported 26 cases, 25 grade 2, and 1 unstageable. Suffolk Community hospitals recorded 12 developed pressure ulcers. Colchester recorded 23 cases, 19 grade 2 ulcers, and 4 unstageable ulcers. NEECS reported 4 developed pressure ulcers.
- Complaints – there were 108 (101) complaints in May. Colchester reported 57 and Ipswich reported 51.
- Infection control – There were 0 Trust apportioned MRSA Bacteraemia identified in May
- There was 1 case of C.diff reported at Colchester Hospital (1 HOHA, 0 COHA) and 5 at Ipswich Hospital & Community (3 HOHA, 2 COHA). There were a total of 6 Trust attributed C.diff cases

in May 2022. There are currently 17 C.diff cases that occurred in 2021/22 that are awaiting a PIR/CCG sign off.

Operational:

- A&E 4 hour standard performance for the economy in May was 80.3%, below the national standard of 95%. The Colchester site delivered 77.9% whilst Ipswich achieved 83.8%.
- May's current RTT position is 65.9%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85%, at 72.3% (not validated) for May.
- In terms of recovery, activity across the board increased in month. All but elective inpatients (only 82.6% reached) exceeding 2021-22 activity levels. Daycases, outpatient first and follow up appointments were 105.9%, 116.9% and 106.6% respectively.
- Diagnostic activity also increased across the board compared to last month. CT, MRI, Ultrasounds exceeding 2021-22 activity levels; by 100.5%, 139.8% and 115.3% respectively. Endoscopy however only reached 96.0% of last month's value.
- Increases were seen across the board with 52+ week waiters increasing by 7.0% in month. The longest waiting patients within bands 78+, 98+ and 104+ weeks have all increased with the largest increase in 78+ by 61 patients. The waiting list has increased by just over 1,500 patients.

Finance:

- The Trust has reported an actual deficit £0.5m in May. This deficit has been primarily driven by non-delivery of CIP and non-pay cost increases linked to inflationary pressures. The challenge of stepping up the elective recovery programme continued in May with the prevalence of COVID-19 restricting productivity.
- Whilst this has impacted on the actual deficit reported in month, overall there is favourable variance to control total as COVID-19 and ERF costs, in particular bank expenditure, have not been as significant as originally modelled.
- The plan that the Trust will be assessed against by NHSE/I for month 2 is the submission of 28th April (Stage 2): a deficit of £16.1m. However, as part of the month 2 reporting guidance organisations were asked to include increased funding linked to inflationary pressures where these price increases had already been suffered. The Trust actioned this; and this therefore largely accounts for the favourable position relative to control total. A revised plan based on breakeven will be reflected from month 3.
- Agency pay expenditure for the year to date is £3.5m and accounts for 3.8% of all pay costs (compared to 2.1% in May 2021).
- NHSE/I have yet to set an agency ceiling for the Trust in 2022/23 but it is expected that a new ceiling will be set. The ceiling for 2021/22 was £24.5m. Against this ceiling, month 2 agency costs were under the ceiling (£1.8m v £2.0m ceiling). It is important to note that the Trust had a comparatively high ceiling and must therefore continue to reduce spending on agency staff to more affordable levels for the benefit of the overall financial plan.
- Increases in bank expenditure have been driven by operational pressures and the instigation of incentive payments (as per regional guidance). The last 3 months have seen a gradual downward trend since a peak to spending in January.
- The Trust held cash of £75.4m at the end of May. This was £1.8m lower than plan.
- Capital Expenditure: At the end of May there was an underspend of £5.8m, of which £3.5m was in month 2. The driver of the underspend was the STP funded developments (Elective reconfiguration (Dame Clare Marx) (£4.2m) and emergency reconfiguration (£1m).
- Overall, the CIP programme is £3.1m behind target as at the end of May. All divisions are behind plan.

People & Organisational Development:

- Voluntary turnover (rolling 12 months) was at 9.2% in May for ESNEFT. Retention partners are continuing to undertake exit interviews and themes are reported to divisions. Outcome of the HCA Audit will also be shared with divisions to work on a remedial programme.

- Mandatory training compliance rate increased to 87.4%, from 87.3% in April. Working on recovery plans to increase compliance in taught sessions (Life support, CRT Level 2, Patient handling, Safeguarding Level 3) and a QI led project to deliver compliance targets across all subjects.
- Appraisal compliance rate increased to 85.3%, from 83.9% in April. The deadline for all Band 8a+ to complete appraisals was extended to 31 July 2022. An audit of appraisals will be undertaken during the summer and the outcomes reported to POD Committee and Board thereafter.
- Sickness in April decreased to 4.1%, from 6.2% in April but remains above the target of 3.5%. The sickness review group is continuing to meet on a monthly basis to review all sickness absence cases over 6 months and will shortly commence on cases over 3 months with a focus on stress, anxiety and depression.

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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	☑
SO2	Lead the integration of care	☑
SO3	Develop our centres of excellence	☑
SO4	Support and develop our staff	☑
SO4	Drive technology enabled care	☑

Risk Implications for the Trust *(including any clinical and financial consequences)*	Noted within the separate escalation reports
Trust Risk Appetite	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
Legal and regulatory implications *(including links to CQC outcomes, Monitor, inspections, audits, etc)*	The report includes dashboards of performance against key national targets.
Financial Implications	All systems have a breakeven requirement in 22/23. 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: • local capital resource use does not exceed a limit set by NHS England and NHS Improvement • local revenue resource use does not exceed a limit set by NHS England and NHS Improvement.
Equality and Diversity	None apparent