

**Trust Board of Directors Meeting  
Report Summary**

<b>Date of Meeting:</b> 2 <sup>nd</sup> November 2023	
<b>Title of Document:</b> Performance Report Month 6 (September) 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 6 (September) 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 August's performance were cancelled due to industrial action.</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 May 2023 in-month HSMR was reported at 106.5. Data excludes COVID-19 on admission. Colchester reported a position of 114.1 and Ipswich 101.4.
- The SHMI for the 12 months to April 2023 was 1.1008 for ESNEFT (as expected); 1.0516 for Ipswich (as expected); and 1.1253 for Colchester (as expected).
- Serious harm falls – There were 10 serious harm falls overall across ESNEFT sites in September. There were 4 falls on the Colchester site, 1 within NEE Community site hospitals, 5 on the Ipswich site, and 0 on Suffolk Community sites.
- There were 47 reportable pressure related injuries in September in relation to ESNEFT hospital beds. Ipswich reported 8 cases including 5 grade 2 ulcers and 3 unstageable. Suffolk Community hospitals recorded 1 grade 2 pressure injury. Colchester recorded 34 cases, 25 grade 2, and 9 unstageable. NEECS recorded 2 stage 2 cases.
- Postpartum haemorrhages were 2.98% in August, which was below the 3% upper target threshold. Colchester reported performance of 3.55% and Ipswich reported 2.48%.
- Preterm births: Preterm births were at 8.4% in August, over the 6% national target. Audits show good compliance with SBLCBv3 (>70%) in all areas of prevention and optimisation.
- The % of women smoking at delivery was compliant against the 11% target, performing well at 6.55% in August.
- There were 5 still births reported to MBRRACE in August; 2 on the Colchester site and 3 on the Ipswich site.
- Complaints – there were 135 (121) complaints in September. Colchester reported 47 (62) and Ipswich reported 88 (60).
- Infection control – There were no community onset healthcare associated MRSA bacteraemia in September 2023. There were 3 new MRSA isolates (2 at Colchester/NEE and 1 at Ipswich/East Suffolk).
- There were 3 cases of C. diff reported at Ipswich Hospital & Community (3 HOHA, 0 COHA) and 5 at Colchester Hospital & Community (4 HOHA, 1 COHA). The C.difficile case threshold for 2023/24 is 101. There have been a total of 55 C.difficile cases April 2023-end of September 2023 (the total number of HOHA and COHA cases).
- There was 1 case of MSSA at Colchester Hospital (1 HOHA, 0 COHA) and 1 case at Ipswich Hospital (1 HOHA, 0 COHA).
- There were 10 cases of E. coli across ESNEFT sites in September. There were 7 at Ipswich Hospital (4 HOHA, 3 COHA) and 3 at Colchester Hospital (0 HOHA, 3 COHA).

### **Operational:**

- A&E 4-hour standard performance for the economy in September was 74.6%, this is below the national standard of 76%. NEE delivered 76.4% whilst IES achieved 71.4%.
- September's current RTT position is 56.3%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85% at 69% (not validated) for September.
- Diagnostic performance for patients waiting over 6 weeks was 8.8% in September; 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 the exception of elective inpatients which increased by 8.6%. There were decreases in daycases by 1.8%, outpatient firsts by 1.2% and follow ups by 2.7%. Higher levels were reported against 2022-23 activity levels for daycases and outpatient first appointments, with lower levels for elective inpatients (96.9%) and outpatient follow ups appointments (92.9%).
- For diagnostics, activity increased for both MRI and ultrasounds in month for ESNEFT by 6.0% and 0.7% respectively. Compared to the previous month, lower levels were seen in CT and endoscopies which decreased by 2.2% and 13.7% respectively. Activity exceeded 2022-23

activity levels, with the only exception being endoscopies which were 82.1% of the previous years' performance.

- Improvements have been reported for all waiting list metrics, with the actual waiting list decreasing in month by 0.2% (although this is above trajectory by 1,930 patients). All long waiting patient's metrics waiting 65 weeks or more improved in month for ESNEFT with 65+ week waiters decreasing by 31 patients and is under trajectory for the month by 476 patients. Colchester has two thirds of the 65+ week patients.

