

Trust Board of Directors

Report Summary

Date of meeting: Thursday 2 nd May 2024	
Title of Document: Integrated Performance Report Month 12 (March) 2023/24	
To be presented by: Director of Finance	Author: Deputy Finance Manager with relevant Executive Directors
1. Status: For Approval/Assurance/<u>Discussion</u>/Information	
2. Purpose: This report provides an overview of the Trust's performance in March 2024 across the domains of Quality, Performance, Finance and Workforce.	
Relates to:	
Strategic Objective	<ul style="list-style-type: none"> -Keep people in control of their health; -Lead the integration of care; -Develop our centers of excellence; -Support and develop our staff; -Drive technology enabled care
Operational performance	Oversight provided of acute performance for urgent care, inpatients, cancer, diagnostics, RTT & recovery. Through this monitoring, areas of excellence and those that require improvement are highlighted (allowing action to be taken where appropriate), supporting overall delivery and performance.
Quality	<p>The report provides an overview of the Trusts quality objectives and key actions for 23/24.</p> <p>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.</p>
Legal, Regulatory, Audit	The report includes dashboards of performance against key national targets and standards. Through the NHS Oversight Framework especially, the Trust's performance is reviewed and monitored by SNEE ICB and ultimately NHS England.
Equality and diversity	Where relevant, this report highlights instances where work is progressing to address and reduce inequalities.
Finance	<p>One of the national NHS objectives is for all systems to deliver a balanced net system financial position for 2023/24. Moreover, NHS Trusts have a statutory duty to not exceed the revenue (invariably this means to breakeven) or capital resource limits set for them.</p> <p>Starting the year with a plan to deliver revenue balance, the Trust has been asked by the SNEE system to deliver a surplus of £1.3m to allow the system to achieve breakeven overall.</p>

Governance	As well as highlighting performance in reported domains, it also confirms the actions and governance that exists to monitor and maintain high performance.
NHS policy/public consultation	The report has been formulated with reference to all national guidance for 2023/24, such as national NHS objectives confirmed in the <i>2023/24 priorities and operational planning guidance</i> published by NHS England and the NHS Oversight Framework.
Accreditation/Inspection	Many aspects of the performance covered by the report is subject to wider scrutiny and review: such as internal and external audit of the Trust's financial performance and controls and systems, and the report subject matter is reviewed with each Executive SRO on a monthly basis.
Anchor institutions	N/A
ICS/ICB/Alliance	The Trust's performance ultimately feeds into the wider SNEE ICS reported performance (across all domains quality, workforce, finance and operations). During 2023/24 NHS England will assess performance at a system level in the first instance as part of their Oversight Framework.
Board Assurance Framework (BAF) Risk	BAF2 - Financial performance – value and sustainability. BAF3 - Insufficient capital resources to progress investments. BAF4 - Quality assurance mechanisms regarding the quality and safety of patient services. BAF5 - Workforce – recruitment and retention. BAF6 - Sustainable delivery of elective performance. BAF6A - Sustainable delivery of emergency care performance targets. BAF7 - Estates development and capital equipment. BAF9 - Transformation.
Other	N/A

3. Summary:

This Integrated Performance Report (IPR) for month 12 (March) outlines the Trust's key performance indicators for Quality, Operational, Finance and Workforce domains and 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 included as part of the operational commentary and analysis.

The report contains summary slides for each of the reports' key domains. This includes "trends and hotspots", along with commentary on areas that have shown improvement in March and those that require further focus and attention.

The report also summarises key performance headlines, for divisions and corporate CDGs against the Accountability Framework in February. Divisional Accountability Meetings to discuss February's performance took place in early April.

Key points to note this month include:

Quality & Patient Safety:

- The November 2023 in-month HSMR was reported at 104.2. Data excludes COVID-19 on admission. Colchester reported a position of 109.8 and Ipswich 100.8.

- Serious harm falls – There were 6 serious harm falls overall across all ESNEFT sites in March: 5 on the Colchester site and 1 on the Ipswich site.
- There were 95 reportable pressure related injuries in March in relation to ESNEFT hospital beds. The Colchester site reported 54 cases overall including 45 category 2 & 9 category 3 cases. NEECS sites reported 3 category 2 cases and 9 category 3 cases. For the Ipswich site there were 27 cases, made up of 22 category 2 cases, 4 category 3 cases and 1 category 4 case. There were 2 category 3 ulcers reported on Ipswich Community sites.
- Complaints – there were 109 (127) complaints in March. Colchester reported 52 (72) and Ipswich reported 57 (55).
- Maternity – Preterm births (<37 weeks) were 7.61% for February (data reported one month in arrears).
- PPH percentage is below the target for this month, with individual sites also being below target. Colchester at 2.38% and Ipswich 2.26%.
- Term admissions to NNU as a percentage of babies born was 5.65% and was compliant against the target of <6% in February.
- Combined percentage for smoking at the time of delivery is below the target >6% for the second month in a row, with Ipswich 3.95% and Colchester 5.8%.
- Infection control – There was 1 onset healthcare associated MRSA bacteraemia cases reported in March on ED (previously Easthorpe ward).
- There were 5 new healthcare associated MRSA isolates. There were 2 on Colchester/NEE sites and 3 on Ipswich and East Suffolk sites.
- There were 4 cases of C. diff reported at Ipswich Hospital & Community (3 HOHA, 1 COHA) and 8 at Colchester Hospital & Community (8 HOHA, 0 COHA). The C.difficile case threshold for 2023/24 is 101. There have been a total of 120 C.difficile cases April 2023-end of March 2024 (the total number of HOHA and COHA cases). The team are undertaking analysis using the PSIRF framework.
- There was 1 case of MSSA at Colchester Hospital (0 HOHA, 1 COHA) and 1 case at Ipswich Hospital (1 HOHA, 0 COHA).
- There were 16 cases of E. coli across ESNEFT sites in March. There were 8 at Ipswich Hospital (3 HOHA, 5 COHA) and 8 at Colchester Hospital (1 HOHA, 7 COHA).

