

Trust Board of Directors

Report Summary

Date of meeting: Thursday 7 th November 2024	
Title of Document: Integrated Performance Report Month 6 (September) 2024/25	
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 September 2024 across the domains of Quality, Performance, Finance and Workforce.	
Relates to:	
Strategic Objective	-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	The report provides an overview of the Trusts quality objectives and key actions for 24/25. 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, 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	One of the national NHS objectives is for all systems to deliver a balanced net system financial position for 2024/25. Moreover, NHS Trusts have a statutory duty to not exceed the revenue (invariably this means to breakeven) or capital resource limits set for them. The Trust has a plan to deliver a small revenue surplus of £250k, supporting the wider SNEE system to deliver an overall balanced position.
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 2024/25, such as national NHS objectives confirmed in the <i>2024/25 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 2024/25 NHS England will assess performance at a system level in the first instance as part of their Oversight Framework (soon to be replaced by the NHS Oversight and Assessment 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
<p>3. Summary:</p> <p>This Integrated Performance Report (IPR) for month 6 (September) 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.</p> <p>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 September and those that require further focus and attention.</p> <p>The report also summarises key performance headlines, for divisions and corporate CDGs against the Accountability Framework in August. Divisional Accountability Meetings to discuss August's performance were held during the beginning of October.</p> <p>Key points to note this month include:</p>	

Quality & Patient Safety:

- The 12 month HSMR to May 2024 for ESNEFT was 102.9. Colchester reported a position of 102.7 and Ipswich 105.1.
- ESNEFT SHMI to March 2024 was 1.11 'as expected' but meeting over dispersion upper limit of 1.12 i.e. on or above this and the Trust's SHMI will be 'higher than expected'
- Serious harm falls. There were 7 serious harm falls overall across all ESNEFT sites in September: 1 on the Colchester site, 5 on the Ipswich site and 1 on NEE Community hospital sites.
- There were 80 reportable pressure related injuries in September in relation to ESNEFT hospital beds. The Colchester site reported 48 cases made up of 43 category 2 cases and 5 category 3 cases. NEECS sites reported 6 cases, 3 category 2 and 3 category 3 cases. For the Ipswich site there were 25 cases, made up of 21 category 2 cases, & 4 category 3 cases. There was 1 category 2 ulcer reported at Ipswich Community sites.
- Complaints – there were 84 (101) complaints in September. This was under the monthly target.
- Maternity – Preterm births (<37 weeks) were 7.48% for August (data reported one month in arrears).
- PPH percentage was non-compliant, above the 3.4% target for August at 4.59% (maternity data is reported 1 month in arrears).
- Term admissions to NNU as a percentage of babies born were 4.98% and were compliant against the target of <6% in August (maternity data is reported 1 month in arrears).
- The combined percentage for smoking at the time of delivery was below the target of <6% at 4.54%.
- Infection control. There was 1 onset healthcare associated MRSA bacteraemia case reported in September.
- There was 8 new healthcare associated MRSA isolates in the month; 2 on the Colchester site and 6 on the Ipswich site.
- There have been a total of 12 C.difficile cases during September 2024 (the total number of HOHA and COHA cases). The team are undertaking analysis using the PSIRF framework.
- There were 2 cases of MSSA at Ipswich Hospital (2 HOHA, 0 COHA). There were 5 cases (3 HOHA, 2 COHA) reported at Colchester.
- There were 11 cases of E. coli across ESNEFT sites in September. There were 5 at Ipswich Hospital (2 HOHA, 3 COHA) and 6 at Colchester Hospital (3 HOHA, 3 COHA).

Operational:

- A&E 4-hour standard performance for the economy in September was 72.8%, which did not meet the national target of 76%. NEE delivered a position of 79.7% whilst IES achieved 60.8%.
- September's current RTT position is 55.5%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85% at 72.2% (not validated) for September.
- Diagnostic performance for patients waiting over 6 weeks was 19.4% in September; 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, elective inpatient activity increased by 1.2% in month, with day case activity decreasing by 1.2%. Outpatient first attendances increased by 7.3%, while follow-ups increased by 2.4%.
- The ESNEFT RTT waiting list has increased by 0.1%, and is above the trajectory set for the month by 4,529. Patients waiting 65 weeks or more decreased by 404 to 51. At Ipswich, the 65+ cohort decreased by 145 patients, while at Colchester, the cohort decreased by 259 patients. The number of patients waiting 52 or more weeks decreased by 401 to 3,283. At Ipswich, the number of 52+ week waiters decreased by 92 and at Colchester, the number decreased by 309.
- Excluding OPAT, virtual ward occupancy increased by 0.3% compared to the month before. Average length of stay increased by 0.1 days and the assumed bed saving on ESNEFT acute sites increased by 2.1 to 12.7.
- Including OPAT, in month Virtual Ward occupancy in North East Essex increased by 0.6% compared to the previous month, and in Suffolk, occupancy decreased by 1.4%. Overall, in ESNEFT, Virtual Ward occupancy decreased by 0.3%.
- There are 3,232 Community Paediatric patients, including Paediatric Neurology. This is a further reduction in month, down from the 3,300 at the end of August and from the peak 3,624 at the start of June. There are 11,758 Paediatric patients waiting in total, including Community Paediatrics.