#### **Finance:**

- In September the Trust reported an actual deficit of £0.210m which was a positive variance of £6k against the external plan (deficit of £0.204m).
- The planned deficit is primarily related to the EPR scheme where costs are being incurred from April, but national revenue funding was not expected until October.
- The Trust then planned to achieve a revenue surplus in every month until the end of the financial year (in order to deliver break-even overall).
- For income, there was favourable variance to plan primarily because of additional contracts agreed after the actual plan submission or as a direct result of national guidance: CDC income is an example. September saw additional ERF monies allocated to the Trust in respect of secondary dental, this accounted for £0.65m and additional inflationary monies linked to ERF allocations, £0.3m. Benefits reported in other income are consistent with previous months.
- Within pay, there was an overspend of £0.878m in September, with a YTD adverse variance of £4.358m. The medical pay award has now been updated within the plan therefore the adverse variance reported predominately relates to clinical divisions continued reliance on additional sessions; some relating to additional elective ERF activities.
- Non-pay reported an adverse variance of £3.126m in September, increasing the year to date overspend to £14.116m. Whilst CIP non-delivery accounted for some of this unfavourable position, other significant pressures continued to be reported across a number of clinical divisions. Key areas of concern include clinical supplies, secondary commissioning, and premises.
- Agency costs in September significantly reduced compared to previous months although they still accounted for 2.3% of all pay costs (compared to 3.4% cumulatively to September 2022). Whilst consultants reported a significant reduction in spend this relates to a review of YTD invoices within Histopathology and Microbiology.
- A reduction in bank spend was reported in September of approximately £0.3m. Junior doctors spend reduced in several divisions but most notably in SG&A with previous cover relating to sickness reducing in Urology.
- The Trust held cash of £70.584m at the end of September.
- September's capital spend was under plan by £1.3m, with £5.9m spend incurred against a £6.3m plan. The year to date position is under plan by £17.7m and continues to be driven by the same schemes as last month: the EOC, Ipswich ED & UTC reconfiguration and Clacton CDC.
- The Trust continues to forecast a break even position on capital for 23/24, where CDEL is maximised.
- At the end of September, the Trust is forecasting that it will deliver £15.489m of its £25.4m CIP target (61% of the target which is an improvement compared to 59% in August). As part of its monthly reporting to NHS England, the Trust has advised that it expects that this value will actually improve to £18.9m by the end of the year.

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

- The vacancy rate across the Trust decreased from 4.8% to 3.8% in September. We are delighted to have welcomed 96 students who were offered posts following the “Newly Qualified” Recruitment events held earlier this year and who commenced in September/October.
- Voluntary turnover (rolling 12 months) decreased marginally in month from 8.2% to 8.0% (lowest point since September 2021). Retention Hub stand held at the Preceptor Development Workshops in September and early October offering support and promoting retention services. The review in to developing and promoting flexible working opportunities is continuing and a suite of flexible working opportunities and reminders will be re-launch in January. Improvements are continuing in respect of our exit interview process, including capturing documentation and feedback.
- Our annual leave policy has been re-designed which includes additional options around; ‘holiday of a lifetime’ and utilising bank holidays to support religious festivals beyond Christmas and Easter.
- Mandatory training compliance rate decreased marginally to 92.9% in September, from 93.0% in August and has remained above the 90% target for five consecutive months. Drop-in support sessions arranged at Colchester and Ipswich Hospitals, where education team members were able to directly help with and resolve staff queries around training.
- Appraisal compliance increased marginally to 88.2% in September, from 88.0% in August. Continued support from HRBPs with Appraisal bite-size training for the new Feedback Led Appraisal form for Band 7+ Leadership roles. This has shown a steady increase in compliance for this cohort. Supportive 360-degree Leadership appraisals will be launched in November with c. 20-30 trained facilitators which will enhance the appraisal process further.
- Sickness absence in September was 4.7% and was not compliant against the Trust target of 4%. Long term sickness absence decreased to 42.47% from 45.56% and there remains fewer staff on sickness absence over 6 months as well as the 3 to 6 months period. We recognise the continued 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