

Board of Directors

Thursday, 9 September 2021

Report Title:	Performance Report Month 4 (July) 2021/22
Executive/NED Lead:	Director of Finance
Report author(s):	Financial Planning Officer with relevant Executive Directors
Previously considered by:	Monthly Report to Board of Directors

Approval

Discussion

Information

Assurance

Executive summary

The report for month 4 (July) 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.

Please note that because of the exceptional circumstances of the COVID-19 pandemic, some aspects of the Trust's 'normal' working have been dramatically impacted. In a number of areas, both national and internal reporting has been suspended or amended. Where reporting does continue, performance may vary appreciably from previous months. Coupled with the need to minimise the administrative burden on operational staff that contribute to this report, there are consequently sections where the usual content is abridged or no longer included.

Divisional Accountability Meetings (DAMs) were held on both Tuesday 3rd August and Wednesday 4th August reviewing June 21 (M3) data and performance. The key outcomes of these meetings, and divisional and corporate performance as reflected in the Trust's Accountability Framework, are also detailed in the report.

Key points to note this month include:

Quality & Patient Safety:

- HSMR – National data quality issues continue. Latest data available for discharges during March 2021 showed an in-month HSMR of 94.1 for the Trust. This data excludes COVID-19 on admission. The 12-month rolling HSMR figure for ESNEFT was 108.1. This data also excludes COVID-19 on admission. In the region of 12 non-specialist trusts, ESNEFT is 1 of 6 Trusts with a 'higher than expected' HSMR – 4 are 'as expected' and 2 are 'lower than expected'.
- By site, HSMR data was not available due to ongoing data quality issues at NHS Digital.
- Dr Foster patient safety indicator alerts for the period were not available due to ongoing data quality issues at NHS Digital.
- The SHMI for the 12 months to February 2021 was 1.0740 which is as expected. The Colchester site reported 1.1164 (as expected). The Ipswich acute site reported 1.0337 which was also as expected.
- Serious harm falls – There was 1 fall resulting in serious harm in July, on the Colchester site: subdural haematoma.
- There were 27 reportable pressure ulcers in July in relation to ESNEFT hospital beds. Ipswich reported 22 cases including 19 grade 2, 2 grade 3 and 1 unstageable ulcers. Community hospitals recorded 2 Grade 2 ulcers. Colchester recorded 3 grade 2 ulcers.
- There were 56.65 (55.59) incidents reported per 1,000 bed days. The most reported category in the month of July was pressure ulcer/skin damage (ESNEFT acquired). The second highest

reported category was patient falls; and the third highest reported category was medication incidents.

- Complaints – there were 99 complaints in July, a decrease compared to the 108 reported in June.
- Infection control – There were 2 Trust apportioned MRSA Bacteraemia identified during the month of July. One on the Colchester site, isolated at the PICC insertion site. The other case was on the Ipswich site, source upper urinary.
- There were 5 cases of C.diff reported at Colchester Hospital (3 HOHA, 2 COHA) and 7 at Ipswich Hospital (4 HOHA, 3 COHA). C.diff objectives are being developed for 2021/22; they will be based on Q1-3 figures from 2020/21.

Operational:

- A&E 4 hour standard performance for the economy in July was 84.9%, below the national standard of 95%. The Colchester site delivered 85.8% whilst Ipswich achieved 83.4%.
- July's current RTT position is 70.4%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85% at 79.4% (unvalidated) for July.
- In terms of recovery, overall activity in July is below 2019/20 levels for the comparable month and is also down on the previous month. The largest differences are within outpatient activity, with a 6.4% reduction in first appointments and a 7.3% reduction in F/U appointments on June. This is in part related to the increasing use of patient initiated follow ups.
- Concerning diagnostic activity, CT and MRI are above target and activity has increased in month, by 0.5% and 6.8% respectively. Ultrasounds and Endoscopy activity decreased in July 2021 compared to June, by 3.9% and 12.4% respectively.
- With regards to recovery of the RTT position, the waiting list has increased by a further 2,322 pathways (4%). The number of 52+ week waiters has decreased by 322 pathways (12%) but still remains above plan. 78+ week waiters are also decreasing.

Finance:

- In July, the Trust reported an actual deficit of £0.3m (after adjusting for non control total items). Nonetheless, this was favourable relative to plan by £0.1m. For the year to date there is favourable variance of £0.3m against control total.
- NHSI/E have maintained the Trust's annual agency expenditure ceiling for 2022/22 at £24.5m. For Month 4, agency costs were under the ceiling (£1.5m v £2.0m ceiling) but were considerably higher than June's value. This was partly related to ERF delivery, but also the absorption of ACE into the Trust. In July, bank spend was £3.8m.
- At the end of July, the Trust capital programme was underspent against the re-profiled plan by £0.2m (£3.2m spend £3.4m re-profiled plan). The Trust is forecasting that it will meet its capital programme plan for the year.
- Overall, the CIP programme is £3.1m behind target as at the end of July. This is based on an even profiling of the £24m overall target.
- It is understood that planning guidance for H2 will be released on 16th September 2022. The Trust is assuming that there will broadly be a 3.5% reduction to the funding envelope that the Trust receives in H2, compared to H1. Beyond the 3.5% fall, it is possible that those systems identified as receiving temporary funding settlements far beyond those that would have been received under the pre-pandemic 'financial improvement trajectories' will experience greater funding cuts.

People & Organisational Development:

- Voluntary turnover (rolling 12 months) increased from 7.3% in June to 7.5% in July for ESNEFT.
- Mandatory training compliance in July decreased to 83.5%, from 86.3% in June.
- Appraisal compliance decreased to 81.9%, from 84.8% in June.
- Overall nursing fill rates were 91.5% in July, a decrease compared to the previous month (95.3%).

- The Trust is focussing on filling vacancies in NEECs, and has recruited 47 new starters in July. Further work is underway to complete vacancy position and recruit to all remaining gaps.
- Work is on-going to baseline Consultant vacancies with targeted work in hard to recruit specialties, there have been notable appointments in Rheumatology, ED and Anaesthetics, with a number of AACs planned for September.
- Targeted recruitment activity is underway to fill vacant junior doctor posts contributing to the middle grade rota on the Colchester site.
- The leadership development programmes are currently being finalised ready to be rolled out in the Autumn.

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 <i>(including any clinical and financial consequences)</i>	Noted within the separate escalation reports
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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
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Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>	The report includes dashboards of performance against key national targets.
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Financial Implications	<p>NHSE&I have confirmed the financial arrangements for the first 6 months of 2021/22.</p> <p>Planning guidance sets out 6 priorities for 21/22. £8.1bn has been committed to cover COVID-19 costs in 21/22, with £7.4bn available for the first half of the year. Nationally, there is £1bn to support elective recovery</p> <p>System funded envelopes are to continue in H1 21/22 based on H2 20/21 envelopes, adjusted for pressures and policy priorities. Relatedly, block payment arrangements also persist.</p> <p>NHSE&I have stated that the funding provided for H1 21/22 represents the totality of funding available for systems, and systems need to plan for and deliver a breakeven position including this funding. No additional income support will be available. The Trust has submitted a revenue plan for H1 21/22 that shows delivery of a balanced position.</p>
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Equality and Diversity	None apparent
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