Finance:

- The Trust reported a surplus in September £0.355m (adjusted performance), reducing the cumulative adverse variance to plan to £0.218m. Additional income above plan supported the position with adverse variances continuing within pay and non pay.
- There was an over-performance of £3.796m of income in the month. This was predominately driven by three items: ERF agreed over performance; contract settlement with MSE ICB and a gain share settlement of a third party contract.
- Pay expenditure exceeded plan by £1.497m in the month, and is now cumulatively £7.328m overspent. As in previous months medical staffing pay groups reported the largest adverse variance (Consultants £0.567m, and Junior doctors £0.848m).
- Although the overall Trust level position was balanced, a number of divisions reported significant adverse variances to their September budgets even after the delegation of ERF.
- Agency costs in September were £1.180m. This is in line with the monthly average spend in 23/24 of £1.21m. Actual spend was slightly higher than was reported in August.
- September's bank spend of £4.8m was in line with expenditure reported in August and remains below the monthly average recorded in 23/24 (£5.1m).
- To date, ERF for M1-6 is calculated at 113.8% of cost-weighted 19/20 elective patient care, 112.4% of the Trust's plan to date.
- £3.7m of cost improvement plans were delivered in September against a target of £2.089m. The in month delivery includes a YTD adjustment for working time directive (WTD) scheme (circa. £1.6m). The largest shortfalls year to date are reported in Estates and Facilities (£1.1m), Integrated Pathways (£0.6m), and S,G&A (£0.6m).
- The Trust held cash of £43.448m at the end of September, approximately £10.7m greater than projected in the revised plan.

- Total capital expenditure at the end of September was £5.8m less than the revised plan (performance against CDEL), with actual spend of £19.9m against a £28.2m plan. The main programme variances in September related to Elmstead Enabling Works (£0.7m under plan) ESEOC (£1.1m under plan), Colchester Endoscopy (£1.1m under plan), UTC (£0.7m under plan, Backlog capital (£0.7m under plan) and Clacton STAR) £0.6m under plan).

People & Organisational Development:

- The vacancy rate across the Trust significantly increased in September to 5.4% from 2.5% in August. This takes into account an increase on the establishment of 370wte (predominately EPR roles added to budget, recruitment schedule to fill these roles is on target).
- As at 25th October, 88.06% of the required non-medical vacancies have been recruited to for the ESEOC with further recruitment activities underway. There is 37.42wte non-medical vacancies remaining to recruit to.
- As at 25th October, recruitment activities are underway for medical vacancies with a total of 50% of the required medical vacancies recruited to for the ESEOC. Still to recruit into 2 Clinical Fellows and 3 Consultants.
- As at M06 we are £3.2m ahead of the NHSE Agency ceiling and just marginally behind (£80k) of the 2.2% reduction target.
- Voluntary turnover (rolling 12 months) decreased marginally in September from 7.2% to 7.1% (the lowest since May 2021).
- Mandatory training compliance was 93.3% in September and has consistently been above target for 16 consecutive months.
- Appraisal compliance was 86.6% in September. 360 Supportive Leadership reviews launched in August working with our leaders in the Advanced Nurse Practitioner staffing group. 17 trained facilitators were onboard to analyse the reports and feedback to the leaders. Band 7 and above staff will be invited to participate as a cascade across the Trust, with band 6's being picked up also towards the end of 2025. Supportive 360 reviews are a continuing commitment that the Trust has in supporting and developing its leaders, who are key to strengthening a compassionate and inclusive culture.
- 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 increased in September to 4.5% from 4.34% in August and was not compliant against the Trust target of 4%. This month has seen an increase in short term absence due to the increase in absence from Cold, Cough, Flu – Influenza. There has been a slight decrease in long term sickness absence this month which is reflected in the marginal increase 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.
- Approximately 1,800 staff have engaged in the suite of Equality, Diversity and Inclusion training provision over the past 12 months which cover EDI bitesize, race conversations, active bystander, disability and LGBTQ+ awareness. In addition to this, staff experience drop-in sessions are continuing and as a consequence we are seeing an increase in the number of staff seeking support with EDI related queries or

concerns. We are focussing on the national high impact action around the staff experience of International Recruits and the feedback from c. 136 responses from a recent survey sent to our international nurses is being reviewed for themes to take forward to improve staff experience for this cohort. This survey will be rolled out to all international recruit cohorts over the next 6 months. The review of the ESNEFT EDI Strategy is almost complete and a communication plan is being drafted to ensure this is socialised to all staff

- Management of 39 formal employee relations cases (including disciplinary and grievances) as well as information cases, 17 Employee Relations cases were closed in September. We continue to manage all cases in line with just and learning methodology.

4. Recommendations / Actions

The Board is asked to note the Trust's performance