Operational:

- A&E 4-hour standard performance for the economy in March was 81.2%, above the national standard of 76%. NEE delivered a position of 83.6% whilst IES achieved 76.8%.
- March's current RTT position is 57.0%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85% at 74.7% (not validated) for March.
- Diagnostic performance for patients waiting over 6 weeks was 8.6% in March; 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 decreased across the board in month for ESNEFT with the exception of elective inpatients which increased by 4.8%. Daycases, outpatient firsts and follow ups decreased by 1.9%, 2.9% and 1.7% respectively. Lower levels were reported against 2022-23 activity levels for daycases, outpatient firsts and follow ups at 94.0%, 97.9% and 95.0% respectively. Only elective inpatients increased at 103.2%.

- The ESNEFT RTT waiting list in month reported a decrease of 3.6%. This is above the trajectory set for the month by 2,200 patients. The patients waiting 65 weeks or more decreased for ESNEFT by a further 212 patients in month leaving 262 patients undated over 65-weeks at month end. Both sites decreased their 65+ week patient cohort with Colchester having 51.8% of the total.

Finance:

- The Trust reported a surplus of £1.338m for the year (after adjusting for non-control total items) against an original plan to break-even (subject to external audit review). A surplus of £1.318m was agreed with the ICB, and the Trust reported £20k ahead of that agreement.
- Before adjusting for non-control total items a deficit of £16.7m was incurred, this is largely driven by impairments from the annual valuation of estates (£15.973m).
- The Trust held cash of £79.3m at the end of March against a plan of £64.6m
- SNEE ICS reported an overall £38k surplus (subject to external audit review), slightly bettering its target of revenue balance.
- Both the Medicine divisions exceeded their CIP plan for the year. Integrated Pathways met their plan and all other divisions under delivered in year. The recurrent shortfall has been carried forward into 24/25 and added to the in-year target of 1%, resulting in a total CIP requirement of £25.072m.
- Capital: In month, the Trust exceeded planned spend by £25m (£48.2 actual spend compared to a planned £23.2m). The majority of this related to EPR expenditure (£26m against a plan of £3.8m). The end of year position reported a £23k over spend against CDEL.

People & Organisational Development:

- The vacancy rate across the Trust decreased from 3.0% to 1.3% in March.
- As at 12th April, 49% of the required non-medical vacancies have been recruited to for the ESEOC with further recruitment activities to take place in the next 4 weeks. Recruitment activities are underway for medical vacancies. Consultant interviews have been set up for all T&O in May.
- Voluntary turnover (rolling 12 months) decreased in month to 7.5% (February 7.6%). Following the expansion of the retention team, support is now in place for divisions including improvements in respect of exit interview processes and capturing documentation and feedback. The team continues to participate in the NHSE Flexible Working Leadership Development Programme 2023/24. The Retention Hub to support West Suffolk Foundation Trust to develop a retention programme to commence in April.
- Mandatory training compliance is 93.5% in March and has been compliant at Trust level every month this financial year except for April.
- Appraisal compliance is 88.8% in March. Supportive 360-degree Leadership appraisals will be rolled out April 2024. Facilitator training took place on 21/22 March, which will enhance the appraisal process further.
- Development of a programme of bitesize session to support managerial functionality for systems and processes is currently underway to include Finance for non-finance managers, ESR, Healthroster and H&S etc. All of

these programmes are designed to equip new and existing staff with the practical and theoretical skills required of leaders within a busy NHS environment.

- Sickness absence decreased in March to 4.2% from 4.8% in February and was not compliant against the Trust target of 4%. There has been a slight increase in long term sickness absence this month. However, there has been a decrease in 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.
- 10 Employee Relations cases were closed in March. We continue to manage all cases in line with just and learning methodology. As at 31st March 2024, there are 45 open ER cases of which 6 have been paused. There were 12 cases opened in March and 10 cases closed.
- Bullying Harassment (Civility and Respect) Policy, Disciplinary Policy, Leave policies including Sickness Absence have all been updated.

4. Recommendations / Actions

The Board is asked to note the Trust's performance