

**Trust Board of Directors Meeting
Report Summary**

Date of Meeting: 11 th January 2024	
Title of Document: Performance Report Month 8 (November) 2023/24	
To be presented by: Director of Finance	Author: Deputy Finance Manager with relevant Executive Directors
1. Status: Discussion	
2. Purpose:	
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	
3. Summary:	
<p>The report for month 8 (November) 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.</p> <p>In response to recommendations from Deloitte's 'Well-Led' review of the Trust, the format of the report has been adjusted to include summary slides for each of the</p>	

reports' key domains. This includes trends and hotspots, along with commentary on areas that have shown improvement in the reported month and those that require further focus and attention.

Divisional Accountability Meetings to discuss October's performance were held at the beginning of December.

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 July 2023 in-month HSMR was reported at 104.9. Data excludes COVID-19 on admission. Colchester reported a position of 111.7 and Ipswich 100.6.
- The SHMI for the 12 months to May 2023 was 1.0993 for ESNEFT (as expected); 1.0397 for Ipswich (as expected); and 1.1270 for Colchester (as expected).
- Serious harm falls – There were 3 serious harm falls overall across ESNEFT sites in November.
- There were 41 reportable pressure related injuries in November in relation to ESNEFT hospital beds. There were 38 category 2 cases and 3 category 3 cases. Data was not available on the number of unstageable pressure ulcers for the month and this will be updated retrospectively.
- Complaints – there were 161 (128) complaints in November. Colchester reported 100 (67) and Ipswich reported 61 (61).
- Infection control – There were no community onset healthcare associated MRSA bacteraemia in November 2023. There were 7 new MRSA isolates (5 at Colchester/NEE and 2 at Ipswich/East Suffolk).
- There were 4 cases of C. diff reported at Ipswich Hospital & Community (4 HOHA, 0 COHA) and 4 at Colchester Hospital & Community (3 HOHA, 1 COHA). The C.difficile case threshold for 2023/24 is 101. There have been a total of 82 C.difficile cases April 2023-end of November 2023 (the total number of HOHA and COHA cases).
- There were 4 cases of MSSA at Colchester Hospital (3 HOHA, 1 COHA) and 1 cases at Ipswich Hospital (1 HOHA, 0 COHA).
- There were 15 cases of E. coli across ESNEFT sites in November. There were 7 at Ipswich Hospital (4 HOHA, 3 COHA) and 8 at Colchester Hospital (2 HOHA, 6 COHA).

Operational:

- A&E 4-hour standard performance for the economy in November was 71.9%, this is below the national standard of 76%. NEE delivered a compliant position at 76.5% whilst IES achieved 63.5%.
- November's current RTT position is 57.5%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85% at 73.2% (not validated) for November.
- Diagnostic performance for patients waiting over 6 weeks was 10.5% in November; this remains above the national target of 1%. NHS England's planning guidance for 2023/24 requests that a threshold of at least 5% should be met by March 2025.
- In terms of recovery, activity increased across the board in month for ESNEFT. Elective inpatients and daycase volumes grew compared to October by 11.9% and 0.02% respectively, and outpatient firsts and follow ups by 2.8% and 5.8% respectively. Higher levels were reported against 2022-23 activity levels for all points of delivery with the exception of outpatient follow ups which were at 98.5% of the prior year value.
- The ESNEFT RTT waiting list in month saw a decrease of 2.1%, albeit this was above the trajectory set for the month by 875 patients. The longest waiting patients waiting 65 weeks or more decreased for ESNEFT by 200 patients and was under trajectory for the month by 489 patients. Colchester holds 63.2% of the total 65+ week patients. Patients waiting 78 weeks or more reduced by 21 patients in month.

Finance:

- In November, the Trust reported an actual surplus of £1.321m which was a positive variance of £0.801m against the external plan (surplus of £0.520m).
- The adjusted performance was a surplus of £1.349m, which was a £0.801m favourable variance compared to the control total.
- As part of the Trust's contribution to the overall balanced 23/24 revenue position projected by the SNEE ICS; and to mitigate the £4m adverse variance projected by WSFT, the Trust is now forecasting a £1.3m surplus.
- Income continued to report a favourable variance to plan in November of £8.159m in month, £28.389m year to date. This is primarily because of additional contracts agreed after the actual plan submission or as a direct result of national guidance. November also reported additional monies received to support costs incurred by industrial action and the impact on ERF activities ('H2 reset').
- Within pay, an overspend of £1.616m was reported, with a year-to-date adverse variance of £6.952m. The medical workforce continue to be the areas

of concern with a number of clinical divisions reliant on additional sessions. Discussions continue around mutual aid with other providers.

- Non-pay reported an adverse variance of £6.662m in November, increasing the year to date overspend to £24.241m. Whilst CIP non-delivery accounted for some of this unfavourable position, other 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 November reduced within the Consultant and Junior doctor workforce. A number of specialities reported a reduction including Microbiology, Dermatology and Gastroenterology. Agency spend accounted for 2.3% of all pay costs (compared to 3.4% cumulatively to November 2022).
- Bank spend reported in November remained consistent with previous months. Nursing, midwifery and support to nursing continues to report the highest spend and increased in a number of divisions which was offset by a reduction in junior doctor expenditure within Urology and Vascular services as activity levels reported were reduced.
- The Trust held cash of £70.961m at the end of November.
- Capital: In month, the capital plan was exceeded £0.7m, with £5.5m spend against a £4.8m plan. EOC accounted for the majority of this variance being £0.6m more than plan, where there continues to be the expectation of catch-up against YTD underspend.

People & Organisational Development:

- The vacancy rate across the Trust decreased from 3.3% to 3.1% in November. A third cohort of HCSW apprentices are scheduled for interview, 44 in total. 31 have commenced in post since the launch of the Academy programme.
- The Trust has been welcoming its next cohort of International registered nurses to the Trust during November (35).
- Voluntary turnover (rolling 12 months) remained at 8.1% in November. The Trust is continuing to expand its retention team to provide support to divisions including improvements in respect of exit interview processes, and capturing documentation and feedback. The team is also preparing for the NHSE Flexible Working Leadership Development Programme 2023/24.
- Mandatory training compliance rate increased to 92.4% in November, from 91.4% in October and has remained above the 90% target for seven consecutive months.
- Appraisal compliance increased marginally to 89.7% in November, from 89.1% in October. Supportive 360-degree Leadership appraisals will be launched in early 2024 with facilitator training arranged in January for c. 20-30, which will enhance the appraisal process further.

- Sickness absence decreased slightly in November to 5.0% from 5.06% in October but was not compliant against the Trust target of 4%. However, long term sickness absence increased slightly which is likely due to an increase the number of staff absent due to anxiety, stress and depression. The continued work being undertaken by colleagues in employee relations and well-being teams in supporting staff back to work and addressing early interventions with managers is recognised.

4. Recommendations / Actions

The Board is asked to note the Trust's performance