

Board of Directors

Report Title:	Performance Report Month 12 (March) 2022/23
Executive/NED Lead:	Director of Finance
Report author(s):	Deputy Finance Manager with relevant Executive Directors
Previously considered by:	Monthly Report to Board of Directors

Approval
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Executive summary

The report for month 12 (March) 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 February's performance were cancelled in April due to operational pressures. Performance for the month and divisional headlines are outlined.

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:

Quality & Patient Safety:

- The December 2022 in-month HSMR was reported at 118.2. Data excludes COVID-19 on admission. Colchester reported a position of 141.4 and Ipswich 92.7.
- The SHMI for the 12 months to October 2022 was 1.0862 for ESNEFT (as expected); 1.0449 for Ipswich (as expected); and 1.1125 for Colchester (as expected).
- Serious harm falls – There were 9 falls resulting in serious harm in March. There were 4 cases reported at Ipswich hospital, 3 cases at Colchester hospital and 1 in North-East Essex & Suffolk Community Hospitals respectively. 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 53 (41 the previous month) reportable pressure related injuries in March in relation to ESNEFT hospital beds. Ipswich reported 23 cases including 15 grade 2 ulcers, 1 grade 3 ulcer and 7 unstageable. Suffolk Community hospitals recorded 1 grade 2 case. Colchester recorded 24 cases, 18 grade 2 and 6 unstageable. NEECS reported 5 cases, 3 grade 2, and 2 unstageable.
- Massive obstetric haemorrhages were 3.68% in February (one month in arrears) - comprised of 2.44% for Colchester and 8.3% for Ipswich.
- Preterm birth: The Trust is fully compliant with Saving Babies Lives version 2, element 5.
- Term admissions to NNU: Ipswich site remains an outlier for term admissions to the NNU, although the Trust has remained under 6% since June 2022.
- Complaints – there were 124 complaints in March, compared to 95 the previous month. Colchester reported 73 (56 in January) and Ipswich reported 51 (39 in January).
- Infection control – There were no Trust apportioned MRSA Bacteraemias identified in March. There were 9 new MRSA isolates identified, 5 in Colchester/NEE and 4 on the Ipswich/East Suffolk sites.

- There were 3 cases of C.diff reported at Colchester Hospital (1 HOHA, 2 COHA) and 0 at Ipswich Hospital & Community. There were a total of 3 Trust attributed C.diff cases in March 2023. There are currently a total of 114 cases against the threshold of 102 for 2022/23. There are 7/76 (7.3%) of the cases to date where lapses in care were determined. Top three themes are delay in sampling, delay in isolation and adherence to antibiotic guidelines.

Operational:

- A&E 4 hour standard performance for the economy in March was 68.7%, below the national standard of 95%. The Colchester site delivered 72.3% whilst Ipswich achieved 62.2%.
- March's current RTT position is 57.9%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85% at 68.3% (not validated) for March.
- Diagnostic performance for patients waiting over 6 weeks was 5.6% in March; this remains above the national target of 1%.
- In terms of recovery, activity increased across the board in month. Elective and daycase inpatients increased by 22.4% and 16.0% respectively. Outpatient firsts and follow ups also increased by 13.6% and 12.1% respectively. Higher levels were reported against 2021-22 activity levels for the month for all activity types with the exception of outpatient follow ups which were 93.8%.
- Diagnostic activity increased across the board in month for ESNEFT with the exception of endoscopies. Both CT and Ultrasounds exceeded 2021-22 activity levels at 110.6% and 100.3% respectively. However, MRI volumes were only 93.9% of those recorded in 2021-22 and endoscopies were 90.0%.
- The waiting list increased in month by 2.1% and is above trajectory by 9,509 patients. 52+ week waiters decreased by 0.2% and is under trajectory by 8.6%; decreases were reflected at Ipswich by 9.2% with Colchester increasing by 6.1%. The longest waiting patients decreased: 78+ week waiters by nearly 50% in month. The exception were 104+ week waiters which stayed the same at 11 patients.

Finance:

- The Trust is reporting a surplus of £7k for the year (after adjusting for non control total items) against a plan to break-even.
- Before adjusting for non-control total items a deficit of £5.6m is incurred, this is largely driven by impairments from the annual valuation of estates (£6.4m). Work is still ongoing to finalize the accounts for submission on 27th April, but the reported position is not expected to materially change. This position will then be subject to external audit review.
- These are items that are excluded when calculating financial performance against the control total. These include impairment of fixed assets (such as the IRCA centre at Colchester) and donated equipment income and depreciation. For this year, the receipt/return of donated COVID-19 consumables from DHSC are also excluded.
- The Trust held cash of £75.1m at the end of March. The Trust had forecast to hold cash of £92m at the end of the financial year. The difference is due to the timing of the Trust's weekly creditor's payment run, coupled with a larger than normal payment run; largely due to capital payments.
- Capital Expenditure: The plan has been adjusted to reflect the £30m brokerage agreed, as previously reported. The £30m funding will now be drawn down in 2023/24 to deliver the Building for Better Care schemes. With spend in March of £33m, the Trust ultimately achieved its capital plan target, and indeed exceeded it by approximately £0.5m. The Trust was in regular dialogue with East of England NHSE over the closing weeks and days of 2022/23 and this relatively small overspend has been accepted. The region have indicated that this overspend caused no significant issues for the region or ICB and there will be no 'clawback' of this overspend in 2023/24.

- Regarding the CIP programme, £1.8m of cost improvement plans were delivered in March against a target of £2.5m. For the year £19.3m of cost improvements were delivered against a target of £27.8m.

People & Organisational Development:

- The vacancy rate across the Trust decreased from 6.0% to 3.7% in March however this is thought to rise next month once establishment budgets are confirmed. Newly Qualified recruitment event arranged for early April and the advertisement for the summer 2023 intake has now closed. Work continues with divisions around workforce planning and hard to recruit consultant vacancies.
- Voluntary turnover (rolling 12 months) remained static in month at 8.8%. Whilst work continues by the Retention Partners to support divisions with leaver themes and identifying early interventions which may improve retention. Funding has also been secured for a Band 8 Retention Lead to work on robust plans to be rolled out trust wide and regionally.
- Bank spend in M12 was at £5.5m, a rise of almost £1m. This included increase in annual leave coverage and Medical Bank pay rates.
- Mandatory training compliance rate increased slightly to 87.9% from 87.3% in February. Reminder emails from workforce are now switched on, alerting staff and their managers to training expired or about to expire, and email text updated to reflect access method to training in ESR and links to updated intranet pages. Targeted work underway with HRBPs to improve Information Governance training compliance to reach 95% national target.
- Appraisal compliance increased slightly to 87.7% from 87.3% in February. Appraisal bite-size training plan underway as well as HRBP roll out of bite-size across DMTs as part of the new Feedback Led Appraisal form, which was approved for Band 7+ Leadership roles. ESR PDR alert emails reinstated which should see a further rise in compliance.
- Sickness in March increase to 4.7% from 4.6% in February and remains above the target of 4%. Long term sickness absence over 6 months continues to decrease and the ER team is continuing to focus on long term sickness absence (3-6 months).

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"/>
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	<p>All systems have a breakeven requirement in 22/23.</p> <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"> • 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